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ORIGINAL ARTICLES.

PRESIDENT'S ADDRESS, ONTARIO MEDICAL ASSOCIATION.

BY ANGUS MACKINNON, M. D.
Guelph, Ont.

Last year when I was informed that I was the president elect of this, the largest and most influential Medical Association in the Dominion of Canada, I felt that an honour came to me that should more properly have gone to someone more capable than I am, to preside over this noble assemblage, with the ability and dignity that the occasion demands. I was content as a worker with my professional brethren to continue my efforts to make these, our annual meetings, both interesting and instructive. I keenly feel that I owe this honour to your very great kindness to me, rather than to any fitness in me to fill the position, or to any claims I had upon the Association. I know too, if I fail to acquit myself in the perfect way that my predecessors have done I shall receive from you a full measure of sympathy. When I look at the roll of the distinguished men who have preceded me in this chair it makes me feel all the more that your choice on this occasion might have been more fortunately made. I need scarcely say that I appreciate your kindness and I am very grateful for the distinguished honour you have conferred upon me.

I am fully confident that this meeting will be a successful one. I have been enabled with the generous assistance of our energetic Secretary to surround myself with earnest, clear-headed men on the various committees, that really do the work which commands success. To them we owe much. They have been untiring in their efforts and when you look at the comprehensive programme which maps out the work of the meeting you will understand they have had no sinecure. If we can make time to carry out the work represented in the programme I am quite sure the meeting will be most interesting and instructive, and I venture to hope, one of the most successful in the history of the Association.

Before I go further I wish to extend to our guests the right hand of cordiality and to say to them that I do not know aright the members of the profession resident in Toronto if by any chance they fail in being made to feel wholly at home. We invite them to take part in our discussions, giving us the light of their experience.

Indeed the highest success of such a meeting as this can only be attained when every member feels it his duty to contribute what he can to the discussions. Innate modesty is all very well, but here we are a band of searchers after truth, burning with desire to know all that can be known as to the best methods of battling with disease, of relieving suffering, and of saving human life. It is not much short of a crime if any member through modesty keep silent if he has any knowledge to impart. It may not be necessary thus to encourage our brethren from the larger centres to speak in the discussions—they are accustomed, as teachers in the schools or members of the various Medical Societies to discuss any subject. But I do wish that the members from the country be not too modest. Their isolation compels them to be keen observers and necessarily self-reliant, and I am quite sure the discussions will gain in interest if they take a fair share in them.

We have entered a new century. Contrasted with the state of Medicine at the beginning of last century what vast advantages we possess. The discovery of anæsthesia about the middle of the last century and of the proper use of antiseptics twenty years later, and of the real meaning of surgical cleanliness at a still later period, have opened a wide field for advancement in which this century has grand opportunities to make medical history. If we fail to make even greater progress than ever yet made we must consider ourselves less studious, less observant and less capable than our predecessors.

Surgery is now almost wholly different from what it was twenty years ago. There are prominent and successful surgeons who affect to despise the great attention given to antiseptic details which others think essential. But this much is true of all—every surgeon aims at being aseptic, if not antiseptic, in his methods. The man who is faithful to the idea of asepsis, even if he laughs at the use of rubber gloves in operations and makes light of other details, is still influenced unconsciously by the teaching of the great Lister. It is true that although the ritual which was once thought essential is fast disappearing the results obtained under present methods are equally good.

In Medicine the immense benefit to the human race by the discovery of vaccination at the beginning of the last century has been almost equalled by the discovery of antitoxin for diphtheria in its closing years. As to tuberculosis although, the bacillus which is looked upon as its cause has been successfully isolated, we are still without an antitoxin for it. Cancer and other forms of malignant disease from year to year cause much suffering to the human race and claim many victims. From the vast amounts of profound study devoted to these diseases I am sanguine enough to hope that the dawn is not far distant of that grand and glorious day when we can say to the world that tuberculosis and cancer can both be cured. Is it a dream? Not more than it would have been twenty years ago to say that a cretin could be cured. Anything more absolutely hopeless than the state of the unfortunate cretin till the use of thyroid extract was discovered could not be. Then let us hope that soon a great discovery will enable us to deal with cancer and tuberculosis with the same success that has crowned the use of thyroid extract.

In *Materia Medica* the new century opens with wonderful surprises. The improvements and changes follow each other so rapidly as almost to make one's head dizzy. If the pharmacists continue to pour out upon our innocent profession new drugs with impossible names as they have been doing in the past few years it will be a sad time for the future students of medicine. The old *Pharmacopœia* groaned with the load of useless drugs, but the *Pharmacopœia* of this century must be immensely larger in case even a few of these drugs win their way into medical confidence. Try, if you please, to imagine what the gifted Abernethy would say if recalled to human existence and you named over to him some of the newer drugs, for example, stypticin, dionin, largin, hydrozone, mercuriol, cuprol, nargol, ferrinol, anusol, etc.

Whilst I cheerfully give great credit for the elegant preparations manufactured by the pharmacists of the present day I cannot but believe that some large manufacturing firms on both sides of the Atlantic, but chiefly on this side, are doing very grave injury to the medical profession by putting up elegant preparations either as pills or mixtures, according to certain formulæ. For example, a pill for a cardiac tonic, a pill for neuralgia, for malaria, etc. These preparations are on sale at every drug store and I think the medical man is the wiser who writes his own prescription however simple it may be instead of making use of any of these combinations. No medical man should allow any one to think for him as to what his patient needs, nor should he permit any manufacturing druggist to use him as a sort of advertising agent for his products. In many parts of this Province the literature and drugs sent out to medical man by large manufacturing concerns have become an intolerable nuisance.

Our noble profession which gives its all to the relief of suffering humanity, has attached to its skirts many things which are not clean. I might mention the advertising cancer-curer, the Osteopath, the so-called Christian Scientist, whose religion in claiming to be Christian is as much a fake as his science, the electric belt man, and many others. It is our duty to the public to warn them against these, that they be not deceived. They are all frauds; but there is a far greater fraud. I refer to the manufacturers and vendors of the various patent medicines. Under a claim that some new medicine of rare virtue is known to them alone, or that they have discovered some new combination of drugs that has marvellous potency, they push their sales by advertising in the most grossly fraudulent manner. Men's names are attached to testimonials they never wrote, certifying that they have been cured of diseases they never had, in order to lure unfortunate victims of these diseases to use their so called remedies. Not satisfied with advertising like the ordinary business man, they stipulate that their advertisements and testimonials shall appear like the ordinary reading matter of the paper, thus trying to lead the unwary to think that the paper in which the advertisement appears really endorses their impudent claims. The press, I regret to say both secular and religious, with rare exceptions, open their columns freely to these fulsome, untruthful and sometimes immoral advertisements, because they pay well.

Here lies a large mission-field for our profession. We must teach the people that wrong, and wrong only, can come to them from such un-intelligent use of medicine. We must appeal to the manhood of the capitalist that it is in the last degree dishonorable for him to try to make large gains by thus committing a fraud on the sick. And eventually we must strive to secure such legislation as will mark the man a criminal who uses such means to sell drugs.

Before such a legislation can be secured, or even if secured, before it could be enforced, the public must receive a very considerable degree of education from the medical profession. To accomplish this end every medical man must look upon himself as a missionary in the cause of science and truth. He will require to direct his efforts to enlighten the people as to the properties of the various drugs in common use, the nature of the common diseases, their causes, and that there is no dark secret as to the methods by which he endeavors to cure them. He must show that he is a constant student and a close observer. It must be quite easily seen by the people that the saving of life and the curing of the sick are more dear to his heart than are the shekels that should come to him as a reward of his honest labor. By such a course the influence of every medical man will grow upon the people.

The masses of the people even at this day are deplorably ignorant so far as anything relating to disease is concerned. They know nothing beyond the worse than useless things they read in the newspapers, and quack advertisements. Many men are woefully ignorant in medical matters, in the knowledge of disease and its treatment, who are in other matters fairly intelligent. Clergymen, lawyers and successful business men are often the dupes of the veriest quackery. If the mission of the medical man was fully accomplished these things ought not to be so.

I referred to the semi-religious, "pray-for-hire-healers," known as Christian Scientists and allied to them are the Dowieites. Thus far the medical profession has treated these people with ridicule or ignored them entirely. If they confined their efforts to the unfortunates who imagine they have ailments they have not, we could well afford to continue thus to treat them. But when we find them impudently undertaking to treat infectious diseases, such as diphtheria, scarlet fever and small-pox, diseases which they are unable to recognize, we think we have come to a point where toleration and forbearance become criminal. We have a right to insist, in order to protect the people from the spread of these diseases, that no man or woman shall be allowed to treat disease, by any means whatever, who has not had the training necessary to enable him to know the character of the disease he undertakes to treat. These people deny that disease exists and, of course, do not report to the proper officers any case of infection. They go in and out amongst the infected and allow others to do the same; thus criminally and at variance with all health regulations, they are doing all they can to spread these infections.

Surely it is time the 2,500 medical men in Ontario raised their voices and used all their influence to obtain from the Legislature such an amendment to the Medical Act as will put an end to this trifling with human life. Medical men are now compelled under a penalty to report

every case of infectious disease to the proper authorities, in order that its spread may be prevented. But these people trading under a religious name do not report any case and undertake to treat everything. Why should it be so?

On many questions which affect the relation of our profession to the public the education of the people is of much greater service than legislation, but on the action of these religious healers who profess to cure the sick by praying for hire, nothing less than very stringent legislation will meet the case. These people must be taught that infectious diseases are not to be spread by them, under any cloak, religious or otherwise. Toleration towards religious belief is very commendable, but toleration of a vile fraud, of which the name is the only Christian thing in it, ceases to be a virtue.

There is another matter on which I wish to speak very briefly before I close. For many years there has been a great deal of friction about the admission of cases of acute mania to the asylums. Every medical man, except those in the immediate locality where there are asylums, knows about the delay that occurs before a patient can be got into an asylum, no matter how urgent the case may be. The regulations that are in force provide that a medical man in whose practice a case of insanity arises must apply for a formal application or history paper which must be filled in and sent to the medical superintendent. If the patient has means for his support a form of bond is furnished which must be filled in and sent to the bursar before the medical certificates are issued. If the patient lives fifty miles or further from the asylum, even if the papers are executed immediately on their arrival at each end, the delay by their transmission both ways in the mails will cover from seven to twelve days or longer. In any case of acute mania this state of things is wholly wrong and surely unnecessary.

The regulations require to be looked into and amended in the interest of the general public. All the necessary forms for the committal of the patient to the asylum should be procurable at once, and in some central place in every county, without having to wait days and days for the delivery by mail of, first a history paper; later on a bond; and, by and by, the blank medical certificates. Meanwhile the friends unaccustomed to the care of such a case reach a state of mind scarcely more sane than that of the patient himself. I beg to suggest that a strong committee of this Association be appointed to consider this matter and to confer with the proper authorities in order to obtain some redress. It might be urged against this that the depriving of a man of his liberty should not be too easy of accomplishment. This objection cannot apply because it is not desired to make any important change in the papers for admission and the persons who now pass judgment upon the case would still do so. The needless delay due to the transmission of the necessary papers by mail can and must be terminated.

From year to year from this chair reference has been made to the desirability of having a medical act for the whole Dominion of Canada, instead of permitting matters to go on as they have in the past—each Province having a separate act of its own, the license to practice medicine

being limited to the confines of one province. In view of the many advantages a Dominion act would confer especially on the graduates from Medical Colleges in the Dominion of Canada, at home and abroad, we of Ontario, should be willing to make any reasonable sacrifice to attain that end, excepting always, any course that would lower our present high standard of examination. I cannot say that the bill introduced into the House of Commons by Dr. Roddick is wholly satisfactory. I am hopeful that there is in the profession, wisdom enough to draft such a measure as will remove the objections to Dr. Roddick's Bill.

If it be thought the best course that each Province surrender the control of medical affairs to a single Medical Council for the whole Dominion, then such a Council must be representative in character, and largely, if not wholly, elected by the medical profession. It must hold its examinations at least once a year in the capital of each Province. On the other hand if the control of medical affairs is to remain in each Province some inexpensive scheme should be devised to have the examinations exactly the same in the whole of Canada. The degree or the license thus obtained would cover the whole Dominion and would be recognized in any part of Great Britain and would entitle the holder to appointment for the army or navy.

The Dominion of Canada, our great country, has risen to the notice of the whole world in the past few years. There is no possible doubt that ere two or three decades pass, her place in the world will become much more important. And though we may find many things to admire in the great people to the south of us, we are to-day at heart more thoroughly British than ever before. We are proud to be a part of that great Empire whose flag protects its humblest citizen in all his rights, as to life and property, of that great Empire whose laws are just, and justly administered by impartial judges.

The destiny of this country is clearly to fill a large place in the councils of this mighty Empire. In medical affairs let us seek so to act that nothing shall remain to hinder our graduates from occupying any position for which they are fitted, in any part of this Empire.

A CASE OF LARYNGEAL STENOSIS FROM PAPILOMATA.*

By GEOFFREY BOYD, B.A., M.B.,
Lecturer on Clinical Medicine, University of Toronto.

R. W., aet. 6½ years, admitted to the Hospital for Sick Children, Dec. 20th, 1898, with loss of voice.

Family history unimportant. Two other children subject to croup.

Personal history. Had several attacks of croup. Had measles when 4 years old ('96) and in following spring ('97) became hoarse. Since then the voice was gradually lost. At the time of admission to the hospital it was just a whisper, but the cough was dry and harsh, especially after being out of doors.

Physical examination. Respiratory, circulatory and other systems normal; white papillomatous patches on anterior part of vocal cords. Tonsils hypertrophied.

On Dec. 7th, under chloroform, the larynx was curetted by Dr. McDonagh. While under the anæsthetic the patient had a "spasm" resembling a carpopedal contraction, followed by great difficulty in breathing and cyanosis (tetany and spasm of the glottis). After operation there was a troublesome, croupy cough and much inflammation of the larynx, which gradually subsided on Dec. 21st. It was seen on examination that the left cord was free of growth. Slight growth on the right.

Dec. 28th. Vomited and complained of pain in the stomach. Cough increased, with inspiratory whoop and expectoration of yellow viscid mucus; it became more paroxysmal and assumed all the features of pertussis.

Jan. 5th, '99. Inspiratory stridor was noted with recession of the soft parts in the upper thorax, and on examination membrane was seen in the larynx. Patient was isolated, antitoxin given, and calomel fumigation was also resorted to. Klebs-Löffler Bacillus was found next day and the child was transferred to infectious ward under my care. Here he remained until the 20th, passing through the laryngeal diphtheria without trouble, although there was slight stenosis. On 24th Jan. the note in the history is that there is still a paroxysmal cough and that he is to go home and return in the spring for further treatment. Owing to the absence from the city of Dr. McDonagh, the patient was again put under my care. Jan. 29th, temperature rose to 103½ with sharp pain in the throat, lasting only a few minutes, but followed by great dyspnoea. On laryngeal examination there was marked redness extending to all parts of the larynx free from growth. More growths were on the right than on the left side. This acute laryngitis was treated by steam inhalations and expectorants, but the dyspnoea continued, with evidence of increasing stenosis and occasional attacks of laryngeal spasm with cyanosis. Relief from spasm occurred after expectoration of a small amount of blackish mucus. Intubation was therefore done on Feb. 5th as a temporary measure, the tube for a 4-year old child being used. Great relief immediately followed. The tube being small was coughed out sev-

* Read before the Toronto Clinical Society.

eral times in the course of the next few days, and the next size larger could not be introduced without force and therefore greater danger of detachment of portions of the growths. On Feb. 9th, the tube was expelled, and as there was no dyspnoea nor recession of the soft parts of the thorax, it was not replaced. Slight attacks of nocturnal laryngeal spasm, with



dyspnoea occurred, easily relieved by steam inhalations. He was seen frequently and was comfortable and the breathing free. If there was any return of the stenosis, tracheotomy was to be performed. On the night of Feb. 11th, a sense of laryngeal spasm occurred and before a tube could be inserted he stopped breathing. When a tube was introduced

efforts at resuscitation were employed for 30 minutes without success, although air entered the chest freely.

Post mortem examination: the usual signs of asphyxia were present,—lungs dark and full of blood, becoming red after exposure to the air; small dark portions of collapsed lung appeared all over the surface, especially at the base of the right lung. Both chambers of the heart were empty. Wall of the right ventricle very thin. No clots were present. Liver, spleen and kidneys congested.

Larynx. Large papillomatous growths are seen especially on the right side in the position of the vocal cords, completely covering them. Papillomata are present also in the right ventricular band, the interarytenoid fold and in the infraglottic portion of the larynx. The growths are larger and more numerous than appeared the case on laryngeal examination.

Remarks. Papillomata are the commonest (39 per cent.) of the benign growths occurring in the larynx and are found frequently in children. They spring usually from the vocal cords, especially the anterior parts and the anterior commissure, but also from the ventricular bands, the ary-epiglottic folds, rarely from the epiglottis and interarytenoid folds. As to their cause, they may occur congenitally or as the result of irritation. In the case under consideration the growths apparently were not congenital, for there were no voice symptoms until $4\frac{1}{2}$ years and then after measles. It is possible, though, that they may have been present from birth but not in a position to cause symptoms, and that the attacks of croup which he had in infancy were a result of the papillomata. There seems to be no doubt that as the result of the diphtheria and the subsequent laryngitis, the growths increased in size and number, evidenced both by local examination and by the signs of stenosis present, especially in the latter attack. The treatment in children is unsatisfactory, not only from the difficulty of operating intra-laryngeally but also from the tendency to recurrence. If there is no respiratory difficulty, operation may be deferred until the child becomes older and gains therefore more self-control, when intra-laryngeal methods may be tried, or currettement under general anaesthesia, repeated if necessary, often is successful in eradicating them. But if there is dyspnoea, tracheotomy should be done, and at the same time the removal of the growths by a thyrotomy or sub-hyoid pharyngotomy, or else the removal deferred to a later date and intra-laryngeal methods used. G. H. Mackenzie, of Edinburgh, recommends tracheotomy alone and cites cases to show that under the functional rest gained thereby, the papillomata shrink and fall off without any tendency to recur. Intubation has been recommended to relieve dyspnoea and by pressure of the tube to promote absorption.

In this case tracheotomy was always kept in view, but was not done owing to the improvement following intubation and its continuance after removal of the tube. It is to be regretted that it was not done in spite of the apparently good condition of the child, then all danger from the nocturnal laryngeal spasm would have been removed, but this is another illustration of wisdom gained after the event.

SEALING IN THE NORTH ATLANTIC.

JOHN MACWILLIE, M.D., C.M.
Ship's Surgeon on the Sealing Steamer "Algerine."

For the first time in the history of the sealing industry of Newfoundland, a record running back over a century, there was provided this year a surgeon for each of several of the vessels of the fleet.

This advance in consideration of the health of the large number of men, over 4,000 on 18 vessels, was due to the untiring efforts of the Rev. Dr. Harvey, of St. Johns, a man who has done more than any other for the welfare of Newfoundland, and the ex-Governor. The administration of carbolic acid in mistake for black draught as a climax to a long list of deaths which have happened through lack of knowledge, was an excellent lever to move the vessel owners to a fuller sense of their responsibility for the lives and well being of these hard-trying sealing men, and it is hoped that the experiment of this year will be the constant practice, and that the time of septic wounds, so frequently resulting in the loss of fingers, of blue pill and of cures as remedies for all ills, will give way to rational and scientific treatment.

The interest in a trip of this kind lies not only in the professional side, with the new conditions in which we see disease—our slums are well kept hospitals in comparison—but also in observing the ways and character of, to us, a new people, of visiting the country which is fast becoming the most popular vacation resort in America and of participating in this most exciting sport.

Our party of three left Toronto on March 5th and were joined at Sydney by the fourth. Here we rested with rising and falling hopes of soon becoming acquainted with the steamer which was to take us to that land which Burns knew of in his "Twa Dogs" as

"Some place far abroad
Where sailors fish for cod."

But the "Bruce," a beautiful Glasgow built vessel of the Reid line, comes at last, and none too soon, for a few hours later would have given us this seventeen hundred mile journey for nothing. We arrived at St. Johns a short time before the sailing of the fleet on Saturday morning. It is Newfoundland's greatest day. At seven o'clock, as we are enjoying breakfast with our good friend Dr. Harvey, we hear a steam whistle. Then for an hour the din and noise of gongs, whistles, bells and men, make us think we are again in Toronto on Pretoria day. St. Johns is full of it—beautiful St. Johns, but we have no time now to enjoy its beauties, our boats leave at 8 o'clock and we must catch them. Time, tide or sealing vessel waits for no man this morning. We have barely time to say good-bye as we, one by one, turn from the main street to the wharves at which our respective vessels lie. Mine is the last, and on reaching it I find the "Algerine" straining at her stern line and three or four feet from the side of the wharf, for as 8 o'clock comes every cap-

tain endeavors to get his vessel off first. With a run and a jump and I am aboard, hand bag, camera and all, and then my trunk comes—thrown after me, and with thankfulness I sit down to recover my breath. Soon however one gets in touch with the absorbing interests of the day. Now it is "our" vessel and "our" crew and the crowded wharves. All St. Johns is here. The church services and the Governor's address of yesterday are over, and now they are bidding farewell to the 4,000 men, on whose success depends the stand or fall of shipowners, of merchants and the food and clothing for these men and their families for a portion of the year.

"Up anchor" comes the command, and with a jump the wince starts. Then amid the groans of the crew it "fouls." Eight o'clock, and she begins to work. Soon our starboard anchor appears above the water, but alas, it has caught up a chain which must be cast off. One by one the vessels clear. A little swearing—not much, for these people seldom use oaths, more work, and amid cheers for all and three more cheers for Capt. Greene, we are off; last of all but ere night comes we are ahead of all.

The day is warm and bright and as we traverse the half mile or more to the mouth of the harbor we have an opportunity to enjoy the view of the city and harbor. The harbor is a mile long by half a mile wide and enclosed on all sides by hills some hundreds of feet high, entrance being gained by a channel two hundred feet wide at the northeast end. The city is built on the north side hill, and from the deck the tiers of streets, as mammoth steps show off magnificently the great cathedrals and other large buildings for which it is noted. As we leave the harbor the vessel becomes the object of my interest. The Algerine is an ex-British war vessel, re-hulled and fitted up for this trade. Those specially built for the work are upwards of two hundred feet long by thirty feet wide, and capable of carrying six hundred tons, all are single screw steamers, of eight to ten knots, and are assisted by sails. The hulls are massively built, of steel, oak, and teak, and are from twenty to twenty-five inches thick and all is needed, for excepting the first and last two days of the voyage, the ship is constantly pounding through ice, ranging from a few inches to three feet in thickness, an experience which any of the great transatlantic lines would not survive for one hour.

With steam and sail we speed on after the hurrying fleet. In sight of land until evening one does not feel too far away from the world, but what a world! If one were to judge from this shore, cold, bleak, barren, red rock. But this is Newfoundland from the outside. Our course is almost due north and by midnight we enter the great ice field, which extends northward past Belle Isle, and eastward for from fifty to one hundred miles, and in this we are to cruise until our cargo is complete, or coal or food runs out.

The seals found in this area are not fur bearing but the commercial value is in the skin and fat, and those found are of two main varieties, Harps and Hoods. This is the breeding season and the Harps congregate generally near the Funk Islands, in a herd covering an area of fifty to seventy five square miles. The adult is from four to six feet long, and weighs about four hundred lbs. It is covered with a large area of short, stiff, black hairs on the back, and the rest of the body is covered with

grey hair. The pups, which are worth one dollar a quintal more, have a soft white hair until they take to the water, at two weeks of age, they then weigh seventy five to one hundred pounds. The Hoods congregate about twenty miles to the east or outside of the Harps and are a comparatively small herd, this being the first year in six, that they have been found. It is so termed because of the sack like development of the skin covering the head of the male. An aperture connecting it with the nose enables it when attacked to inflate this sack to the size of a football, and no amount of pounding upon the head can then have the slightest effect. It is the seal commonly known in our zoological gardens as the sea-lion, one of my trophies of the chase was the hide of one which measured nine feet in length and weighed when alive about nine hundred pounds.

For two days we pounded through the ice, at full speed. Frequently we were brought to a full stop as the vessel struck a larger pan* than usual. Many small islands were passed, but night closes in without further signs of the seals. During the night the wind packed the ice more closely and on Tuesday morning we were almost fast in it. Four other vessels in sight are all in a like predicament. One had all her men out on the ice endeavoring to tow her to more open water. After four hours of shoving, ramming and going astern we managed to get clear of the jam and at nine o'clock we strike a skein from the Hood-herd. We skermished with them for an hour, bagging about one hundred, and then went due west to seek the more valuable and more easily caught young Harps. At one o'clock on Wednesday morning the captain came to my stateroom and in an excited voice called, "We'er into them Doctor; we'er into the swoiles.† I half dressed and went on deck. The hum of excited voices came from the mens' quarters, while from all directions could be heard the plaintive cry of hundreds of baby seals, some quite close to us, but it was too dark yet to see. There was no more sleep for anyone that night, and, by five o'clock all had breakfast and were eagerly preparing for the days work.

THE SEAL HUNT.—It is just daybreak, and a half dozen other ships are in sight. Seemingly having as ourselves just come in, our crew is divided into three watches, or gangs, each under the orders of the "master of the watch." The men are dressed in top boots made of sealskin, canvas out clothes and hats or caps of as great variety as there are number of men. A rope six feet in length is wound over the right shoulder, under the left arm, a belt to which is attached a knife in its leather sheath, and a steel, a canvas bag containing hard tack, and a gaff of wood six feet long with an iron spike and hook attached to one end, complete's each man's equipment. A few wear green or smoked goggles, and ten or more of each watch carry the ice flags attached to ten foot poles.

As the captain orders the first watch to get ready there is a scramble for the sides of the ship. The men climb over the gunwale and stand upon the logs which are hung along the outside of the vessel, just above

*The whole ice field is broken into pieces from a few feet up to a hundred or more in diameter. These are called "pans." Icebergs of all sizes are commonly called "islands."

†Vernacular for seals.

the ice, looking more like crusaders, with their staves and red and yellow flags, than anything I could think of. Now we brush the sides of a larger pan than usual and the command to jump is given. Sixty men have to leave the vessel in less than one minute—for we are going at half speed—and most of them have to go over the one paw. Some few get their feet wet, one or two up to the waist, but there is no time to consider such trifles. Away the ship goes to drop another watch a mile or two farther on in order to cut off a section of the herd for ourselves, for while it is a fair field and no favor, if one vessel fences off an area by her men and flags, it is seldom invaded by the others. The men on the ice now scatter in progressively smaller groups until they are all in twos, covering every part of the field. As they go forward jumping from pan to pan, sometimes crossing four to five feet of clear water, they kill the seals, mostly the young white coats—the babies—as the old ones, knowing of old what the coming of man means, slide off into the water. A blow on top of the head with the heavy end of the gaff, then the seal is turned on its back. One stroke of the sharp knife through the skin and two inches of fat, and from the mouth to the tail, and the carcass is opened. A few more strokes, for these men become very dexterous with the knife—and the skin and fat is separated from the skeleton, and in less than five minutes from the time the blow is struck it is being dragged along at the end of the line to the next seal in sight, to repeat the operation. When five or six are thus secured they are dragged to the nearest flag, for by this time our ice flags are planted here and there throughout the field. If the seals are thick they will continue this until night comes, each man securing anywhere from seventy-five to three hundred, the latter being an exceptionally large number. In the meantime the vessel has gone out of sight, sending on the ice similar groups of men, but on in the day back she comes, picking up the men and seals here and there.

Throughout the day, from the barrel on the mast head, which was my favorite post of observation, one could see men and ships as far as the telescope would carry the sight. Thirteen vessels came into view this day, and upwards of three thousand men were all busily engaged in the work. By night the great white surface looks like an immense battlefield. Carcasses, human-like in the distance, patches and trails of blood everywhere. As darkness comes on the gory field is hid from our view and in place of this we see hundreds of lights blazing here and there all over the frozen ocean. They are the torches which have been placed by the flags, and thus the labor of gathering in the work of the day goes on ceaselessly. Though the darkness hides the bloody ice and snow from view, it does not clear the odor or darken the sight of blood from our deck. I was called out at 11 p.m. with the report that a man was dead in the fore-castle and walked on seal skins six feet deep the whole length of the deck and found—syncope. The fore-castle was stifling, so I had him brought outside, and the only place outside was upon the greasy, bloody, sealskins, and here the skins remain for twenty-four hours until they cool off when they are stowed below.

On this, our first day, we killed five thousand seals, and next day ten thousand, but the ice is looser this year than usual and the seals are

more scattered. A ship's company of two hundred and fifty men has in one day killed upwards of thirty thousand, and it took three days and nights to take them on board. In two of the days of our first week out the thirteen vessels within sight killed two hundred and fifty thousand young seals.

Killing seals on Sunday is prohibited by the laws of Newfoundland, and this regulation is well observed, but with the exception of two or three masters, they all take aboard any seals which they have panned. By Sunday night we have all our pans aboard, as have most of our companions, all the seals to be found having been killed. Stealing skins is a very common practice. It is a great temptation to see a large pile of them on the ice belonging to another, with not another vessel in sight. But our captain is one of the honest ones, and consequently, though we have killed over seventeen thousand, we have only fourteen thousand on board. Seventy-five flags are missing, which means seventy-five piles of skins.

Early Monday morning we head our bow again eastward to hunt for the Hoods which we left behind a week before. Full speed day and night, for we knew the rest of the fleet would be in search for them too.

HUNTING THE HOOD SEAL.—At eleven o'clock on Tuesday morning we sight them. Five other vessels have beaten us in, but they are in a skein, so we cut off the south end of it for ourselves and are soon at work. In fighting the Hood the mode of operation is quite changed. Here we are after the whole family, the young pup and the male and female, and in them we have game well worth our most careful consideration, for pater and mater will fight for their young, and well does the great sea lion know how to fight.

Our men are told off as before, but their appearance has changed. What a difference a gun in the hand makes in the expression of the face. Rifles have been served out to the best shots, and about one in five is thus armed and now they swarm over the sides of the ship looking like a gang of pirates. The gunners go ahead scattering over the field, and stalking the game is now in order. Dodging from hummock to hummock of ice, he gets as near as possible, then the deadly Martini-Henri, or Winchester speaks, a bullet into the neck, and two or three men rush up and kill the pup and female seal—"and kill dead" as they say, the male, for you may shoot him a dozen times and not kill him. And so the work continues all day long, and many are the tales of interesting fights and narrow escapes we hear on the return of the hunters at night.

For one like myself, not being financially interested as the others in the commercial success of the trip, the killing of the Harp seal was no pleasure, the cry and wail of the little pup was so akin to the human, that it seemed almost murder. Even from the ship's deck we could see many examples of parental love. An old seal seeing one of our men coming towards it, took with its right flippers (corresponding to the arm), the flippers of her baby and lifting it twice as though shaking hands, and with one long look into its face slid off into the water, only to protrude its head, showing a face with an almost human expression of anguish; every few moments. Another shoved her pup into the water and diving

herself kept the little one floating by poking it up with her nose, until the danger had passed, when she shoved it upon the ice again, and instinct is so strong that you may carry the young a mile or more from where you found it and in less than one hour the mother will find it. This is a favorite pastime of the men on Sunday. So among these I found pleasure and profit in playing with the young ones and observing their ways and brought quite a litter of them aboard the boat alive. But now we were among mightier game. One soon tired of shooting them and then for a few days I had all the excitement of sport I wished and attacking these immense seals is no mean sport, if one has only a gaff as the weapon of offense.

The Chief Engineer, as fond of the fight as myself, usually went with me, and when the ship was blocked we could wander over a large area. One day while hunting together with the captain in a field where they were few, we came across a family of them sleeping on the ice, for it was a bright day, the sun shining quite warmly. Getting up quite near to them I happily shot them with my camera, preliminary to the fight, after which I again snapped them at shorter range. As we came nearer, they awakened and growled out defiance. One attacked the female and after some little fight despatched it, while the remaining two together approached the great dog. His head was raised above four feet, the hood expanded to its full capacity, mouth open showing his great teeth, emitting an angry hissing noise. He awaited the attack. I struck him a ringing blow upon the side of the head and he darted forward but my companion, who had gone around back of him, struck him a smart blow on the tail and he swung round as on a pivot and jumped at him. Thus we fought for some time. Suddenly as the dog saw his opportunity, out went his great flipper with its long powerful claws and ripped a deep gash in my companions leg, and before he could recover, seized the gaff in his massive jaws and crushing and twisting it, threw it about fifty feet. With a quick turn of his head, leaving him defenseless, I gave him a smart blow upon the tail and he swung round to face me, but as he turned, I struck him a tremendous blow upon the throat. This for the moment released the air from the hood and another heavy blow upon the now unprotected head stunned him and he was soon despatched. He was nine feet in length and weighed upward of nine hundred pounds, the largest our Captain had ever seen. He now stands mounted in the show rooms of one of Toronto's leading furriers.

For a week we continued in this work; then for another week we cruised about, coming across small groups of seals here and there, which had become separated from the main body by wind and by wave. We threw overboard all the coal we could spare, and took from the men their bunks to make room for the seal skins. We loaded below and above deck with them, until our deck was within an inch of the water. Up to this time our ship has been as steady as in harbour, for the ice, which is death to some vessels, is the safest harbour in a storm to a sealing vessel. And now for home. Fortunately the ice was not so "hard a front" as the sun had been shining very effectually for some days, for a

On Sunday night we left the ice but found it too rough and went back into it for the night. On Monday we again attempted it and made Bonavista by nine o'clock p.m. A heavy fog coming on we did not ship anchor until five o'clock Tuesday afternoon, this gave me an opportunity of seeing something of the interior of Newfoundland, of which more latter on. Starting from Bonavista under a light wind, we got along very pleasantly until we came out into the broad Atlantic, with the full force of a strong east wind blowing upon us, and tossing, rolling, plunging and sliding, now upon the very crest of a wave, now our deck swept from end to end. We arrived the next morning before daybreak in St. John, gone just twenty-four days. Five of the fleet are in ahead of us. The Hope will never return, her remains lie scattered upon the rocks in the Gulf, and the Virginia Lake was caught near the north coast in an ice jam and did not return for two months.

These are but a few of the dangers the hardy sealers takes his chances on. Hardly any with a lengthened experience but have met with shipwreck, some upon the rocky shore, others in the ice field, as their vessel has been cut in two as by a pair of shears, two ice jams meeting and catching the vessel between them. Frequently the vessels are elevated clear above the water by these ice jams, held there for hours, sometimes weeks, then gently dropped into its home again.

In 1897 a most frightful disaster occurred in which forty lives were lost and many more have never recovered from the effects of it. The 21st March, 1897, was a beautiful clear day until noon when it began to look stormy. In the excitement of the chase Capt B——, of the G——, had sent out one hundred and fifty men early in the day, then steaming away out of sight kept all hands busy. At four o'clock in the afternoon the storm which had been brewing for some hours came upon them in full force, a blinding snow storm and intensely cold. Search was immediately began for those out on the field, but not one was taken up that night. Next day one hundred were found alive, and the day after six were rescued, all being more or less frost bitten. Only twenty-four bodies were ever recovered, the remaining twenty-four finding graves in the mighty deep. One of the six became separated from some companions, falling into the water he remained there immersed to the neck for some time, he got out without assistance and was immediately taken with ice blindness, an extremely painful affliction. Groping his way along he came upon a pan of ice about fifty yards in length, and here he walked alone, backward and forward for thirty hours, when he was rescued. This disaster is well-termed frightful, because of its magnitude, but being lost in a fog in a storm, or by darkness, is an every day occurrence, and many are the groups of men we took abroad, they having lost sight of their vessel.

With these dangers ever confronting the hardy sealer, it should be a matter of the first consideration to those in authority that he should be kept in the best physical condition: A brief review of the accommodations for the crew and of the medical report will show to what extent this is being attended to.

For one week after leaving St. Johns the average space allowed each man, taking all the men's quarters, was fifty-five and one-quarter cubic

feet, and on the return trip, was forty-one and one half cubic feet. In one section there were seventy men who had only 29.7 cubic feet of space each, and this in a foul hold, underneath and at one end of which, was filled with seal skins and their oleaginous accompaniments. A hatchway three by four feet was generally kept open to emit the odors. The bunks, six by six feet and three feet from the deck, held six and sometimes seven men and their belongings. This, without any conveniences whatever Seal, pork, and duff with hard tack for food, and the constant exposure of the men, was not conducive to *good* health, and it is not a matter of surprise that among the two hundred and fourteen men on board two hundred and five required medical treatment and ninety surgical care.

As it is a common experience to get the feet wet, even becoming totally immersed, (one of the many experiences which I did not miss) our epidemic of La Grippe is accounted for. Ice blindness is another common and extremely painful affection. Absolute constipation of a week, and even two weeks' standing, and diarrhoea are among the common ailments. Of venereal diseases, only one came under my care. In all, there were twenty of the different diseases to deal with, pneumonia furnishing me with the one serious case. The surgical cases were mostly finger cuts, which in the past have furnished so many "seal fingers," a septic condition which has resulted almost invariably in the loss of the finger. Tubercular cases of course we do not meet with, they cannot stand it. But one can very reasonably attribute to the constant exposure and total lack of hygienic surroundings accompanying this avocation, the inroad pulmonary tuberculosis is making among these hardy people, as well as among the inhabitants of presumably more healthy lands. To those of us taught to think of Newfoundland as the land of fog, codfish and "French shore questio." it was a delightful surprise. Montreal with its temperature below zero and many feet of snow gave way on our first day there to barely enough snow to run a sleigh, and smart walking made an overcoat feel uncomfortably warm. The winters are milder than in Ontario, and for June, July, August and September the temperature ranges about 85°, almost chilly when we think of our .00 summer. In our railroad trip across to St. Johns we were impressed with the sublime beauty of its scenery. Newfoundland has been well named the "Norway of America." Its deep fiords, which indent the shores everywhere, guarded by lofty cliffs, are on a much grander scale than the famous Norwegian fiords and are not less magnificent.

To the lover of sport Newfoundland presents attractions which are probably unequalled anywhere. Its countless lakes abound with trout of the finest description, and are the abodes of wild goose, the wild duck, and other fresh water fowl. The grouse, the plover, the curlew and the snipe, are to be found all over the island. Above all, the noble caribou or deer, in vast herds traverse the island in periodical migrations from south to north, and furnish the highest prizes for the sportsman.

That important considerative, accommodation, is luxuriously provided for, the railroad equipment being equal to Canada's best, and the fine fleet of steamers running up to Laborador and around the island is as comfortably appointed as our best lake steamers.

Our whole party were in "lucky" ships, and all returned within a few days of each other with full loads, so we at once escape being jinkers* and "lousy," and after enjoying the hospitality of our medical and other friends for a few days in St. Johns, returned to Toronto after an absence of six weeks, bringing many interesting remembrances of our trip, all with experiences, one with notes in abundance for a good story, two of us with skins for mounting, and myself with two live baby seals.

SELECTED ARTICLES.

AEROPHAGY.

BY H. D. ROLLESTON, M.A., M.D., F.R.C.P.,

Physician and Lecturer in Pathology, St. George's Hospital; Senior Physician to Out-patients, Victoria Hospital for Children.

Aërophagy, or the swallowing of air, has been carefully studied by Lyonnet and Vincens ("Lyon Médical," February 10, 1901) in eight cases, three of which were males. The symptoms are swelling after food, loss of appetite, desire to sleep, though there is often some insomnia, and frequent eructations, which are usually noisy, vomiting is only occasionally met with. Gastric symptoms may accompany aërophagy, and appear to be due to it, and not to be merely associated phenomena, since they usually develop after aërophagy is well established. The symptoms described by Bouveret as neurasthenic gastro-intestinal atony may be present. Constipation is usually noticed, and may give rise to mucous colitis, while enteroptosis and floating kidney may co-exist. From incessant aërophagy there may be considerable tympanites. Occasionally the patient wastes and becomes cachectic, so that new growth is suspected. The eructations are usually noisy, but may be quiet. Before these eructations there are rapid deglutition movements; if these are overlooked, an erroneous diagnosis of flatulent dyspepsia may be arrived at. These eructations may occur first thing in the morning, before any food has been taken.

Aërophagy usually occurs in hysterical females, and may begin suddenly from shock or emotional disturbance. Being a neurotic manifestation, the duration is variable. It may be cured by very simple means; on the other hand, relief may be only temporary, and frequent relapses are very prone to supervene.

Aërophagy may be voluntary—a physiological curiosity—or involuntary and pathological. There is then clonic spasm of the pharynx. Treatment falls under three heads: (1) The general treatment of hysteria by moral suasion, change of scene, tonics, etc.; (2) counteracting the pharyngeal spasm by keeping the mouth widely open, painting the pharynx with cocaine, and the application of blisters to the front of the larynx; bromides, valerian, and belladonna do good, and marvellous results have in some instances followed "suggestion"; (3) for the added

* A term applied to all who come in without seals. There are "jinkers" every year at this work.

* Naturally two months of such accommodations would have its effect.

dyspeptic symptoms mineral waters and washing out the stomach do little or no good. The muscular tone of the stomach requires tightening up, and for this purpose strychnine and ergot are recommended. Food should be given in a somewhat concentrated form, so as to avoid the bad and mechanical effects of bulky food.—*The Practitioner*.

THE IMPORTANCE OF THE EARLY RECOGNITION OF EAR TROUBLE IN CHILDREN.

By MACLEOD YEARSLEY, F.R.C.S., Surgeon to the Royal Ear Hospital, etc.

The discovery of adenoids by Meyer, of Copenhagen, in 1868 gave a certain impetus to the better recognition of the importance of the study of otology, especially in children, as a part of the curriculum of the medical student, and since that time the efficiency of the general practitioner in both diagnosis and treatment has slowly but surely improved.

In a large majority of cases partial or total loss of hearing in a child is not noticed by a doctor on first seeing the patient, and, save in a few intelligent instances, is not accepted or believed by the parents. This is less often the case in total deafness, but in instances of partial damage only the condition is often unnoted or neglected until the child is more advanced in years and is at least over the age of four. The consequence is that much very valuable time is lost and treatment has little or no effect.

Let us take an instance—a child is the subject of adenoids and gets attacks of deafness with every cold, from which it recovers with diminishing frequency, until it is in a condition of permanent deafness of sufficient severity to seriously handicap it in its future struggle for existence. This condition is directly due to the adenoids, and if recognized earlier and properly treated, would have resulted in perfect recovery. Having progressed to the stage just described, however, the prognosis as to the treatment is far less hopeful. One sees, unfortunately, cases of this class with a too great frequency, and the appearance of the membrana tympani is sufficiently significant to one who has the opportunity of frequently observing such cases. Whenever I find the drum exhibiting a loss of transparency and a dullness which is best likened to ground glass, I always find without exception that that case has gone too far to obtain much benefit from treatment as regards recovery or improvement, and one can only safely promise that the removal of the adenoids will improve general health and act probably as a stay to further progress of the deafness.

Even in these days of improved medical education and perfected methods of diagnosis there are still practitioners who have sufficient temerity to assure parents that their children will "outgrow" deafness or discharge from the ears. The latter is, of course, a constant menace to life, but it is almost equally criminal to neglect the former since the sense of hearing is to some extent as necessary to the taking of one's place in the community as that of sight.

It follows therefore that if a child is deficient in hearing, the sooner that fact is ascertained beyond a doubt the better. Steps can then be taken to ascertain the cause, amount and probable curability of the trouble and, if incurable, to at once place the patient in the best position for acquiring education in other ways than through the ears.

It is not always easy to determine satisfactorily the presence or absence of deafness in a young child, simple as it may seem to those who are unaccustomed to dealing daily with deafness.

A child may be slow in learning to talk but this is by no means always an indication of defective hearing. Certain mental defects, too, may simulate deafness and must be excluded. Should a child otherwise normal, pass its first two years of life without acquiring one or two simple words, especially the "dada", and "mamma" with which all babies quickly learn to greet their parents, it is most probable the subject of defective hearing. The general practitioner who is in the habit of seeing the child will probably have his attention frequently aroused at an earlier period, and should this be the case, he should at once take measures to ascertain the accuracy of his suspicions. In any case of doubt I think it is best to examine the child under chloroform rather than risk possible future deafness.

Much has been written on the dangers of discharge from the ear in children, and even now there are individuals who allow such cases to pass from bad to worse without making any real effort to save them. The significance of earache in children is of equal importance and receives almost equal neglect. So many men seem to lose sight of the fact that the ear may be the *tons et origo mali* in many a puzzling febrile attack.

Pain in the ear may be described roughly as of two kinds—inflammatory and non-inflammatory. It is the former that is most common in children, indeed, the non-inflammatory form is, in my experience, rare, and those who assert that the majority of cases of earache in children are "neuralgic" in character fall in grave error. Small babies cannot make known the seat of their pain and can only draw attention to it by screaming lustily, a means at which they are singularly proficient. When a child is in pain it requires careful observation to ascertain the spot at which that pain arises. The raising of the hand to the ear, or the refusal to lie upon that organ, or the tenderness of the ear to touch in washing, etc., may afford an indication, but such future trouble and chagrin would often be saved if the ears were examined in every case of febrile attacks, apparent pain, or even fretfulness. Pain in the ear varies much in intensity, and while in one case a child may be thrown into procyms of screaming and possibly almost into convulsions, in another there may be only a condition of fretfulness and whimpering.

A "cold in the head" in a baby nearly always affects the lymphoid tissue in the vault of the naso-pharynx. This fact affords an easy explanation of the frequency of inflammations of the middle ear in early life. The usual results of such inflammations and their simulation of meningitis, when they have not given rise to that complication, is sufficiently well known to all practitioners and there is no necessity for me to dwell upon it. The apparent attack of acute meningitis, pneumonia,

typhoid fever or other serious disease which can be cleared up by a timely incision in the drum membrane, bulging from retained inflammatory products, must be familiar to every physician who has much to do with children.

The importance to the general practitioner of the early recognition of ear-pain in children cannot therefore be over-estimated; he is the first to see the case and by excluding the ear he will greatly simplify this method of diagnosis, while if he at once localizes the seat of the pain in that organ he will have the satisfaction of saving the patient much possible future suffering, himself much annoyance, and he may—possibly—earn the gratitude of the parents.

The simulation of or connection with other regional diseases was strikingly shown by Hartmann in 1899.* He called attention in an article entitled "On the Intestinal Disturbances produced by Otitis Media of Infants" to the fact that loss of weight and elevation of temperature should always demand an examination of the ears, when it would often be found that the tympanic cavity contained pus, and relief would follow its evacuation. That author regards intestinal disturbance in infants suffering from otitis media as the result of the reabsorption of the toxic poisons from the exudate in the tympanic cavity, rather than that the ear trouble resulted from the infection entering the Eustachian tube during the act of vomiting.

It is astonishing how some men neglect their opportunities; one would think that in cases where the cause of a condition could not be ascertained with ease the practitioner would not rest until every organ had been investigated for a possible explanation, for his own reputation's sake if for no other reason. Yet, while engaged on this very article, I saw a case of a child of twelve, the subject of deafness due to adenoids and tonsils and in whom the tonsils nearly met across the fauces and were frequently the seat of acute inflammations, whose parents had been told by three general practitioners, practising in two of England's largest towns, that nothing need be done as she would "grow out of it."—*Pediatrics*.

* *Archives of Otolaryngology*, vol. xxviii, Nos. 2 and 3, 1899.

WHAT IS A COLD ?

There is something very mysterious about the condition which is commonly called a "cold." It is popularly ascribed to a chill, but a brief consideration suffices to establish the fact that chill can only be one, and possibly not the most important, factor in its production, since it is only under special circumstances that exposure is followed by the characteristic symptoms. The view that the condition of "cold" is one of repletion has much in its favour. It is when one is not feeling "up to the mark" that cold is usually caught, that is to say, when the eliminatory functions of the body are not doing their work properly, thus throwing the machinery out of gear. No one takes cold when in a vigorous state of health, a cold is the result of insufficient exercise, the breathing of foul air, an excessive or an inadequate supply of food, or other violation of the elementary laws of health. Overfeeding and the consumption of alcoholic stimulants appear to be particularly prejudicial in this respect, especially if associated with a lack of exercise in the open air. On the whole, an underfed man is in a better physiological state than one whose organs and tissues are chronically burdened with an excess of nourishment not thoroughly assimilated. A starving man, it has been said, never takes cold, though this may be an euphemism, merely meaning that the vacuity of his stomach dominates his sensations to the exclusion of minor inconveniences. Hungry hounds hunt the best, and, within certain limits, underfed tissues are physiologically more active than tissues afflicted with plethora, and when the bodily functions are actually or potentially active the system is not prone to take cold. It is suggested that the nasal catarrh represents an endeavour on the part of the organism to throw off uneliminated impurities through the Schneiderian membrane *vice* the skin, and if so it must be regarded as a very efficient filter in view of the copiousness of its excretion. The important point to bear in mind is that cold is disease essentially of internal origin, due to defective purification of the tissues, the effects whereof are brought to a crisis by a fortuitous chill. The treatment, therefore, should be as far as possible prophylactic. To live in the open air as much as possible, or at any rate to breathe as much fresh air as possible; to maintain the skin in a functionally active condition by frequent baths, in the event of a hitch, resort to the more drastic cutaneous purgation induced by a Turkish bath. Combined with this, and in opposition to the popular adage, the diet during the acute stage of an attack should be restricted in quantity and simple in kind.—*Medical Press and Circular.*

SOCIETY REPORTS.

ONTARIO MEDICAL ASSOCIATION.

The twenty-first annual meeting of the Ontario Medical Association was held in the Educational Department, Toronto, on the 19th and 20th of June, 1901, the President Dr. Angus Mackinnon, of Guelph, in the chair. The secretary read the minutes of the last session of last year which were adopted.

The report of the Committee on Papers was presented by Dr. Machell of Toronto, and the report of the Committee on Arrangements by Dr. Bruce L. Riordon.

THREE RECENT GALL-STONE CASES.

Dr Wm. Oldright, Toronto, said these cases had occurred recently in his practice. They present features of interest to the profession. The first case occurred in a woman about fifty-five years of age. He was rather surprised to be called upon to see her in a hurry, to find symptoms of gall-stone obstruction. The late Dr. Little had seen the patient and had endeavored to obtain purgation without effect. Powerful cathartics were unavailing. About nine months previously she had a similar attack, but Dr. Oldright had heard nothing about it until this attack. The symptoms were: somewhat elevated temperature (about 100 to 101) constant vomiting, obstruction, and, of course, intense pain. He supplemented Dr. Little's catharsis, but without any effect. On examination he could map out a distinct tumor, and told her that she had a distended gall bladder; advised her to go into the hospital, which she did that night. She was operated on in the afternoon, and some gall-stones removed and he endeavored to establish patency of the duct. He could feel no stones left behind, but there was some stenosis of the duct. There was a great deal of inflammatory action in this case. The gall bladder was stitched into the abdominal wall and drainage established in the usual method; bile flowed freely. The patient made a good recovery. The second case was one Dr. Oldright saw in consultation with Dr. McLean, of Woodbridge. She was sixty-five years old. The prognosis was certainly death without operation, and provided there was no malignant trouble she would probably recover. In this case one could imagine the difficulty there would have been had it been his first case of operation, as he could not locate the gall bladder. He came to the conclusion that it was not a case for further interference. Within twenty-four hours she succumbed to the shock and probably to some hemorrhage. There was no doubt after passing the finger in that it was malignant. If this woman had been operated on some years before, Dr. Oldright thought that malignancy would not have occurred and her life would have been

saved. The third case occurred in a woman forty years of age. Upon her the surgeon operated last February. Here was a case in which there had been gall-stone symptoms, obstruction, for about eighteen months. She consented to an operation. The obstruction was in the cystic duct. He opened the gall bladder and took out the stones which he exhibited to his audience. The operation occupied about forty minutes. The patient made an uneventful recovery, and left the hospital thirteen days after.

Dr. Garrett, of Kingston, said that operative interference in gall-bladder surgery had only recently been brought into prominence. Early diagnosis is very important. We should operate at once when we make a diagnosis. He referred to a case which had been diagnosed as catarrh of the stomach upon which he had operated and had extracted 170 stones from the gall-bladder.

Dr. T. Shaw Webster, Toronto, asked Dr. Oldright if there are not some cases where it would be better to wait for a little while, in cases where there is a strong probability that the condition will disappear in a short time.

Dr. Oldright in reply: As soon as we are satisfied of gall-stone obstruction, as soon as acute symptoms have subsided, we should operate, and not allow repeated attacks to go on until malignant disease is established.

EXCISION OF UPPER JAW FOR SARCOMA—WITH EXHIBITION OF PATIENT AND SPECIMEN.

Dr. Herbert A. Bruce, Toronto, presented this paper, whilst Dr. G. Silverthorn exhibited the specimen. Dr. Bruce also presented the patient, a woman thirty-four years of age, from whom he had removed the upper jaw for sarcoma. The patient had been sent to him by Dr. Bowles, of Woodhill. The history of the patient is, briefly, as follows: During the last week of January of this year she felt, for the first time, a slight swelling over the alveolus of the left jaw, which she thought to be a gum-boil. She consulted Dr. Bowles at the end of March, and Dr. Bruce saw her about the middle of April—that is less than three months after the first symptoms. Dr. Bruce operated upon her on the 29th of April, exactly three months after she had the first symptom. On examination he found a very hard swelling just behind the second bicusped tooth and extending backwards to the full extent of the jaw. Internally it had not extended to the middle line, and bulged externally to the extent of half an inch beyond what would be the line of the teeth. It extended backward toward the antrum, but the latter did not seem to be implicated externally. The growth in the roof of the mouth was covered by mucous membrane. On looking into the nose a polypoid mass was seen, and the patient had some difficulty in breathing through the left nostril. The cheek on the affected side was slightly more prominent, and it moved freely over the growth. No prominence of the eye on the affected side was to be made out. A small portion of the growth was removed under cocaine, and Dr. Silverthorne reported to Dr. Bruce that it was sarcoma. The patient left the hospital on the eighteenth of May and made an uninterrupted recovery.

Dr. Silverthorne presented the specimen to the members of the Association. It was the size of a large sized orange, containing spindle cells with a cartilaginous basis.

Dr. Bruce stated that the history of the patient showed that a polypus had been removed about eight years ago, and he thought that it must have been a simple polypus.

ECTOPIC GESTATION.

Dr. R. W. Garrett, Kingston, extended his thanks to the Committee on Papers for placing under his care a subject of such great magnitude. The subject is one of vital importance to every practitioner, for at any time he might be called upon to differentiate the condition from others with which it might be confounded. The responsibility of a life was in his hands and demanded accurate diagnosis, medical acumen and judgment and ability to conduct the case to a favorable termination. He entered at considerable length as to the causation and earlier changes consequent upon ectopic gestation, and stated that every physician is expected to make a correct diagnosis of tubal pregnancy on the occurrence of rupture; and in a fairly large proportion of cases, to make a correct diagnosis of tubal pregnancy on the occurrence of rupture; and in a fairly large proportion of cases, to make a diagnosis before the occurrence of rupture. Theoretically, the arrest of a fructified ovum may occur first in the ovary, second, in the abdominal cavity between the ovary and tube, third, within the tube, and fourth, between the tube and the uterus. He would direct the attention of his audience to but one kind only, : arrest within the tube, or tubal pregnancy, as all other varieties are but merely developments of this kind, owing to secondary invasion of the Fallopian tube. These he divided into three groups: First, tubo-abdominal, or simply abdominal pregnancy, in which there is a secondary invasion of the abdomen; second, tubo-ligamentary in which there is a secondary invasion of the broad ligament and subperitoneal tissues, and, third, that sub-division of the tubo-uterine in which there is rupture into or secondary invasion of the uterus. At considerable length he discussed the etiology, then the symptoms, pointing out the difficulties that lie in the road to making a diagnosis owing to the absence of many, if not all, of the classical symptoms generally enumerated. Having dealt in a masterly manner with these he recited a very interesting case in illustration of his contention of the difficulties of diagnosis.

Dr. J. F. W. Ross followed Dr. Garrett in the discussion regarding the diagnosis as the most important point of all, and especially the diagnosis before rupture. He thought that we ought to be able to diagnose these cases before rupture had taken place. What are the symptoms? Generally four or five symptoms. He referred to the pain that is indefinite, not severe, not acute, but a feeling as if something were wrong. He referred to several cases recently seen in practice.

Dr. Powell referred to a case where Dr. Ross had diagnosed the condition before rupture had occurred

Dr. Oldright mentioned a double rupture of both tubes.

Dr. A. A. Macdonald complimented Dr. Garrett on the careful manner in which he entered into his subject, and thought it was one of the greatest importance to the general practitioner. He remembers the time when it was stated that no one could make the diagnosis before rupture. He referred to a case which came into Bellevue Hospital, in Toronto, comparatively recently—a case of twins, in which one child was delivered in the natural way, and the other child ectopic.

Dr. T. S. Webster said that the subject was one that he had taken a great deal of interest in, and has had to deal with four of these cases.

Dr. Prevost, Ottawa, showed a specimen and said that sometimes, in spite of the most accurate diagnosis, we make mistakes. He described the case, the specimen of which he presented.

Dr. A. F. McKenzie, Monkton, referred to a case seen in his practice, which went on to full term and was delivered of a large child and no trouble. He further spoke of the difficulty in making the diagnosis in these cases.

Dr. Machell thinks the interest centres in the diagnosis.

Dr. Mackinnon, the President, stated that he had not had much experience with these cases before rupture, but had had a little experience after rupture. He thought frequently there might be danger in making a mistake. He also cited a case occurring in a young married woman with a little child five or six years old.

Dr. Garrett closed the discussion, and thanked the members for their generous treatment of his paper. He considered that discussions of this character were of the greatest moment. Rupture is generally about the third month, and interstitial pregnancy can go on to a much longer term than tubal pregnancy, and in this form we generally have external rupture.

FIRST DAY—AFTERNOON SESSION.

PRESIDENT'S ADDRESS.

Dr. Mackinnon delivered a very able address on the opening of the afternoon session. He considered that it was a great honor to be elected president of this, the largest and most influential medical association in the Dominion of Canada. Having referred to the success of the meeting so far, he proceeded to contrast the state of medicine at the beginning of the last century with that of the present, and compared the vast advantages we to-day possess over those of one hundred years ago. Anesthesia, antiseptics, asepsis, vaccination, the anti-toxin treatment for diphtheria, the discovery of bacillus of tuberculosis were mentioned, and he looked for the dawn in no far-distant day, of that grand and glorious day when we can say to the world that tuberculosis and cancer can both be cured. He deplored the growth in the employment of new proprietary remedies, and thought that harm was being done to the medical profession by manufacturing firms making up pills for neuralgia, for malaria, etc. He considered that the literature and drugs sent out to medical men by these manufacturing houses had become an intolerable nuisance. The electric

belt man, the Christian Scientist, the advertising cancer-curer, the osteopath, and many other such like fakes which hang on to the skirts of medicine, he scored most unmercifully, and regretted that the public press, both secular and religious, opened their columns freely to these fulsome, untruthful, and sometimes immoral advertisements, because they pay well. There was great danger to the public in permitting Christian Scientists, the "pray-for-hire-healers" and the "Dowieites," impudently undertaking to cure infectious diseases, such as diphtheria, scarlet fever and smallpox—diseases which they are unable to recognize; and he thinks that we have come to a point where toleration and forbearance become criminal. The 2,500 medical men in Ontario should have influence enough to obtain from the Legislature an amendment to the Medical Act that will put an end to this trifling with human life. He directed attention to the delay that occurs in securing admission to the asylums for people, the subjects of acute mania, and thought it was high time the necessary steps in this department in the practice of medicine should be simplified.

PULMONARY TUBERCULOSIS—ITS TREATMENT IN SPECIAL SANATORIA.

Dr. J. H. Elliott, Medical Superintendent of the Sanatorium at Gravenhurst, read this paper. Speaking generally, it may be said that from fifty to seventy per cent. of the incipient cases are restored to health, while from all classes from fifteen to thirty per cent. are reported cured or arrested; in sixty to seventy per cent. a marked improvement. The first thing noticeable after entering the sanatorium, in most cases, is an improved appetite, a gradual gain in weight, and a decline in evening temperature. With this improvement night sweats disappear without medication, the cough and expectoration noticeably lessen, and the patient sleeps until morning. The principles generally adopted are: First, a continual life in the open air, with rest or exercise as indicated; second, a liberal, suitable diet; third, medicinal treatment according to indications, and to a great extent symptomatic; fourth, hydro-therapy; fifth, a strict medical supervision of the patient's daily life. Speaking of the "rest-cure" in febrile cases, the object is to reduce muscular exertion to the least point consistent with the ingestion and proper assimilation of a good diet. Referring to medicinal treatment; with a hygienic life, pure medicines are required. The various tuberculins and serums are being used both in America and Europe, with the prospects of yet securing a specific for those cases where mixed infection is absent. Constant supervision of the patient is the most important point in which the sanatorium treatment must necessarily differ from that adopted by the general practitioner. Living, as he does, with his patients, adopting their mode of life, having his meals in common with them, the physician is enabled to individualize the treatment, and though on broad lines the patients all receive the same treatment, each one has to be studied in detail, and the indications met accordingly. The chief point, under all circumstances, is that the patients, wherever they may be, live prudently, and be under the care of an intelligent and firm physician.

Dr. Price-Brown referred to the advisability of sending patients for sanatorial treatment, and stated that we have for every disease places to send our patients—hospitals throughout the length and breadth of the land—except for tuberculosis. Having recently been at Asheville, N.C., he described the treatment which he had seen carried on in that institution.

Dr. John Hunter, Toronto, deprecated sending these patients long distances away from their homes, which was formerly the custom, but is not so now. He hoped to see the time when there would be a large number of these institutions established in this country.

Dr. Elliott, in reply, emphasized the point that there should be no exercise when the evening temperature is above ninety-nine degrees; it may be permitted in the morning if it reaches one hundred or one hundred and a half, but not in the evening.

VACCINAL PROTECTION AGAINST SMALLPOX.

Dr. P. H. Bryce, Toronto, the Secretary of the Provincial Board of Health, presented this paper. In the introduction to his paper he expressed the belief that although the practice of vaccination against smallpox has existed for a century, there never was a time since it was formally accepted by the profession, when there was so much expressed scepticism as there was to-day on the part of the laity with regard to its protective qualities, and never a time when the profession has been so indifferent as to impressing the necessity of its proper performance upon the public. In Ontario, between 1898 and 1899, there were but twenty-two recorded deaths from the disease. He made special reference to the art of vaccination and the quality of the lymph, and thought five separate insertions should be made in each case. The quality of the lymph was very important. He thought that a medical man going out from college did not receive sufficient practical instruction on this most important subject.

Mr. I. H. Cameron discussed Dr. Bryce's paper and stated, as a matter of fact, he had no hesitation whatever in seeing a case of smallpox himself, nor would he object to any member of his family seeing it, if he knew that they had sufficient protection through vaccination. He warned the profession against laxity in dealing with this most important subject.

Dr. Harrison, Selkirk, stated that he had had considerable experience with smallpox, and on account of that experience he entered a vigorous protest against the prevailing carelessness in insisting on vaccination and revaccination in the laity as well as the profession.

Dr. John Hunter, stated that in many cases he had failed to secure successful vaccination.

Dr. Geikie considered that Jenner's discovery was one of the greatest and grandest achievements in medicine.

Dr. Price-Brown referred to a case in the Toronto General Hospital in the year 1866.

Dr. Rudolf asked Dr. Bryce whether the instructions given along with lymph supplied by different firms were not partially to blame for the insufficient vaccination among the profession. He considered that no one should be guided by those instructions.

Dr. Bryce, in reply, thanked Mr. Cameron for taking up the discussion. He considered that the profession was lamentably ignorant of the nature of protection and protective qualities of vaccination itself.

Dr. D. J. Gibb Wishart suggested that a resolution be passed by the Association expressing its approval of from three to five insertions, and advising manufacturers interested in the matter.

Dr. Thistle thought that they should not stipulate the number of marks, that it would not be wise, as many successful vaccinations had been obtained from one mark.

Dr Stewart, of the Ontario Vaccine Farm, Palmerston, thought four or five marks better, so situated that there would be no coalescence.

Dr. McPhedran did not wonder that the younger members of the profession were weak as regards the diagnosis of smallpox when facilities for instruction in clinical work was absolutely nil, he had repeatedly asked to be permitted to take a class to the Infectious Diseases Hospital, but had always been denied.

Dr. Noble, Philadelphia, thought as a surgeon that something else might have been said about the care of the vaccination wounds. The wounds should be protected, so that there would be no chance of infection.

DISCUSSION ON EMPYEMA.

Medical Aspect.—This subject was introduced in a well prepared paper by Dr. Ferguson, London, who said that the treatment of this condition was essentially surgical, and that the medical aspects of the disease were limited to a consideration of its pathogenesis and prophylaxis. He considered that the conditions of non-purulent or primary effusion were indispensable to an understanding of the pathogenesis of empyema. He gave a description of the pleura and discussed the bacteriological aspect purulent pleurisy, which he divided into four classes: First, those due to pneumococci; second, those due to streptococci (and staphylococci); third, those due to the bacilli of tuberculosis and fourth, those caused saprogenic organisms. In nine cases, extending over eleven years in his practice, three were diagnosed tubercular, three meta-pneumonic, two due to the streptococci, and one undetermined. The prognosis varies with the micro-organism present, the pneumococci being the most benign. It is the only variety of purulent empyema that may possibly yield to treatment by mere aspiration especially in children. Tubercular empyema is usually mixed infection. The prognosis here will depend upon the general condition of the patient, and the character of the mixed infection. We therefore see the importance of a bacteriological examination as in any other debilitating disease; supporting and tonic treatment is essential. With the advent of pus, surgical means must be adopted.

Surgical Aspect.—Introduced by Dr. J. L. Turnbull, Goderich. When the presence of pus is determined it should be evacuated at once, as there is always the danger of abscess bursting into or through the chest wall, or even through the diaphragm and producing peritonitis. Aspiration need not be described; remember not to remove the fluid too rapidly. In this, as in an ordinary abscess, it is not necessary to open at the most

dependent point. The preferable way, and the one which Dr. Turnbull always uses when a diagnosis of pus is made, is to remove a portion of a rib; an inch and a half may be cut out, preferably with the saw, under strict antiseptic precautions. Dr. Turnbull advises washing out every day when pus is offensive, and the drainage tube gradually shortened until it can be removed altogether. Where a cavity and sinus remains after this operation, the sinus may become closed and a second empyema established. This requires an Estlander's operation, and one of the best ways is to carefully locate size and boundaries of cavity with a probe, and after dissecting up a flap of skin, be sure to remove enough bone. The hard fibrous tissue beneath the ribs, which is always present in quantity there, must be thoroughly removed. Dr. Turnbull advises mopping out with pure carbolic acid, then with alcohol to prevent poisoning, and then with sterilized water, the part being carefully dried. He puts a drainage tube in the most dependent part.

Dr. J. C. Mitchell considered that these cases should be dealt with purely on the same principles as an ordinary abscess. He has seen more cases in adults than in children. He considers that a good many of them are tubercular.

Dr. Powell took exception to Dr. Mitchell styling empyema as being only an ordinary abscess. He considered that it was something more, because lung was pressing on one side of it. He exhibited an instrument which he used in the operation.

Dr. John Hunter mentioned a case where air entered the cellular tissue in the skin, and universal empyema set up.

Dr. Primrose considered it an important point to know whether the case was one of mixed infection. He does not think that we have taken all the advantage we might do of the researches that are made in the bacteriological laboratory.

Dr. Thistle said that one point had not been referred to which he considered of first importance in successful treatment—the time at which operation should take place. That is the crucial point in procuring success in these cases. The earlier the operation is done the speedier the cure, and in many of the cases which run into chronic empyemata, this result was due to the lateness of the operation.

Dr. McKeown said there were three points of importance to his mind—recognized that pus is present, that we want to get at it, and that we want to get the cavity closed up.

Dr. McPhedran considered that these cases should be diagnosed very early, and are easily treated as a rule. One should be on his guard in a case of pneumonia when the temperature falls about the eighth day to near the normal; if it commenced to rise again it is suspicious of empyema.

Dr. Freely, Stouffville, considered that it was better to resect the rib with proper dressing and tube, than to aspirate.

Dr. Rudolf—So far it seems to be the opinion of this meeting that where pus is discovered in the plural cavity it should be removed by operation. He thinks there is one exception to that; that is, where an empyema exists along with tuberculosis of the lungs. In this condition

where pus is found, it should not be at once removed without careful consideration.

Dr. Turnbull, in reply, considered that it was best that the rib should be removed in every case. He does not think it necessary to wash out the cavity in every case; only where the discharge is offensive. The tube should be long enough to go into the cavity.

Dr. Ferguson, in reply—early diagnosis, with the aid of the bacteriologist, will add much to the after treatment.

FIRST DAY, EVENING SESSION.

OPEN-AIR TREATMENT OF DISEASE.

By Dr. George H. Carveth, Toronto, who described his method of treating different forms of disease, first, in the house with wide-open windows; second, in beds on the verandah; third, in beds under tents on the lawn. At first he experienced some difficulty in getting his patients to consent to be treated in this manner; but after they become habituated to life in the open air, they returned indoors reluctantly. Some of the cases that he has treated in this way are iritis, cases of fracture, cases of radical cure of hernia, rheumatoid arthritis, tubercular disease of the spine, typhoid fever, and a case of hysterectomy. His address was illustrated by lantern slide projections on the canvas, which proved very interesting to the members of the Association.

Dr. P. H. Bryce spoke of the value of treating smallpox patients in tents. The tents should be double roofed, and double floored, and double walled, and each tent provided with a stove. The patients lived in these when the thermometer was 20 degrees below zero, being quite comfortable. Nobody died, although many were seriously sick.

Dr. Freel, Stouffville, recited the history of the case of a clergyman, the victim of tuberculosis, who lived in his tent all winter when the thermometer was 20 degrees below zero, and the wind blowing a perfect gale, and he was very comfortable. In a few months' time he ceased sweating, and gained very rapidly in weight, to such an extent that delivering a sermon would not throw him into a perspiration as it always did before he took up his tent-life on his lawn.

Dr. J. H. Elliott, Gravenhurst, saw no reason why out-door life should not be employed in the treatment of other diseases as well as tuberculosis. It is not specific, and the only reason it is used is to strengthen the organism to resist disease. It is practically returning to primitive life, and it is so comfortable and pleasant that you find it very difficult to get patients to return to the house.

Dr. John Hunter referred to the Orphans' Home, Toronto, where they keep about two hundred children. These are admitted about four years of age and they are kept there until they are fourteen. Their mortality in that institution is about three in one thousand. They are practically kept out of doors all the time, and comparisons between the children of the Orphans' Home and the children of the well-to-do people of the city are greatly in the formers' favor.

Dr. Webster said the trouble is not so much to get the patients to sleep out of doors as it is to get them to return to the house when they have once been out of doors.

Dr. G. S. Ryerson, speaking of his visit to South Africa, said that at Bloemfontein the typhoid fever patients did particularly well in tents. The mortality was much larger in buildings improvised and used as hospitals. He considered that it was well to have the roof of the tent of a material of some dark color, such as green or brown, because the patient, lying on his back, begins to complain of the color of the roof.

ON THE USE OF NITROUS OXIDE AND ETHER AS AN ANESTHETIC.

This paper was prepared and read by Dr. L. Coyteux Prevost, of Ottawa, and it proved to be one highly interesting, carefully prepared, and ably delivered. He considers that a good and satisfactory anesthetic must possess the following qualities: First, offer the least possible harm to the patient; second, be rapid; third, complete; fourth, permanent; fifth, followed by as few disagreeable post-operative effects as possible. He then proceeded to relate the results of his personal experience during the last two years at the hospital in Ottawa, as well as in his private practice; Dr. Carroll, of Ottawa was his assistant in this work. The agent they employ is ether, with which they lately have associated nitrous oxide, which is given at the beginning of anesthesia by the means of Clover's inhaler. He considers this method as absolutely ideal, as much for the rapidity with which the patient becomes anesthetized as from all unpleasant sensations during the process of anesthetization and the diminution of after symptoms so frequent after operations. The apparatus which they have been using for the nitrous oxide and ether is Hewitt's inhaler, which is a modification of a Clover inhaler, with the rubber bag replaced by a large bag with valvular attachments. Within the past two years they have used this method almost exclusively, and the results are as follows: Anesthesia in one minute, twenty-four times out of three hundred and seven cases recorded; in one and a half minutes, fifty-five times; in two minutes, ninety-four times; in two and a half minutes, forty-seven times; in three minutes forty-four times; in three and a half minutes, nine times; in four minutes, nineteen times; in five minutes, fourteen times. Dr. Prevost then entered into his observations with regard to the effect of the anesthetics upon the kidneys, and stated that out of 434 observations albumen was found twenty-six times. He drew attention to the fact that post-operative vomiting was very rare. Dr. Prevost was the first surgeon in Canada to employ intraspinal cocainization. He believes that so long as the old and well-tried anesthetic agents, handled by competent men, continue to give good satisfaction that it will not be wise to abandon them until medullary narcosis has been clearly demonstrated.

THE COMPLICATIONS AND DEGENERATIONS OF FIBROID TUMORS OF THE UTERUS, WITH REFERENCE TO THE TREATMENT OF THESE GROWTHS.

Dr. Chas. T. Noble, Philadelphia, delivered an able and exhaustive paper under the above heading, an abstract of which will be published in a subsequent issue.

Drs. J. F. W. Ross, N. A. Powell, Mackinnon, and Clouse discussed the paper, to which Dr. Noble replied.

SECOND DAY—MORNING SESSION.

THE RELATIONS OF NASAL OBSTRUCTIONS TO OBSCURE CASES OF ASTHMA.

This paper was read by title by Dr. Arthur W. Mayberry, of Toronto. Patients suffering from nasal obstruction are frequently coming before the notice of the busy practitioner. Asthma has a complex etiology, and the close association of this disease with nasal trouble is sometimes very remarkable. Adenoid growths in the pharynx frequently cause asthma, and in recent years much stress has been laid on the nasal origin of this disease. The author quoted Bosworth, who goes so far as to assert that asthma, in a large proportion of cases, is attributed to some form of nasal obstruction, the bronchial spasm being caused through reflex sympathy conducted along the fifth nerve.

ON THE IMPORTANCE OF AN EARLY RECOGNITION OF LOCOMOTOR ATAXIA —DO THE EYE SYMPTOMS ASSIST US?

Dr. J. T. Duncan, Toronto, read this paper, and emphasized the importance of being able to diagnose this disease in order that prompt treatment might be applied. To do this we must be able to recognize the pre-ataxic stage. What are these symptoms? Professor Osler gives them as pains, ocular symptoms, and loss of the knee jerk. What are the ocular symptoms? Strabismus or squint; ptosis or drooping of the eye lid; the fixed pupil (the Argyll-Robertson pupil); inequality of the pupils and optic atrophy.

NOTES ON THE USE OF ADRENALIN.

D. J. Gibb Wishart, Toronto. This is the formula which Dr. Wishart has been using in his office practice, having made several hundred applications, chiefly to the mucous membrane of the nose; one in one thousand, the chloride being dissolved in normal salt solution containing 0.5 per cent. chloretone solution. A 10 per cent. dilution of the above solution, which dilution is equivalent to one in 10,000, has been sufficient to contract the blood vessels in the membranes in a few seconds, and a repetition of the same, or the use of a stronger dilution, will blanch these membranes; especially is this seen to be marked in the nose, where the membranes will become tightly drawn over the turbinated bones, which show up white through it. It has proven itself to be highly useful in rendering operations about the nose practically bloodless; it is not found to answer so well in the removal of adenoids or enlarged tonsils. Dr. Wishart mentioned two cases in particular where it acted very promptly. The bottle in which it is kept must be tightly corked; and the properties of the substance are not destroyed by heat. Since he has added chloretone he is perfectly satisfied as to the stability of the preparation for all practical purposes. In no instance has there been a tendency in the amount of bleeding. Dr. Wishart considers that the drug is a valuable addition to our armamentarium.

Dr. Duncan's paper was discussed by Dr. Wishart, Dr. Trow and Dr. Hunter; while Dr. Wishart's paper brought out a discussion from Dr. Trow, Dr. McPhedran, and Dr. Graham Chambers. Dr. Wishart and Dr. Duncan replied respectively.

DISCUSSION ON GASTRIC ULCER.

Medical Aspect.—This was introduced by Dr. R. D. Rudolf, Toronto. In opening the discussion from a medical point of view, he gave a short historical sketch of the chief literature of the subject, and said during the last thirty years only one important symptom had been added to those mentioned by previous writers, viz.: the very common occurrence of hyperchlorhydria. Avoiding the consideration of the well-known points on the subject, he propounded five questions in connection with gastric ulcer which seemed to him to specially merit discussion. First, is there any relation between gastric ulcer and cancer? Trousseau believed that an actual antagonism existed between the two conditions, while Lebert considered that 9 per cent. of all gastric cancers so arose, and Rosenheim states that 5 to 6 per cent. of all gastric ulcers become carcinomatous. Clinically, the speaker had never seen a case of simple ulcer end in cancer, nor had he seen a case of cancer preceded by ulcer, although such cases undoubtedly occasionally occurred.

Dr. Rudolf had seen pathological specimens illustrating both. Second: Can we diagnose the site of gastric ulcer? This question is becoming more important on account of operations. Ewald states that in 90 per cent. of cases it is impossible to tell whether the ulcer is in the stomach or duodenum, and that usually it is hard to diagnose the site in the stomach. Most gastric ulcers occur on the posterior wall, near the pyloric end. The site of the pain and tenderness; the time the pain occurs after food; the position in which the patient is free from pain, and the presence or absence of gastric dilatation may help, but these are very uncertain facts to lean upon. Thus, in Pinel's famous case, mentioned by Abercrombie, where the patient was known to have ulcers near the pylorus, the pain used to occur *immediately* after taking food. The taking the food may not only mechanically irritate the ulcer, but by stimulating the acid secretion peristalsis may cause pain without touching the ulcer. It must further be remembered that there are sometimes several ulcers present. Third question: Does ergot ever stop gastric hemorrhage? Most authorities recommend ergot without question, but we must remember that the hemorrhage tends to be self-limiting from the lowering of the blood pressure and the forming of a clot, and ergot may interfere with this natural cure by raising the blood pressure. Turpentine and other local styptics have no such objection, and calcium chloride increases the tendency to clotting. Fourth question: Are cases of apparently "cured" gastric ulcer "first-class lives" for insurance? The speaker did not think that they were, because sudden perforation might occur after years of quiescence (he had seen two such cases). Ulcers were apt to relapse or to break out in new places. The severer the symptoms of the ulcer had been at the time, especially the hemorrhage, and the shorter the

period since its occurrence, the worse the "life" was. Fifth question—as regards operations: As soon as perforation into the peritoneal cavity be diagnosed, operation should at once be performed; as regards operation where no perforation exists the question was not so easily settled. Severe, uncontrollable hemorrhage might occasionally call for surgical treatment, but the mortality from hemorrhage is surprisingly small, even when this is severe. Dr. Mayo Robson had recently recommended "that after a second bleeding, even during the course of the hemorrhage, if the patient can stand it, or as soon after as his condition will admit, the operation should be done." The speaker was glad to see that his old teacher, Dr. Eyrom Bramwell, challenged this advice (*THE LANCET*, March 9, 1900, page 687). Operation for the less urgent symptoms of gastric ulcer would occasionally be necessary, but in this direction we should proceed with great caution. Dr. Moynihan, in a recent paper (*THE LANCET*, April 27, 1901,) gave a summary of all the cases to date gastro-plasty or gastro-gastrostomy had been performed for "hour-glass stomach." They amounted to thirty-eight in all, and nine of them were fatal, while in many complete relief of symptoms occurred.

Pathology.—This branch of the discussion was led by Dr. H. B. Anderson, Toronto. In his opening remarks he said he would make no reference to ulceration resulting from the breaking down of tubercular foci, syphilitic gummata, or malignant growths, nor of ulceration occurring during the course of acute infective diseases or resulting from the action of corrosive poisons, but would limit the discussion to a consideration of the commonly designated simple, round, perforating or peptic ulcer. From the similarity in all essential points, however, he included the corresponding ulcer at the lower end of the esophagus and in the first part of the duodenum. From post-mortem statistics the frequency of gastric ulcer was in about 5 per cent. of cases, cicatrices being found about three times as often as healed ulcers. From his own experience at autopsies in Toronto he was sure that gastric ulcer did not occur in Ontario so frequently as indicated by the above figures.

The condition occurred most frequently in adults from twenty to forty years of age, but was by no means rare at the extremes of life. The mortality was greater from forty to sixty years of age, no doubt from the lessened reparative power at that period of life. Females were affected more frequently than males, in about the proportion of two to one.

The etiological import of other diseases, especially chlorosis, was dwelt upon. Injury was a factor in rare instances, a statement substantiated by certain experimental data. Occupation, race, climate, habits—all had an indirect influence in some cases, and arterial sclerosis, thrombosis and embolism of the gastric vessels were occasional factors in the etiology of the condition.

All these factors were, however, of secondary importance, and were only active in the presence of an altered condition of the gastric secretion. The localities where this form of ulceration occurred—at the lower end of the esophagus, in the stomach and in the first part of the duodenum—situations exposed to the action of the gastric juice, as well as the not infrequent occurrence of post-mortem digestion of the walls of the stomach,

were strongly suggestive of the importance of this factor, and this had received further direct proof from the discovery of the frequent occurrence of a hyperchlorhydria associated with gastric ulcer from a chemical analysis of the stomach contents obtained after test meals. The failure to find this condition in some cases was not proof that it had not existed at an earlier period in the diseases, for the hyperchlorhydria might afterwards have been lessened as the result of the greater or less degree of gastritis following on the wake of the ulcer. Ulceration did not occur unless there was a disproportion between the acidity of the gastric juice and the condition of the blood. Normally autodigestion of the walls of the stomach was prevented, not by a single chemical reaction in which the acid was neutralized by the alkalinity of the blood and fluids in the tissues, but by the vital resistance of the living cells of the part. He did not think there was anything to uphold the bacterial origin of this form of ulcer urged by some authors.

The pathological anatomy of gastric ulcer and its various terminations were discussed and illustrated by specimens. Healing was the fortunate result in the majority of cases. At other times a fistulous communication was formed with the duodenum, colon or the cutaneous surface, or a subphrenic abscess might result. Adhesion to the pancreas, liver, or to the omentum frequently walled the trouble off. Not infrequently however, peritoneal infection from perforation occurred, and the symptoms might be so intense as to simulate irritant poisoning. Gastrectasia or "hour-glass" deformity from cicatricial contraction at the pyloric orifice, or in the centre of the organ, at times gave rise to serious results. A specimen, showing the development of a carcinoma at the base of an ulcer with a clinical history extending over many years, was presented.

Surgical Aspect.—Dr Henry Howitt, Guelph, conducted this part of the discussion and said, did it never strike you as being peculiar that the best remedies, nitrate of silver and so forth, are germ destroyers? He first took up the procedures for dealing with the ulcer or its results, in which perforation is not a factor. In all the operative procedures it was essential to prevent infection of the wound; stomach should be thoroughly washed with aseptic water, by means of siphon tube, immediately before the anesthetic is administered. It is not necessary to make the abdominal incision extensive, the length of the incision would depend upon the amount of contraction, and it is sutured in such a manner that when closed the line of union is at right angles to the original incision. This gives excellent results when properly done. Adhesions render this ideal operation impracticable. The first successful operation was performed in Toronto, 1894, by Dr. Atherton. Up to last September in the neighborhood of 300 operations were reported with a mortality of a little over 45 per cent. Dr. Howitt then referred to cases in his own practice. With regard to the treatment, Dr. Howitt said that as soon as we are satisfied that perforation has taken place, referring to acute cases, he believes it is good practice to give morphia hypodermically, and it further lessens the amount of the anesthetic in the opinion of many. Success largely depends on the shortness of time before operation; delay is dangerous. It is Dr. Howitt's practice to eviscerate the bowels; one or more small incisions in

the prominent cells soon overcomes the distension, and each one is closed before another is made. Attention is now turned to the stomach and the part brought into the wound. The ulcer is incised and opening closed with two or three layers of sutures. When the trouble is in the posterior wall it may be impossible to excise it, in which case it can be generally inverted and closed by layers of sutures. The abdominal cavity should be thoroughly flushed with a stream of saline solution. When drainage is necessary the tubes or gauze should not be introduced through a large wound. The object should be to have primary union to take place in the incision.

Dr. McPhedran, referring to the treatment of simple ulcer, said that the treatment for this is one that is not carried out very effectively. If not successful after a month of rest in bed with medicinal treatment, he would advise operation.

Dr. J. F. W. Ross referred to a case of catarrh of the stomach in a woman of fifty-nine pounds weight, and where he was satisfied before operation that he had to deal with a cancer of the stomach. She recovered and rapidly gained in weight until she reached 140 pounds.

Dr. Bruce referred to a case upon which he had operated.

Drs. Rudolf, Anderson and Howitt replied.

VAGINAL SECTION, EXPLORATORY AND OPERATIVE.

Dr. T. Shaw Webster read a paper with the above title describing several operations performed in that way, one being for the ectopic gestation. He reported good success in them from the vaginal route.

Dr. Noble thought that the vaginal route all right for abscesses, but had a preference for the abdominal in pelvic operations.

Drs. Bruce, Macdonald, Oldright, Ferguson (London), W. J. Wilson and Clouse discussed this paper, the discussion proving an interesting one, although the members were rather impatient for hot soup, it being past the hour for luncheon.

Dr. Webster replied and defended his position ably.

Dr. Bruce L Riordan now passed through the theatre announcing luncheon was now ready in the dining-car, so there was an immediate bolt for the door, and all were soon enjoying themselves at a very fine spread provided by the Committee of Arrangements. Afterwards, bright and happy speeches were made by several of the members, the audience simply calling for their favorites, and no one being specially set down for any toasts. Amongst others who said some good things were Dr. Harrison, Dean Geikie, J. C. Mitchell, N. A. Powell, George Bingham and the President.

SECOND DAY—AFTERNOON SESSION.

THE ROENTGEN RAYS IN THE DIAGNOSIS OF URINARY AND BILIARY CALCULI.

This paper, X-ray photos and specimens of calculi, which proved a very interesting demonstration, was presented by Dr. S. Cummings, of Hamilton.

Dr. McGillivray, of Toronto, asked if the diagnosis is always positive. Dr. Cummings replied that if any errors, they are due to operator, not to X-ray itself.

There was a demonstration of skiagrams in an adjoining room.

PRELIMINARY REPORT ON THE RELATIONS OF HYPERCHLORHYDRIA TO
"BILIOUS ATTACKS," SOME FORMS OF ECZEMA GOUT
AND MUSCULAR RHEUMATISM.

Dr. Graham Chambers, Toronto, stated that on several occasions he examined the gastric contents of patients of apparently normal digestion and found hydrochloric-supercidity, although in some of them there was a history of "bilious attacks," which were probably attacks of hyperacidity. He considers that the gastric distress, which is present in these cases, is more or less due to the hyperesthesia of the mucous membrane of the stomach, as well as to the excessive acid contents. The commingling of these two neuroses, hyperchlorhydria and hyperesthesia gastrica, makes an investigation into the relations of the former to "bilious attacks," eczema, muscular rheumatism and gout a very definite one, but he cannot but think that a general irritable condition of the gastric nerves must produce some changes in the sympathetic and cerebrospinal centres, which would no doubt lead, or tend to lead, to diseases in other organs.

Dr. Chambers' attention was first called to this subject about two years ago, when he observed that the internal treatment, both diatetic and medicinal, which he was accustomed to give in cases of hyperchlorhydria, was approximately the same as that which he was using in some forms of acute eczema, and in both cases it gave very satisfactory results. In his experience "bilious attacks" are very frequent in cases of chronic hyperchlorhydria; he has also found that symptoms of indigestion are of frequent occurrence in eczema, and are usually of a character which indicates hyperchlorhydria. He has examined the gastric contents of six cases of eczema, with symptoms of dyspepsia, and in five of these there was an excess of HCl, in the gastric contents. He gave notes of cases in illustration of his researches. Acidity is a common symptom in gouty subjects, and Dr. Chambers believes that a thorough investigation of the subject would prove that the "acidity" of the gastric contents is not due to organic acid at all, but that hydrochloric acid will be found to play an important part in it. With regard to muscular rheumatism, we know very little about the etiology of it. Clinically, we have found that muscular rheumatism and gout are in some way related; and in regard to relations of hyperchlorhydria and muscular rheumatism, Dr. Chambers has observed that they are frequently associated, but whether the muscular rheumatism is the result of the hyperchlorhydria, he is at the present time unable to say.

Dr. Bryce discussed the paper.

MEDICAL TREATMENT OF SURGICAL TUBERCULOSIS.

Dr. W. B. Thistle of Toronto, said: It is important to remember this fact, that there is no difference in the nature of the disease, whether con-

sidered surgically or medically, and especially is this so when we come to consider treatment. We hear on all sides that it is a curable disease, and complete cure often now happily results from medical treatment. Dr. Thistle has observed that tubercular cases requiring surgical treatment in the great majority receive little or no medical treatment. The subjects of surgical tuberculosis should have the fullest advantage of sunshine and fresh air as well as those suffering from the disease in its medical aspect.

TREATMENT OF POST-OPERATIVE PERITONITIS.

By Walter McKeown, Toronto. The paper suggested that this condition should be treated by the use of decinormal salt solution, either subcutaneously or intravenously, and enemata of strong solutions of sulphate of magnesia. The toxins will dialyze; the antitoxins will not. If, then, the toxins can be eliminated with sufficient rapidity, the disease will limit itself as a result of the formation of antitoxin together with the plugging of the peritoneal lymphatics. The blood is diluted by the addition of the salt solution, and this is drawn out into the rectum by means of a higher osmotic pressure carrying the toxins with it. He claims that even with a condition of paralysis of the bowel, toxins will dialyze in this way. He suggests that if a patient were placed in a salt bath, the toxins would probably osmose directly through the skin. That osmosis does not take place from without in through the skin, does not prove that the reverse process will not occur. Osmosis is known to take place much more rapidly in one direction through the shell membrane of the egg than the other.

SECOND DAY—EVENING SESSION.

Dr. R. A. Pyne, the First Vice-President, occupied the chair.

The committee on credentials recommended the following for membership, which was adopted: R. W. Garrett, Kingston; George Sherk, Cheapside; W. A. Scott, Courtright; Daniel Buchanan, Galt; L. C. Prevost, Ottawa; Milton Baker, Springfield; Donald McGillivray, Toronto; A. E. MacColl, Belleville; Arthur I. Brown, Holstein.

The following constituted the Nominating Committee: Drs. Geo. A. Bingham, A. McPhedran, Burt (of Paris), Powell (of Toronto), Mitchell (of Enniskillen), Harrison (of Selkirk), and Macdonald (of Toronto) Drs. E. Clouse and Price-Brown acting as scrutineers.

This committee reported as follows, which, on motion, was received and adopted:

President, N. A. Powell, Toronto; First Vice-President, R. Ferguson, London; Second vice, R. W. Garrett, Kingston; Third, L. C. Prevost, Ottawa; Fourth, R. L. Turnbull, Goderich; General Secretary, Harold C. Parsons, Toronto; Assistant, George Elliott, Toronto; Treasurer, A. R. Gordon, Toronto.

The report of the Committee on Public Health was presented by Dr. Roseburgh, seconded by Dr. William Oldright, and adopted.

That on Tuberculosis, by Dr. W. B. Geikie, seconded by Dr. H. J. Hamilton, and adopted.

That on Hospital Abuse was presented by Dr. Webster, in the absence of the chairman, Dr. W. J. Wilson, seconded by Dr. W. A. Young, and adopted.

The Committee on Inter-Provincial Registration had nothing at the present time to report.

Treasurer's report was presented by Dr. G. H. Carveth, and showed last year's receipts to have been \$376.30, and expenditures \$334.66, leaving a balance of cash in bank of \$35.64. This was audited by Dr. R. D. Rudolf, and, on motion, adopted.

The report on Necrology was presented by Dr. George Bingham. It included the names of C. W. Covernton, Toronto; C. E. Martin, Toronto; J. D. Macdonald, a Past President, Hamilton; J. E. Eakins, Belleville; Isaac Ryall, Hamilton; A. K. Sturgeon, Petrolia; Dixon, Pembroke; Mennie, Toronto; J. A. Watson, Toronto; T. H. Little, Toronto; Jonathan Robinson, Toronto; J. H. Parsons, Toronto; and Irving, St. Mary's.

The Ontario Medical Library was voted \$50.00 on motion by Dr. R. A. Reeve, seconded by Dr. H. T. Machell.

A notice of motion was given by Dr. Graham Chambers, and seconded by Dr. H. B. Anderson, that the business session at future meetings be held on the evening of the first day. This will be referred to the Committee on By-laws.

Resolution of regret *re* non-payment of the annual \$2.00 fee of the Ontario Medical Council was introduced by Dr. Ferguson, of London, seconded by Dr. Gibson, of Belleville, that some members of the profession in the province had refused payment of this annual fee. This Association regards the imposition of this fee as most reasonable, payment of which should meet with a cheerful response on the part of every member of the profession. This was carried unanimously amid much applause and without a dissenting voice.

Dr. Wishart, Toronto, chairman of the Special Committee to draw up a resolution *re* vaccination.

Resolved, That the Ontario Medical Association desires hereby to re-assert the opinion of the medical profession of this province:

1st. That the principles of Jennerian vaccination against smallpox, which have been now attested by the experience of more than a century, are scientifically correct.

2nd. That in order to carry out the protection through vaccination against smallpox it is necessary that the lymph used in the operation be of normal quality, and that this can be shown only by a proper amount of systemic reaction to the vaccine, as determined by the character of the vesicles, and that the absence of a normal reaction, as shown by the presence of vesicles, is no positive evidence of the immunity of the person either against vaccinia or smallpox.

3rd. That this Association emphasizes the urgent necessity that the scarification of the skin be sufficiently extensive to secure such reaction, and to this end recommend that from three to five insertions each of a quarter of an inch square be made in each vaccination. This was carried.

Medical Defence Union. On motion of Dr. J. F. W. Ross, seconded by Dr. A. Primrose, a committee was appointed to inquire into this matter, to report at the next meeting of the Association in 1902.

Votes of thanks were passed to the Minister of Education for the use of the building, and also to the President, Dr. McKinnon, for his exceedingly able address.

During the progress of the meeting it was addressed by the Honorable, the Minister of Education, Mr. Harcourt, who advised them strongly to keep up the standards of matriculation and the professional examinations.

Dr. N. A. Powell was then installed in the office of President, and after brief acknowledgment, the 1901 meeting adjourned.

MISCELLANEOUS.

NIGHT SWEATS—The drugs which have hitherto played the chief role in relieving this condition are, camphoric acid and agaricin. Late investigations show these are surpassed by tellurate of sodium, but this possesses a very repulsive garlic-like odor, which will probably militate against its extended use.

The dose is eight grains, given in the evening. As the drug possesses antiseptic properties, it will possibly prove effective in ameliorating the severe pulmonary symptoms. It is said to prove equally beneficial in other diseases characterized by abundant excretion or perspiration, such as rheumatism, typhus, nervous exhaustion, etc.—*Dietetic and Hygienic Gazette*.

BROMIDROSIS.—Stockwell (*Detroit Medical Journal*) says there is nothing equal to a strong solution of sodium bicarbonate for the obliteration of foetid perspiration.

The Treatment of Trigeminal Neuralgia with Galvanism.

Dubois (*Bull. gén. de Thérap.*) refers to successes in the treatment of tic douloureux with the constant current recorded by Onimus, Legros, Niemeyer, Benedikt and Dalby. His own patient began to have neuralgic paroxysms at the age of forty. For ten years he was treated with many different drugs, but without relief. At fifty-one he commenced to receive electrical treatments. The positive pole divided into three terminals by means of a divided rheophore, was applied to the supra-orbital nerve, the infra-orbital nerve and at the mental foramen. The negative pole was placed on the neck opposite to the superior cervical ganglion. From twelve to fifteen milliamperes, as it is estimated, were passed for seven minutes. An amelioration of the symptoms at once commenced, and after a week's treatment he obtained absolute freedom

from the attacks. The treatment was continued three times a week for a year. As a consequence, he has remained free from even the slightest paroxysm for twenty-six years. Besides the above case, three others have been treated by the same method. One, the subject of five surgical operations, was not relieved; in the other two an apparent cure was effected; at any rate, an extraordinary long remission of the pain resulted.—*Brit. Med. Jour*

Hay Fever.

In a paper having the above title and published in the *International Medical Magazine*, Dr. E. B. Gleason says:

“Somewhat recently the attention of the profession, chiefly through the writings of Bishop, of Chicago, has been directed to the fact that the neurotic condition of the patient and the hypersensitiveness of the nasal passages were often due to an excess of uric acid in the blood, and that this excess could be eliminated by the ingestion of mineral acids.

Probably any mineral acid would prove efficacious, but there are two which suggest themselves as peculiarly efficacious—hydro bronnic acid, because of its relative qualities, and nitro-muriatic acid, because it is thought to limit the production of uric acid

My experience has been limited to the effects of nitro-muriatic acid, which for the past three years I have prescribed in doses of three to five drops of the freshly prepared concentrated acid after meals and sometimes also at night. The dose should be diluted with a half tumblerful of water, and the patient, after taking the medicine, should rinse out his mouth and swallow another half tumblerful of water.

The results of the remedy are apparent within forty-eight hours, and the relief of all hay fever symptoms is usually sufficient to enable the patient to remain at home and attend to his ordinary business engagements in comparative comfort.”—*The Med. Bulletin*.

Removal of Ear-Wax.

Hardened wax in the external ear can often be removed readily by injections of warm water and soap, soda or ammonia. Many cases resist this and require the softening effects of glycerine or sweet oil for a day or two before syringing. Do not bother with these long processes, but use a half-strength solution of hydrogen dioxide in the ear for about five minutes. This will disintegrate the hardest plugs, and they can be removed with very little syringing. This process never causes irritation or inflammation. Do not use too much force with the syringe; wipe the ear perfectly dry with absorbent cotton and apply petrolatum; wear a small piece of cotton in the ear for a day or two after removal.—*Phil. Med. Jour*.

The Canada Lancet

A MONTHLY JOURNAL OF MEDICAL AND SURGICAL SCIENCE, CRITICISM
AND NEWS.

The Oldest Medical Journal in the Dominion : Established 1867.

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EDITORIAL.

THE ONTARIO MEDICAL ASSOCIATION.

The twenty-first annual meeting of The Ontario Medical Association was held in the Normal School buildings, Toronto, on June 19th and 20th. The attendance was well up to the average—about one hundred and fifty signing the register, and a gratifying feature of the meeting was the large representation of younger men. The luncheon was an especially pleasant social feature of the meeting, the speeches were bright, and the whole affair did credit to the excellent chairman of the Committee of Arrangements, Dr. B. L. Riordan, and his associates. The officers of the Association and the various committees worked hard to ensure the success of the meeting and may fairly be congratulated on the results of their efforts.

Dr. McKinnon made an excellent president, his quiet, unassuming manner, and fairness commanding the confidence of the Association.

Without any desire to indulge in captious criticism, however, may the members not fairly and profitably ask if the meetings of the Ontario Medical Association reach the high standard one would expect from a

body representing the profession of this province? Is there not room for improvement in the character of the work done by the Association? With 2,500 qualified practitioners in Ontario, and a membership of nearly 1,000 in the Association, does an attendance of one hundred and fifty at the annual meeting and the presentation of some twenty-five papers indicate a satisfactory state of affairs? There is some good reason for this lack of interest in the Association which it is the duty of the officials to discover, and if possible, remedy.

In the first place there is a noticeable lack of originality in the papers presented, which does neither credit nor justice to the profession of this province. We believe this is largely due to the custom, for some years back, of having symposiums or discussions on certain subjects chosen by the Committee on Papers, and making these the chief feature of the meeting. It would certainly be better to have a man select his own subject—a line upon which he has recently been working or has recently had experience, than to set a topic for him to work up by a rehash of literature. Again, sufficient time is not allowed for the preparation of anything that is of much value after the invitation of the Association to prepare a paper is received. The Committee on Papers should be actively at work at least six months in advance of the meeting, so that ample time for thorough preparation is allowed. The receipt of an invitation to read a paper a month or six weeks at most before the meeting, in itself suggests that nothing much is expected. If live members of the profession in different parts of the province were communicated with six months at least before the meeting, they would know that a high standard of excellence was set and would rise equal to the occasion.

The matter of publication of the proceedings of the Association is another thing which should receive most careful consideration. It does little credit to the progressiveness of spirit of a large provincial association that it cannot finance the publication of its proceedings. If a number of really valuable papers was read, the proceedings would find a ready sale among the members and this would cover the expense of publication. On the other hand, nothing would have a more wholesome effect in stimulating more original work and in bringing out a better class of papers than the knowledge that they would be set in cold type for future reference and comparison.

The president of the Association for the ensuing year, Dr. N. A. Powell, has had a wide experience in medical society work. He is possessed with the knowledge, energy, progressiveness and a desire to excel which eminently fit him for the high honor he has received. While the past history of the Association has been very creditable, we believe the

time for a move forward has come. No one could be better qualified than the President elect to lead in this movement and his stewardship will be watched with interest. Let him and his associates in office take time by the forelock, and we venture to predict that the next meeting will be a record-breaker in the history of the Ontario Medical Association.

THE ONTARIO MEDICAL COUNCIL.

At the recent meeting of the Ontario Medical Association a strongly worded resolution was introduced sustaining the action of the Medical Council in reference to the collection of the annual assessment. The resolution was unanimously adopted in general session, without discussion. The sentiments expressed by members of the Association from different parts of the province at the luncheon, and the manner in which they were received by those present left no room to doubt that in opposing the payment of the annual fee the "Defence" Association have neither the sympathy nor support of the profession at large. The older members who could contrast the condition of affair before the existence of the College of Physicians and Surgeons were particularly strong in urging loyal support to our governing body. As that Nestor of the profession, Dr. Harrison, of Selkirk said, matters are entirely in the hands of the medical electorate and if the present representatives have failed in their duty to the profession, let them be replaced at the next elections for membership in the Council by others, who will carry out our wishes. In our national affairs if a government fails to carry out the wishes of the people, the remedy lies in electing other representatives, not in overthrowing parliamentary government. The act of the local legislature constituting the Medical Council has given our profession privileges of self-government of inestimable value, which should be properly esteemed and jealously guarded. We believe that these privileges have not been abused but have been utilized for the mutual benefit and protection of the public and the profession.

We do not contend that the Medical Council has invariably pursued a course beyond criticism in the management of matters under their control, but we do believe that they have done what they have considered to be best, and on the whole they have had a keen regard to the responsibilities placed upon them. Nor do we wish to minimize the good effect of a vigorous opposition in any representative body. Complacent acquiescence in everything is a danger to be avoided. But let the opposition be on broad and generous principles, not merely factious criticism, attempting to breed dissention and jealousy in the ranks.

this sort of opposition is a waste of time and energy and places our governing body and the profession at large in a most humiliating position before the public. It moreover prevents the consideration of matters of the deepest interest to the profession, as the formation of a medical defence union, the adoption of interprovincial registration, the establishment of a provincial museum and other affairs of prime importance. Haggling over the payment of a trifling yearly assessment of two dollars for the privileges granted us is not endorsed by the profession and prejudices the "Defence" Association's advocacy of other matters wherein they would have the backing of the profession at large as a change in the present over-representation of the Homœopathic body, as well as that of defunct medical institutions, anomalies which should be carefully considered and remedied as soon as possible.

PROGRESS IN THE COSMETIC ART.

According to the London Mail a resourceful American lady has discovered the secret of perennial loveliness, and now upon payment of a fee the rich, ripe bloom of healthy youth can be indelibly fixed upon the cheeks of all who desire it. Instead of the more or less crude and inartistic applications of rouge hitherto resorted to, requiring frequent renewals, permanent blushes may now be obtained by a process of tattooing. The operation, by the injection through a fine needle of a suitable pigment of the nature of rouge, produced such excellent results with the fair American who submitted herself to the experiment, that many others in fashionable circles, who were entering the sere and yellow period or who perhaps had never been dealt kindly with by Nature in this respect, followed her example and now are the happy possessors of a ruddy bloom made to order. Whether this tattooed beauty will be a source of permanent happiness or not remains to be seen.

An equally interesting complement to the above mentioned procedure, has been successfully experimented with by a physician named Gersuny. By the subcutaneous injection of sterilized white vasiline, made fluid by heating, wrinkles in the face and elsewhere may be removed, cavities filled up, and many deformities obliterated. The tissues are quite tolerant to this substance and it is ordinarily quite innocuous.

It has also been made to serve more useful purposes, having been successfully injected around varices and about relaxed orifices, producing a cure by the mechanical support afforded. The method is easy of application and causes little discomfort. Unfortunately the danger of embolism must always be present, and already fatal results have been reported as following the procedure.

Of the ultimate effects, locally or generally, in either of these operations, of course nothing is known, and whether we have reached the time when the matter of wrinkles and fading complexions will no longer cause feminine heart aches, Experience alone will answer.

CANADIAN MEDICAL ASSOCIATION.

WINNIPEG MEETING, AUGUST 28TH TO 31ST, 1901.

The question now seems to be, how is one to make arrangements to get away at the time of the meeting, for it seems to be universally conceded that to attend the Winnipeg Meeting is the proper thing to do. The Railways, having granted a single return rate to the meeting, have assisted in breaking down one of the barriers, and now one hears from all sides of physicians intending to make Winnipeg the central point of their holiday trip, and Winnipeg is making preparations for a great gathering! Many physicians, it seems, will also take advantage of the offer of the single fare rate from Winnipeg to points in Manitoba, the North West, British Columbia and North Dakota, after they have enjoyed the hospitality of the Winnipeg profession.

The question of Dominion Registration will come up for a full discussion—it is hoped for the last time before this thing to be desired becomes a realization.

The following is a list of some of the papers already promised:—

The Address in Medicine—J. K. Jones, Winnipeg.

The Address in Surgery—O. M. Jones, Victoria.

The Address in Gynaecology—Thomas S. Cullen, Johns Hopkins, Baltimore.

The early diagnosis and treatment of pulmonary tuberculosis—D. Gilbert Gordon, Toronto.

The nose and throat in general practice—John Hunter, Toronto.

Remarks on some interesting diseases of the age—G. H. Burnham, Toronto.

Orthopedic treatment of deformities and disabilities resulting from paralysis—B. E. McKenzie, Toronto.

Title to be announced—D. J. Gibb Wishart, Toronto.

A practical way of distinguishing between the human and animal blood—G. Silverthorne, Toronto.

Infectious pneumonia—W. S. Muir, Truro, N. S.

Sclerotic ovaries—A. L. Smith, Montreal.

Removal of large tumor from the os uteri after labor had set in—A. Armstro. g., Arnprior.

Tuberculosis in milk—Prof. Russell, University of Wisconsin.

The present outbreak of smallpox in America—H. M. Bracken, Health Officer, Minnesota.

Haematology—L. H. Warner, New York.

Skin diseases—Lantern Demonstration—F. J. Shepherd, Montreal.

The treatment of consumption in special institutions—Dr. Richer, Montreal.

Disposal of tuberculous sputum—J. H. Elliott, Gravenhurst.

Title to be announced—G. Chambers, Toronto.

Chronic ulceration of the stomach simulating cancerous disease—

Relation of a case of gastro-enterostomy with Murphy's button—recovery—J. F. W. Ross, Toronto.

Report of cases treated with the hot air bath—W. H. Pepler, Toronto

Title to be announced—J. N. Hutchison, Winnipeg.

Some Forms of gastric hyperacidity and their treatment—C. P. Martin, Montreal.

Syphilis as seen by the ophthalmic surgeon—F. Buller, Montreal.

On the necessity of a better recognition and isolation of trachomatous patients in Canada—W. Gordon M. Byers, Montreal.

Title to be announced—J. L. Bray, Chatham, Ont.

Epidemic cerebro-spinal meningitis—A history of some cases—James McKenty, Gretna, Man.

Pulmonary tuberculosis, its treatment and prevention—A. P. Proctor, Kamloops, B. C.

Mild smallpox—G. A. Kennedy, Macleod, Alta.

Title to be announced—C. J. Fagan, Victoria, B.C.

EDITORIAL NOTES AND NEWS-ITEMS.

The Retiring Resident Medical Staff, Toronto General Hospital.

Dr. A. J. Mackenzie remains in Toronto, taking Dr. Oldright's practice for a time, Dr. W. A. Kerr begins practice at Ailsa Craig, Dr. A. C. Hendricks opens an office on College St. Toronto, Drs. E. G. Weir and H. R. Smith have accepted positions on the Central Algoma Railway, Dr. G. H. Maclaren goes to Europe to spend some time in post graduate study, Dr. J. Gow has been appointed resident at Mt. Airy Children's Hospital, Maryland and Dr. A. T. Stanton has been appointed Surgeon, R. M. S. "Empress of China."

Resident Medical Staff—Toronto General Hospital.

The following recent graduates have been appointed to the House Staff of the General Hospital for the year 1901-2: E. S. Ryerson, Duncan M. Anderson, W. J. Macdonald, A. G. A. Macdougall, H. S. Hutchinson, W. G. Collison, J. E. Martin, F. A. Cleland, H. Trout, W. H. Cronyn.

Resident Medical Staff—St. Michael's Hospital.

The following gentlemen have been appointed for the ensuing year: Drs. P. W. O'Brien, Chas. R. Elliott and H. R. Parent.

Provincial Board of Health Reports.

The total number of deaths registered in the Province of Ontario for May of the current year was 2,027 as compared with 2,162 in the corresponding month last year. Of the total numbers of deaths 210 or nearly 10 per cent. were due to consumption, compared with 239 or over 11 per cent. a year ago. There were 2 fatal cases of small pox reported; also 32 deaths from diphtheria and 14 for scarlet fever, a slight increase in both over the number in May 1901.

Bequest to Harvard Medical School.

J. Pierpont Morgan has donated \$1,000,000 to Harvard Medical School for the purpose of providing new buildings. When will some of Toronto's millionaires startle the community by emulating the example of these American philanthropists?

PERSONAL.

Dr. Jas. D. Lyness (Trinity '01) is opening an office in Chicago.

Dr. H. E. Safford, of Detroit, recently spent a week with friends in Toronto.

Dr. Ralph C. Williams (Trinity, '98), of Brooklyn, N.Y., is visiting friends in Toronto.

Dr. J. T. Fotheringham returned from Europe July 15th and has resumed practice.

Dr. Laughlin MacKechnie (Toronto '92), of Vancouver, B.C., spent a week in Toronto recently.

Dr. F. W. Marlow, late of St. Michael's Hospital staff, is practising with Dr. N. A. Powell for the summer.

The many friends of Dr. Adam Wright will be pleased to hear of his return from Europe greatly benefited in health.

Dr. R. H. Hoops (Trinity '01) has been appointed House Physician at the Home for Incurables for the coming year.

Dr. H. P. Martin (Trinity, '98), of Toronto, sails for Europe shortly where he will spend a year or more in hospital work.

Dr. Chas J. Levy, of the recent graduating class, Trinity Medical College, has left for a year's post graduate work in Europe.

Dr. E. G. Rawlinson, of Toronto (Trinity '99), has left for Europe where he will spend about a year in post graduate work.

Dr. Arthur Mayberry, 253 Spadina Ave., will in future confine his attention to special practice—nose, throat, heart and lungs.

Dr. H. D. Weaver (Trinity '96), assistant in pathology in the Medical department of Dalhousie College, Halifax, is spending some time in Toronto.

Dr. W. H. Marshall, gold medalist at Trinity University at the recent examinations, has taken up practice for a year at Vanderbilt, Mich.

Dr. Charles A. Hodgetts, of Spadina Ave., has returned to the city after superintending the small-pox epidemic in Northern Ontario for some time.

Dr. Graham Chambers has been appointed Professor of Dermatology and Assistant Professor of Clinical Medicine at the Women's Medical College.

Dr. Alex. Primrose, of Toronto, delivered the address in Surgery at the meeting of the Maritime Medical Association in Halifax, on July 3rd and 4th.

Dr. John A. Ferguson, of College St., was presented with a beautiful silver tea service by the officers of the Grand Camp of the Sons of Scotland to mark their appreciation of the valuable services he has rendered the Order.

Dr. A. T. Stanton (Trinity '99) who has served on the resident medical staffs of the Toronto General Hospital and the Hospital for Sick Children, has been appointed surgeon on the C. P. R. S. S. "Empress of China" from Vancouver to Hong Kong.

Medical Council Examiners for 1901-2: Dr. H. B. Anderson, Toronto, Anatomy, descriptive; Dr. W. G. Anglin, Kings'on, Theory and Practice of Medicine; Dr. R. N. Horton, Brockville, Midwifery, Operative and other than Operative, and Puerperal Diseases; Dr. A. Primrose, Toronto, Physiology and Histology; Dr. J. W. Edgar, Hamilton, Surgery, Operative and other than Operative; Dr. W. Gunn, Clinton, Medical and Surgical Anatomy; Dr. Graham Chambers, Toronto, Chemistry, Theoretical and Practical, and Toxicology; Dr. J. W. Schooly, Welland, Materia Medica and Pharmacy; Dr. J. H. McLellan, London, Assistant Examiner to the Examiner on Surgery, Diseases of Women; Dr. A. Haig, Kingston, Assistant Examiner to the Examiner on Medicine, Diseases of Children; Dr. G. H. Field, Coburg, Second Assistant to the Examiner on Medicine, Pathology, Therapeutics and Bacteriology; Dr. E. T. Adams, Toronto, Homeopathic Examiner.

EXAMINATION OF COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The following candidates passed the final examination:—W. J. Abbott, Brockville; D. M. Anderson, Toronto; F. W. Birkett, Ottawa; W. T. Burns, Toronto; E. L. Brown, Chesterville; C. T. Bowles, Ottawa; A. Bourque, St. Eugene; F. A. Clarkson, Toronto; H. L. Collins, Kincardine; A. C. Campbell, St. Thomas; H. E. Clutterbuck, Toronto; C. J. Currie, Toronto; E. N. Coutts, Durham; W. R. Cook, Fordwich; B. A. Cohoe, Toronto; W. H. Cronyn, London; F. A. Cleland, Meaford; A. Chevrier, Ottawa; H. G. Downing, Woodstock; H. Dittrick, St. Catharines; I. Dixon, Walkerton; D. R. Dunlop, Fordwich; C. C. Elliott, London; J. W. Edwards, Kingston; E. Flath, Toronto; J. I. Ferguson, London; J. W. Fitzgerald, Sanborn; C. C. Grant, St. Thomas; H. S. Hutchison, Toronto; V. A. Hart, Dalston; D. C. Jones, Brockville; W. B. Kayler, Toronto; T. W. Kirby, Sault Ste. Marie; F. E. McLoughlin, Hamilton; A. K. Morgan, Adelaide; A. H. Montgomery, Brantford; A. J. G. MacDougall, Toronto; W. G. Montgomery, Wroxeter; J. E. Martin, Langton; F. W. Marlow, Blackstock; M. D. McKichan, Hamilton; W. F. McKay, Beaverton; Miss Minnie McDonald, Hagersville; A. F. McLaren, Lancaster; P. W. O'Brien, Toronto; J. M. Potts, Sterling; H. E. Paul, Newburg; A. R. Perry, Mount Forest; C. T. Pigot, London; A. W. Richardson, Kingston; R. M. Rutherford, Hawkesbury; E. S. Ryerson, Toronto; H. P. Ross, Exeter; E. J. Stubbs, Stratford; W. E. Storey, Windsor; G. B. Snyder, Ridgeway; G. S. Sadler, Pakenham; H. Softley, Feversham; J. H. Trout, Toronto; C. C. Tatham, Listowel; W. G. Tyner, Kingston; C. L. Taylor, Wardsville; S. Thompson, Strathroy; F. C. Trebleck, Enniskillen; J. P. F. Williams, Georgetown; J. Webb, Hamilton.

INTERMEDIATE.

The following candidates passed the intermediate examination:—W. J. Abbott, Brockville; D. M. Anderson, Toronto; J. W. Atkinson, Avon; W. T. Burns, Toronto; W. J. Brown, Lindsay; J. G. Bogart, Kingston; C. T. Bowles, Ottawa; A. Bourque, St. Eugene; F. W. Birkett, Ottawa; A. C. Campbell, St. Thomas; C. J. Currie, Toronto; J. B. Coleridge, Ingersoll; O. W. Colbeck, Toronto Junction; C. C. Campbell, Listowel; W. A. Cerswell, Bond Head; W. R. Cook, Fordwich; R. H. Carscadden, Morewood; F. J. Colling, Toronto; F. J. Carrharris, Kingston; B. A. Cohoe, Toronto; W. H. Cronyn, London; F. A. Cleland, Meaford; A. Chevrier, Ottawa; F. P. Coates, Streetsville; H. E. Clutterbuck, Toronto; J. T. Dixon, Hamilton; G. Davis, Cayuga; J. E. Drury, Dalston; I. Dixon, Walkerton; C. R. Elliott, Alvinston; J. W. Edwards, Kingston; W. C. Fawcett, London; C. D. Ferguson, Port Stanley; J. I. Ferguson, London; T. S. Genge, Halleford; W. S. Grimshaw, Kingston; A. J. Grant, London; H. S. Hutchison, Toronto; John Herod, Toronto; W. T. Hamilton, Motherwell; V. A. Hart, Dalston; R. J. Kee, Stanley Mills; D. C. Jones, Brockville; W. H. Lowry, Guelph; C. P. Lusk, Toronto; D. R. Lonsborough, Sea-

forth; A. H. Montgomery, Brantford; A. J. G. MacDougall, Toronto; W. G. Montgomery, Wroxeter; K. MacKinnon, Guelph; R. T. MacLaren, Columbus; A. D. MacIntyre, Glencoe; G. E. R. McCartney, Binbrook; M. D. McKichan, Hamilton; G. D. McIlwraith, Hamilton; W. McIntyr, Rosedale; J. McCulloch, Port Perry; W. F. McKay, Beaverton; J. A. McCollum, Toronto; Minnie McDonald, Hagersville; W. B. McDiarmid, Maxville; L. McLeay, Gravenhurst; J. M. Oswald, Windsor; R. N. Parent, Windsor; R. Parsons, Emery; G. R. Pirie, Hamilton; H. E. Paul, Newburgh; A. Rannay, Georgetown; A. B. Rutherford, Owen Sound; E. Richardson, Brockville; C. H. Reason, London; J. Rogers, Belmont; A. W. Richardson, Kingston; R. M. Rutherford, Hawkesbury; W. C. Redmond, Bethel; W. E. Storey, Windsor; G. W. Smith, Almonte; J. A. Smith, Hamilton; J. Smillie, Bluevale; A. T. Steele, Orangeville; R. D. Sproat, Milton; G. S. Sadler, Pakenham; A. Turner, Southwold; J. H. Trout, Toronto; C. C. Tatham, Listowel; W. G. Tyner, Kingston; D. G. Whealey, Toronto; C. S. Wainwright, Orillia; L. N. Whitely, Londesboro.

PRIMARY.

The following candidates passed primary with honors:—J. I. Armstrong, London; C. C. Cragg, Brighton; W. T. Gemmell, Seaforth; W. A. Graham, C. C. Kinster, Toronto; J. D. Leeson, Aylmer; F. C. Neal, Walton; G. E. Wilson, Attwood.

The following have passed primary:—Miss Jessie Allyn, Smith's Falls; S. F. Abbott, London; C. T. Bowles, Ottawa; R. S. Brewster, Sunderland; E. C. Beer, London; M. D. Buchanan, Zurich; J. H. Biggar, Toronto; W. T. Babb, Carlingford; Miss Mary Brydon, Ottawa; C. T. Ballantyne, Ottawa; J. M. Baldwin, Toronto; J. V. Brown, Barrie; E. Brandon, Cannington; F. M. Bell, Kingston; A. Bourque, St. Eugene; W. J. Bell, Toronto Junction; F. W. Birkett, Ottawa; T. A. Carson, Orangeville; K. Colbeck, Colbeck; A. H. Cook, Toronto; A. Chevrier, Ottawa; F. P. Coats, Streetsville; A. H. Campbell, Ailsa Craig; G. E. Chapman, London; T. V. Curtain, Brockville; H. E. Clutterbuck, Toronto; C. E. Duggan, Oil Springs; I. Dixon, Walkerton; D. Evans, Virginia; J. W. Edwards, Kingston; P. J. Fleming, Dundas; R. F. Foster, Toronto; E. V. Frederick, Campbellford; G. N. Fish, Toronto; J. I. Ferguson, London; G. C. Ferrier, Kingston; W. E. Gallie, Barrie; G. E. Greenway, Little Britain; E. L. Hodgins, Lucan; K. H. Holmes, Chatham; B. H. Hamilton, Auburn; C. M. Heydon, Toronto Junction; L. R. Hess, Hamilton; J. H. Hamilton, Nelson, B. C.; C. H. Hair, Lavender; D. H. Houston, Belleville; W. B. S. Hunt, J. G. Hunt, London; V. A. Hart, Dalston; R. Ingram, Ridgetown; D. C. Jones, Brockville; L. W. Jones, Kingston; D. S. Johnston, Orillia; W. J. Kerfoot, Minesing; D. P. Kappel, Hamilton; W. B. Kayler, Toronto; T. W. Kerby, Sault Ste. Marie; W. D. B. Kennedy, Kingston; Miss Eleanor F. Lucas, Toronto; C. M. MacKay, Woodstock; W. N. Meldrum, Ayr; W. W. Milburn, Peterborough; F. E. Mellow, Sillsville; J. Moore, Trowbridge; L. McLeay, Gravenhurst; H. McLean, Glencoe; A. McInnes, Bognor; R. P. McLaughlin, Cumberland; W. McTavish, Palmyra. P. McCue, Melancthon; T. O. McLaren, Lancaster; W. B. McDiarmid, Max-

ville; T. H. McColl, Wallacetown; B. F. O'Reilly, Toronto; J. A. Oille, Sparta; J. R. Parry, Dunnville; J. Phillips, Hewitt; H. E. Paul, Hewburg; W. J. Patterson, Peterborough; P. F. Quinlan, Stratford; R. M. Rutherford, Hawkesbury; F. A. Ross, Guthrie; Miss Olive Rea, Toronto; J. M. Robb, Stratford; A. W. Richardson, Kingston; R. M. Reid, Renfrew; W. Redmond, Bethel; A. A. Staley, Wolfe Island; D. T. Smith, Ottawa; W. E. Somers, Waterford; S. Singer, Toronto; C. B. Stone, Peterborough; N. H. Sutton, Ida; E. Sheffield, Peterborough; D. A. Sinclair, Toronto; D. J. Sweeney, Caledon; D. M. Sutherland, Norwich; G. S. Sadler, Pakenham; W. G. Tyner, Kingston; F. J. C. Tindle, Peterborough; A. Turner, Southwold; G. A. Winters, W. A. W. Woolner, Toronto; T. W. Walker, Hagersville; E. M. Walker, Toronto; A. L. Webb, Brighton; W. Y. Young, Toronto.

BOOK REVIEWS.

EICHHORST'S PRACTICE OF MEDICINE.

A Text-Book of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Price per set: Cloth, \$6.00 net. Canadian Agents, J. A. Carveth & Co., Toronto, Ont.

This publication by the eminent German author is a welcome addition to standard literature on medicine. If fitness to satisfactorily perform the task urged upon him by his students and admirers, and if thoroughness and conscientiousness in carrying it out by the author is any guarantee of success, this work cannot fail to be popular with both student and practitioner. A perusal of its pages impresses one that it is the work of a careful, thoughtful clinician, whose experience has been gained from the study of disease at the bedside and in the morgue, and not from the study of literature alone. It impresses one in the same favorable way as the publications of the late Hilton Fagge.

It is also pleasing to note the extremely practical manner in which the various subjects are dealt with and the attention given to the treatment of disease. Such a work will go far to remove, in the eyes of the English speaking world, the stigma of therapeutic nihilism that has long been attached, and not without good reason, to the German School of Internal Medicine. For original research and scientific acumen the Germans deservedly hold a first place in the medical world, and now that they are giving more attention to what after all is the chief end of

our calling—the cure of disease—we may expect rich practical results from that source, of which the work under review is a good omen. Considered from whatever view-point one may choose, from pathology to treatment, Eichhorst's Practice of Medicine is excellent and reflects credit alike on the author, the editor and the publishers.

H. B. A.

Uterine Fibromyomata. Their Pathology, Diagnosis and Treatment.
By E. Stanmore Bishop, F.R.C.S., Eng. Am. Ed., P. Blakiston's Son & Co., Phil., 1901. Chandler & Massey, Limited, Canadian Agents.

Many excellent monographs bearing upon the subject of this work have appeared within the last few years. One has but to compare the *technique* and the results of the perfected American Hysteromyomectomy with, for example, the plans of operation adorsed and the mortality rate given in so recent and so good a work as that of Greig Smith to estimate the progress that has been made. It has remained for an English surgeon to sum up for us the net gain, to present in clear, logical and consecutive form the advances made by English, German, French and American Gynæcologists and to seek out and set in order the methods by which uterine fibroids can be most successfully removed.

Very few of those who had the pleasure of hearing Dr. Noble's paper before the Ontario Medical Association last month will be disposed to question the statement that in a vast majority of cases, such tumors should be dealt with surgically. Hemorrhage pressure effects and degenerations, singly or grouped, so seriously threaten the lives of patients with fibroids that the older methods of expectant or paliative treatment should give place to something safer and better. The selection of a plan of attack best suited to the varying conditions under which such tumors are found receives full and fair consideration. We may not all agree with the conclusions reached by the author; this reviewer for instance strongly dissents from his statement that even with a healthy cervix, pan-hysterectomy is preferable to supra vaginal removal, but his facts are well marshalled and his reasoning apparently is without bias. If Mr. Bishop's book is honestly and fairly studied we shall hear less in the future of the disappointing appendage removals popularized by Heger & Tait, and the vaginal-route-for-everything crank will be less in evidence. Per contra we shall have a more just appreciation of the pirolat fact that the dangers inseparable from the removal of fibroids are great or slight according to the method adopted and to the skill and experience of the operator. Does this not mean, in other words, that the surgeon who neglects his opportunities for watching critically the operations of others is likely to purchase his own experience at fearful cost to his patients?

An attractive feature of the volume before us is found in the large number of plates reduced and adapted by permission from Kelley's sumptuous Operative Gynæcology. This is an indication of commendable international courtesy.

N. A. P.

Atlas and Epitome of Labor and Operative Obstetrics. By Dr. O. Shaeffer, of Heidelberg. From the Fifth Revised German Edition. Edited by J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 14 lithographic plates, in colors, and 139 other illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$2.00 net. Canadian Agents, J. A. Carveth & Co., Toronto.

This volume is a recent addition to the well-known series—Saunders' Medical Hand-Atlases—which are popular with the profession as convenient works of reference owing to the excellence of their illustrations. The author does not offer it as a text-book of Obstetrics, nor to replace descriptive works on this branch of medical science and art, but rather to accompany such with graphic representations of the various conditions and operations described. The demonstrator and clinician will find it of great value for its exhaustive classification—though this differs slightly from that adopted by American and English writers, while the student will find the plates and figures valuable for reference in his reading, and the general practitioner when hurriedly seeking information for the management of a difficult case.

The work is divided into Part A, treating of the Act of Parturition considered from the standpoint of the practical obstetrician, and Part B, of Obstetric Operations. There are fourteen lithographic plates of beautiful workmanship, and a series of one hundred and twenty-two figures illustrating in succession every stage in the progress of parturition, and the manipulations required in the various positions and presentations.

A. J. M.

SAUNDERS' HAND ATLAS SERIES.

When we consider how few other than eye specialists use the ophthalmoscope (with any degree of satisfaction) and how important an instrument it is for diagnosis and to know the extent of some diseases even outside of the many affections of the eye itself, such as brain lesions, kidney trouble, and affections of the circulatory system which endanger life, one wonders how few make any effort to become accustomed to its use. Possibly one of the reasons is that but few general practitioners meet with many typical cases to examine at any one time, and until recently atlases of ophthalmoscopic work were not many, and those that were good were of high price. Recently, 1901, a new and enlarged edition of Prof. Dr. O. Haab's work, translated by Dr. G. E. De Schweinitz, has been published by W. B. Saunders & Co. at the very moderate price of \$3. J. A. Carveth & Co. are the Canadian agents.

As the Professor very aptly states, "mere verbal descriptions are even more unsatisfactory than they are in other similarly complicated domains of medicine, especially if the student is imperfectly acquainted

with the subject. Even topographical drawings of pathologic alterations in the eye are extremely complicated and a correct description of the coloring is often extremely difficult or even impossible. Thus a little more white, or a little more red or gray may make an important difference in the appearance of the optic nerve, and may be enough to show the expert that he has to deal with a serious condition, though to the inexperienced eye the appearance may be normal." And he also states, "to supplement one's own observations, and profit by those of others, one must use carefully colored illustrations."

Not only does Prof. Haab give a great number of beautifully colored plates of the eye ground with good descriptions, but also the microscopic changes cleverly drawn and colored.

It is a book well worth the money and should be prized by the surgeon or physician, as it will greatly lighten his labor, and help him in his diagnosis with the ophthalmoscope.

C. TROW.

PUBLISHERS' DEPARTMENT.

A LABORATORY FOR POISONS.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids. Appreciating the importance of the command, "Keep the bowels open," the physician will find in "Laxative Antikamnia & Quinine Tablets" a convenient and reliable aid to nature in her efforts to remove poisonous substances from the body. Attention is particularly called to the therapeutics of this tablet. One of its ingredients acts especially by increasing intestinal secretion, another by increasing the flow of bile, another by stimulating peristaltic action, and still another by its special power to unload the colon.
