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## *Original Contributions.*

### THE OPERATIVE TREATMENT OF CHRONIC BRIGHT'S DISEASE.\*

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THE attention of the profession has recently been directed to the fact that albuminuria as a symptom of renal disease may completely disappear after certain operations upon the kidney. It is now suggested that chronic Bright's disease may be so cured. Occasionally a patient presents himself with symptoms indicating the presence of a renal calculus, and an operation is undertaken for his relief. The operator may fail to detect the presence of a stone, but in spite of that fact the symptoms may be relieved by the operation. In these cases the albuminuria, which had previously existed, may completely disappear and the other symptoms of renal disturbance may also be relieved, so that a complete and permanent cure is effected. This train of events has been recognized as possible for some years, but the significance of them and the bearing they might have upon the cure of nephritis by operative procedure have but recently been fully realized.

It was with the object of relieving grave symptoms in a case of chronic Bright's disease that I undertook recently to operate upon the kidneys. A child ten years of age suffered from nephritis. The history is obscure as to the onset of his illness, but for six months before he came under my care he had general anasarca and ascites. During that time paracentesis abdominis had been performed seven times. On admission to the hospital on November 8th,

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1901, the urine contained 1.6 per cent. of albumin, the abdomen was enormously distended with fluid, and there was great swelling of the face and edema of the extremities. The lad's general condition was considered very serious and a gloomy prognosis was given. Paracentesis abdominis was performed and 180 ounces of fluid drawn off from the peritoneal cavity. The urine, which contained the large amount of albumin indicated, also contained numerous hyaline, granular and epithelial casts. On November 21st I cut down upon the right kidney in the loin. I found it much enlarged. I made an incision two inches long through the capsule and subsequently drained the lumbar wound for a fortnight. As a result of the operation the amount of urine secreted in twenty-four hours gradually increased from fourteen ounces in twenty-four hours to forty ounces on the seventh day after the operation, whilst the percentage amount of albumin diminished from 1.6 per cent. to 0.3 per cent. The child's condition, however, did not continue to improve, and it appeared evident that permanent relief of symptoms had not been secured. One was encouraged, however, by the profound effect produced upon the condition of the patient by the simple operation upon the right kidney of splitting the capsule, and it was therefore thought justifiable to perform a more extensive operation upon the left kidney. Accordingly, on December 20th, forty-two days after admission to the hospital, I cut down upon the left kidney and removed the kidney capsule in its entirety. The child was critically ill for some days subsequently, and unfortunately contracted pneumonia towards the end of the first week after operation. We despaired of his life, but he gradually recovered from the pneumonia, and the renal symptoms underwent a remarkable abatement, so that while the amount secreted in twenty-four hours rose to forty-four ounces the amount of albumin diminished to .03 per cent., in fact there remained little more than a mere trace of albumin, and the casts were also very largely diminished in number. The general edema vanished, and the ascitic fluid was reabsorbed and disappeared.

The details of the case are as follows: B. W., aged 10; born in England; admitted into the Hospital for Sick Children, Toronto, on November 8th, 1901. The patient was referred to me by Dr. Moorehouse, of Toronto.

The family history is not known; the patient is a Barnardo boy, and his previous history is not obtainable in any detail. He was admitted into the hospital at Huntsville on the 30th May, 1901, with the history that for some weeks his legs had been swelling, and subsequently his face. After he had been in the Huntsville Hospital for a month his abdomen began to get distended. This condition soon demanded tapping for his relief, and during the five months' stay in hospital he was tapped seven times.

On admission into the Hospital for Sick Children he presented the characteristic facies of a patient suffering from chronic Bright's disease. The face was puffy, the eyelids so swollen that the pal-

pebral fissure was greatly reduced in size. The skin was stretched and transparent in appearance, and the mucous membrane pale and anemic. There was general anasarca, save that there was no apparent edema of the scrotum and penis. The abdomen was very prominent, measuring  $32\frac{1}{2}$  inches in circumference at the umbilicus; the superficial veins of the abdomen wall were unduly dilated; the flanks were prominent and dull on percussion; there was very distinct fluctuation in abdomen, and all the indications of a large amount of free fluid in the peritoneal cavity; this caused considerable difficulty in breathing.

Examination of the lungs and pleuræ showed nothing abnormal. The heart rhythm was regular but rapid (128 per minute); there was no abnormality of the heart sounds; appetite poor, tongue moist and covered with a whitish fur; bowels, constipated; urine, specific gravity 1025, acid, large amount of albumin, no sugar.

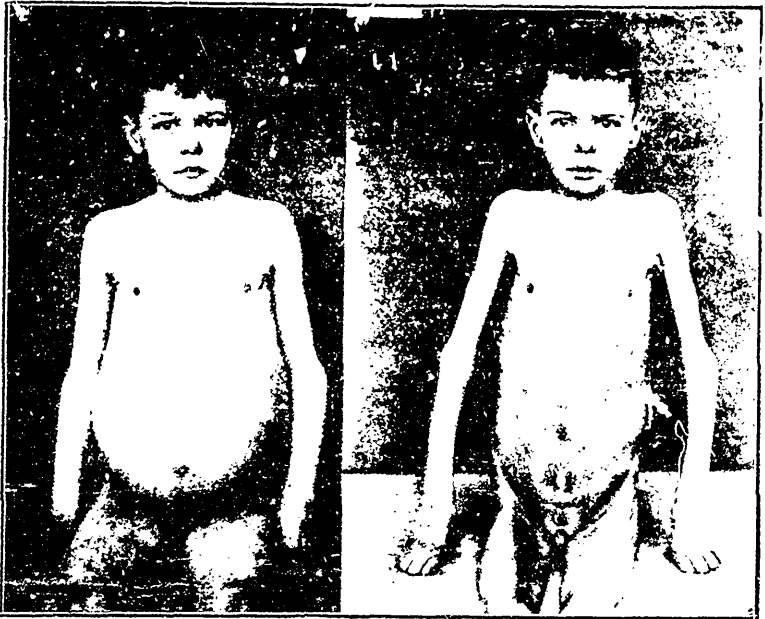
Four days after admission, November 12th, the evening temperature was  $103^{\circ}$ , pulse 132, respirations 48. The abdomen now was very tense and distended; the cardiac apex displaced upwards and to the left, outside the nipple line. Paracentesis abdominis was performed and 180 ounces of colorless fluid were drawn off. Subsequently the abdomen was examined; the liver dulness was found on percussion to be one and a half inches below the costal margin in the right nipple line. The spleen was not enlarged. He was much relieved by the tapping. The urine was found to contain 1.6 per cent. of albumin; it also contained hyaline granular, fatty and epithelial casts. For a few days after the tapping he was brighter, and the edema of the extremities diminished somewhat. On November the 14th, hot packs were employed as a method of treatment and sweating was induced. This relieved matters somewhat, and the edema of the face improved. The patient was passing from sixteen to twenty-five ounces of urine in twenty-four hours. The fluid rapidly re-accumulated in the abdomen, however, and on November 20th, eight days after the previous tapping, paracentesis was again found necessary and 100 ounces of fluid drawn off. Next day he only passed thirteen and a half ounces of urine. He developed a troublesome cough, and the physical signs at the bases of the lungs of impaired resonance, a lessening of vocal fremitus and mucous râles (vocal resonance being present), indicated edema of the lungs. The apex beat of the heart was in the fourth interspace, half an inch to the inner side of the nipple, and the left border well within the nipple line. There was evidently no hypertrophy of the heart.

As he was not making any progress towards recovery, operation upon the kidney was suggested, and accordingly, on November 21st, 1901, the following procedure was carried out:

The right kidney was cut down upon by an oblique lumbar incision. The kidney was easily reached and was found to be greatly enlarged. The lower end was well below the iliac crest, the upper end was not reached in wound. In color it appeared about normal,

one might describe it as an ashy purple. In consistence I failed to find it abnormally tense. I first of all needled it, but no bleeding of any consequence came from the punctures: in fact, there was hardly any oozing. I then cut into the capsule with a scalpel along the convex border: in order to do so efficiently I cut fully one-quarter of an inch into the cortex of the kidney, and this cut was carried along about one and one-half inches: a drainage tube was placed down to this point, a few sutures were introduced, and a piece of iodoform gauze and dressing applied.

For a few days after the operation his condition was considered critical. During the first twenty-four hours he only passed seven



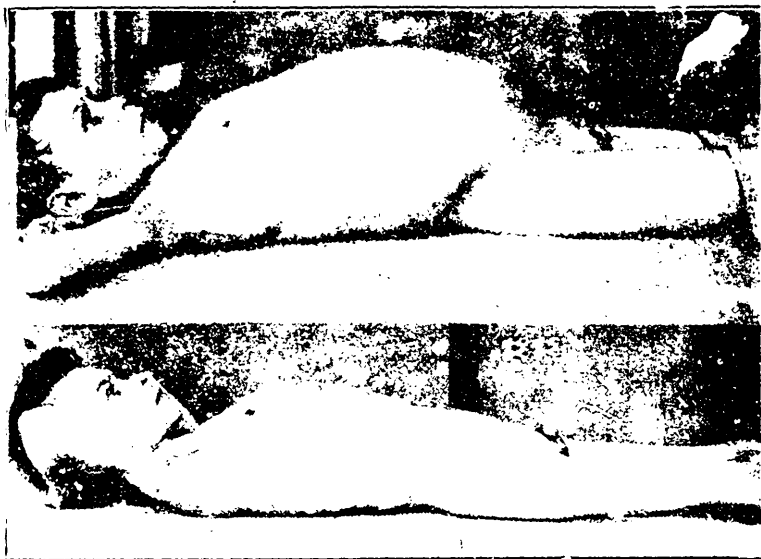
Photograph of patient on November 19th, 1901, two days before the first operation on the kidney.

Photograph of patient on February 3rd, 1902, forty-five days after the last operation on the kidney.

ounces of urine, and the facial edema greatly increased so that the eyes were almost completely closed up. The breath possessed a peculiar odor like stale urine (uremic), the temperature was normal, but the pulse 120. He soon began to improve, however, so that on the third day after operation he passed twenty-four ounces of urine and the pulse was 96: the patient was quite bright, and expressed himself as feeling much better.

The subsequent history indicated a gradual improvement in his condition, the amount of urine passed in twenty-four hours rose considerably until on December 11th (three weeks after operation) he

passed forty-three ounces of urine whilst the percentage amount of albumin dropped to .925. The abdomen, however, gradually filled up again, but it was noted as a remarkable fact that the fluid had returned very much more slowly than was the case before the operation on the kidney. In fact, whilst before operation tapping became necessary after an interval of eight days, subsequent thereto twenty-seven days elapsed before paracentesis again became necessary. At this third tapping 130 ounces of fluid were removed. The urinalysis at this time showed 1.2 per cent. of albumin, the amount of urine in twenty-four hours having fallen to seventeen ounces. Squamous and conical epithelial cells were present in large numbers, a few granular and a very few blood casts with



The upper photograph was taken on November 29th, 1901, two days before the first operation.  
The lower photograph, was taken on February 3rd, 1902, forty-five days after the last operation on the kidney.

some red blood cells; there were a few pus cells, a considerable quantity of granular débris and a few phosphates. Fluid accumulated with great rapidity after the last tapping, and apparently the patient was not making satisfactory progress. The undoubted fact of his improvement after the slight operation on the right kidney, however, suggested the advisability of doing a more complete operation on the left kidney with the hope that some permanent benefit might be derived therefrom, and consequently, on December 20th, 1901, the following operation was performed on the left kidney:

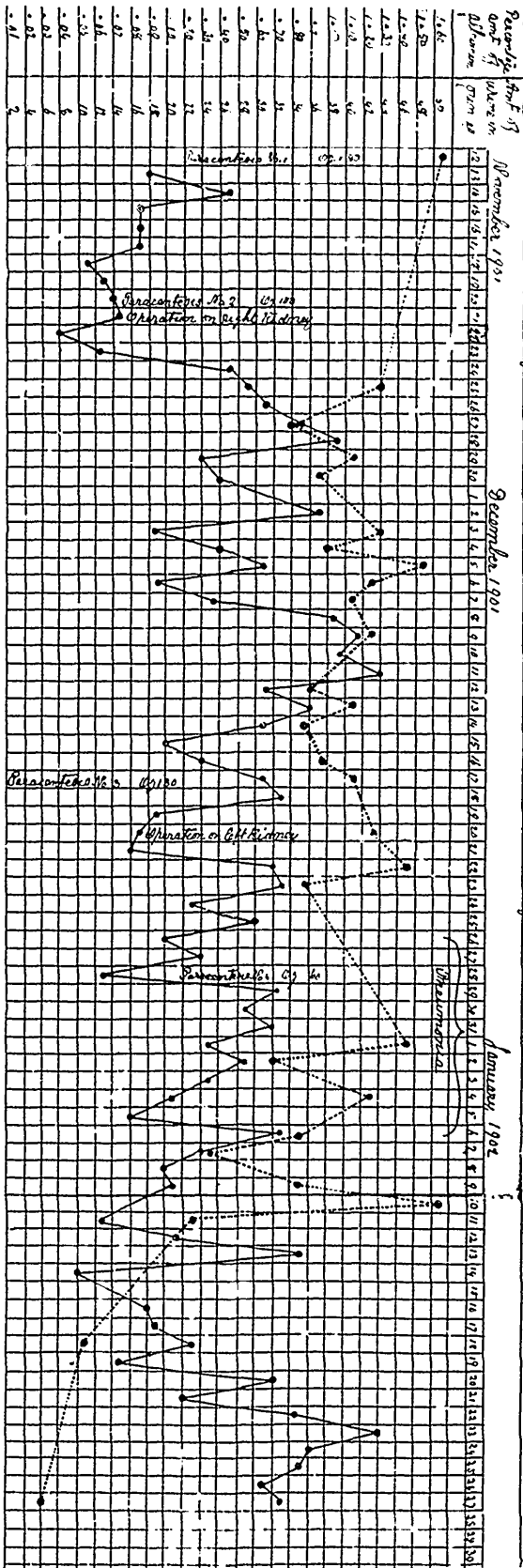
The left kidney was exposed in the loin with a view of strip-

ping the capsule. I cut into the perirenal fatty capsule and passing my finger down to the surface of the kidney, and sticking very closely to the organ, I carefully stripped it completely on all its aspects. I then pulled the lower half of the kidney out on to the abdominal wall, completely out of the wound, and made a superficial incision for the purpose of stripping the capsule. I could find no capsule and then discovered that I had pulled off the capsule with my original stripping in the wound. I found the capsule lying puckered up at the renal pelvis and drew it forward to see how it could be spread out on the surface of the kidney. I then satisfied myself that the kidney was stripped of its capsule back and front over its entire surface. The kidney was very markedly enlarged: its lower pole extended down very considerably beyond the iliac crest. It was somewhat dark in color and not pale like its fellow at the last operation (possibly this was due to congestion as the result of the stripping of the capsule). A drainage tube and a piece of gauze were placed in position upon the kidney, otherwise the edges of the wound were united by interrupted silk-worm gut sutures, the deep fascia being stitched with catgut.

The day following operation the amount of urine in twenty-four hours dropped to fifteen ounces, with  $1\frac{1}{2}$  per cent. of albumin, and he developed a severe cough. The edema of the face became very marked and his condition became very critical. One week after the operation the stitches were removed and the wound was found united in its anterior portion, but open behind where drainage had been maintained. His cough became very troublesome, the temperature rose to 103, with a pulse of 120, and respirations 40. The physical signs in his chest revealed the fact that he had pneumonia affecting the posterior border and back of the right lung. The coughing had put a strain upon the new tissue of the wound with the result that the whole wound opened up and the kidney herniated through it, and at the subsequent dressing (the evening of the day upon which the stitches were removed) the kidney lay quite on the surface. The kidney was replaced and the edges of the wound brought together and supported as well as possible by strapping.

On December 28th, eleven days after the previous tapping, paracentesis was again performed, as there was considerable distress from distension, and in view of his pneumonia it was thought wise to relieve him, although only sixty ounces of fluid were found on drawing it off. The following day he was very ill. Temperature, 103.4; pulse, 140; respiration, 48 per minute; but he gradually improved, made a complete recovery from the pneumonia, and his present condition to-day (forty-nine days after the last operation) is very satisfactory. The small reaccumulation of fluid after the last tapping was reabsorbed; the general anasarca in the limbs and face completely disappeared. The amount of albumin has progressively diminished until it is now down to .025 per cent. The patient is very thin and emaciated. The urine has a sp. gr.

*To read showing the amount of urine in 24 hours and the percentage amount of albumin*



In this chart the dotted line indicates the percentage amount of albumin from day to day, and the continuous line the daily amount of urine in ounces. The dates of operations are also noted.

of '1011, acid reaction, containing a few blood corpuscles, a few casts and some amorphous urates.

This truly is a remarkable and satisfactory result, but the explanation thereof is to my mind still quite obscure. The treatment has thus far been purely empirical. The fact that stripping the capsule of the kidney relieves the condition of albuminuria was stumbled upon accidentally, and it has gradually dawned upon us that we may possibly possess an effective method of treating chronic and acute nephritis. Nothing we know of the physiology and pathology of renal secretion will adequately explain the results obtained in this operation. There is here provided a field for valuable research work, and, no doubt, investigation will proceed forthwith in the experimental laboratory. The questions which have to be solved are how can this operation produce such an effect upon the secretory activity of the kidney as to increase the amount of urine secreted and to diminish the amount of albumin, and how are these effects so far-reaching as to remove edema and ascites?

Mr. Reginald Harrison has suggested an explanation which appeals to me as reasonable if applied to certain classes of cases. He believes that renal tension is relieved by splitting the capsule, and thus the kidney is permitted to perform its normal function. That renal tension exists in acute nephritis no one will deny; such rapid swelling of the organ has occurred that, post-mortem, the capsule has been found to have actually burst. Well recognized principles of surgery may therefore be employed here, and an incision of an acutely inflamed kidney may, by relieving tension, afford relief and effect a cure, just as a glaucoma is relieved by iridectomy, or an acute orchitis is relieved by incision. These are comparisons suggested by Mr. Harrison, and we cannot but agree that the arguments he advances along these lines for incision of the capsule of the kidney in acute nephritis are logical. The explanation is, however, not adequate for those cases of albuminuria of long standing which are relieved by simple nephrotomy.\*

Mr. Harrison's successful cases are those of post-scarlatinal nephritis; nephritis contracted by exposure to cold; nephritis after influenza and that of traumatic origin. He has also observed the disappearance of albumin after operation in calculous nephritis.

In December, 1901, there appeared in the *New York Medical Record* a paper by G. M. Edebohl, of New York, with the promising title, "The Cure of Chronic Bright's Disease by Operation." The author proposed to treat chronic Bright's disease by bilateral renal decapsulation. He gives a table of eighteen cases of kidney operations where albumin was present; of these eight cases were cured; they had all been under observation for from one to eight years after operation, and the albumin and casts were no longer found in the urine. The other ten cases were in most instances relieved. This looks most promising and encouraging, but when

\*"Renal Tension and its Treatment by Surgical Means," by Reginald Harrison. *British Medical Journal*, October 19th, 1901.



we analyse Dr. Edebohl's paper carefully we cannot but feel disappointed. In the first place, we find him claiming that "the proposition to treat chronic Bright's disease by bilateral renal decapsulation as a basic operation is original with the writer." This, no doubt, is a fact, but unfortunately he only acted upon this proposition in a single instance, and his patient lived but eight weeks after operation, dying of pyelitis. Sixteen of his cases were patients subjected to the operation of nephropexy, presumably for floating kidney, the capsule being stripped to an extensive degree in the operation. Albuminuria had been observed in these cases before operation, and subsequent thereto albumin disappeared in most instances; the remaining case was one of septic nephritis, where one kidney only was available for operation, the other having been removed some months previously for septic nephritis, the kidney being riddled with innumerable abscesses:\* as the operation on the remaining kidney had only been performed thirty days before the record was made, the result as to permanence of relief cannot be predicted with certainty. Edebohl's youngest patient was nineteen years of age.

The disappearance of albumin and casts from the urine after operation on the kidney has been noted by many observers, such as Rose, Newman and Ferguson. We are mainly indebted, however, to Harrison, in England, and to Edebohl, in America, for pointing out the bearing which these results have on the question of the possibility of curing albuminuria by surgical means.

Harrison's explanation of the results is reasonable, and we are almost bound to accept it for acute nephritis, but as yet we are wholly in the dark, in my opinion, respecting chronic nephritis. In my case the capsule was not tense: the kidney, it is true, was much enlarged, but this was due to a slow process of chronic parenchymatous nephritis, and the capsule no doubt gradually accommodated itself to the increased bulk of the organ. Edebohl believes that as the result of the operation of decapsulation strong bands of adhesions form between the kidney and its immediate surroundings: large blood vessels run in these, and thus the blood supply to the kidney is greatly increased; this, he believes, "allows of gradual absorption of interstitial and inflammatory products, freeing tubules and glomeruli from external compression, constriction and distortion, and permits establishment in them of normal circulation, resulting in regeneration and reproduction of the new epithelium." The cure, in his opinion, is gradual and progressive, and the final disappearance of albumin and casts may not occur for from one to twelve months after operation.

Edebohl considers that a cure of cirrhosis of the liver is a possibility by securing for the liver a similar increase of blood supply,

\* Recently Lennander, of the University of Upsala, has drawn attention to the benefit derived from splitting the kidney and resecting portions of diseased kidney tissue in acute pyelonephritis with miliary abscesses. He reports five cases. An abstract of his paper appears in the *Centralblatt für Chirurgie*, November 2nd, 1901, p. 1087.

and he even suggests that in the future there may be established a triple operation by a single incision through the anterior abdominal wall, thus reaching the liver and both kidneys, and submitting these organs to operative treatment for the purpose of effecting a cure of cirrhosis of the liver and of chronic nephritis. We are surely not warranted at present in entertaining such a suggestion seriously.

It is very easy to criticise theories, particularly when the physiological problems involved are so obscure, but I confess that Edebohl's theory is not satisfactory to my mind. Clearly, however, we have certain facts of striking interest to record concerning the profound effect produced by operation in these cases of chronic nephritis. The case which I now present is probably unique, and one confesses to being in the dark when seeking for an explanation of the results obtained. Careful observations have been made, and the case is put on record in detail, trusting that it may be of some value as a contribution to the literature of the treatment of Bright's disease by operation.

I am greatly indebted to the house surgeons at the Children's House (Drs. Lowry, Chisholm and Rutherford) for the careful manner in which they have kept the records of the case from day to day, entailing not a little labor, particularly in the quantitative analyses of the urine.

NOTE.—Since this paper was written the patient has continued to improve. At this date (February 20th), sixty-two days after the last operation, he is much stronger than he was, the anemia has largely disappeared, and the albumin is now a mere trace. A very few casts are still found in the urine; there has been no return of edema or ascites.

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## PULMONARY TUBERCULOSIS: ITS TREATMENT AND PREVENTION.\*

BY A. P. PROCTER, M.D., KAMLOOPS, B.C.

SOME few months ago I spoke on Pulmonary Tuberculosis at the first meeting of our newly-formed Association of British Columbia, and I chose the subject chiefly for two reasons:

1. Because of its general interest, every day bringing to our consulting-rooms some victim of the disease; and

2. Because, in coming from Kamloops in the so-called dry belt of British Columbia, where numbers of these patients are sent every year, I felt I might be able to give some of our most special experience, which might be of some small interest. I have chosen the subject to-day for the same reasons.

*Acute Pulmonary Phthisis.*—Of the acute forms of pulmonary tuberculosis I have little to say, because I believe I am right in saying that, with rare exceptions, from an acute outset, they progress rapidly downwards in spite of all treatment to a fatal termination. We can only alleviate and make the inevitable descent into the valley somewhat easier.

*Chronic Pulmonary Phthisis.*—With the chronic forms of the disease it is different. Here we can frequently not only improve but often arrest the disease. I use the word arrest rather than cure, because I have so often had impressed upon me the uncertainty of pronouncing cases as cured. Cures we know there are. The post-mortem room reveals that, but I feel that those of us who have seen case after case after long quiescence again light up and become active know something of the difficulty of pronouncing cases as cured whose symptoms have for a time disappeared.

For the best results two things must be given us:

1. That we recognize the case early.
2. That we are able to carry out the necessary treatment.

Early recognition is the great secret of a good result. Better still, if we could learn to recognize these cases even earlier, in what has been termed a "pretubercular" stage, and learn to realize almost by intuition that these are the cases slipping down the hill, ending in pulmonary tuberculosis. This may be somewhat visionary—a refinement of diagnosis hardly possible; but however that may be, the one thing that stands out of supreme importance in the successful treatment of this disease is to get

\* Written for the meeting of Canadian Medical Association, Winnipeg, August 29th, 1901.

the case early, and to recognize it; and it is just here that we doctors sin against the patient, and allow him to throw away his one chance of restoration to health. I could tell you of case after case coming up to our dry climate with hopelessly advanced disease, who, on questioning as to how long they have had trouble, inform us that for months they have had cough, fever, loss of weight, the melancholy symptoms that go to make up this disease, but only within a few days of their leaving home were they able to extract a confession from their physician that their lungs were affected.

I do not believe that these medical men do not know, but I do believe that they are not honest with their patients or their patients' friends. I know that often these assurances are given out of the kindness of heart of the medical adviser, who wishes to allay the nervous fears of the patient, but I bring these facts before you, gentlemen, because I believe it to be no real kindness. We are depriving the patient of the one opportunity of being saved from the peril of this death; and I believe their one great hope of salvation rests upon our recognizing the disease when it is incipient, or, as I have said, even earlier, and not when it requires no medical man for its diagnosis.

Early diagnosis is not always easy, often it is extremely difficult. Frequently these incipient cases come to us complaining of some symptom which is apt to point us away from the lungs, and we are betrayed into carelessness, *e.g.*, anemia or gastric disturbance. This latter I have found very common. There may be no cough, no expectoration, no fever, and only the most careful examination reveals the true nature of the case. In one patient there may be an initial hemorrhage with absolutely no physical signs. In another an insidious but progressive debility, or a very slight evening rise of temperature may long precede the development of marked physical signs. These are the cases in which much can be done, and the salvation of our patient depends upon early recognition and treatment.

Having got the case early and recognized it, we must next be able to carry out the necessary treatment, and just here we meet too often one of the sad things that we physicians have to face. We know what a patient ought to do, but we know, too, his inability from lack of means. We know that the patient who stands before us might in all likelihood be saved, but because of the want of a few necessary dollars he is condemned to stay at the old occupation, live in the same environment, hopelessly waiting until the inevitable end comes, and a valuable life is lost. I know of what I speak. I have seen the hopelessness and the sadness of it often. Surely, before long, there should be given, in our country at least, to every incipient case who is poor a

chance to get better. It seems strange that governments who are ready to spend thousands in inducing questionable immigrants to come in should be unwilling to spend anything to save the lives and usefulness of our own people.

*Treatment.*—In coming to the treatment of pulmonary tuberculosis we find ourselves still without a specific. While much has been done, while immense advances have been made, we have so far nothing that can be looked upon as such. Up to the present time everything claiming to be such has been tried, and, I believe, found wanting. The treatment of this disease must, therefore, not be special, but general. Our aim must be *to so increase the resistance of the tissues of our patients by every known means that in this way we may overcome the ravages of the bacillus, and so arrest the tubercular process.* With this end clearly in view the treatment may be divided into (a) Climatic, (b) Hygienic, and (c) Medical.

*Climatic.*—I have put climate first, because, in spite of the statement of some that climate does not matter, I am firmly convinced that climate does matter, that the taking of a tuberculous patient and placing him in the climate best suited to him, the climate that will have the greatest tonic action in increasing the resisting power of his tissues, is the first and most important step in all treatment. I believe, too, that for most cases altitude is highly beneficial, the rare atmosphere increasing metabolism, and calling for increased expansion of lung tissue, although in hemorrhage cases it may be advisable to move them slowly to higher levels.

The same climate, of course, does not suit all cases, as has been well pointed out by Michael Foster in a recent article, and the truth of which I have been able to verify in my own practice at Kamloops. Of course, patients with heart or kidney lesions should not be sent to higher levels. I have observed, further, that cases with pronounced nervous symptoms do not appear to do well at high altitudes. I think it may be laid down as a general rule that if any climate fails to benefit a patient in from six weeks to three months, or if a patient who has previously done well ceases to improve or begins to lose ground, a change should be made without further loss of time. During my residence in the dry belt of British Columbia I have been deeply impressed with the very real value of climate. I have a record of forty-four cases that have come to Kamloops in all stages of the disease within the past three years. There have been others, of course, but of them I have kept no record. Of these 44 cases, 15 left with the disease arrested, 13 were improved, 11 died and 5 left unimproved, a somewhat remarkable showing in a district where we have no sanatorium, and where they had little or no treatment

except that of the climate, and had to take any accommodation they could get. I might mention three cases remarkably benefited by the climate of my district.

(1) Case one was that of a naval officer who came to Kamloops with an initial hemorrhage. He recovered, and, contrary to the advice of his physician, returned to his ship. A second hemorrhage followed. He again returned to Kamloops, and again recovered, and was well as long as he remained there. He again insisted on going back to the coast, when, sometime later, he had a recurrence, and died before he could get up country.

(2) Case two was that of a young lady with marked disease of both lungs. She remained in Kamloops three years, and was, while she remained there, comparatively well. On returning to Vancouver during the rainy season she died within a month.

(3) Case three was that of a young man who was sent to Kamloops some years ago from Victoria with well-established pulmonary tuberculosis. He has completely recovered, and is wise enough to stay there. Without doubt these cases would have proved rapidly fatal had they remained where they were. Too often cases are only sent away when too far gone for anything to be of any use, and this has done more to discredit climate than anything else.

*Hygienic.*—The trouble too often has been that everything has been left to climate. Patients have been sent up to districts with a reputation for climate without the least regard as to whether they can be well fed and comfortably housed when they get there, two matters which I believe to be of vital importance. This has been notoriously true of my own district, where there is at present, I regret to say, little or no accommodation, and where the unfortunate arrivals spend days of anxiety hunting for someone to take them in. These people should further be placed under the eye of a reliable medical man, upon whose advice they can rely in all matters of exercise and everything that comes under the term hygiene. The ideal place for these people is, of course, the sanatorium, but unfortunately sanatoria are too few and too far away to be available for most patients. While we hope that this want may soon be filled, we have at present to deal with things as they are, and not as we could wish them. Even for the class of whom I spoke a few minutes ago, who are unable to go anywhere, who must ever remain at work, much can be done by living in the fresh air, at suitable seasons sleeping in tents, changing the occupation, although for them one must admit the prognosis is not hopeful.

*Medical.*—Under the head of Medical Treatment I would mention first the inoculation and serum treatments, not because I myself have had any startling results, or because I believe they

have accomplished much anywhere, but because I believe that it is along these lines that some day a cure will come. The results of the present tuberculine in some hands may have been more favorable. I noticed a statement at the late Congress of Tuberculosis held in Berlin a year or two ago "that Koch's tuberculine in its first and later forms was a specific." I have not found this to be so. I have used both Koch's later tuberculine, and also the serum, for which Maragliano claims results (obtained by immunizing horses). In no case in which I have used either of these serums have I seen the slightest benefit. In one case I believe Koch's tuberculine did harm. Some men, I know, claim cures for this treatment. I can only give you my experience. In the administration of drugs for the treatment of the disease itself I have absolutely no faith, because I have not yet found one that did the slightest good, and against the indiscriminate use of such drugs as creosote, guaiacol carbonate, iodoform and the like I cannot speak too strongly. While in some selected cases they may do no harm, in too many others their only action is the fatal disturbance of the digestion, destroying the sheet anchor of our hope, the main channel through which, by good food, we hope to build up our patient, and so increase his resistance. For general purposes I have found strychnine, from its tonic and stimulant action, the most valuable drug. For the cough I believe heroin is the least likely to disturb the other systems. Symptoms must, of course, be treated as they arise, and cannot be discussed here. The whole treatment at the present time of this disease may be summed up in the words, "Life in the fresh air of the climate best suited to the case and good food," and our endeavor must be to place our patients where they can best get this.

*Prevention.*—Finally, I come to the prevention of this awful scourge, which is sapping the lives of our people, depriving the world of many of its brightest lights, and which has been well called the "white plague." We live in an age of preventive medicine, an age in which our efforts are directed not only towards the cure of disease, but towards *the creation of conditions under which disease shall be impossible or rare.* How, then, can we create these conditions for the prevention of pulmonary tuberculosis? With our present knowledge of the source of danger the answer is quite clear.

*Education.*—First by education. We must spread as widely as possible the knowledge of the modes in which the disease is propagated, and the means by which its spread can be prevented. It seems to me, gentlemen, that in the light of the present knowledge of the disease, its infectiousness, the modes by which it is spread (facts which are known to-day to almost every reader of our daily papers), it seems to me, I say, a criminal thing that we

find these patients covering our sidewalks with their expectoration, coughing, as some one said a short time ago, in the faces of our children, infecting our hotels and dwelling-houses, and entailing untold misery and suffering upon the innocent men, women and children with whom they come in contact. In Kamloops we are fighting this battle by issuing pamphlets and striving to educate the people up to a knowledge of the danger, but even this seems hardly enough. I frequently find in visiting these patients the bedclothes, the carpet, their own clothes, spotted with their expectoration. If these people don't know better who are responsible? Most of them consult a physician at some period of the disease, and if they go from commencement to finish without a knowledge of the danger to others, and their responsibility, are not we to blame? I do not think this statement unwarranted. Only this month I was called to see a patient who had spent six months in one of the hospitals of our Province, and who spent all that length of time there, and left the institution without the knowledge that his sputum was infectious, and a source of danger to others, and I frequently meet cases of this kind. As to the melancholy results of this ignorance I could give you many instances of direct infection, but it is not necessary—you have all seen them.

We must not, of course, create a panic. The sufferer from pulmonary tuberculosis is not a pariah, but we must give to our people in a common sense way an exact knowledge of where the danger lies and the method of prevention.

*Legislation.*—For those who refuse to take the necessary precautions, even when they do know, we must have laws to make them. I am glad to say that in British Columbia, through the efforts of Dr. Fagan, our Secretary of the Provincial Board of Health, we have just secured an amendment to the Health Act. By this amendment promiscuous expectoration has become an offence. Notification of all cases of tuberculosis is compulsory, and Medical Health Officers are empowered to order the fumigation of all premises occupied by tubercular patients and the disinfection of their clothing, and for these regulations I think Dr. Fagan deserves the thanks of the Province.

*Sanitary Measures.*—As the tubercle bacillus hates fresh air and sunlight, we must make our homes more sanitary. Close filthy, overcrowded dwellings and districts of the poor must go if this disease is to be successfully fought. Our workshops, offices, public buildings and schools must be made to answer every sanitary requirement. Even our dress will stand some reformation, and should at least be prevented from collecting the filth of the sidewalk.

*Sanatoria.*—We must urge upon our Governments and phil-



anthropists the necessity of sanatoria in suitable districts where incipient cases can be treated, and special hospitals or homes where advanced cases can be received and cared for, and so prevented from going through our streets and houses spreading the infection broadcast. At present nothing is being done in this direction in many of our Provinces except to send these cases up to some place like Kamloops, where the climate is known to be favorable, and where there is absolutely no accommodation for them, where the hotels and boarding-houses do not want them, and where everyone is afraid of them. It seems an extraordinary thing that where such elaborate, and, of course, proper precautions are taken to guard against smallpox, and where almost a state of panic exists where a case appears, this awful plague, which is killing at least a thousand to every one victim of smallpox, is allowed to spread almost undisturbed. Surely we are not alive to this question. I would especially appeal for the consumptive poor, for his own sake and for the cause of prevention. The wealthy patient can get all the attention he needs; he can go where he pleases, and is not likely to be the same menace to others. The consumptive poor must stay where he is, in the most unsanitary surroundings, a source of grave danger to those around him, and with no hope for himself. I believe it is just as right for our Governments to take charge of the consumptive poor as it is to care for the insane. As a last means of prevention I have only to urge the frequent inspection by competent men the sources from which our people derive their meat and milk supply. By these and every other known means we must fight the battle against tuberculosis until, not all at once (we cannot hope for that), but little by little, working on with infinite patience we shall see the battle won, and the conditions under which pulmonary tuberculosis flourishes no longer exist, and the disease, by direct infection at least, is impossible or rare.

AUTHORITIES.—Percy Kidd, in "Abbott's System of Medicine"; Michael Foster, on 'Climate'; *British Medical Journal*.

## TREATMENT OF TUBERCULOUS AFFECTIONS OF BONES AND JOINTS.

BY CLARENCE L. STARR, M.D.

Orthopedic Surgeon to Hospital for Sick Children; Demonstrator of Clinical Surgery Toronto University; Registrar Toronto General Hospital.

IN the consideration of the treatment of tuberculous disease of the bones and joints, one most naturally divides it into constitutional and local.

That surgeons, especially, are too prone to forget the constitutional treatment of bone tuberculosis is demonstrated by the number of cases, in hospitals and elsewhere, one sees where the treatment is entirely local. No doubt there is a tendency, as in other forms of tuberculosis, to spontaneous recovery in proper environment, but great assistance may be rendered by the same general treatment that is carried out for tuberculous disease in other parts. This may be conveniently divided into *supporting* treatment, *i.e.*, that which will assist the tissues to successfully resist the continuance of the disease, and the *antiseptic*, *i.e.*, that which, if not having a direct action on the bacilli themselves, will at least render the tissues as uncomfortable a lodging-place as possible for them.

Under the head of the supporting treatment may be considered:

1. *Fresh Air*.—Life in the open, when possible, is as essential in this as in other forms of the disease. For this reason, it is almost absolutely essential that any hospital which attempts the treatment of this class of cases should have a country branch, where patients may be sent. Of course, among wealthy patients a residence in the country is easily provided. When possible, local treatment should be of such a character as to allow patients to get into the open air as much as possible.

2. *Dietetic*.—This differs in no respect from that in treatment of the lungs. The patient should have an abundance of easily-assimilated food.

3. *Tonics*.—Iron, especially the syrup of the iodide, cod liver oil and hypophosphites or glycerophosphites have been found beneficial.

In the attempt to render the tissues an inhospitable lodging-place for bacilli, creosote and guaiacol may be given, or iodine in the form of iodide of potash or the iodide of iron, or even iodoform in capsules in small doses.

The *local* treatment varies somewhat with the pathological condition.

1. First, the disease may be a caseating, degenerative osteomyelitis, without any infection of synovial or peri-articular structures. This, no doubt, is the method of starting of the majority of cases, but it may be exceedingly difficult to diagnose until the periosteal or synovial tissues are involved. The treatment in such cases may be expectant or radical. The expectant plan is to give the part

rest by fixation, or extension, or both. The radical, or operative, is, no doubt, the ideal treatment, in that it endeavors to eradicate the disease. In it one endeavors to locate the focus of disease, and, after raising a flap of the soft structures and periosteum, if free from disease, to pass a chisel or scoop into the softened mass and clean it out until the wall is firm and apparently healthy. The cavity may then be swabbed with pure carbolic acid and the wound entirely closed, allowing the cavity to fill up with blood-clot, which later will become organized.

2. The disease may affect the synovial membrane alone. This, in my experience, comprises comparatively a small number, although some authorities consider it to form almost fifty per cent. of all cases. The palliative or expectant treatment, as a rule, is more satisfactory in this form than in any other. The joint should be fixed in plaster-of-Paris, on a splint, such as the Thomas knee splint, or in a leather or poro-plastic dressing. Extension should not be indiscriminately used, as, no doubt, by stretching and irritating already inflamed ligaments the disease may be hastened rather than quieted. Particularly is this the case in disease of the knee joint. If the synovial thickening continues to increase, an arthrectomy is usually advisable to prevent the infection of the bones entering into the formation of the joint.

3. In those cases in which the focus of disease originates in the bone, it usually extends into the synovial and articular structures before it is detected. In this class, after a period in which there may be no symptoms except a little aching in the neighborhood of the joint, with slight lameness, the condition suddenly becomes acute, with night cries and extreme tenderness; with this comes limitation of motion of joint, not from ankylosis, but from tonic contraction or spasm of the muscles. These cases undoubtedly do best by a conservative plan of treatment. The night cries and extreme tenderness may be relieved by extension, and the fixation of the joint will render the patient almost free from pain.

Some misunderstanding exists as to the object of extension. It is generally accepted that with any bearable amount of extension the joint surfaces cannot be separated to any appreciable extent; nor is this necessary. The object of extension is to overcome the condition of tonic contraction of the muscles and prevent the inflamed surfaces being crowded together by the contraction. A comparatively light weight will accomplish this when continued for twenty-four hours. Sometimes too heavy weights are applied, and, after a first relief of contraction, pain returns from a stretching of the ligaments, and often the cause of the return of the pain is mistaken and the weight increased, when relief would be obtained by diminishing the weight.

4. Any of the foregoing conditions may be accomplished by an abscess into the soft tissues around the joint. A tuberculous abscess is really a cyst, and not at all comparable to the ordinary surgical abscess. Hence the surgical adage that "wherever pus

exists it should be evacuated" does not hold true in this case. Various methods have been advocated for treatment of such abscesses.

*The Expectant.*—The contents of some abscesses are absorbed without treatment when the joint is properly protected. Where the abscess is gradually subsiding and giving no symptoms, it may be left alone.

*Aspiration* will not often yield satisfactory results, for all who have tried this plan know how difficult it is to prevent plugging of the needle with caseous material, and in the end only the fluid contents of the sac have been removed. There is also a danger of infecting the track of the needle with tuberculous material, and ultimately, in a great many cases, a sinus opens in the course of the needle track.

*Aspiration with injection of antiseptics* into the cavity cannot be looked upon as much more successful, as no injection that it is possible safely to inject into a closed cavity will affect the wall of a tuberculous abscess, and it is from the wall that a continuance of the trouble comes.

*Incision with drainage* is the most common form advocated in the bulk of surgical text-books, and a most dangerous one it is. Drainage in nearly all cases means a mixed infection of the cavity in a short time, and mixed infection means hectic fever, amyloid changes, and general decline of health in the bulk of instances.

*Incision with scraping of abscess wall* is most likely to prove efficient. After thorough curetting the cavity should be swabbed out with pure carbolic acid and the wound closed. Healing will take place usually by primary union, and, if firm pressure is applied over a bulky dressing, the walls will glue together and the obliteration of the cavity results.

*Excision of the cyst wall complete* has been advocated by Mr. Watson Cheyne, and is an ideal method when applicable; but, unfortunately, its application is limited to a small number of locations.

5. When an abscess is allowed to spontaneously evacuate its contents, or is incised and drained, within a comparatively short time, the cavity becomes septic from introduction of other germs, particularly the staphylococci and streptococci. A septic sinus results, which often resists all treatment by injection of caustics for months or even years. For this reason an abscess should never be left until the skin becomes reddened and infiltrated with tuberculous material, but should be dealt with earlier in some of the ways suggested.

When a septic sinus does exist, it should be swabbed out with pure carbolic acid to prevent infection of the fresh-cut surface, and then completely dissected out whenever possible. If from its location it is not possible to do this, it should be thoroughly scraped, so as to remove the entire wall, and the bone focus removed, if within reach. The wound may then be closed, or drained with small strips of gauze for twenty-four hours.

# *Public Health and Hygiene.*

... IN CHARGE OF ...

J. J. CASSIDY, M.D., AND E. H. ADAMS, M.D.

## THE LIQUOR ACT, 1902.

As stated by Premier Ross, in his address in the Legislature, when introducing the Act respecting the sale of intoxicating liquors, the measure is identical with the Manitoba bill, with the general terms of which the public are fairly familiar. The following summary of the bill, however, may be of interest, now that the question is before the people of the Province in concrete form. In all, the bill, which may be cited as "The Liquor Act, 1902," contains 223 clauses, 101 of which are devoted to the usual regulations regarding voting, duties of returning officers, etc. These are followed by a number of schedules giving the forms of documents, oaths, etc., usually used in the taking of votes, and the applications of druggists, ministers and others who, upon the Act coming into force, shall be entitled to have liquor upon their premises, under certain conditions and for specifically named purposes. It is provided that the vote shall be taken on October 14th, the ballot-paper bearing the simple, straightforward question, "Are you in favor of bringing into force the Liquor Act, 1902?" Voters will be only those who were entitled to vote at the election which will precede the referendum, and the hours of voting will be the same as in the election, namely, 9 a.m. to 5 p.m.

In case a majority of the votes cast on the question are in the affirmative, and that the number of electors voting on the question in the affirmative exceeds one-half of the number of electors who voted at the general election, the Act shall be brought into force by proclamation from and after May 1st, 1904.

### THE PROHIBITORY CLAUSES.

It is provided in sections 151 and 152 that no person shall, within the Province of Ontario by himself, his clerk, servant or agent, expose or keep for sale, directly or indirectly, or upon any pretence, or upon any device, sell or barter, or in consideration of the purchase or transfer of any property or thing, or at the time of the transfer of any property or thing, give to any other person any liquor without having first obtained a druggist's wholesale license or a druggist's retail license under this Act authorizing him so to do, and then only as authorized by such license and as prescribed by this Act.

No person within the Province of Ontario by himself, his clerk, servant or agent, shall have, or keep, or give liquor in any place whatsoever, other than in the private dwelling-house in which he resides, without having first obtained a druggist's wholesale license or a druggist's retail license under this Act authorizing him so to do, and then only as authorized by such license. This section shall not prevent any person engaged in mechanical business, or in scientific pursuits, from having in his possession alcohol for mechanical or scientific purposes, as the case may be, in a quantity not exceeding ten gallons at any one time, but the alcohol used in the preservation of specimens for scientific purposes shall not be included in said ten gallons, or to prevent any clergyman from having in his possession a quantity of wine for sacramental purposes not exceeding two gallons at any one time; but such person in this sub-section mentioned so having in his possession such liquor shall not use or consume, or allow to be used or consumed, any of said liquor as a beverage.

#### FOR THE SICK.

Nothing in this section shall prevent a public hospital from having liquor in its possession for the use of the patients in the hospital, but such liquor shall not be consumed by persons other than a patient in the hospital, and then only when prescribed for or administered by a physician.

Nothing herein contained shall prevent a sick person from having in his room where he sleeps the liquor prescribed for him by a physician. But no liquor so prescribed shall be consumed or drunk by any other person than the sick person.

Strict interpretation is put upon the words "wholesale and retail druggists," and "private dwelling-house."

#### CLUBS EXPRESSLY BARRED.

It is expressly provided that clubs, associations or unincorporated societies may not use, barter or sell liquor on their premises, and the same rule applies to boarding-houses or lodging-houses, where there are more than three lodgers other than members of the family. Brewers and distillers licensed by the Dominion of Canada for the manufacture of liquor shall not be prevented from keeping or having liquor manufactured by them, providing the building containing it does not communicate with any building which under the Act may not contain liquor. Liquor, however, may be held for export sale. "No person shall use or consume liquor in the Province purchased and received from any person within the Province, unless it be purchased and received from a licensee. This section shall not apply to any person who within a private dwelling-house innocently uses or consumes liquor not thus purchased and received."

## RECORDS OF SALES.

Records must be kept by licensees of all liquors sold, failure to make such record to be *prima facie* evidence of illegal sale. Liquor shall not be consumed upon a licensed premises or in a distillery or brewery. Provisions are made for the issuance of prescriptions in cases of need by physicians, dentists and veterinary surgeons, in the latter cases applying to dumb animals and limited to one gallon.

Holders of a druggist's retail license may sell only for medicinal purposes, and only on *bona fide* prescription: To dentists one pint, **veterinary surgeons** two gallons, and to clergymen, wine for sacramental purposes.

## PENALTIES AND ENFORCEMENT.

The penalties provided for violations are severe, ranging in fines from \$50 to \$1,000, and imprisonment from three to twelve months. It is provided that "the duty of seeing that the provisions of the Act are complied with and of enforcing the same, and of prosecuting persons offending against such provisions, shall devolve upon the inspectors appointed pursuant to this Act. But nothing herein contained shall prevent or be construed to prevent any person from laying an information or prosecuting in respect of any offence or supposed offence against the provisions of this Act, and the Department of the Attorney-General shall not prevent any such prosecutions." Provision is made for a chief inspector residing in Toronto, for a local inspector for each electoral division, and such further inspectors as may be necessary. Every inspector and every policeman or constable shall be deemed to be within the provisions of this Act, and where information is given to such that there is cause to suspect that some person is violating the provisions of this Act, it shall be his duty to make diligent inquiry into the truth of such information, and to enter complaint, in his own name, before the proper County Court Judge, Magistrate or Justice or Justices of the Peace, without communicating the name of the person giving such information.

Witnesses must answer questions in prosecutions, and the burden of proving the right to have, or keep, or sell, or give liquor shall be on the person accused of improperly or unlawfully having or keeping, or selling, or giving such liquor.—*The Globe*, February 13th, 1902.

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**Dr. Gregory's Semi-Centennial.**—Dr. Elisha H. Gregory, St. Louis, professor of principles and practice of surgery and clinical surgery in Washington University, ended his fiftieth year of lectures at that institution, January 17th. At the close of his lecture he was given a large bouquet of roses and violets, and eulogistic addresses were made by the chancellor and members of the faculty.

## *Selected Articles.*

### THYROID MEDICATION IN THE TREATMENT OF TROPHIC TROUBLES OF THE EXTREMITIES.

BY DR. PAULESCO.

IN January, 1899, M. Lancereaux communicated to the Academy of Medicine some remarkable results which he had obtained from thyroid medication in the treatment of vaso-motor pneumonia and trophic disorders which constitute the neuropathic condition known under the name of herpeticism or arthritism. Since then this treatment has been employed at the Hospital of Perpetual Relief in a large number of cases. M. Lancereaux has presented to the Academy a number of patients thus treated, and has demonstrated at the same time the efficacy of iodothyrene in commencing arterio-sclerosis in cases of chronic rheumatism, scleroderma, etc.

I would report here some facts regarding trophic troubles of the extremities which have been rapidly cured under the influence of this medicament. These facts seem to me to have a certain amount of importance from a theoretic point of view. It is from this standpoint alone that they are to be considered.

CASE 1.—M. E., aged 68, had had typhoid at the age of 17 years, malarial fever at 32, scarlatina at 36, bronchitis at 46, and probably pneumonia at the age of sixty years. Aside from these diseases he has always been healthy. He has never been addicted to the use of alcohol. He was a worker in bronze since the age of 13 years, but since his 60th year he has been a book-dealer. He gives no history of rheumatism or neuralgia. Since six or seven years he has been obliged to get up at night to pass his water. He was much troubled with chilblains of the hands and feet during childhood, and in the last two or three years they have again appeared. On February, 1900, the patient began to complain of pains about the last two toes of the right foot. These pains were lancinating, occurred in paroxysms every three or four hours, and lasted from one-half to one hour. His sufferings were so acute as to cause him to cry out. On March 4th it was found that the little toe had become black, and the patient being much frightened went to the Hospital Laennec. March 12th he was sent to the Hospital of Perpetual Relief, and admitted to the service of M. Lancereaux. At that time the little toe of the right foot was absolutely black



and cold. It was the site of a small superficial eschar situated upon the internal aspect. The toe was surrounded by a violaceous area which took in the fourth toe, the external border and planta surface of the foot over an area of five centimeters in circumference. All this violaceous area was the site of a very intense hyperesthesia. The least touch caused the patient to cry out, and the pains thus provoked persisted during several minutes. The little toe did not appear to have lost its sensibility; as a matter of fact, on touching it lightly with the point of a pencil the patient experienced very violent suffering. On the night of March 12th the patient received 15 grains of iodothyrene and 45 grains of antipyrine. As he also seemed to suffer greatly, one-third of a grain of morphia was administered subcutaneously. The patient, who previously had had each night two or three paroxysms of pain, passed a good night, without the least distress. March 13th, the affected foot was enveloped in a moist compress, but the contact of the dressing with the diseased area produced such violent pains that it was found necessary to remove it. The patient was given 30 grains of iodothyrene and 45 grains of antipyrine, and at night one-sixth grain of morphia was injected. March 14th, since yesterday the patient has had no new attacks of pain. The treatment consisted of iodothyrene 45 grains, and antipyrine 45 grains; no morphia. March 15th, the little toe of the right foot was still black, the violaceous zone had diminished in size. The hyperesthesia was also much less marked, being now localized to the surface of the toe and the planta surface of the foot, where it occupied an area of the size of a two-franc piece. At this place the patient experienced a violent pain at the least touch; a slight pricking with the point of a pin was absolutely unbearable. The eschar on the internal aspect of the toe had become transformed into a small superficial and discharging ulcer; otherwise the patient experienced no trouble; no neuralgia along the nerves of the leg. The man was robust, and of good constitution and color. His heart was slightly enlarged, but auscultation revealed nothing abnormal. The radial arteries were quite hard, slightly tortuous; strong pulse, regular, and seventy-two beats to the minute. The other organs were normal. The urine revealed nothing abnormal. March 16th, the blackish discoloration of the little toe assumed a reddish tint; the hyperesthesia had been considerably diminished; treatment, 60 grains iodothyrene. March 17th, the violaceous color of the area had completely disappeared, although it was still a little more reddish than the neighboring parts. The small ulcer had cicatrized; hyperesthesia had completely vanished, and pricking with a pin provoked only normal sensations. Treatment, 60 grains of iodothyrene. March 18th, the morbid phenomena completely disappeared. The thyroid medication, however, was still continued in doses of 60 grains daily until March 21st, and then gradually diminished to seven grains daily. March 18th, the patient left the hospital and returned to work. It is to be noted

that although he took 60 grains of iodothyrene daily he presented no signs of intolerance. His pulse never exceeded 92 to the minute. April 5th, the patient returned with symptoms similar to those that he had presented at his first admission. The pains were intense, lancinating and occurred in paroxysms. The toe had a blackish discoloration, and the hyperesthesia was marked. The thyroid treatment was again resorted to, and two days later all his troubles had completely vanished. Nevertheless the epidermis of the little toe began to exfoliate, being replaced by a new layer, delicate, but normal. For the sake of precaution the patient remained in the hospital until May 6th, and during this time he took daily 45 grains of iodothyrene. He then returned to his work, and the trouble has not reappeared.

To this observation we add a number of others that are confirmatory.

CASE 2.—P. C., domestic, aged 64 years, was sent to us by Dr. Durand, November 20th, 1899, for the treatment of trophic trouble of the extremities. The patient presented upon the nose a dry black crust of the size of a one-franc piece. This was surrounded by a violaceous zone, nearly black, and one-eighth to one-sixth inch in width. Furthermore, the anterior extremity of the left thumb was livid, and upon the lobule of the left ear there were violaceous spots. The patient was placed under large doses of iodothyrene, commencing with fifteen grains and increasing it by one grain until a dose of 45 grains had been reached. Two days later the livid spots upon the ear and upon the thumb and the violaceous zone which surrounded the crust upon the nose had disappeared. The eschar had become detached in little fragments, and the cicatrization was complete at the end of eight days.

CASE 3.—M. M., aged 27 years, who had been treated several times in the hospital for arterial aplasia and double phlebitis of the leg, was admitted March 25th, 1900, with atrophic trouble of the left leg. Upon the inner aspect of the leg, which was very edematous, at the level of the lower third, there was a blackish crust, dry, and of the circumference of a five-franc piece, the periphery being much congested, and having a violaceous hue. Besides rest, the patient was given iodothyrene, 7 grains for a number of days. Under this treatment the crusts become detached, and on April 4th cicatrization was complete.

CASE 4.—C. P., aged 36 years, had suffered with chronic rheumatism, gout, general arterio-sclerosis with herpétrophy of the heart, and fibrous changes in the kidney. After being subjected to thyroid treatment this condition improved materially. He was exhibited by M. Lancereaux at a meeting of the Faculty of Medicine, and I reproduce here the context of his communication:

"Not only have the arteries regained, partially at least, their elasticity, but a greater part of the trophic troubles which the patient presented at the time of his entrance into the hospital have completely vanished as if by enchantment. The large osteophytes

which at the time of his admission existed over the interphalangeal articulations of the index and middle fingers have been absorbed and have completely disappeared. The nails of the toes present curious and very interesting phenomena. For more than two years these nails have been very much thickened, irregular, striated, and of a brownish color like the bark of an old tree. Since he has taken iodothyrene, however, they have resumed their normal appearance in such a way that actually one can see on the big toe that the anterior half of the nail is very thick, rugose and brownish, while the posterior half is smooth, rosy, and presents perfectly normal appearances."

CASE 5.—B. J., aged 46, family and personal history uneventful. About July, 1899, the patient noticed that the nails were becoming thick and taking on a greyish tint. They then separated very nearly their entire extent, and those of the two little fingers and toes dropped off completely. She consulted the out-door department on October 15th, and was given iodothyrene; at first 7 grains daily, then 10 grains and finally 15 grains. Fifteen days after the commencement of treatment it could be seen that the nails were growing out distinctly at the base. One month later the nail consisted of two parts, a superior normal portion, and an inferior portion, which was thick, greyish and detached. Those which had been exfoliated were growing out again. March 30th, 1900, the nails were found to be perfectly normal, except that of the middle finger of the right hand, which, although having a normal appearance, presented a slight detachment.

These five patients present trophic troubles of different nature, depending manifestly upon the local disorders of innervation and insufficient functioning of the nervous apparatus presiding over the circulation and nutrition of the affected parts. These troubles, which quite rapidly disappeared under the influence of iodothyrene, were not the result of an alteration of the thyroid gland, since they were not accompanied by any of the various characteristic signs which demonstrate clinically insufficient function of this gland. It is impossible to understand the manner in which iodothyrene acts in these cases if one admits the antitoxin theory, which at the present time is most popular, and according to which the thyroid glands secrete a substance destined to neutralize certain poisons which originate in the body. This is so for several reasons, of which the chief is that the phenomena presented by these patients did not resemble in any way the manifestations of a toxemia, whatever be its nature. These clinical observations and experimental facts have led us, on the other hand, to conclude that the product of secretion of the thyroid glands serves for the nutrition and function of the nervous system. The facts presented should be interpreted from this point of view.—*Journal de Médecine Interne.*

**THE TREATMENT OF FRACTURES OF THE FEMUR WITH  
THE AMBULATORY PNEUMATIC SPLINT.\***

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BY WALTER B. METCALFE, M.D., CHICAGO.

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THE treatment of fractures of the femur has from time immemorial been an ungovernable condition, never fully under the control of the surgeon. The condition has been a source of anxiety to the surgeon, and not an infrequent source of deformity to the patient. The injury has invariably resulted in shortening, which varied in amount from three-fourths of an inch to three and one-half inches, and in rare cases even more, with an average disability of twelve weeks being the time offered by the Standard Accident Insurance Company as a cash settlement at the time of the accident. Heilfrich, in his book on fractures published in 1900, gives an average time for healing as thirteen and one-half weeks, with 34 per cent. able to work and 66 per cent. unable to work. In view of these facts I report the following case:

April 6th, 1901, Mr. A. G. B., age 34, married, weight 205 pounds, height 6 feet and 1 inch, sustained a fracture of the left femur while bowling, caused by muscular contraction in the effort to throw the ball. The fracture was complete, there being free mobility at the point of injury. Little care was used in moving him to his home, and as a result the tissues surrounding the fracture were very much mutilated. The ecchymosis and extravasation that followed involved the limb from below the knee to the crest of the ilium. Forty-eight hours after the accident the circumference of the injured limb at the junction of the middle and upper third was fourteen inches more than the right one at the same point. The amount of fluid at this time about the knee joint was enormous. In fact, the whole picture of the injured limb at this time was of as severe an injury as I have ever seen of a thigh, barring one requiring an amputation. Dr. Buford, who examined the limb at this time, confirmed the severity of the injury. On the third day after the accident, with the assistance of Dr. J. G. Hughes, a pneumatic splint was applied. The limb was measured, and showed one and one-half inches of shortening. It was impossible at this time to get complete extension because of the great swelling. A gentle massage of the limb was kept up at frequent intervals, which was easily done whilst the splint was on. By the fifth day the swelling had subsided enough so that the foot was brought down in perfect position.

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\* Read at the Fifty-second Annual Meeting of the American Medical Association, in the Section on Surgery and Anatomy, and approved for publication by the Executive Committee of the Section: W. J. Mayo, H. O. Walker, and A. J. Ochsner.

Twenty-four hours after the application of the splint, the patient was free from pain, and could move himself about in bed with perfect ease. Two weeks after the application of the splint he was about the house. The next week he was going about the street, and in less than four weeks after the application of the splint he was at his office; he was sleeping without his splint, and was able to get into a bath-tub unassisted. Measurements made by Dr. W. H. Vary, Dr. J. G. Hughes, Dr. Ochsner, and the author, show that there is no shortening in the injured limb.

The following advantages are gained from experience with the pneumatic splint: (1) It can be applied without assistance. (2) Fractures can be reduced without an anesthetic. (3) Patient can move about freely in bed after its application. (4) Gives free access to compound fractures without removal of splint. (5) Reduces the time of disability over one-half by American report. (6) Prevents shortening. (7) Prevents angular deformity. (8) Changes our pathology. (9) No complete circular constriction to impair the blood supply to the limb. (10) Massage can be given to the entire limb without removing the splint.

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### THE AMERICAN CONGRESS OF TUBERCULOSIS.

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THE third annual session of this Congress will be held on May 14th, 15th and 16th, 1902, at the Hotel Majestic, 72nd Street and Central Park, West, in the City of New York, in joint session with the Medico-Legal Society. There will be two sessions each day and no evening session, except on the 15th, when the banquet will be given. This will enable delegates from distant States and countries to enjoy the amusements and attractions of the city. Arrangements will be made with railway companies for a reduced rate of fare, the details of which will be announced to the delegates. In addition to the Vice-Presidents chosen at the sessions of May 15th and 16th, 1901, the Executive Committee have authorized the appointment of three Vice-Presidents from each State, Country or Province, and an Honorary Vice-President from each. Under this authorization about seventy additional Vice-Presidents have been named who have already accepted, but in some of the Countries and States all of them have not yet been named. Of the Honorary Vice-Presidents all but two of the Provinces of the Dominion of Canada have accepted already, and six from Governments. Among those who have accepted from the American States, already, five are Governors of States and other high public officers. When completed, these officials will be all duly announced. There will be, aside from all papers of a miscellaneous nature, four symposiums, arranged each to occupy one session of the body, viz.: (1) Preventative Legislation, Embracing the Social, Municipal and

State Aspects of Tuberculosis. (What aid should be expected from the State in the cure and prevention of tuberculosis, and how shall this be secured?) (2) Tuberculosis in its Pathological and Bacteriological Aspects. (3) The Medical and Surgical Aspects of Tuberculosis. (Embracing Sanatoria and Climatic Conditions, Light and Electricity.) (4) The Veterinary Aspects of Tuberculosis. These will each be in charge of a committee who will arrange for the opening papers, and for those who participate. These committees will be arranged with great care and duly announced. A large number of the enrolled members have already announced the titles of their papers for the session of 1902, and a still larger number have sent their names to the Secretary, who will contribute papers and send the titles later. The Presidents of the Central and South American Republics, and all Governments on the American Continents, have been invited to send delegates and to name suitable persons to act as Vice-Presidents, and their men of Science requested to enrol and contribute to the work of the Congress, many of whom are already represented by delegates. No attempt will be made to classify and arrange these until the programme can be announced, but, if thought advisable, a preliminary announcement will be made, one month before the annual meeting, of the titles of papers and names of authors. Those who were named as delegates by the Governors of States, or Medical or Scientific bodies for the Session of 1901, are cordially invited to enrol for the Congress of 1902. The enrolling fee will be \$3.00, which will entitle the member to the Bulletin of the Congress of 1902. All medical bodies, and scientific or legal associations, or associations of the Bar, are invited to send delegates to the Congress, who will be given the rights of the floor and a vote at the Session. There will be named a local committee for the Session, of strong names, who will do everything in its power to make the occasion one of great interest and pleasure to enrolled members. The enrolment is open to members of both professions in every State, County or Province on the continents of America, in the western hemisphere, and in American waters, and papers are promised and will be solicited from all who are interested in foreign countries. For details and enrolment, address CLARK BELL, Secretary, 39 Broadway, New York City.

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**Utica Isolation Hospital.**—A bill has been introduced appropriating \$5,000 for the erection of a hospital for contagious-diseases in Utica, N. Y.

**Dr. Adolf Meyer**, instructor at Clark University, and head pathologist at the Massachusetts Insane Hospital, at Lake Quinsigamond, has accepted the position of head pathologist of the New York Pathological Institute, in New York City, to succeed Dr. Ira Van Giesen, resigned.

# The Canadian Journal of Medicine and Surgery

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Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

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

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

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TORONTO, MARCH, 1902.

NO. 3.

## Editorials.

### THE PROHIBITION BILL.

SINCE the introduction of the Liquor Act, 1902, into the Ontario Legislature, *vide* p. 163, the question of Provincial prohibition has been briskly discussed. To judge by some of the letters one reads in the newspapers there is a great outcry against the liquor traffic in Ontario. We do not sympathize with the teachings or methods of the extreme prohibitionists. Their chief capital is *words, words*; but their readiness to destroy, without compensation, the wealth of citizens, as law-abiding as themselves, proves that they

are unsafe guides to the electors. They preach a heaven-sent message, yet their teachings would convict the Founder of Christianity of sin. Instead of turning water into wine at the marriage feast of Cana, He should, if their views must prevail among Christians, have begun then and there the campaign for prohibition. He should have attacked, in a ringing speech, the debauchery, the wantonness and wine-bibbing of the ancient world and searched the soul of his host by remarks about the silliness of a young married man making his friends tipsy, and the wisdom of storing up shekels for a rainy day, instead of gratifying the palates of his guests with mocking wine.

Although a majority of votes in Ontario may be secured for prohibition, if a referendum is voted upon, it does not follow that provincial prohibition is practicable. Many men would vote for prohibition who would not walk across the street to prevent the illicit sale of liquor. More men—the majority, we believe, of the taxpayers—would vote for a prohibitory measure if the machinery for its enforcement, viz., constables, inspectors, detectives *et hoc genus omne*, had to be supplied out of provincial funds. Once they find that the municipality in which their property is situated has to shoulder the burden of paying for the machinery which will make a Prohibition Act workable, they will either not vote for it, or, if the measure passes, will allow it to die from lack of support.

Some persons think it possible that physicians may be financially interested in the question of prohibition, inasmuch as, if such a measure were to pass, the sale of liquors by druggists would be largely made on their prescriptions. Now, man for man, physicians are just as beneficent as any other class of men in this Province. Unlike the disciples of Plato, their time is not taken up with the uttering of words, words; but rather are they true exponents of the philosophy of Bacon, whose humble aim was to make men comfortable. It is manifestly unfair to place such men in positions, where they are not called upon to diagnose diseases and treat them; but to judge between truth and falsehood, between whim and necessity, between a lawful use and a depraved appetite. If a man buys liquor in Ontario to-day, he does so because he wants it, and he does not have to invent a story to throw dust in the eyes of the seller. Should the Liquor Act of 1902 become law, hypocrisy will become the rule in the purchase and sale of intoxicants in Ontario.



Physicians should not be made scapegoats to bear the evils of a Liquor Act passed at the beck and call of moral perfectionists. In ordinary practice they see enough of the seamy side of life, without being compelled by law to choose between the violation of the Liquor Act and the loss of professional patronage. Why place the physician in the judge's seat without the judge's salary and honorable independence?

Another solution may be offered. The State dispensary system is favored by many persons, because it lessens the more flagrant evils of the license system without causing a loss of revenue to the State.

The State dispensary system is now in operation in South Carolina. All bar-rooms are closed and the liquor is sold in a package to the purchaser at a store kept by the Government, and no liquor is consumed on the premises. The social element of the bar-room is therefore eliminated, and the purchaser must carry off the liquor to his home or lodgings, or, if pressed for time, has to retreat to the nearest lane or passage and help himself or treat his friends without ceremony. It is said that the accumulation of paper wrappings in lanes near such a store is quite remarkable. The profits under this system naturally belong to the Government, and would, no doubt, be considerable. It is possible that if such a plan were adopted in Ontario, the profits might be applied to provide compensation to hotelkeepers who would suffer loss by being deprived of the license to sell liquor.

We think it would be well if some of our readers were to express their views on the question of provincial prohibition. It seems hard that physicians should be exposed to suffer loss, in case the Liquor Act, 1902, becomes law, and yet they will make enemies if they honestly try to live up to it. Physicians know as well as most men the actual state of opinion in the places where they live, and can estimate whether such a measure has any reasonable chance of being supported if the machinery has to be paid for by the municipalities. If they think as we do, that prohibition could not be supported under these circumstances, it is their duty to speak out and save us from useless and hurtful legislation. Whether the present license system will be maintained or will be succeeded by the State dispensary system or some similar system for the sale of liquor, remains to be seen.

J. J. C.

## GERMAN DATA REGARDING THE CAUSE AND TREATMENT OF TUBERCULOSIS.

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ACCORDING to a recently published report emanating from the Imperial Health Bureau, Berlin, dust of various kinds is proved to exert a marked influence in the causation of tuberculosis among the patients at the sixty sanatoria for the treatment of tuberculosis in the German Empire. Thus of the 2,161 patients under consideration in 1895, more than one-half the number, the origin of the disease was alleged to be due to the continuous inhalation of dust, produced in their ordinary avocations. There were 431 cases from the effects of dust without any more exact designation; 182 from metallic dust; 129 from stone, coal or glass dust; 116 from wood dust; 111 from wool dust, and 126 from various kinds of dust. It is noteworthy that these statistics have been collected and issued by so unimpeachable an authority in medicine, and it is important that the attention of those who read medical literature should be directed to the harmful influence of physical agents, such as different kinds of dust, in the causation of tuberculosis.

These statistics are not intended to divert attention from the conclusions of Koch as to the causative influence of the bacilli tuberculosis. On the contrary, they may, when all the necessary data have been collected, explain the *modus operandi* by which particles of dust cause irritation in and injury to the air cells of the lungs, and later on provide a site upon which the omnipresent bacilli tuberculosis may establish their parasitic existence in the living organism. Statistics of this nature should, therefore, be placed before ordinary readers in newspapers, so that their attention may be directed to the necessity of lessening the dangers of certain well-known trades and occupations. A discovery of a new method, or an improvement in an old method, of ventilating a factory, or a machine for consuming or utilizing dust, would be frequently announced to the public if there were a demand for such inventions and devices, and, unless there be a demand, a manufacturer cannot be expected to supply them from sentiments of philanthropy or pure love of science. The attention of the practical hygienist has already been attracted to the utility of such inventions, and it is unnecessary to appeal to him. It is the attention of the people that must be secured if any advance is to be made in the ventilation of factories

and workshops. When they demand improved ventilation, ventilators and dust consumers will not be regarded as expensive fads, but rather as cogent examples of the *commoda vita*, and the question of the removal of dust from factories will pass beyond the merely speculative stage and bloom into legislative enactment.

One of the readiest and most convincing proofs of the hurtful action of dusty air on the lungs is brought home to us by reflecting on the cures of tuberculosis, directly traceable to pure air. In fact, it would seem that we must learn of the power of physical agents to produce disease in the body by invoking the aid of the very opposites of these agents to cure the same disease. Some really marvellous results of the open-air treatment of tuberculosis are given in a report from the Imperial Health Bureau, Berlin, to which we have already referred.

There are, it appears, in the German Empire sixty sanatoria for the treatment of tuberculosis, having accommodation for five thousand patients. Six thousand two hundred and twenty-three patients were treated during the first six months of 1900, and of this number 34.7 per cent. were probably directly infected. In almost half the cases these patients had been ill for less than a year. The average duration of treatment for each patient was 92.4 days. With regard to the capacity of the discharged patients to earn a living, data were supplied in 6,108 cases. It was found that 67.3 per cent. were quite fit to follow their ordinary avocations; 7.1 per cent. were able to earn a living at some other business; 14.6 per cent. were hardly able to earn a living, and 11 per cent. were unable to work.

Data as to the final results of sanatorium treatment were furnished in 6,225 cases. It is to be noted that 87.7 per cent. were discharged as cured or improved in health, as against 84.6 per cent. in the previous report. The results of the open-air treatment of tuberculosis, as shown in the last report, are, therefore, presented in a very favorable light—more favorable than in the previous report. It would, however, be an error to suppose that the improvement recorded had resulted from a more accurate or thorough application of the system in vogue at German sanatoria, which obliges tubercular patients to breath pure air night and day.

More cures are announced, because the cases sent in had been more accurately diagnosed, and the most suitable ones had been selected for sanatorium treatment.

Even in severe forms of tubercular lung disease an early

diagnosis and sanatorium treatment, one of the salient features of which is the constant breathing of fresh air, effect cures. Such cures should make people think and see the necessity of providing reasonably pure, dust-free air in factories and workshops.

J. J. C.

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### IS CANCER CURABLE ?

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In November, 1901, we published an abstract by Dr. Dumont, of a paper by Professor Adamkiewicz, of Vienna, in which it was reported that a woman had been cured of cancer of the womb by injections of cancroin. Since then Adamkiewicz reports in *La Presse Medicale*, of Paris (January 22nd, 1902), four cases of cancer of the esophagus treated successfully by himself with the same agent.

He says: "When cancer attacks a vital organ, it threatens its victim on both sides at the same time, like a foe who, to secure the prompt surrender of the city he besieges, starves the defenders while he batters the walls. As the consequences of cancer of the respiratory passages or the digestive tube are so formidable, and as it is one of the most cruel afflictions to which man is exposed, so the noblest office of the physician and that one which he ought ceaselessly to pursue is to seek to save his fellowmen from so terrible a disease, and if he succeeds in accomplishing his task he has a double right to be delighted—as a learned man, because he has shown what science can do; and as a man because he has been privileged to succor the miseries of humanity."

Adamkiewicz then proceeds to show by four cases reported in full that he has accomplished the cure of undoubted cases of cancer of the esophagus by the hypodermic injection of cancroin.

We shall content ourselves with reporting his fourth case, so that our readers may judge for themselves. "Mrs. S——, 57 years of age, lives at Drinsk (Russia), ill for three years, presents all the signs of an increasing stenosis of the lower end of the esophagus. During the summer of 1901 she observed that her food did not pass through to the stomach. Shortly afterwards solids would not pass through the gullet at all, and she was obliged to be satisfied with liquids. Even liquids passed through slowly into the stomach, after having been delayed at a point which the patient localized behind the xiphoid appendix.

"I showed October 22nd, by means of the esophageal bougie

that there was an impassable stricture of the esophagus, situated 41 centimetres (16.14 in.) from the teeth. On withdrawing the bougie I noticed that it was covered with blood. The presence of a cancer was evident. This patient like the others reacted to the canceroin treatment with astonishing rapidity. *The troubles of which she had complained for three years disappeared in a few days under the influence of the injections.* After six days' treatment this patient could swallow liquid and solid food without difficulty, the passage of food causing a slight feeling of pressure at the point where the stricture had been located. At the beginning of November, as the result of a chill, this lady was obliged to go to bed and to stop the canceroin treatment. *The dysphagia immediately reappeared.* On November 9th, having recovered from her cold, she went to one of the private clinics in Vienna (I was then absent from town) and had the esophageal bougie passed and an X-ray examination made. The passage of the bougie and the X-ray picture both showed the existence of a contraction of the esophagus situated on a level with the bifurcation of the trachea, a capsule of bismuth swallowed by the patient being stopped at this point.

"On November 10th she consulted me again, and I injected canceroin. A second injection was made November 11th. Her troubles disappeared immediately, and on the 12th she went to the clinic where three days before the physicians had diagnosed a stricture of the esophagus. To their astonishment these gentlemen on examining her a second time found no trace of esophageal stricture: *I hold their written statement to that effect.* On the following days the patient's condition continued to improve, and November 30th she returned home completely cured."

In an introduction to Adamkiewicz's article in *La Presse Medicale* Dr. Dumont expresses himself as follows: "Professor Adamkiewicz has isolated from cancer juice a microbic poison, a toxin which he calls canceroin. Its chemical composition is not yet defined, but its physiological properties, which are precisely similar to those of *neurin*, a toxic base extracted from fresh cadaveric tissues, enable us to compare it with the latter poison, which is a hydrate of trimethylvinylammonium. Weak doses of canceroin or *neurin* injected into the blood of cancer patients exercise a specific action on cancer and its metastases. They produce necrosis of the cancer elements, a necrosis followed, with or without inflammatory reaction, by elimination or reabsorption of these elements."

Justly considering the results obtained by Professor Adamkiewicz in the treatment of cancer as the most remarkable that have ever been chronicled in the matter of the *opprobrium medicinae*, we take much pleasure in placing some of the evidence before our readers.

J. J. C.

#### WHAT A MERE MAN DID.

A SHORT time ago in one of the Toronto newspapers an account of the treatment, dietetic and corporeal, administered in a so-called sanatorium, situated on the border of Fairy Lake, Muskoka, was "written up" in story-book style. As all know, a good story loses nothing in the telling, and in this scribe's tale humor abounded. Where there is smoke surely there is fire, and if even half of the imposition spoken of was practised upon the patients and they submitted and paid for being "fooled," truly, as the Chicago people say, "a sucker is born every minute." The tearful testimonies of the ex-patients are worth printing in scare type would space permit. The dear creatures betook themselves, their various pains, good money and sweet trustfulness, and deposited all three within the restful obscurity of this so-called sanatorium, quenching their thirst for health by cooling draughts from, and cooler ablutions in, the placid waters of the afore-mentioned Fairy Lake. At the same time they enlarged their point of view of the methods of "a mere man," who calmly fed them on equal quantities of porridge and sulphur. That man had a head and a theory—first heat the blood, then cool it. Occasionally he added a little castor-oil and offered this nectar to the goddesses, for which they paid only thirty-five dollars a week! A wise one has said, "Life has no blessing like a prudent friend." So to dear, trusting humanity—who loves to go to quackdom to have its ailments treated, we physicians can only say: If you are robbed, plundered, spat upon and torn, *don't squeal in public*, please; it only makes us laugh, and those laugh longest who laugh last.

W. A. Y.

#### A HUMAN SUBJECT FOR VIVISECTION.

If recent newspaper reports are quite correct, a New York physician has offered himself as a subject for experimental surgery. If prompted by the highest motives—the advancement of science and the enlightenment of the surgical world, and as a consequence the

saving of the lives of others—the deed is noble, the facing death in life, actuated by as lofty a motive as crowned the martyrs as they sang on their way to the stake, there giving their bodies to be burned. If, on the other hand, a craving for notoriety possesses the man's mind, or he is laboring under a slight mental hallucination, he should be forcibly restrained, and certainly in any case the surgeons in charge of the hospital to which it is said he has offered himself, should pause ere using the knife, and ask, "Does science demand a human subject? Is not the whole brute creation at her disposal? Then why should she demand a complex being, composed of body, soul and spirit, made a little lower than the angels?" Also life's responsibilities have already been assumed, and life's most solemn vows spoken by this man, for he has wife and children. Further, does not his profession (medicine) claim him rather as an active agent in life's work than a passive subject?

It is gruesome enough, this needful vivisection, when carried on with animals as subjects, but if it should be deemed absolutely necessary to go a step higher, surely it would be more seemly to begin experimenting upon criminals under death sentence, though even this we do not feel we could advocate.

W. A. Y.

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#### EDITORIAL NOTES.

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**The Microbe of Vaccine and Variola.**—We are indebted to *La Presse Medicale* (Dr. Labbé) for an abstract of Funck's paper on "The Microbe of Vaccine and Variola," published in *Centralblatt für Bakteriologie*, 1901, 5 juillet, tome XXIX., No. 24, p. 921. From experimental researches made by this author he concludes that vaccine and variola are identical. Suspected for a long time this identity received a first instalment of proof in 1807 by Gassner, who by inoculating a cow with variolous pus, obtained from her characteristic pustules with which children were afterwards inoculated. Since then Thiele, Reiter, Voigt, Fischer, Eternod, Haccius and Hime have endeavored to obtain vaccine by inoculation of variola. Funck found in all the active vaccinal lymphs a sporidium which is also found in smallpox pustules. This sporidium vaccinale already described by Pfeiffer, yields, on inoculation in the calf, characteristic symptoms of vaccination, and confers on the animal immunity to that affection. Examining fresh vaccinal pulp by the microscope he found two kinds of characteristic

elements: (1) rounded cells of twenty-five  $\mu$  (average), with or without a nucleus and containing spores; some cells are elongated into a club form, these are the sudanophile elements of Sildestrini derived from the sebaceous follicles; finally epithelial cells and leucocytes appear. (2) He found also free spores of one to three  $\mu$ , movable, refracting, capable of multiplication when the lymph is placed in the oven. These are the elements which Pfeiffer considered the parasitic sporozoa of epidermic cells. Inoculation with the vaccinal sporidium reproduces vaccine. To prove it the author isolates mechanically under the microscope, by means of a very fine spatula, the sporidia, and after mixing them with bouillon, inoculates them under the skin of the back or the perineum of a calf; veritable vaccine pustules develop and the animal afterwards becomes refractory to inoculation with active vaccinal lymph. An examination of smallpox pustules showed the author the same parasites as he had found in vaccine: cells filled with spores and free spores, isolated or grouped, from two to six  $\mu$  in diameter. Funck tried to cultivate in the oven, in hanging drops, vaccinal lymph in bouillon, and got a slight multiplication of spores and increase in their diameters. The same results were obtained with the juice of smallpox pustules. When he dried under a cover-glass either vaccinal pulp or the liquid of a smallpox pustule he noticed that certain spores were not destroyed, but preserved their refracting appearance. These are the resisting forms. From the identity of the microbic elements found in vaccinal lymph and in smallpox pustules, Funck concludes that variola and vaccine are one and the same. In reference to Funck's description Dr. Labbé remarks that the elements referred to in his paper, which were first described by Pfeiffer, correspond with the parasite described by Drs. Roger and Weil in smallpox. Funck does not appear to have known of their paper, although it antedated his own by several months.

**Kissing the Book.**—The *Lancet* (London, England) alludes editorially to the dangers of kissing the Bible when taking an oath, and contends that this practice should pass into desuetude if for no other reason than that it is unhygienic. According to Section 5 of the Oaths' Act of 1888 (England), if any witness desires to swear with uplifted hand in the form and manner in which an oath is usually administered in Scotland he shall be permitted to do so, and the oath shall be administered to him in such form and manner without further question. The *Lancet* con-



cludes by stating that "Every witness, and more especially every medical witness, should exercise his undoubted right and demand to be sworn in the Scotch fashion." We think that the argument of the *Lancet* is strong from a hygienic standpoint, although it does not appear that chaneroid of the lip has been traced to the habit of kissing the book. Neither has it been shown that contagious disease has been caused by the kissing of the crucifix, as practised by Catholics on Good Friday. When evidence of this kind is forthcoming there will be a public demand that the habit of kissing the book when taking the oath shall be changed. As few witnesses, however, though unwilling to press their lips to the soiled cover of the book, or even to one of its cleaner pages, have sufficient courage to insist upon a different method of taking the oath than the one usually followed, it would be in consonance with modern views if the Government of Canada were to bring in a bill to effect a change in the manner of taking the oath. If a witness simply places his hand on the sacred volume when he swears it ought to meet all the requirements of justice and remove the objections of the hygienist.

**The Disinfection of Sleeping Cars.**—Through carelessness or inability to prevent it, tuberculous passengers foul the blankets on their beds and the curtains of their berths with sputum. R. J. Wilson, Instructor in Bacteriology, New York University, has tried some experiments in sleeping-car disinfection, with the view, first, to get good disinfection, and second, to do it so that the disinfected car is made fit for service in the shortest possible time. After describing trials of different quantities of 40 per cent. formalin and formaldehyde gas, generated directly from methyl-alcohol by passing it over red-hot platinum he says, "In the fifth experiment formaldehyde gas was generated from methyl-alcohol direct, six litres of alcohol were used and the time of exposure was five hours. There was superficial disinfection without penetration. There was a strong odor of methyl-alcohol in the car for a few hours after disinfection, but not enough to keep it out of service." In reference to the comparative merits of the different forms of disinfection by formaldehyde he says: "The persistence of the formalin odor, after disinfection with formaldehyde gas generated from 40 per cent. formalin or paraform, renders these undesirable for car disinfection, while the rapid dissipation of the odor, after the use of methyl-alcohol particularly, recommends it to favor for surface disinfection." As to the penetrating power of

any form of formaldehyde disinfection his conclusion is: "Penetration cannot be counted on, so that all portable articles in the car, especially the blankets, should be disinfected in a chamber where complete penetration is assured."

#### **A Chemical View of the Origin and Malignancy of Cancer.**

—Dr. John Holden Webb, writing in the *Lancet*, October 12th, 1901, p. 976, on the nature and treatment of cancer, endeavors to explain the malignancy of that disease by a chemical hypothesis. After discussing the parasitic theories of cancer, Webb expresses a doubt of its contagious nature, and he cites personal cases in which cancers, carefully observed, have completely recovered without treatment, and in an unexpected manner. Then he compares cancer with myxedema, and mentions that the use of thyroid extract appears to have caused the cure of cancer. Observing what takes place in individuals affected with biliary lithiasis, followed by cancer, he remarks that in their cases calculi of cholesterine are the cause, and he draws from this observation the conclusion that it is the deprivation of soluble cholesterine, the crystallization of that body, which causes cancer, and he applies the following theory to all cancers in any part of the body: the malignancy of cancer is due to a crystallization of cholesterine. In fact, according to Webb, the presence of cholesterine in the cell regulates the development and the reproduction of each cell. A cell deprived of cholesterine becomes diseased and proliferates without control. This author then endeavored to treat cancer by interstitial injections of soap, and he describes extraordinary cases of cure or improvement in cancer observed by him at Melbourne. In most of the cases he employed thyroid extract simultaneously. The soap acted, without doubt, by dissolving the cholesterine.

**Should Paper Money be Disinfected?**—Hygienists contend, and with a considerable show of reason, that paper money is responsible for the spread of contagious diseases. Now that an epidemic of smallpox prevails in this country and the United States, and that American bank bills circulate in Canada, it seems all the more necessary to devise some cheap and effective plan of preventing the contagion present in paper money from spreading to healthy people. Banks should be asked to destroy all bills found on smallpox suspects and patients, replacing the same without charge. The practice of replacing old or worn bills which have been much exposed to contagion should also be an established

usage. If it were known that the Canadian banks followed this custom the people would soon acquire the habit of asking for new untarnished bills. The American banks for a similar reason would probably adopt this custom.

**The Action of the Phosphates in Promoting the Active Growth of the Hair.**—Dr. Jolly (*La Presse Medicale*, December 5th, 1901) recalls his former work on the chemical composition of horse hair. Functional activity attains its maximum in the black hairs, which contain infinitely more phosphate of iron than red or blonde hairs. Falling of the hair is often observed in nursing animals; similarly, nursing women lose a great deal of hair. This is apparently caused by the fact that the phosphates are not fixed in the hairs, but are carried away by the milk secretion. Loss of hair in arthritic persons is quite different. An arthritic patient is one whose cellular nutritive functions are modified by his disease, and in whom the hairs effect the permanent fixation of the phosphates in themselves in a very imperfect manner. J. J. C.

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### PERSONALS

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DR. ADAM LYND has removed to Melbourne Avenue.

DR. R. B. NEVITT has removed to 46 Bloor Street West.

DR. G. R. McDONAGH returned from his recent trip about February 14th.

DR. JOHN COVENTRY, of Windsor, Ont., died of pneumonia on the 22nd ult., after a week's illness.

DR. G. H. BURNHAM, of Bloor and Huntley streets, has leased the magnificent residence of the late Dr. J. E. Graham, on Bloor Street East.

THE W. J. Matheson Co., Limited, of New York, have opened a new office at Atlanta, Ga., and have closed the one formerly at Charlotte, N.C.

AMONG those who have been taking part this winter in the drives every Saturday of the Tandem Driving Club, are Dr. D. C. Meyers, Dr. W. A. Young, Dr. Geo. A. Peters, and other city practitioners.

MR. H. W. BRICK, the genial manager of the Canadian office of H. K. Wampole & Co., of Philadelphia, has moved into his new house on King Street, in Parkdale, presented to him by his firm on the occasion of his marriage recently.

DR. CHAS. E. TREBLE left two weeks ago for Europe, where he intends putting in some months in advanced work in the London and Continental hospitals.

DR. J. MILTON COTTON returned two weeks ago from New York, where he was assisting in the purchase of an outfit for Grace General Hospital new operating room.

DR. CHAS. SHEARD, the able and most efficient Medical Health Officer of our city, has, we are glad to know, been granted an increase in salary. This is just as it should be, as Toronto has never had so able a medical health officer as at present.

DR. A. J. HARRINGTON has his architect's plans complete for a very up-to-date doctor's residence on Bathurst Street, just above Bloor Street, costing well on to \$10,000. The doctor expects to commence building as soon as the frost is out of the ground.

WE have received an earnest appeal for a doctor, from Newington, Stormont County. It seems that there is a splendid opening for a physician in this live little town, and *no opposition whatever*. A Methodist would be preferred. Full particulars will be furnished by addressing the JOURNAL.

MR. W. H. CHANDLER, President of the Chandler & Massey Limited, with Mrs. Chandler, sailed for England on S.S. *Commonwealth* about three weeks ago. Mr. Chandler will spend some time in Naples first, and then expects to put in a few weeks in London transacting business with the Imperial Government.

DR. D. N. MACLENNAN, M.R.C.S. (Eng.), L.R.C.P. (Lond.), begs to announce to the profession that he has located at 42 Carlton Street, Toronto, to make a specialty of the eye, ear, nose and throat. He was formerly resident surgical officer at the Royal London Ophthalmic (Moorfields) Hospital, and late resident surgical officer at the Nose, Throat and Ear Hospital, Golden Square, London, W.

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**Tuberculosis Pavilion Opened.**—Recently the New York City authorities have opened a tuberculosis pavilion in connection with the Metropolitan Hospital on Blackwell's Island. It contains 120 beds, and it is hoped that there will be a sufficient appropriation forthcoming to allow of building a long, open porch, where, protected from the wind, the patients may get the benefit of open-air treatment. Special diet will be provided, and it is intended to make use of forced alimentation.—*Jour. of Amer. Med. Assn.*

## Correspondence.

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

### ON BEHALF OF THE INEBRIATE.

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

DEAR SIR,—In the February (1901) number of the JOURNAL, you say editorially, p. 132, that “if it is right to spend Provincial money in helping to obtain the cure of tubercular patients, for whose illness the State can not be held responsible, it is only honest to apply a percentage of the fees derived by the Province from license fees in assisting drunkards to improve their health and restore their moral stamina.” This was written *apropos* of the efforts that are being made to secure the adoption of the proposed bill for the economic treatment of inebriates in Ontario. This bill was not brought down last session, and I much regret to report that there appears to be no prospect that it will be introduced during this session of the Legislature. In an interview with the Provincial Secretary on the 5th inst., the Prisoners’ Aid Association, accompanied by an influential deputation, made a strong plea for immediate action on the part of the Government to promote the treatment of drunkards—preferably by the adoption of the proposed bill for the treatment of the class referred to. The Secretary stated in reply, that the Government could not see its way to the introduction of the bill this session, but that—if returned to power—the necessary legislation would be provided in the near future.

The deputation reminded Mr. Stratton that during the last eight or ten years the great need of provision being made for the treatment of inebriates had again and again been pressed upon the Government, and that the bill referred to had been under the consideration of the Government for fully two years. If, however, there were good and sufficient reasons why the bill could not be introduced this session they submitted that it was not too much to ask that, in view of all the circumstances, some action on the part of the Government should be taken without further delay, not to grant public money to be put in brick and mortar, but to place, say, \$3,000 in the estimates to be used in the meantime for

the purpose of stimulating voluntary effort in treating inebriates either in cottage hospitals or in public hospitals when the latter are available for the purpose. The deputation also asked that the Prisoners' Aid Association be reimbursed for moneys spent in the treatment of inebriates last year, and pointing out that the result of this effort was most encouraging, in view of the fact that twenty-two out of a total of sixty-one cases treated are known to be doing well.

The Secretary stated that as this is the last session of the present Legislature the Government could not see its way to bringing down the proposed bill at the present time, but that the matter would be taken up after the general elections. In the meantime he would be glad to see what could be done with an appropriation such as suggested by the deputation, as he was very desirous that the experiments in the treatment of inebriates commenced by the Prisoners' Aid Association should be continued. To this end he would be glad to recommend to his colleagues that an amount be placed in the supplementary estimates for the purpose, said experiments to be conducted under Government supervision.

To those who are fully expecting the introduction of the bill this session, this reply of the Provincial Secretary is, of course, disappointing, but if an ample appropriation be made by the Government to give the proposed scheme a fair trial before the next meeting of the Legislature, possibly in the end the cause will be the gainer rather than the loser thereby. In the meantime, and until something effective is done for the rehabilitation of the unfortunate drunkard, we solicit the kind co-operation of the members of the medical profession in this undertaking.

Yours truly,

Confederation Life Building,

A. M. ROSEBRUGH.

Toronto, February 12th, 1902.

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A RECENT newspaper account of an operation performed under the anesthetic influence of hypnotism relates that the "patient was an interested spectator," and watched the "warm blood spurt under the surgeon's knife!" As the operation in question was a curettement of the uterus, it would be exceedingly interesting to know just how the lady managed to see all this. Even the proverbial curiosity of the sex would find it difficult, we should think, to overcome anatomical difficulties in the way of observation, which might appal even a "rubber woman."—*Medical Standard.*

## Items of Interest.

**Dr. Joseph S. Carreau**, who died in New York on January 7th, is said to have left an estate worth nearly \$100,000.

**Luther W. Allingham**, a well-known physician of Randsburg, Cal., and a native of Ontario, died January 29th, aged thirty-nine.

**The women students** on whom the doors of the Northwestern University's Medical School closed recently, are to be admitted to full privileges in Rush Medical College.

**Dr. Henry Rutgers Baldwin**, President of the Board of Health of New Brunswick, N.J., died at his home in that city on February 3rd, from pneumonia and heart disease.

**To Admit Women.**—The Faculty of Rush Medical College, Chicago, have adopted resolutions recommending the opening of the courses of that institution to women, the change to take effect in the fall.

**Dr. William Henry Skene**, son of the late Dr. Alexander J. C. Skene, was given a banquet by the Hospital Graduates' Club on January 30th. Dr. Skene will hereafter make his home in Portland, Oregon.

**Notre Dame Hospital Quarantined.**—Smallpox developed in one of the attendants at the Notre Dame Hospital, Montreal, and the whole institution was under quarantine until the 12th of last month. There were over 200 patients in the institution.

**The "Cleveland Medical Journal"** is the result of the amalgamation of the *Cleveland Journal of Medicine* and the *Cleveland Medical Gazette*. The new journal is to be published as an independent and free professional institution, conducted for the good of the medical community.

**The Medical Society of the State of New York** held its ninety-sixth annual meeting at Albany on January 28th, 29th and 30th, in the common Council Chamber of the City Hall. The deliberations of the Society were presided over by the President, Dr. Henry L. Elsner, of Syracuse.

**To Stimulate Original Research in Medicine.**—The Nathan Lewis Hatfield prize for original research in medicine, amounting to \$500, will be awarded by the College of Physicians of Philadelphia for the best essay on "The Relation between Chronic Suppurative Processes and Forms of Anemia," submitted on or before March 18th, 1903.

**Dr. Thomas H. Manley**, of New York, was recently the defendant in an action for malpractice brought against him by a woman who alleged the unnecessary removal of a joint of the thumb. The case was tried in the New York Supreme Court, and the jury, after only five minutes of deliberation, brought in a unanimous verdict in favor of Dr. Manley. Congratulations, doctor.

**A Swindler of Physicians.**—A man has been arrested in Chicago on the charge of having swindled several hundred physicians in Illinois, Iowa, Michigan, Minnesota and Wisconsin out of small sums of money. He is charged with having fraudulently obtained cash subscriptions to a Chicago medical publication, offering the subscription at a reduced price, and then keeping all that was collected. —*Med. Record.*

**"The Surgical Clinic."**—We received just before going to press the first issue of *The Surgical Clinic*, published by the Clinic Publishing Co, of Chicago, Ill. This journal is the running mate of *The Alkaloidal Clinic*, and will appear monthly. Judging from the contents of the initial number, the publishers are to be congratulated upon their new magazine, its appearance and general style being exceedingly creditable, and we heartily wish the baby success.

**Dr. Charles H. Burnett**, well known through his work as an otologist, died at his home at Bryn Mawr, Pa., on January 30th, at the age of sixty-one. He graduated from the Medical Department of the University of Pennsylvania in 1866, and later prosecuted his studies abroad. He was the senior editor of an "American Text-Book of Surgery for Practitioners and Students," and was one of the editors of an "American Year-Book of Medicine and Surgery."

**New York City Hospitals now Controlled by Trustees.**—On February 1st the control of the Bellevue group of city hospitals, which includes, besides Bellevue, the Fordham, Harlem, Gouverneur, the Emergency Hospital in Twenty-Sixth Street, and, on its completion, the new hospital in Harlem, ground for which has been already secured, was formally transferred from the Commissioner of Charities to the new Board of Trustees provided for under the revised charter.

**The Southwestern Medical Association of Manitoba.**—A few months ago this new medical association was organized among the practitioners of medicine in the southwestern part of the Province of Manitoba, and out of seventy available practitioners for membership in that district, no less than sixty-seven have already become members, and there is every reason to believe that the remaining three will soon come in. This speaks well for an attempt at organizing the profession in Manitoba, as it is intended to carry on the good work of organization until the whole province is brought within its scope.



**A Woman House Surgeon.**—A woman was appointed by the committee house surgeon to the Macclesfield Infirmary some time ago and now refuses to resign; although the entire honorary staff object to a female in that position. She pretends she is contending for a principle, but it seems to be going rather far for a woman doctor, however competent and wedded to science, to force her attendance on males, especially on patients with genito-urinary diseases.—*Med. Record.*

**Dissemination of Disease by Public Telephones.**—The public telephone having been pronounced an active and potent means of disseminating disease germs, the San Francisco Board of Health, in order to find means for the elimination of this danger, has ordered that all inventors or manufacturers of telephone appliances that could disseminate disease germs shall forward working models of them for examination to the office of the board within a period of sixty days.—*Amer. Medicine.*

**A Physician's House Burned.**—The house of a physician in Appleton, Wis., was destroyed recently by fire, which was suspected to have been of incendiary origin, there having, of late, been numerous threats against the man. He is said to be a disbeliever in the contagiousness of smallpox, and, in order to prove the correctness of his theory, smeared himself with the secretions from smallpox lesions, and then started on a visit to several towns about his home. Smallpox prevails extensively now in that region, and many of the friends of the sufferers have attributed the epidemic to this doctor's freak experiment.—*Med. Record.*

**Princess Beatrice Holds Coroner's Inquest.**—Princess Henry of Battenburg, the youngest daughter of the late Queen Victoria, is at present the Coroner of the Isle of Wight. She is the Governor of the Island, and in default of her appointment of a Coroner must also fulfil the duties of that office. The coroner died suddenly one day recent'y. The next day a sailor, belonging to a yacht, was drowned at Cowes. The Princess was duly notified of the drowning and of her duty to hold an inquest. Of course she appointed a deputy to do the disagreeable work, but she had to countersign the verdict of the jury before it was forwarded to the Home Office.

**A Million Dollars for Harvard Medical School.**—John D. Rockefeller has given a million dollars to the Medical School of Harvard University, the gift, however, being contingent upon the condition that other friends of the University donate half the sum given by himself. Mr. Rockefeller's gift will be used partly for the construction of new laboratory buildings and partly as a fund for defraying the running expenses of the institution. This makes the second donation of a million dollars received by the Medical School within the year, J. Pierpont Morgan having given that sum to the institution during the last commencement for the erection of new buildings.

**Blackmailing Doctors.**—Two well-known physicians of Toronto were last month subjected to threats for the purpose of extorting money from them. When one of the physicians was visited in his office by the husband of a woman whom he had been called to attend and financial demands made upon him, he quickly laid a trap for his would-be blackmailer by requesting another interview, when he had a concealed witness present. The second physician had been called to attend the child of the family, and later the husband visited him at his office and made the same demands, claiming that his wife had been insulted. In this case he was shown the door. The case was quickly disposed of and the blackguard suitably punished.

**Vaccinate!**—Smallpox counts sufficient victims each week to permit of not the slightest relaxation in our efforts to struggle against it by the only effective method that we possess, viz., vaccination. We do not know what the action generally of great employers of labor may be, but we believe that such institutions as traction companies, post-office departments, ship-yards, locomotive works, railroad companies, etc., would be entirely justified in exacting a certificate of successful vaccination within five years as a prerequisite for entering or continuing in employment. Every conductor, every motorman, and every mail-carrier—all of these coming into more or less intimate contact with the public—should be vaccinated.—*Amer. Medicine.*

**Sanitarium Visiting List.**—At the first meeting of the Executive of the National Sanitarium Association, in view of the early opening of the Free Consumption Hospital at Muskoka, and the establishment of a third institution near Toronto, an addition of twenty-five of the following physicians was made to the visiting list of this association. The names include: Drs. W. B. Geikie, H. J. Hamilton, Gilbert Gordon, C. J. Hastings, W. Theo. Stuart, Allen Baines, J. T. Fotheringham, George A. Bingham, C. M. Foster, Beverley Milner, F. N. G. Starr, Wm. Oldright, F. T. McMahan, A. McPhedran, W. B. Thistle, R. J. Dwyer, G. A. Peters, G. Chambers, Andrew Gordon, Charles O'Reilly, D. W. McPherson, R. A. Stevenson, John Caven, J. J. Mackenzie, H. B. Anderson.

**"American Medicine" is in favor of abolishing the coroner's office.**—It claims that where it has been done there has been nothing but gratification at the result; where it has not been done scandal and shame are constant. It is said that a saving of \$100,000 a year to the County of New York could be made by doing away with the office. The work now performed by it, the editor thinks, could be readily done by the officials of the district attorney's office and of the Board of Health. Tradition and politics have too long united to maintain the existence of this anachronism, of service perhaps in a mediæval state of society, but entirely out of place in the life of a modern city. This may apply to New York State and other States, but in Canada the office of coroner is not abused as it must evidently be across the line.

**Labrador Medical Mission.**—The mission which deals with over 2,000 cases every year has a finely equipped hospital steamer, has built two hospitals on the Labrador shore, and is now erecting a third hospital in northern Newfoundland. All the medical attention received by the people along these coasts is given by the physicians belonging to the mission. There are so few physicians, however, in comparison to the vast territory to be covered, that many requiring it, do not receive sufficient medical attention. Among the natives sanitation is totally disregarded and isolation for contagious diseases is practically unknown. Besides the medical work the mission has been instrumental in establishing co-operative stores, providing work, finding homes for orphans and relieving many cases of destitution.

**The Norwegian Hospital of Brooklyn** has, since 1887, been in receipt of nearly \$4,000 annually from an anonymous donor. The amount was paid regularly in quarterly instalments of \$960, but the deaconesses in charge of the institution have only just learned whence the gifts came. The amount was the interest at 6 per cent. on \$64,000, which the late Mr. Alfred Corning Clark left in trust for this purpose, with the express understanding, however, that the donation be made anonymously, and the donor's name be kept a secret until such time as it should be decided to hand over the principal. Mr. F. G. Bourne, who has had charge of the fund, has now made public the giver's name, while handing over the sum to the trustees of the hospital as a permanent trust fund to be known as the "Skougaard-Severini Memorial."—*Med. Record.*

**Treatment of Narcotic and Alcoholic Patients.**—We have received the following letter from Dr. A. J. Givens, of Stamford Hall, Stamford, Conn :

"DEAR DOCTOR,—I wish to call your attention to the statute in the State of Connecticut, which permits narcotic and alcoholic patients to voluntarily commit themselves to a sanitarium for treatment for any length of time not exceeding one year.

"Chapter 130, Section 3690, General Statutes of Connecticut, reads as follows :

"The managers, trustees or directors of any inebriate asylum established by the laws of this State, may receive any inebriate or dipsomaniac who shall apply, and be received into such an asylum, retain him one year, and treat and restrain him in the same manner as if committed by the Probate Court."

"One cottage in the Givens' Sanitarium is devoted to the treatment of alcoholic and narcotic patients."

**New Superintendent of the London Asylum.**—Dr. T. A. McCollum, of Dunnville, has been appointed Superintendent of the London Asylum, in succession to the late Dr. R. M. Bucke, at a salary of \$2,000 and residence. Dr. McCollum is a very well-known practitioner in the Niagara Peninsula, where he has practised his profession for the past quarter of a century. He came originally from Stouffville, York County, where his aged father still resides. Dr. McCollum is said to rank as one of the best

surgeons in the peninsula. He has never ceased to be a student, and is specially interested in botany and natural history. He is a recognized authority on fish and game, and has been chairman of the Provincial Commission since its establishment. He was at one time an unsuccessful candidate for the House of Commons. Dr. McCollum has two sons in the medical profession.

**Overcrowding of the Profession in Belgium.**—The *Gazette Méd. Belge* states that the year 1901 continued the overcrowding of the profession. Parents are not discouraged by the difficulty of making a living from the honest practice of medicine. They see the rapid success of unscrupulous persons who disregard the ethics and dignity of the profession, and they push their sons into the medical courses advising them to mix a little charlatanism with their medicine. The average regular physician in Belgium earns at most 3,000 francs a year, scarcely \$600. The *Gazette* adds that the number of patients is actually more than it was thirty years ago. If the number of physicians had not increased out of all proportion, the emoluments of the profession would be better than in the "good old days."—*Jour. of Amer. Med. Assn.*

**Dangerous Substitutions.**—A case was recently tried in a Detroit court, the testimony in which is convincing proof of the fact that substitution of a dangerous kind is only too prevalent, and that, moreover, those engaged in the practice on a large scale are reckless and careless to a degree difficult to conceive of. One employee of the person on trial testified that he did not know what the substance was which he was putting up in bottles; did not know which labels he should put on—all were powders—and that no one told him! The books of this gang of counterfeiters are said to show that their counterfeit goods have been sold to thousands of druggists all over the country. It therefore behoves the prescriber to make sure that his prescriptions are filled as written. When any doubt of this is felt, a sample of the medicine dispensed should be sent either to some analytical chemist or to some manufacturer for examination as to its purity and strength.—*Editorial New York Med. Jour., Dec. 21st, 1901.*

**The Life Insurance of Quack Medicine Drunkards.**—A writer in *The Insurance Advocate* for January, 1902, says that one life insurance company requires that the medical examiner shall ask the applicant, "What patent medicines have you used in the last five years?" In commending the action of the insurance company the writer deplores the national expense and physiologic injury done by the advertising nostrum-vendor. "A man who will swallow a patent medicine for his blood will swallow a yellow journal editorial for his mental ballast, and he who will bolt department-store pills for his liver, is not a fit subject for life insurance." The action of this insurance company is significant of the new methods in life insurance, whereby there is a sharper scrutiny into the habits and character of applicants as to things which were formerly disregarded.

If powerless to do harm medicines are equally powerless to do good, and the patent medicine drunkard is hardly a good insurance risk either morally or physically.—*Amer. Medicine.*

**Cold Street Cars.**—Perhaps no other single cause so frequently gives rise to "colds" as the unheated street car. Evidently this fact is realized by the health authorities of the borough of Brooklyn, who have carried on an investigation, which shows that cars are sometimes allowed to run with an inside temperature as low as 23° F. In extenuation of this neglect to heat their cars, the street railway people say that, owing to lack of electric power, they cannot do better, and cannot promise any improvement before the autumn of 1903! It is to be hoped that this excuse will not be accepted. If they can furnish no other means of heating the cars, they should be forced to put in stoves.—*New York Medical Journal.*

[In Toronto we have a first-class street railway service; but during our recent cold weather the complaint of the Brooklynites as to icy cars might prove true in our city as well.]

**The Bill to Amend the Ontario Medical Act.**—The Senate of Toronto University are up in arms regarding the proposal incorporated in the bill introduced in the Ontario Legislature by Dr. Jessop, which they claim aims to clip the wings of the Universities of the Province. An elaborate memorandum was recently addressed to the Minister of Education and distributed to the members of the Legislature by Chancellor Sir W. R. Meredith and Vice-Chancellor Moss. It complains about the bill in this wise: (1) It excludes from the body entrusted with fixing and determining the standard of medical education and prescribing the curriculum of studies those who, by reason of their avocation, as well as training and experience, are, if not best fitted, at least specially qualified for performing these duties. (2) It hands over to a practically irresponsible body the entire and absolute control of medical education, and creates a close corporation or guild. (3) It imposes on the universities and colleges engaged in the work of medical education the obligation of following the curriculum of studies prescribed by the Council without having any voice in the framing of it. (4) It violates the compact entered into with the universities and teaching bodies by which they were given representation on the Council in consideration of their giving up the right to confer degrees or diplomas in medicine and surgery, entitling the possessor of them, without further examination, to practise upon obtaining his license or becoming registered.

**Galega Officinalis.**—*Galega Officinalis.* Goat's Rue. *Herbaruta Caprarie.* *Galega, Rue de Chevre, Fr. Geisraute, G.* A perennial leguminous herb, growing in the south of Europe, and sometimes cultivated in gardens. It is without smell unless bruised, when it emits a disagreeable odor. Its taste is unpleas-

antly bitter and somewhat rough, and when chewed it stains the saliva yellowish-brown. In former times it was much employed in malignant fevers, the plague, the bites of serpents, worms, etc. In 1873 Gillet-Damitte, in a communication to the French Academy, stated that this plant when fed to cows would increase the secretion of milk from thirty-five to fifty per cent.; since which time memoirs have been published by Cerisoli, Goubeaux, Masson D'Audry, Dr. Millbank, Dr. Carron de la Carriere, and others, affirming that goat's rue given to nursing women acts as a powerful and fairly certain galactagogue. The best preparation appears to be a watery extract prepared from the fresh plant. This almost black extract has a pronounced odor, and may be given in doses of seven and a half to fifteen grains (0.48 to 0.97 Gm.) three to five times a day. The roots of the indigenous Galega Virginiana are said to be diaphoretic and powerfully anthelmintic. They are given in decoction.—*United States Dispensatory.*

**Charlatanism and Cheek.**—A Colorado correspondent has favored us with a circular letter sent out by an "osteopathic college" in Denver, which for brazen effrontery caps the climax. The physicians of Colorado and adjoining states, we are told, are receiving these letters and are accepting (?) the gracious offer with alacrity. It is not often that physicians have the opportunity of learning the theory and art of massage for the small sum of \$200. Possibly the "individual attainments," plus the financial side, will make it possible for most of them to shorten the time "left to our judgment," with the right kind of persuasion. For the benefit of those who may not have been favored with a copy of the original, we reproduce the letter, grammar and all:

To PHYSICIANS: Having several medical graduates to apply for a short course in osteopathy, we are considering the starting of a class February 1st, for their benefit, and will do so if a sufficient number will enter for it. We will accept medical diploma for the subjects usually taught in medical colleges, and give a short review of special osteopathic features in physiology, together with regular lessons in osteopathic theory, principles and practice, as well as practical clinical work. The price will be made \$200, and while nominally requiring ten months, this time may be shortened if the individual attainments of the applicant justify it. This, however, must be left to our judgment, as determined by our examinations of the applicant. Our secretary will be pleased to call on you if you will signify your willingness to consider the matter with him.—*Jour. of Amer. Med. Assn.*

**Immunity of Boers to Enteric Fever.**—In connection with the fact that the Boer forces have not suffered from the scourge of enteric fever to anything like the same extent as the British forces, a writer in the *British Medical Journal* quotes from an article in *Blackwood*, written by a district surgeon of British nationality, who serving under the late Transvaal Government, was

with the Boer forces nearly all the time from October, 1899, until February, 1900, and engaged in the siege of Mafeking and describes the conditions existing at that time in the laager on the Lower Malopo, of which he had charge and in which no definite case of enteric fever occurred, although the encampment remained in one place for two months and then moved only twenty or thirty yards further down for purposes of defence, where it remained for three or four months longer. The several hundred oxen and the horses also were fastened at night in the middle of the circle of waggons, converting the whole space into a manure heap, which in the warm weather became a breathing place for myriads of flies. To give some idea of their number, the writer counted fifteen flies on his lips one day while sipping a glass of claret. All the water used came from the Malopo, a muddy little ditch six to ten feet wide in most places, and which had already passed through another laager and also through Mafeking, receiving more or less sewage. To account for the absence of enteric fever among all this filth and the flies, it has been suggested that the majority of the Boers have gained immunity from having suffered from the disease early in life, when, as a rule, it has a milder course than in adult life, and also the Boers are not given to drinking water. Coffee is their usual beverage, and the boiling of the water for coffee may account for the comparatively rare occurrence of enteric fever among them.—*Amer. Medicine.*

#### **The Medical Director of the Louisiana Purchase Exposition.**

—The important post of Medical Director of the St. Louis World's Fair has been filled by the appointment of Dr. Leonidas H. Laidley. Dr. Laidley was born at Carmichaels, Pa. He was educated with a view to the medical profession, and entered Cleveland Medical College in 1866. The following year he entered the Jefferson Medical College at Philadelphia. After graduating in 1868, he practised medicine with his father and brother, and then went to New York, where he entered Bellevue Hospital Medical College and took a higher and more thorough course, being graduated with distinction in 1872. Coming to St. Louis the same year, he entered upon a successful career both as a practitioner and medical teacher, showing always a decided love for the humanitarian side of his profession. He helped organize the Young Men's Christian Association and attended the sick applying to that institution for aid. He organized the free dispensary which became the nucleus of the Protestant Hospital Association. He filled the chair of anatomy and chemistry in Western Dental College, St. Louis, and after the organization of the St. Louis College of Physicians and Surgeons was called to the chair of surgical diseases of women. After filling that post for years he was called to the same chair in the Beaumont Hospital Medical College, and, upon its consolidation with the Marion-Sims College, forming the Marion-Sims-Beaumont College of Medicine, he was made Professor of Gynecology and Pelvic

surgery. In addition, he is surgeon to the Protestant Hospital, consulting surgeon to the Female Hospital, and a leading member of the St. Louis Medical Society and other medical organizations. He was a delegate to the British Congress in 1883, and while abroad visited the hospitals of the principal cities. When the Louisiana Purchase Exposition Company was organized he was one of the incorporators.

**Sudden Death of Dr. R. M. Bucke, of London Insane Asylum.**

—Dr. Richard Maurice Bucke, superintendent of London Asylum, and known all over the continent as an insanity expert and as the lifelong friend and literary executor of Walt Whitman, died under particularly sad circumstances, February 19th. He was about to retire for the night, and about 11.30 he walked out along the veranda of his residence at the asylum. A few minutes later his family heard the sound of a fall, and hurrying out, found that he had evidently slipped on a piece of ice and struck the back of his head heavily on the floor. He was lifted and carried into the house, and it was found that he displayed no signs of life. Medical aid was summoned from the Asylum and from the city. Dr. Beemer and Dr. McCallum responded, but found on their arrival that life was extinct. The only mark of injury perceptible was a bruise on the back of the head. Dr. Bucke was born at Methwold, Norfolk, Eng., on March 18th, 1837, being the son of an Episcopal clergyman, the late Horatio Walpole Bucke. He married, in 1865, Miss Jessie Maria Gurd, of Moore, Ont., who survives him. The result of the union was a family of four sons and six daughters, the surviving members being Dr. E. Pardee Bucke, London; W. A. Bucke, Toronto; Robert Bucke, a student at the Western Medical College; Mrs. Harry Pope, Strathroy; and Miss Bucke, at home. The eldest son, Maurice Bucke, died in Colorado two years ago. Julius P. Bucke, K.C., of Sarvia, and P. Eustace Bucke, barrister, of this city, are brothers of Dr. Bucke.

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ARE England, Scotland and Ireland destined, ultimately, to become a part of "The United States of America and Great Britain"? is the startling inquiry which William T. Stead makes in the January *Cosmopolitan*. He has been one of the prophets of Great Britain, and has, at all times, been able to see in advance of his contemporaries—as events have proven. He has been studying the new conditions brought about by the industrial combinations, and reaches the conclusion that England and the United States are destined to be more closely united, and that as soon as the English people wake up to the absurdity and general uselessness, as has been shown in the Boer War, of a king and aristocracy, the trend will be immediate in the direction of a union with the people of the United States. However much one may differ from Mr. Stead, his speculations will be found vastly interesting.



# The Physician's Library.

## BOOK REVIEWS.

*Practice of Medicine.* By Eminent Medical Specialists and Authorities. Edited by GEO. ALEXANDER GIBSON, M.D., D.Sc., F.R.C.P. (Edin.), Physician to the Royal Infirmary, Edinburgh. Two volumes. Philadelphia: J. B. Lippincott & Co. Edinburgh and London: Young J. Pentland. 1901. Canadian Agent: Charles Roberts, 1524 Ontario Street, Montreal.

It is some time now since a work on practice of medicine, written and compiled by members of the profession in the United Kingdom, has been placed on the market. For that reason alone, therefore, this text-book will be accorded a welcome throughout Canada, especially when the names of such men as those we will mention are found in the list of contributors. We find that such well-known writers as J. O. Affleck, Alexander Bruce, Sir Lauder Brunton, A. Lockhart Gillespie, Sir William Gowers, W. A. Jamieson, A. P. Luff, Hector Mackenzie, Sidney Martin, Sir John William Moore, W. Pasteur, R. W. Philip, Wm. Russell, W. A. Turner and G. Sims Woodhead are identified with "Gibson's Practice of Medicine," so that it can readily be understood that the material contained within the cover boards of each volume could hardly be improved upon.

Volume I. is divided into an introduction and four sections. The former deals entirely with the general pathology of disease. Section 1 is devoted to general diseases; section 2 to diseases caused by animal parasites; section 3 to diseases caused by chemical substances, and section 4 to the alimentary system.

We read with a great deal of pleasure the chapter of 30 pages on typhoid fever, from the pens of Drs. J. O. Affleck and C. B. Ker. In referring to treatment by antiseptic drugs, which is merely touched upon, we are sorry to say, the authors claim that very little is to be gained by such, except the deodorization of the stools, possibly thus reducing the risk run by the attendants. Antiseptics do not injure the patient, they do not cut short the fever, and they do not prevent relapses. They may modify the ulceration and lessen the severity of the attack.

Hector Mackenzie, of St. Thomas' Hospital, devotes about 100 pages to tuberculosis. In that section he takes up acute miliary tuberculosis, to which he gives but a few pages, and then divides

his subject by considering separately tuberculosis of the different systems: Alimentary, lymphatic, vascular, serous, respiratory, genito-urinary, etc. Under prophylaxis Dr. Mackenzie says that opinions are still divided on the question of infection. Much can be done, he claims, towards the prevention of tuberculosis by educating the masses as to the proper means of disposing of the expectoration. The author then says that the greatest good can be accomplished if consumptive persons will act on the simple rules drawn up by the National Association for the Prevention of Consumption, which he then goes on to relate. The principal mode of infection, he says, is from man to man. Dr. Mackenzie does not discuss at length, as we hoped to find that he would do, the important question of the infection of tuberculosis between animal and man; but says, "infection from the lower animals to man is another mode which must be borne in mind. We have pointed out the enormous prevalence of tuberculosis among cattle, and the dangers arising from infected milk or meat, and shown how this danger can be removed by boiling the milk and thoroughly cooking the meat."

Volume II. is divided into six sections: The hemopoietic, circulatory, respiratory, integumentary, and nervous systems and diseases of the kidney.

The text-book is certainly full, modern and exceedingly practical. It reflects in every page the most recent advances in medicine as a science, though we feel a little disappointed that some of the authors have not touched more at length upon such points as we have alluded to, and which are uppermost in the medical mind at present.

W. A. Y

*Encyclopedia Medica.* Under the general editorship of CHALMERS WATSON, M.B., M.R.C.P.E. Vol. IX. Osteo-Arthropathics to Pregnancy (Physiology). Pp. 518. Edinburgh, Scotland: Wm. Green & Son.

This volume is one of the best that have appeared. Many of the articles are of great value. In such a cyclopedic work only a few of the more important can be referred to. That on Diseases of the Pancreas, by A. W. Mayo Robson, is an admirable presentation of the subject, although too brief. He refers to the great tendency to hemorrhage in certain diseases of the pancreas, especially if there is jaundice, and looks upon hemorrhagic pancreatitis only as a variety of acute pancreatitis plus the accident of hemorrhage. Before operating on these cases that are probably pancreatic, with or without jaundice, he gives 20- to 30-grain doses of calcium chloride every four hours for one or two days before operating, and by enema in 60-grain doses for the two days following. Incidentally reference is made to the fact that the gall-bladder is rarely enlarged in obstruction of the bile-ducts by gall-stones, while it is usually greatly enlarged by pressure on the bile-duct by disease of the head

of the pancreas, as it is also by pressure from without from any other cause. The frequent occurrence of tumor due to chronic inflammation of the head of the pancreas is emphasized.

The article on Paralysis is a composite one, by Risien Russell, Frederick Batten, and James S. Collier. It deals with the system lesions of the cord, and other diseases of the grey and white matter. It occupies 95 pages, and is, in view of such limited space for so extensive a subject, eminently clear and comprehensive.

Of the articles on Diseases of the Peritoneum, that on Tuberculous Peritonitis is by D'Arcy Power. He does not enter into a very full discussion of the subject, but shows less haste in operating than most surgeons. The results of operation have not proved as successful as expected a few years ago. For the disease itself, apart from such an accident as obstruction, operation is advisable only in the ascitic form, and these probably do as well without operation, and may show quite as rapid recovery as is met with after operation. In a few years it is quite possible that general opinion will agree with Borchgevrinck's, that surgical interference in these cases is a failure, and that they should be handed back to the medical clinic. When that time comes such articles as the one under consideration will be written by physicians, to whom they rightfully belong.

There are many other excellent articles, especially those on Pneumonia, by D. A. Welsh and Sir J. W. Moore; on the Pleura, by J. A. Lindsay and T. Sinclair; on Diseases of the Ovaries, by Alban Doran, and several others. There is a very interesting contribution by Francis Warner on Physiognomy, which was much more closely studied by the older physicians before the advance of science supplied precise methods of investigation.

The volume, as a whole, is highly commendable, and will furnish a reliable guide, especially to the general practitioner. The publishers have done their work in the creditable manner shown in the preceding volumes.

A. M'P.

*A History of Medicine, Surgery and Allied Science, with special reference to the progress made during the Nineteenth Century.*  
Vol. III. of the Nineteenth Century Series. By EZRA H. STAFFORD, M.D., Toronto. London, Philadelphia and Toronto: The Linscott Publishing Co.

This is an octavo volume of between five and six hundred pages. As the author states in the preface, the book was primarily written for popular perusal. It will none the less prove of interest to the professional reader however, for the writer's treatment of the subject has been painstaking and thorough. In the introductory chapters the progress of medical learning has been traced from the earliest times up to the middle of the eighteenth century, a period of about twenty centuries. The remainder of the volume gives a

comprehensive view of the remarkable steps made in medical science during the last century.

The introduction of the practice of vaccination and the discovery of the stethoscope occupy two of the earlier chapters. English and continental medicine and surgery during the earlier decades are then outlined at some length, considerable attention being given to the Paris and Vienna schools of research. The advances in physiology, chemistry and anatomy are traced in detail, and the cellular theory and the germ hypothesis occupy separate chapters. The introduction of anesthesia is also discussed, and the position of the rival claimants fairly stated. The influence of the theory of evolution upon medical thought forms a chapter of separate inquiry; and all the special branches, including gynecology, eye and ear, nose and throat, pediatrics, dentistry and the art of nursing come in for detailed consideration.

Living investigators are not personally mentioned in the work, except incidentally, but the latest discoveries and devices are referred to in the closing chapters; and the book is brought to a conclusion with several chapters upon the personal element in medicine, the physician in literature and art, and the medicine of the future.

This book will undoubtedly be of no little interest to the professional reader, as well as the laity; and it is to be hoped that the writer will continue his researches in the same lines of study.

The subject has been in the past very much neglected, and the appearance of such a work as this one, no less than the inclusion of the subject in the curriculum of the universities, is an indication of the growing culture of medical learning.

W. A. Y.

*An Introduction to Chemical Analysis.* For students of medicine, pharmacy and dentistry. By ELBERT W. ROCKWOOD, M.A., M.D. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1901. Canadian Agents: Chandler & Massey Limited, Toronto.

This neat little book, from the pen of a Professor of Chemistry in the Colleges of Medicine, Dentistry and Pharmacy of the State University of Iowa, comes to us replete with new ideas of chemical analysis for the student of either medicine, dentistry or pharmacy. It is designed to furnish a scientific basis for the more technical courses, and to give the familiarity with chemicals and manipulative methods which is so necessary for real success in certain lines of medical, dental and pharmaceutical work.

The volume has been abridged in many cases, as in the detection of poisons where only the ones which best illustrate the methods of such analysis are fully considered. There is a series of very useful questions, the answers to which are to be found in the experimental work done, thus stimulating the student to do his work by means of thought, not mechanically.

The author combines chemical analysis with general chemistry, *materia medica*, physiology, toxicology, thus making a unity of the complete course.

We are glad to note an absence of many unnecessary equations and tables, thereby ensuring more thorough investigation on the part of the student in order to find the results of the volumetric analyses.

The interest is kept up by adding chapters on the testing of water, detection of poisons and analysis by means of the blow-pipe. The latter will prove of especial interest to students of dentistry, by demonstrating the physical and clinical proportions of the metals and their alloys in a manner not possible by the wet methods.

The well-known publishers, P. Blakiston's Son & Co., of Philadelphia, have sent out this book on substantial paper, with large readable type. We are pleased to note in conclusion that the enterprising firm of Chandler & Massey, of Toronto, are the agents for this country.

W. H. P.

*International Clinics.* A quarterly of clinical lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by HENRY W. CATTELL, M.D., Philadelphia, with the collaboration of Jno. B. Murphy, M.D., Chicago; Alex. D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M.D., Paris; Thos. G. Morton, M.D., and Chas. H. Reed, M.D., Philadelphia; J. W. Ballantyne, M.D., Edinburgh; and John Faroid, M.D., London, with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Vol. IV., eleventh series, 1901. Philadelphia: J. B. Lippincott Co. Sole Canadian Agent: Charles Roberts, 1524 Ontario Street, Montreal.

In glancing over the names of the contributors to Vol. IV. of Series XI. of "International Clinics," we find such men as A. Jacobi, Sir Dyce Duckworth, W. S. Gottheil, John B. Weaver, Jas. Cantlie, Chas. H. Burnett, John M. Taylor, Alfred Stengel, Nicholas Senn, John H. Musser and G. Frank Lydston. Vol. IV. covers, as do its predecessors, Therapeutics, Medicine, Neurology, Surgery, Pediatrics and Dermatology. The volume closes with a very interesting chapter on "Methods of Keeping Case Records in Private Practice," by Dr. F. A. Packard, Crozer Griffith, Judson Daland, J. K. Mitchell, Jno. H. Musser and Alf. Stengel. One of the most instructive lectures is one by John M. Taylor on "Deformities in Children, from the Standpoint of the General Practitioner." The author says that it is a safer rule never to allow one's self to be satisfied with casual judgments, however suggestive or satisfying they

may seem, unless one is duly fortified by a critical search over at least the usual clinical landmarks. He states that one of the most unfortunate effects of modern ultra-specialism is the confiding faith which induces both the physician and the patient to wait until some conspicuous deformity is revealed. Dr. Taylor impresses upon his reader how much wiser it is for a medical man to make a thorough search all over the body at first and thus be in a position to correct any deformities in their incipiency.

*The Medical Profession in Upper Canada—1783-1850.* By Wm. CANNIFF, M.D., M.R.C.S. (Eng.). Toronto: William Briggs.

The work before us is a handsome volume of nearly 700 pp. The first part deals with the Pioneer Medical men, the second part with the Upper Canada Medical Board, and the third part with Biographical Sketches of early physicians of the Province.

Under these several headings a vast amount of information has been collected. After a careful perusal of this volume, the conclusion is forced upon the reader that the medical men of this Province have taken a very active part in its settlement and in the moulding of its policy.

Name after name of those who took a foremost part in social and political reforms is found to belong to the medical profession. In the War of 1812, in the Rebellion of 1837, in the founding of Upper Canada, in the Union, in the establishment of educational institutions, etc., the names of medical men figure prominently.

It would be quite impossible to give an epitome of this work in a short review. The subject-matter is greatly condensed. We think every physician should have a copy of this work. Indeed, everyone who takes an interest in the history of this Province should read carefully the excellent matter which the author has gathered together. The style is easy and natural, and the numerous anecdotes are well told. The illustrations are many and good; but we miss one man that certainly should have a place—Joseph Workman. When we saw the faces of Richardson, Hodder, Wright, Widmer, etc., there was a feeling of disappointment that Workman's was absent.

The make-up of the book is excellent. It is equal in all respects to the work done by the oldest and best-known publishing house. We heartily commend the work to medical men and lovers of Canadian history.—*Canadian Magazine.*

*A Text-Book on Diseases of the Ear, Nose and Throat.* By CHARLES H. BURNETT, M.D., E. FLETCHER INGALLS, M.D., JAMES E. NEWCOMB, M.D. With numerous illustrations. Philadelphia and London: J. B. Lippincott Company. 1901.

The intimate relationship between the diseases of the ear, nose and throat renders a conjoint text-book on this subject a desideratum.

tum. The names of the editors give authority to the statements in treatment they have endeavored to present those methods of medication and surgery which they believe at once the newest and accepted as the best by leading specialists in laryngology, rhinology and otology. This leads to the shattering of some cherished beliefs, but adds to the value of the work. Dr. Burnett is particularly outspoken, and gives no quarter to the use of hydrogen peroxide in otitis media, and in this we wish "more power to him." Catheterisation and inflation of the ear are both bug-bears to him. He wakens the reader up by saying that "having found all forms of inflation of the tympana are valueless in the treatment of ear diseases, and that in many cases they are injurious, I have abandoned them for the past ten years, and have substituted in their place pneumo-massage of the external auditory canal, and mediate the membrana tympani and ossicula."

There seems to have been a very equitable division of space by the editor and his collaborateurs. 220 pages are devoted to the ear, 242 to the nose and naso-pharynx, 246 to the pharynx and larynx. Dr. E. Fletcher Ingalls has been assisted by Dr. O. T. Freer in the preparation of the articles on the nose and naso-pharynx. It is stated that 30 to 40 per cent. of cases of hay fever may be cured, and 25 per cent. greatly benefited by the application of the galvano cauterly, not during the attack, but preceding the expected onset. It may be that they use the galvano cauterly more skilfully in Chicago, or perhaps hay fever is milder. It may even be that results look rosier in the States than in Canada, but such a percentage is not seen here. The chapters on diseases of the various accessory sinuses of the nose are interesting, concise and complete. Taken altogether, this book cannot be too highly recommended, for it is concise, yet thorough.

J. M. M.

*God Wills It: A Tale of the First Crusade.* By WILLIAM STEARNS DAVIS, author of "A Friend of Cæsar." With illustrations by Louis Betts. Toronto: The Copp, Clark Company, Limited. 1901.

The really strong point in this novel is the development of the idea that lay back of the First Crusade. The hard, half-savage races, whose fathers had won Europe from the Romans, and afterwards turned like wolves upon each other, needed some mighty impulse to overcome innate cruelty, treachery, blood-guiltiness and pride, and they found it in an overmastering desire to rescue the tomb of Christ from the Mohammedans. They put on the red cross, and left all to follow Ham, but not as gentle pilgrims only: nay, rather as gallant swordsmen who were not unwilling to offer their own blood, as an atonement for sin, and equally anxious to shed that of the accursed Moslem.

Mr. Davis has developed this idea as his background and, in the foreground, presents some taking pictures of mediæval life in

southern Europe and in Asia. To speak in medical parlance, "God Wills It" is a stimulant to be shunned by careful men who like a quiet night's rest, but eminently suited to make the heart throb and the blood bound through the arteries.

There is practically only one woman in the book, but she is altogether too much in evidence; in fact, one might almost imagine that the First Crusade was got up in order to show what the "Star of the Greeks" could do in the art of flirtation.

There is one scene of indubitable pathos—the interview between the Sieur de Valmont, Lady Ide (the mother of the murdered boy, Gilbert Valmont), and Richard Longsword, the boy's slayer—which is quite dramatic, with a nobility of movement, a fidelity to religious feeling, and an old-time simplicity of expression quite enchanting.

J. J. C.

*Cliniques Medicales Iconographiques.* Par MM. P. HAUSHALTER, G. ETIENNE, L. SPILLMANN, Agrégés à la Faculté de Médecine de Nancy; et CH. THIRY, Ancien Interne des Hôpitaux de Nancy. Paris: C. Naud, Editeur.

It is seldom that an atlas comes to hand which is more satisfactory with its representations of the progressive forms of paralysis, as shown not only in the cuts, but also in the description, which is exceedingly concise and greatly to the point. It is possible that the general practitioner may not wish to make the sharp distinctions and minute classification which is done by specialists, but as there is liable to come into the office of any practitioner just such cases the library of every man in the practice of medicine and surgery would be wisely increased by adding this atlas on clinical medicine. These cases occur with sufficient rarity to make them rather unfamiliar to the ordinary practitioner, and even to such men in the profession as see a good deal of referred practice. A diagnosis sufficiently accurate as to be able to give an intelligent prognosis is a matter of great interest, not only to the family, but of interest and safety to the practitioner on whom devolves the responsibility for giving advice. I would strongly recommend the purchase of this work, even by those who cannot read the French text. The various cuts given are certainly "speaking likenesses" of the patients affected with these atrophic muscular paralyses.

B. E. M.

*Kirke's Handbook of Physiology.* By W. D. HALLIBURTON, M.D., F.R.S., Professor of Physiology, King's College, London. Seventeenth edition, with 681 illustrations. 18mo, 888 pages. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1901. Price, in cloth, \$3.00 net. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

"Kirke's Physiology." How few of those of us who were medical students in the eighties can deny, even if we wished, that all we



learned of physiology in those days was taught us from reading this book. The medical students of nearly a quarter of a century ago knew little also in physiology but Kirke, and little wonder, as even though it has now been published in its 17th edition, an honor accorded to but few medical works in existence, if any, it still presents the subject in a concise and attractive manner and makes the volume one to be enjoyed rather than otherwise. The study of physiology is one like medicine, which is ever deepening and requires almost constant study. A work on the subject written but a year or two ago would require revision, so that it is little wonder that Dr. Halliburton felt the necessity of almost rewriting Kirke's Handbook, though it is but a short time since the 16th edition came from the press. In order to keep the book what it was originally intended it should be, a student's manual, the author, in order to make room for new material, has had to cut out what was old and pare down all extraneous matter. This he has accomplished most successfully, and now gives the medical student a book which he will find more than sufficient to put him through his examination, and the profession a digest of the subject which will be found both modern and practical.

*Directions for Class Work in Practical Physiology.* Elementary Physiology of Muscle and Nerve, and of the Vascular and Nervous Systems. By E. A. SCHAFER, LL.D., F.R.S., Professor of Physiology in the University of Edinburgh, formerly Jodrell Professor of Physiology in University College, London, Eng. With diagrams. New York: Longmans, Green & Co., 91 and 93 Fifth Avenue; London and Bombay. 1901.

The author has collected and simplified the more elaborate technique in experimental physiology of the muscular, nervous and vascular symptoms and with appropriate illustrations has provided teachers and students of physiology with a book which cannot but be of the greatest benefit. His world-wide reputation as a teacher of general anatomy goes a long way as a recommendation of the value of this book which, though small, is very comprehensive. There are several text-books dealing with the same subject, but they are all more elaborate and concern themselves with many problems which the average medical student cannot be expected to investigate for himself.

A. J. H.

*Rough Notes on Remedies.* By WM. MURRAY, M.D., F.R.C.P. (Lond.), Newcastle-on-Tyne. Fourth edition. London: H. K. Lewis, 136 Gower St., W.C. 1901.

The fourth edition of "Rough Notes on Remedies" contains an additional chapter on "Rothbury as a Health Resort." The clinical actions of various drugs are given by the author from his own experience, which has extended over many years as a general practitioner, and should serve as a stimulating example to the practi-

tioner in general to record and publish his experience with the various drugs which he uses in his practice. "Full many a flower is born to blush unseen and waste its sweetness on the desert air." Many practitioners find out useful therapeutical actions of drugs, and never think what a boon it might be to humanity at large if they would only publish their discoveries in some current medical journal and thereby enrich our knowledge of therapeutics and help their fellow-practitioner at the same time. Dr. Murray is very fair in his opinions as to the action of arsenic in diabetes, chorea and asthma; of belladonna in the removal of renal calculi, of mercury in heart disease, of calomel in large doses, of nitrate of silver in epilepsy, and turpentine in pneumonia. He also writes an interesting chapter on "Our Mistakes." This latter is a subject which we could all very entertainingly write on. I am of the opinion that this style of book if seen more frequently would find a ready welcome in the greater number of instances.

A. J. H.

*Essentials of Physiology.* Prepared especially for students of medicine. By SIDNEY P. BUDGETT, M.D., Professor of Physiology in the Medical Department of Washington University, St. Louis. Arranged with questions following each chapter. Illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$1.00 net. Canadian Agents: J. A. Carveth & Co., Toronto.

The main features of physiology are described briefly in this little book. It is not simply a question-compend, but it is a short text-book which deals only with essentials of physiology. A list of questions is introduced at the end of each chapter. These are selected with the view of fixing the leading facts and topics more firmly in the student's mind as he reviews each subject after reading and studying it in the text. The chapter on the nervous system contains several fine illustrations that have been made with care, and are very useful in explaining the text. When properly used along with a more elaborate and complete work, this is a very useful and desirable help for students of physiology.

A. E.

*A Manual of Minor Surgery and Bandaging.* For the use of House Surgeons, Dressers, and Junior Practitioners. By CHRISTOPHER HEATH, F.R.C.S., LL.D., Consulting Surgeon to University College Hospital, and Emeritus Professor of Clinical Surgery in University College, London. Twelfth edition. Revised by BILTON POLLARD, F.R.C.S., Surgeon to University College Hospital, and Teacher of Operative Surgery in University College, London. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Cloth, \$1.50 net.

There have been enough books on Minor Surgery written to fill a small-sized library, but Heath's is one of the best, as is evidenced by the fact that it is now in its twelfth edition. In the

introduction there is a great amount of useful information for the guidance of a house surgeon as to his duties. It even goes so far as to point out under what circumstances a house surgeon may secure fees for evidence in legal cases, a *minor* point often left out in the voluminous "rules and regulations" of certain antediluvian hospitals.

The book is profusely illustrated, and full of valuable, explicit information, and should be in the possession of every house surgeon and young practitioner. The chapter on Casetaking is important, and should be well impressed on the mind of every house surgeon, for then he will be the better able to keep track of his cases when he goes into practice.

F. N. G. S.

*Dr. Costa: Clinical Hematology.* A Practical Guide to the Examination of the Blood with reference to Diagnosis. By JOHN C. DA COSTA, Jun., M.D., Assistant Demonstrator of Clinical Medicine, Jefferson Medical College; Hematologist to the German Hospital, etc. Containing 8 full-page colored plates, 3 charts and 48 other illustrations. Octavo, 450 pages. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1901. Price, \$5.00 net. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

It is but recently that much attention has been devoted to the subject of blood examination as a guide to the diagnosis of disease. There is no question that much valuable information can be gained by a careful examination of the blood, and just as soon as it becomes a usual habit on the part of the practitioner to resort to this procedure, we feel that many systemic conditions will be the more fully understood and the cure of many diseases the more readily accomplished. Dr. J. C. Da Costa presents to the profession a work which, to say the very least of it, is thoroughly practical and shows how important a part in clinical work the blood report should form. He shows, however, that hematology is as yet in a transitional stage; but that ere long it must become inseparably associated with the treatment of each individual case and will undoubtedly lead to a far larger percentage of correct diagnoses.

*New Canterbury Tales.* By MAURICE HEWLETT. The Copp, Clark Company, Limited.

The new Canterbury Tales were evidently not written with a view to filling the spaces on the shelves of a Sunday School library. The scrivener's tale of the Countess Abys is a story of an accused and suspected, though innocent woman, who is forsaken by her husband, and he in turn is killed by her brother, disguised, but in open combat. She then weds her children's tutor, and they depart and "live happy ever after."

The Prioress of Ambresbury's tale would have been better unprinted. It is neither edifying nor brilliant, and borders closely on the blasphemous. In the publication it is difficult to see what the object or intent of the tales is. I can't. Perhaps some other unfortunate will try.

F. N. G. S.

*Young Barbarians.* By IAN MACLAREN. Toronto: The Copp, Clark Company, Limited.

Suitable reading alike for old and young, but especially interesting to those who love Scotland and the characteristics of the worthy Scot. Ian Maclaren's amusing description, in a few paragraphs, of John Manley, M.D., of Edinburgh, is worth the whole price of the book. Every physician should read it, especially if he happens to have a patient's funeral on hand. This fine old doctor regarded "the idea of any person below eighty dying on his hands as a piece of incredible impertinence."

W. A. Y.

*Muladies de la Voix.* Par le DR. ANDRÉ CASTEX, Chargé du Cours de Laryngologie à la Faculté de Médecine de Paris. Paris: C. Naud, 3 Rue Racine. 1902.

Our readers will find this a most interesting book, treating as it does of the diseases of the voice, especially as found among professional voice users, viz., musicians, clergymen, lawyers, teachers. It is a subject little written about in English, except as affecting the singing voice. Not the least valuable part of the work is the bibliography in which about the only English names are those of Morell Mackenzie, Lennox Browne and Holbrook Curtis.

J. M. M.

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#### LITERARY NOTES.

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It will be a pleasure to our readers to know that Prof. Alex. McPhedran, of Toronto, will have an excellent article in Volume I., Twelfth Series of "International Clinics," to be published next month. In that volume also there will be somewhat of a new departure, consisting of a short description of the methods of some of the leading men of the profession in the *United States*, with photographs of them at work. Dr. Wm. Osler, of Baltimore, is to contribute an article on a subject to be announced later, and which will appear in one of the 1902 volumes. Dr. Howard A. Kelly will give a series of gynecological clinics, to be illustrated by his own artist, and there will be also articles by such men as Drs. W. S. Halsted, W. S. Thayer, John C. Hemmeter and Thomas R. Brown. The April volume of "Clinics" will also contain an article on the advances in medicine and surgery during 1901. It will, therefore, be seen that "Clinics" for the current year will rather exceed than otherwise the standard of excellence of former series.