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Original Contributions.

PERVERSION.*

BY EZRA HURLBURT STAFFORD, M.B.,

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PERVERSION implies a change of some sort, and usually in a bad or unfortunate sense; evolution, a long series of gradual changes. Any change, however, from that which is authorized and usual and in vogue usually meets with popular suspicion and disfavor. To use the word in the more scientific sense, however, it merely implies a change or a departure.

The term has recently been set aside by writers on mental disease to signify an apparent distortion of the sexual instincts; and the object of the present paper is to discuss how far these changes or perversions are really the result of disease, and how far they may be explained by the law of evolution—to what extent, in fact, they are purely morbid, and to what extent not.

Darwin and the school of writers which has gathered about him show plainly that evolution is a general law which can be very distinctly seen running through the whole history of animal and vegetable life. The law of degeneration and disintegration is equally obvious. The principle of perpetual change is not always, therefore, an unfortunate circumstance, but one of the laws of development.

There are, however, two distinct varieties of change—one peculiar to the processes of evolution, and one peculiar to the processes of disease. The changes which take place in evolutionary development are, so to speak, homogeneous. They are changes in intensity—an exaggeration of a certain function which at first appears to partake of the nature of a deformity, or a decrease of a

*Read before the Toronto Medical Society.

certain function which also appears to partake of the nature of a deformity. The decrease sometimes goes so far as to leave nothing but the rudiment of what was possibly at an earlier period in the career of the species a very important organ or function. Conversely from the slightest nuclei in the animal organism, the most important functions have been known to develop with the changes in anatomical structure. There is also change in physiological action. The one implies the other. It will often be convenient to imply the anatomical change when only expressing the physiological change.

Evolution is a normal condition of life, and, therefore, the fluctuations in physiological action, provided they be merely a matter of greater or less intensity, are also a normal condition.

It is disease which accomplishes a change from one thing to another sometimes completely different, and the difference between the changes of evolution and of disease will be suggested in simple imagery by comparing an unusually developed muscle to a suppurating carcinoma. *En passant* it may be noted that some changes first produced by disease are afterwards retained, and, as it were, incorporated in the developing organism, which for long afterwards bears the vestiges of changes originally due to disease.

Without referring to the career of our own species from very early times, as not pertaining to this paper, the suppressed stadia of that career must be kept closely in mind, and also the tendency seen very clearly in individual members of the species to revert often to characteristics which had been very marked in some former stadium, but which at the time had almost entirely disappeared from the mass of the species. In other words, the long suppressed rudiment will in some isolated member of the species regain all its former strength. These are called reversions or survivals. Such instances very clearly point out how much the popular idea of proportion depends upon the momentary condition of the race.

In the eyes of our earlier progenitors we would appear physically as a race of monsters, hideously deformed, and beyond conception dreadful to behold. Our customs, too, would cause them utter repulsion, just perhaps as our customs or our habits of thought may in the future be regarded with repulsion by our remote posterity.

As our bodies and our mental qualities would be regarded with intense aversion both by the dim past and the dark future; as we are unpopular at both extremes, so it is only fair to say, we would ourselves shudder, I have no doubt, if we could obtain an intimate knowledge of what our race has been in the past or will be in the future. The dislike would be reciprocal in fact. This leads one to the conclusion that we do not like anything that is very much different from ourselves.

Much perversion is undoubtedly a survival of some earlier animal custom, to which the instincts of the individual revert, an instinct which lies latent in the mass of the species.

In illustration of this fugitive tendency in the race, a large number of cases have been recorded, and particular instances of such survival will probably occur to the minds of everyone. The writer has in mind an instance which illustrates the idea he desires to convey, in the case of a lady who is not insane or hysterical, and in whom, beyond a high nervous temperament and a few very private attacks of respectable alcoholism which culminated in delirium tremens, there is really nothing that may be regarded as out of the common. Early in life this patient began to experience a distaste for any stroking motion from the ends of the extremities upwards towards the hips or shoulders or upwards along the back and neck. To rub the arms in this way occasioned her intense misery, and she could not bear to do so herself, and made the lives of her intimates miserable lest they should do so accidentally. To rub or stroke her extremities in the opposite direction, however, occasioned her no inconvenience at all, nor was there present any hyperesthesia of the cuticle. At first I was inclined to regard this as an obsession, but as there was nothing else in her case to bear out such an hypothesis, it seems to me that it is simply a survival of the hirsute animal which objects to having its hair rubbed in the wrong direction.

A careful study of animals in the wild and in the half-tamed state will cast a considerable amount of light upon those forms of perversion which may be scientifically regarded as reversions to a former condition in our career. An exhaustive collection of the facts would probably show innumerable survivals, often deeply buried in the anatomical structure and never observed, while sometimes so decided as to modify the physiological functions. These survivals pertain to every part of the organic structure, but a fixed tendency to indecency has led certain observers to make very extended collections of more or less authentic cases of survival which refer only to the sexual system. And many cases of sexual perversion may be set down as a reversion or a miscarriage in the chain of evolution.

On the other hand, many instances of perversion constitute an anticipation of a future condition. They are premature. That is, there is a tendency towards development in a certain direction, and in certain individuals the tendency is greatly in excess of that in the body of the race, and hence there is a lack of proportion in the individual not at all gratifying to the race, on the whole.

But if these changes, or instances of perversion, are merely of intensity, and if, when very carefully analyzed, and compared with the accepted normal standard, they contain no really new factors, they are not perversions in the strict sense of the word.

The perversions with which I have to deal are such as give evidence of some factors completely alien to anything which, as a race, we have felt, feel now, or are likely to feel. These cases of perversion form, not a distortion of a natural instinct, but an excrescence apparently completely foreign, and not so often of the

nature of a physical defect as of a mental aberration, and therefore a form of insanity.

Kraft-Ebing, has gathered together a very edifying collection of such cases, which is likely to remain for a long time the recognized classic in that extremely odious department of human knowledge. Not so much does it bid fair to remain the accepted classic upon the subject because of its exhaustiveness and the ability shown by the author in that sort of thing, as because there are very few observers who aspire to becoming a rival in his "bad eminence."

Anyone desiring to pursue the subject may refer to Kraft-Ebing himself. I shall have nothing to say myself explicitly upon the subject, holding the belief that we may discuss *pus* in a general way and by the use of generalities (even laudable *pus*) without passing a phial of it around for everyone to examine. We all know what *putrilege* is without looking at it repeatedly.

Kraft-Ebing has not only performed a disagreeable piece of literary scavenging by writing a book which, I suppose, ought to have been written as a record of a human condition, and which perhaps no one else but he would write, even if they could; but he has also proved the benefactor of a very deserving class of the community, a class which many of the profession should regard with exceeding tenderness, inasmuch as they give them occasion to exercise the divine art, sometimes with very lucrative results. I refer to the prostitutes.

Kraft-Ebing has materially enlarged and amplified the armamentarium of the intelligent and progressive prostitute. No house of the sort should certainly be without a copy. It will aid this very deserving class in providing the unimaginative with somewhat stimulating novelties. This German author by collecting isolated cases of sexual perversion, and by putting his admirable work in the right place, may yet be able to flatter himself that he has rendered permanent that which was at first transient and accidental. As I said a moment since, the results of disease are often incorporated in the web of evolution, and having fallen into the current of health become a stable part of it, with results more or less deleterious to the ultimate history of the animal. Thus the industrious German not only provided science with a capacious reservoir of very interesting *putrilege*, but provided a class who have but few literary members with a system of philosophy. It has been appropriated by the courtesans. They find it a didactic work of many attractions. It is the bible of the bawdy house.

Really diseased forms of perversion, such as necrophilism and the like, may be congenital or acquired. The congenital pervert may be placed upon the same footing as the idiot and the cretin, and it is a noteworthy fact that forms of such perversion are not uncommon among these classes.

There are other forms of perversion again which occupy a peculiar place of their own in the lives of the nations—forms of

perversion long familiar to readers of the later classical writers, and which do not seem to have had a Hellenic origin, but to have been carried thither from the adjacent Asiatic races, and afterwards borrowed by the Romans at a considerable period before the decadence.

The case of Sardanapalus, according to present standards, affords a striking example of effemination, and yet by his contemporaries his peculiarities were viewed in an altogether different light. Even Plato speaks with smiling equanimity of the most preposterous relationships and associations as matters of every-day occurrence, and Virgil mentions without comment several cases revolting in the last degree to a modern mind. In the blithe Horace, also, many conditions of sexual perversion are archly referred to, as one might to-day jocularly refer to a friend's occasional addiction to his potations not wisely but too well. Yet these men of genius represent Rome at her best. Subsequent writers become intolerable, but one expects as much in an age which produced a Vitellius. These facts, however, serve to remind one that each civilization has its own usages, and these, when so common as to occasion no comment whatever by the purest and the noblest men of the time, would naturally not have been regarded by their contemporaries as a perversion of natural law. Reflections upon the matter are not pleasant, on the whole, but it seems only just to call attention to these facts, not so much in extenuation of practices for which the world of to-day feels the utmost repugnance, as by way of showing how widely racial instincts alter in the course of time and under the influence of changed ideals of morality. Yet even in Corinth a thoughtful man would have surely been forced to admit that these usages constituted a wilful and a mischievous trifling with the laws of nature. It would seem to follow that this tendency appears to belong peculiarly to periods of racial degeneration. But I will spare the reader the "modern instances."

The acquired form of perversion is found among the most degenerate. It is not necessarily associated with the criminal class *par excellence*, but is common to all forms of degeneration. In origin it is usually rather psychic than physical, and properly speaking comes under the study of the alienist rather than the surgeon or the physician.

Lombroso in his work upon "The man of Genius," referring to "the law of dynamism which rules the nervous system" says: "To an excessive expenditure and development of nervous force succeeds reaction and enfeeblement. It is permitted to no one to expend more than a certain quantity of force without being severely punished on the other side. Melancholy, depression, timidity, egoism are the prices of the sublime gifts of intellect, just as uterine catarrhs, impotence and tabes dorsalis are the prices of sexual abuse, and gastritis of abuse of appetite."

Hence, unusual use of an organ or a function tends within cer-

tain limits to increase the activity of the organ, even to exaggeration of its original activity. Beyond these limits it tends to distort the functions and ultimately to destroy the function altogether. Possibly some functions have fallen into a rudimentary state not through disuse, but over use and ill use.

The intensely artificial conditions of society at the present time, and the absurd and entirely unnatural basis upon which the sexual relation is now resting, has produced a condition of mind and a psychical posture towards the function altogether abnormal. The first results of this abnormal condition which has endured now for several centuries (but a short period in the life-history of our race) are the isolated cases of disease or perversion which we find about us. The very fact that such a gallimawfry of filth as Kraft-Ebing's book should be read, is a clear hint that the race has reached an abnormal condition. The social has been confused with the physiological. That is bad. The religious has been confused with the physiological. That is worse. These things may lead to the tragedy of our species.

In conclusion, it only remains to advert to a very common form of perversion affecting the psychic or the emotional nature. The religious instinct seems to be innate in the species, and, in one form or another, inevitably manifests itself in even the rudest communities. At a very early period in the world's history, however, one will perceive a certain confusion of the erotic instinct with the religious, and as a result many primitive religious rites and ceremonies are found to have been based upon animal love. Indeed, from the very earliest dawn of history up to a time comparatively recent, Phallic Worship was very common among all races.

The ecclesiastical rite of marriage, as it exists to-day, is doubtless the modern relic of an ancient symbol. Moreover, all the mysterious and dramatic incidents of the human life, as we will notice, are still a sacerdotal possession and presided over by the priest. But it was the early Christian Church which led, or more probably encouraged, the revulsion of feeling which the civilization of the time may have begun to feel against the sickening abuses of physiological laws; but the early Christians, instead of being satisfied with the beautiful simplicity of the Homeric period which would have been possible, aimed after an ideal almost grotesque in its impossibility and antagonism to natural laws. The suppression of the erotic instinct altogether was regarded as the great desideratum, and a large part of every religious tradition consists of a repudiation, as degrading and impure, of the ineradicable sexual instincts of the species. The results have been, I think, unfortunate.

An unconscious simplicity would, I think, have been better for the race than the morbid tendency to self-examination and dissimulation which the existing ethical fabric almost presupposes. The neophyte, nursed upon a dogma which teaches him to regard with shame and fear the instincts which are the mainspring of the exist-

ence of the race, early strives to suppress every emotional impulse leading in that direction. A certain psychical perversion is the result, and the unhappy individual gives indirect vent to his natural physiological inclinations through an intellectual channel. The ecstasies of what is known as "conversion," and "sanctification," and "second blessing," are often nothing more and nothing less than a perversion of the erotic instinct, and a vicarious means of sexual gratification. A very striking peculiarity of such perverts is a tendency to lapse from the perverted manifestation of emotion to the natural expression of the same with almost explosive suddenness and frenzy, which shows that such perversions are merely a temporary makeshift of the cramped faculties.

A vast mass of evidence could be brought forward in proof of these statements, chiefly from the class of female celibates which, under existing traditions, is necessarily a very large one; and of this class not more from those who from accident, or choice, or religious scruples have remained in a state of celibacy from the first, than from those who have experienced the natural play of their functions for a time and have subsequently been forced, or found it convenient, to remain in a state of celibacy. Perhaps the most familiar example is to be found in the case of those who, upon the decay of the functions referred to, become perverted in the manner already described, and, having survived their energies, desperately try from mystical vigils and rites to extort from their waning existence an aftermath of emotional excitement. This tendency to perversion is facilitated undoubtedly by the symbolism of sex in constant use in the Christian as in all other religions. In this system of symbolism both sexes are represented, and upon these ideal types the pervert tenaciously fixes his thoughts; one figure being a paragon of manly virtues and the other the complete embodiment of feminine loveliness. Upon these poetic lay figures the mind of the religious pervert luxuriously batters.

Some forms of perversion are so preposterous as to suggest the advisability of placing the patient under proper control; but the majority of cases can only be regarded as personal idiosyncrasies and isolated indications of the insidious process of degeneration which is taking place in the inmost structure of modern civilization.

A MACHINE FOR MANUFACTURING PLASTER-OF-PARIS BANDAGES.

BY H. P. H. GALLOWAY, M.D.,
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To those surgeons whose work requires the use of a large number of plaster-of-paris bandages it is a matter of considerable importance to be able to manufacture them with the least possible

expenditure of time, and also to be sure that the quality of the bandages shall be first-class.

The ordinary method of manufacture of these useful articles is very time-consuming, and the quality of the manufactured product is frequently so inferior as to be exasperating to a surgeon who knows what a really good plaster-of-paris bandage is.

The text-books direct that plaster-of-paris bandages should be made by sprinkling and rubbing the plaster into the fabric which is chosen as the basis of the bandage. This method is so exceedingly inconvenient, however, that a very brief experience with it drove me to seek a more satisfactory way. At first I tried the plan of using a broad-bladed knife with which the plaster was spread over the upper surface of the bandage material with one hand while the bandage was rolled with the other.

For the broad knife I soon saw the advantage of substituting a rectangular piece of wood or glass or metal, with which the excess of a small heap of plaster deposited upon the surface of a strip of bandage was scraped off as the bandage was rolled up, leaving just sufficient in the meshes to produce a good plaster

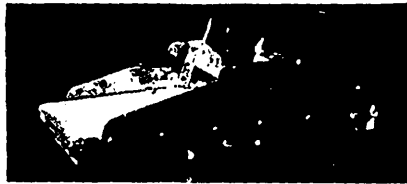


Fig. 1.

bandage. This was a great advance and for a time proved fairly satisfactory. But with further experience the advantage of having some kind of a frame to hold the scraper, leaving both hands free to roll up the bandage, became manifest, and the machine shown in the illustrations, Figs. 1 and 2, was devised to meet this indication.

It is an extremely simple and homely device, consisting of a piece of board about nine inches wide by two feet in length, with two metal sides, which in my own machine are made of aluminum. Riveted to each of these metal sides are two cleats with just sufficient space between them to allow the scraper to slide up and down easily. The cleats are not perpendicular but at such an inclination that the angle which the scraper forms with the wooden bottom is about 75° in front and 105° behind. (The front end is that which is farthest from the operator when the machine is in use.) A couple of screws are placed, one at each side of the board, with their heads barely projecting above the surface, in such a position that the scraper rests upon them, and a very small space is thus left between the lower edge of the scraper and the board. By

raising and lowering these screws the size of this space can be varied, and the amount of plaster left in the bandage as it is rolled up can thus be increased or diminished at will.

The end of the bandage material, of suitable width, is placed underneath the scraper, a heap of plaster is then deposited upon it, and both hands are left free to roll up the bandage, which is automatically filled with just a sufficient amount of plaster. By means of this apparatus plaster bandages can be made with very great rapidity, a dozen or more only requiring a few moments for their manufacture.

It has been suggested to me that an attachment something like that with which the ordinary roller bandages are made might be added to the machine described above, so that by means of a crank the bandage could be wound up. As I am well satisfied with the efficiency of the apparatus in the absence of this modification, and also feel reasonably sure that such an addition would only complicate an otherwise simple machine, I am indisposed to experiment with it any further.

The plaster-of-paris bandages supplied for the use of surgeons,



Fig. 2.

even in many of the hospitals, may well be unfavorably criticised by those who are in the habit of using the best in this line that can be produced.

The defects in them arise from several sources. Very frequently the quality of the plaster used is very inferior, with the result that it sets very slowly. This may be due to the fact that it was of poor quality when first purchased, or that it has been left exposed to the air in a damp place. The best kind of plaster for general use is what is known as dental plaster, and can be purchased from establishments for the supply of dental materials, or from large dealers, of reliable quality and at a reasonable price. When bought in the original barrel and kept in a dry room it seems to remain unchanged for many months.

The fabric used in manufacturing the bandages is hardly less important than the quality of plaster employed. The fault usually present in regard to this part of the bandage is that there is too much substance to it; it is not sufficiently light and open-meshed or it is too closely woven. After trying a number of materials, the very best that I have yet employed is what is known as book-

muslin. There are different qualities of this material, none of which, as far as I have had experience with them, make a very bad material for plaster bandages, and one must by experiment with different kinds find the quality which is most suitable for this work. The chief points to be held in mind in regard to this choice are, that the material be not very closely woven and that it tear readily without leaving ragged edges; and muslin meeting these requirements is not difficult to obtain.

Another fault with the plaster-of-paris bandages usually supplied, is that they contain either too much or too little plaster, usually the latter. When made in the ordinary way, by simply sprinkling and rubbing the plaster into the strips of material with the hand, it is almost impossible to have a uniform quantity of plaster in all parts of the bandage. It is customary in many hospitals for the nurses to provide "mortar" or "plaster cream" to be incorporated in the plaster dressing as the bandages are being put on; and at certain operations when I have brought my own bandages the nurses have manifested considerable surprise when told that mortar would not be required. As ordinarily made, with only the merest sprinkling of plaster within the bandage, the use of mortar is indispensable to secure a sufficient degree of firmness and rigidity to the dressing; but if enough plaster is rolled up in the bandage the use of mortar is entirely unnecessary; and made with the machine described above it will be found that an ordinary number of bandages without the addition of mortar will make a rigid and unyielding dressing, which will also be more durable and better in appearance than a dressing made with the help of mortar.

In exhibiting this contrivance to other practitioners some surprise has been expressed at the amount of plaster which is rolled up with the bandage, and some have even expressed doubt as to whether the amount used was not altogether too much. When it is explained, however, that the use of mortar is not contemplated when the bandages are employed this objection is readily overcome. However, by sinking the screws on which the scraper rests farther into the wooden bottom of the machine, the amount of plaster left in the bandage can be diminished if desired.

A number of machines have, I believe, been devised for the manufacture of plaster bandages. The one described in this article is presented as providing such desirable features as extreme simplicity, ease of manufacture, cheapness, freedom from liability to get out of order, and easy adjustment by each practitioner to his own requirements.

12 Bloor Street East, Toronto.

DR. G. P. SYLVESTER has retired from the business management of the *Canada Lancet*.

Selected Articles.

THE FINANCIAL ASPECT OF MEDICINE.

"I heard the trailing garments of the night
Sweep through her marble halls."

AND I let 'em sweep; for I was weary. My professional duties for the day had been onerous, and the princely remuneration therefor had been fifty-seven cents. The fifty cents I laid prayerfully aside for the foreign mission box, and invested the seven cents in "Old Virginia" Cheroots—you all know the flavor—ancient cabbage leaves, damaged hay seed, and other smells classified and unclassified. While the black and blue smoke wove fantastical wreaths about my pure, snowy brow, I seated myself in my office chair and read my mail. First, I scanned a sight draft from an instrument manufacturer. I should think that those literary critics who so loudly cry for brevity and perspicuity would shriek for joy at the sight draft as the model so long yearned for. The sight draft used to bring terror to my timid soul, and make me long for a lodge in some vast wilderness, in my first years of practice; but after a short practice in Aroostook—which in many ways is a great educator—I have learned that the true inwardness of the sight draft is that you pay whenever the bank cashier is lucky enough to get sight of you, so if you are a bit observant and get your eye on him first, the agony is indefinitely postponed.

The next was an epistle which roused my curiosity somewhat. It was from a book publishing concern. You all have met the representatives of these concerns and have been impressed with their intense yearning for our welfare. They make you feel that they, like us, are working only for the health of the world at large, and recognize in us their ideals as mediums through which they can work to advantage, so to speak. The forceful writer wanted to know if I supposed that they were in the publishing business for amusement. Now I had never devoted a heap of thought to the subject anyway, but had gratefully used all their previous duns to kindle my fire with, and had given them full credit therefor. Now, however, that the matter had been brought to my notice so forcibly, I resolved to devote some thought to it, and remit the curious publishers some of my opinions: The next missive had an effect which Ayer's Hair Vigor and several other infallible proprietary hair invigorators had signally failed in—it started the hair all over my head and also sent a delegation of shivers to play tag up and down my spinal column. This effusion was from my laundress, who informed me in her rude way that she should hold my latest edition of shirts until I paid my old bill. Good heavens! What was I to do? My last shirt—except, of course,

the one I had on—in the hands of that insatiate wretch, who, for a few paltry dimes would consign me to oblivion—without a shirt. How I regretted my recent extravagance! Fifty-seven cents might have temporarily placated my irate laundress and given me a lease of life. But, alas! it was too late! Rob a mission box I would not; and I shrank at the idea of offering her the rest of my cheroots in part payment of my bill. Sadly I turned to the rest of my mail, which proved to be a card from our worthy secretary asking me to write a paper on the Financial Aspect of Medicine—Great Scott! This was the very aspect I had been looking for for years. How did Bell know that I was as ignorant of finance as a babe unborn? It must be a rude joke or unfeeling sarcasm; and here I broke down and emitted a choking sob. How I longed for boyhood's joyous days when I bolted raisins and canned lobster without a thought of coming care, or of appendicitis or ptomaines; and when I didn't dwell within a half-mile of Dr. Boone, with his murderous array of knives and things, and his deadly curiosity to see how a man looks inside out. While my manly breast was struggling with sobs which were aching to be sobbed, my devoted wife, as usual, brought balm for my woe—this time in the shape of an "original package" carefully and ornamentally labelled "B. Varnish," which a friend from the city of Neal Dow had that day donated as a remembrancer. At once it occurred to me that for that peculiar roughness which grief produced in the pharynx and places, "B. Varnish" might have a very soothing effect, and as my remembrance of this friend seemed to need a little stimulation I concluded to bust the "original package." I didn't remember my friend much until I removed the cork, then my recollection grew vivid. In fact I never remembered a friend so long and so deep. I could hear his beloved name in every musical gurgle, and presently I could see his face in the very bottom of the bottle. Peace now spread her snowy wings above me; and relighting my cheroot I sent the curling incense up through her pin feathers with a calm and serene delight. How grateful to my hyperæmic palate was the flavor of that Old Rye, the most unique "varnish" I ever laid on or in for that matter. In fancy I could see the field in which that rye grew. I had forgotten all about my shortage in shirts and things, and was musing on the magic of rye. This rye must have grown in a great field beneath a bland, warm summer sky. I could see it, the tall shining heads nodding to the caresses of the soft wind; I could hear the low tremulous rustle, as if Ceres once more passed through the lane, trailing her regal robes on the rich young earth; I could hear the lilt of the merry lark as he soared high over the shining field in the fair, fresh morn; and I could hear the low, pleasant sound of the wind of the dewy eves billowing the luxuriant grain. About here I couldn't see or hear any more. I stopped smoking, but my cheroot stub fell on my trousers just above "Scarpas Triangle," and kept on—smoking. I think I must have dreamed.

I seemed to be standing by a high and massive wall, in which was a wicket gate. Over the gate was an inscription, "Physician's Paradise." Seeing no one about, I tried the gate, but finding it securely fastened, I contented myself with peeping through. A goodly scene met my view. Broad, green meadows stretched away to a dim horizon line; and here and there gently meandering streams glistened through the verdurous trees that lined their banks. Beautiful villas dotted the landscape at intervals; and in the near background stood a well-built and prosperous-looking town. Now and then elegant equipages, such as favored city physicians drive, with liveried drivers and footmen, swept swiftly up and down the well-made highways. While I was once more trying the gate in hope to gain admittance to this desirable country, a man of patriarchal mien, whom I at once conceived to be St. Peter, approached and accosted me gravely. "What seek ye here, my friend?" "All my life, reverend sir," I replied, "I have sought a physician's paradise, but, alas, in vain; now I would fain enter here." "Know ye the requirements of a physician's entrance here?" quoth he of flowing beard. "Alas! no," I replied, "but I think I can meet all you require, unless you want cash." He smiled somewhat grimly, I thought, and resumed: "This, good sir, is an intermediate stage of human existence to test the fitness of men, whether for endless joy or eternal perdition; you of earth sometimes call it 'Purgatory.'" "But why," I asked, "call it, 'Physician's Paradise'?" "Know, oh, curious mortal," he said oracularly, "that this land, though so fair to look upon, is a land cursed with malaria, and everyone here but physicians have the shakes. The class of people we have mostly here are those of earth, who never paid their doctor's bills. This serves a double purpose: It shakes the cussedness out of some, and all are punished by being obliged, by the law of the land, to employ a physician daily and to pay promptly. Some are too lazy to shake, and some are too mean to pay their doctor's bills, even to gain eternal bliss; and these we send to everlasting perdition." Having delivered himself of this explanation, the patriarch blew his nose vigorously and looked across the country musingly while I noticed a beautiful villa near by asked him whose it was. "That is Dr. Kilburn's, of Presque Isle. He is a hustler just as he was on earth. We are all pleased with him. He often says, 'Damn 'em! let 'em shake as long as the cash holds out.' Yes, we like him." "Is Dr. Boone, of Presque Isle, here?" I asked, thinking that on the compensation plan they might be partial to Aroostook doctors here. "No," he replied, shaking his head sadly, "Boone is a good little fellow, but he only charged a hundred dollars for a laparotomy and half the time he didn't collect that. No, Boone would ruin the purposes of purgatory in one week. We had to let him go where it is several degrees warmer than in Aroostook, and where he never will have to split kindling wood." With a sensation of collapse in my epigastrium, or thereabouts, I asked faintly, if Dr. McNamara, of Presque

Isle, had any show for entering the enclosure. How inscrutable was his wrinkled smile. "McNamara! an amiable sort of idiot. Ruined the morals of half Aroostook by his nominal charges and miserable failures in collecting. Why, every patient he ever had is in here shaking now. But, sir," looking at me keenly from beneath his thatched eyebrows, "who are you?" "I am McNamara!" "Hum," said Peter, "where is the costly mansion you erected for your widow and children while you were on earth." "Sir," I said humbly, "I never got money enough to build a henpen. I always boarded round."

Then seeing his eyes fixed thoughtfully on the ground, I resumed. "But surely my charitable deeds ought to count for something. I attended the widows and fatherless, and—" "Left your own beggars," savagely added Peter. "No, no, you can't come in here, you would only spoil our scheme; but I'll tell you what we'll do with you. You always meant well, no doubt, but it is all idiotic—this doctoring everybody for love, and begging your own family. Now we have a place for harmless, well-meaning imbeciles like you. Its a suburb of the Sulphur Mines, and if you don't mind a breach of ethics, I'll call Dr. — Fitzgerald with his musical tandem to take you down free of charge, if you will buy six bottles of his Oxy-Vitalogen Cure at retail price." Just here that confounded cheroot stub woke me up to the fact that my best trousers would need a patch, and that a smooch of unguentine might gratify the cruel smart of my integument or cuticle, or something anyway that was smarting like fun. After I had rubbed my eyes a bit, it seemed to me that Peter also said something about having an ex-governor of Maine there, but I couldn't recollect what he was there for—not for non-payment of doctor's bills, of course; but it might have been for enforcing the Prohib—but, there! I don't remember, so let it go. Anyway it occurred to me that if I ever expected to get there to see him shake, I had better begin a reform in the matter of collections at once.

I cannot close this paper without giving a little gem from the late Poet Laureate which seems applicable to my subject:

WAKE, WAKE, WAKE.

Wake, wake, wake,
In the dead of the night, M. D.,
On boots while you cuss and mutter
For you know you won't get your fee.

Oh, well for the fisherman's boy,
That he knocks out his sister in play,
But rather than practise up here,
I toil for a sixpence a day.

And the measly beat sneaks on
With his unpaid doctor's bills;
And, oh, for a chance to cram his maw
With Oleum Tigllii pills!

—*Journal of Med. and Sc.*

INFLUENCE OF DRUG IMPRESSIONS—A STUDY IN MEDICAL EMPIRICISM.*

THE symptoms of diseases and their treatment have been narrated a vast number of times, perhaps too many. At the recent meeting of the American Medical Association there were more than 600 papers on the programme, representing the most positive proof of the empiricism of medicine. The mere presentation of such a list of essays at an annual meeting of one medical association means, if it means anything, that medicine is as far from a science to-day as it ever has been in its modern history. Now that the papers of that meeting appear from week to week in print, the search for something definite that will augment the cure of sickness is certain to provide readers, but is an application of what is read likely to benefit the sick beyond the helps employed last year or the year before?

Read them and decide for yourself if your experience in practical therapeutics needs any reminders of the hopeless confusion that reigns since the advent of excessive commercialism in pharmacy, and the birth of a new coal-tar derivative or serum cure for each new day of the year. The profession is kept in a ferment of experimentation at the instance of the industrious chemist and layman. The commendations of worthless drugs are planned and worded with all the conceivable art with which language abounds—practically the same art that is used to enhance the claims of such remedies as are advertised to the public through the secular press. And lately the proprietors have adopted a policy of working their wares at first upon the profession through the medical journals and then later upon the people through the religious and secular papers. The demand for advertising has become so important as a factor of journalism that quack nostrums are now admitted to the advertising pages of the medical journals.

It would seem but natural that ere long, through concerted action by an army of trained physicians, such perfection in the treatment of the sick could be obtained which would satisfy the public as well as justify the profession in their claim to the title of physician. The laity has looked and waited while the experiments have been taking place, covering hundreds of years, and directed by innumerable clinicians, ever hoping to secure perfection in therapeutic methods. The premature taking off of the patients illustrates too frequently how vain the search for success has been, either by the inaptitude of the average physician to comprehend natural method in treatment or by the blinded adherence to chemicals which are so generously recommended in the spurious literature of the advertiser.

* Elmer Leo, M.D., in *New York Medical Times*.

The reforms in treatment, so long as dependence is placed upon a belief in drugs to arrest and change pathologic conditions into normal health, will be slow, insecure and disappointing. The trial of drug remedies has included millions of instances and the time of the entire history of civilization. The failures to cure are strangely ascribed to the selection of the wrong drug or the improper dose, or some other incidental matter pertaining thereto which serves to defeat our expectations. Already the number of preparations devised by the chemist for the drug treatment of disease, according to good authority, exceeds more than 25,000 different remedies. The array of material from which to select is so great as to constitute a perpetual riddle in medicine. Individual judgment as to what remedy and in what dose will ever prevent, judging by analogy from the experience of the past, that simplification and approach to perfection of therapeutic method which is the desire of the age in which we live and the high need of the hour.

Were it possible for the profession to determine to its satisfaction the treatment of a disease so that it could be considered as settled, it could then turn its attention to some other medical problem, and, after its mastery, take up still others, and so on, until the entire list would be completed. A great many years in the professional life are wasted in efforts to master what are, after all, only the non-essentials.

Then, again, the influence of drug impressions upon the mind, from childhood to old age, interferes with fearless and original investigations in other directions of treatment, more simple and truer to nature. It seems to be as difficult to free the mind from the ancient, mediæval and modern beliefs, relative to the popular custom of trying to cure disease by the administration of drug substances, as it is to escape the doctrines of theology.

Dr. Wendell Holmes, in an address before the class of 1861, at Harvard Medical School, spoke the truth in his emphatic and epigrammatic manner as follows: "The disgrace of medicine has been that colossal system of self-deception, in obedience to which mines have been emptied of their cankering minerals, the vegetable kingdom robbed of all its growth, the entrails of animals taxed for their impurities, the poison-bags of reptiles drained of their venom, and all the conceivable abominations thus obtained thrust down the throats of human beings suffering for some fault of organization, nourishment or vital stimulation," for which remarks he came near to excommunication from the orthodox profession.

Confusion arises frequently when an attempt is made to discover the relations between cause and effect, so that it is never certain in the minds of those practitioners who depend upon chemicals for the cure of the patient, which is the symptom of disease and which that of the drug. Besides, the attempt to treat symptoms instead of conditions means much trouble for the physician and generally disaster for the patient.

There is widespread belief that it is necessary to change the

aspect of symptoms of disease by substituting a drug symptom, regardless of the vitality or the general effect upon the patient. For this purpose, a great variety of chemic depressants, excitants, irritants and obstructions are introduced into the human system, thinking that in some way, not very well understood, they contribute advantageously to the natural processes in their efforts to eliminate the cause of the disease.

Charles E. Page, a Boston physician, who is as much a master of practical therapeutics in the treatment of disease as was Dr. Holmes a natural autocrat in the philosophy of medicine, says in a recent communication that "Col. Ingersoll seems to stand precisely where we do as to orthodoxy, and his criticisms of theology and the supernatural would apply equally well to the popular theories of medicine. The literature on the value of water treatment, pure and simple, inside and out, and statistics of comparative death rate, and so forth, are ample and at hand for any inquirers, but the profession prefers to stick to the popular plan of treatment, while aware, as we are, that drug poisoning interrupts and protracts the recovery of the patient. But they are orthodox, misled every way, and the knowledge of natural methods does not penetrate the bomb-proof shell cast about them by the teaching of the medical schools."

In a recent letter from another discerning and successful practitioner he writes as follows: All the ills to which the flesh is heir can (if curable) be treated successfully by hygienic methods. When health is lost it is folly to complicate the case or render it hopeless by taking drug substances. It is worse than folly to surgically mutilate the body when there is not the slightest need. The life-giving agents which nature provides are intended for our use, in sickness as well as in health. They confer a twofold blessing; they keep us well so long as we use them properly; they also restore health when it is impaired. They do this without wasting the vital force and without injuring or destroying the constitution.

Why should a patient swallow a poison because he is ill, or take that which would make a well man sick? Such practice has neither philosophy nor common-sense to recommend it. In sickness the body is already loaded with impurity; that is why it is ill. By taking drug medicines more impurity is added thereby, and the case is further embarrassed and harder to cure.

Furthermore, he states: The judicious use of hygienic agents not only does away with drugging, but with the greater part of surgery. Were the practice of hygiene universal, health would be the rule and sickness the exception. Drugs as curative agents would scarcely be heard of; their uses would be in chemistry and the arts, where they properly belong.

The Hoosier farmer tells of the death of his wife; it is tender and pathetic and contains a moral beneath the homely phrases:

"Lived together forty year, sir,
Her an' me, come next December!

Never hed no trouble, neither,
Died, two year ago in August,
Hed the gripp, or somethin' like it.
'Tuck a powerful sight of quine ine,
And a heap of draps and powders,
And right-smart of other truck, too.
Nothin' seemed to do no good, tho'."

It would be but a brief day, if only natural agencies were employed in the cure of the sick, until the treatment of acute diseases would be established upon a plane of perfection equal to that of mathematics, to the dismay and dispersion of empiricism. It is my experience that, in order to comply with the preconceived opinions of the sick and their friends, drugs in some form are required, not that they exert a curative influence from a pathologic standpoint, but that they appease the patient and satisfy the expectations of the friends. It is nearly or quite as important to satisfy the friends as it is to treat the patient.

For the purpose of complying with the inexorable demand by the patient for medicine, be he "wit," "sage," or "imbecile," use is made of some favorite placebo. The beneficial effect of the placebo is enhanced by a "wise look" and explicit directions, as well as by a judicious make-believe medicine that has a proper tint of red, green or yellow.

In case of stomach derangement of recent date, a lady patient returned to me unexpectedly to say that by mistake she had taken an overdose of medicine, which had greatly alarmed her, and had produced, she said, a similar effect to that of too much morphine. She had been instructed to take one tablet at each dose, which contained nothing but one grain of sugar of milk, whereas the overdose, which had so alarmed her, consisted of two of these sugar of milk tablets. It was hard to keep my equanimity under this amusing circumstance, but the patient was sent away with the remark that she must be more careful in the future not to mistake or exceed the directions.

In another case a mother, whose child was under treatment, complained that the last medicine given her for her use was not entirely satisfactory. Her observation as to the effect of the objectionable remedy was thoroughly received, and tablets of sugar of milk, but of a different color, were substituted for those which had been unsatisfactory. The mother at the time of her next visit to me spoke in the highest praise of my skill in meeting the requirements of her daughter's case which had "baffled the efforts of the professors at the college."

The day is far away when the profession will be able to drop the mystic influences of potions and powders, draughts and placebos in general or special practice. Nevertheless the experience gained in the active work of the profession for many years has taught the valuable lesson of non-reliance upon drug therapeutics for the cure of the sick, much to my own satisfaction and to the rapid recovery

of the patients. A few chemicals have a proper place in the exigencies of the moment, for purely temporary use, but beyond this limit employment there is no physiologic justification for the introduction of drugs or serums into the human organism.

When the departure from the habit of prescribing medicines in the usual form and according to the prevailing popular notions of their utility was first made, it was with acknowledged fear and caution, because the milestones at that time were few and far between on this highway of treatment. The journey along the way since then has been made safe and agreeable by reason of the association with many wise and friendly masters of medicine whom it has been my pleasant experience to meet, and from whom both counsel and encouragement have been received.—*Med. and Surg. Reporter.*

DIPHThERIA AND SCARLET FEVER: THEIR RESTRICTION AND PREVENTION FROM THE PHYSICIAN'S STANDPOINT.

BY CHARLES G. JENNINGS, M.D., DETROIT.

WHILE mindful of the interests of the community, the family physician views the restriction and prevention of the contagious diseases to a large extent from the standpoint of the infected household. He sees as no one else can the mental, physical and financial distress that is brought into a family by the invasion of a grave contagious disease. In this emergency it becomes his duty to give medical aid to the infected patient; to prevent the extension of the disease within the household; to act as counsellor and advocate to the family in its quarantine relations with the sanitary authorities and the public; and lastly, to aid the sanitary authorities in all reasonable and just efforts to restrict the spread of the infection.

From this standpoint this paper will consider the prevention and restriction of scarlatina and diphtheria.

The germ of scarlatina has not been isolated. Our knowledge of its life-history has been gathered from clinical studies of the disease as it appears in man.

The facts that guide the prevention of the disease are:

The short period between exposure and the development of the disease—the period of incubation. This is on the average from three to five days; very rarely seven days.

One attack usually gives immunity through life.

Compared with measles and small-pox the susceptibility of children to scarlatina is not great. Approximately one-half of the children exposed take the disease. After the tenth year susceptibility rapidly declines. Approximately one-twentieth of the adults exposed are infected.

The striking distance of scarlatina is short—but a few feet. To contract the disease a susceptible subject must come in close contact with the infected individual or article.

Scarlatina is very feebly contagious during the period of invasion—that is, before the development of the rash; most contagious during the period of eruption; mildly contagious during the period of desquamation or scaling.

The germ of the disease is not propagated outside the infected individual. Technically the germ is an obligatory parasite.

It is not readily dissipated by exposure to the air as is the germ of measles, for example, but it is very tenacious of life and clings with great pertinacity to infected individuals, apartments, and articles of clothing and furniture. Without thorough disinfection an apartment and its contents may remain a source of infection for months.

Scarlatina is carried with great facility by a third person. The utmost care is demanded from those who are compelled to come in contact with the infection.

The duration of the contagious period is variable. From four to six weeks—that is, to the end of the period of desquamation—is the period usually accepted. This period may be materially shortened in mild cases by careful disinfectant bathing during convalescence, and is sometimes indefinitely prolonged by complications. Four weeks is the minimum time limit adopted by the local health board.

With the knowledge of these facts the prevention of the disease by isolation and disinfection becomes only a question of detail.

Because of its very limited range of action, the immunity of adults and many children, the abruptness and violence of its early symptoms, and the promptness with which it can be recognized, it is the most easily controlled by modern sanitary methods of all the acute infectious diseases. Its control may be considered as a test of the efficiency of the sanitary methods of a community.

Diphtheria is caused by the Klebs-Löffler bacillus. Our recently acquired positive knowledge of the life-history of this organism, its mode of action, and its methods of distribution, together with the production of artificial immunity by antitoxin injection, have made diphtheria a disease in which the possibilities of preventive medicine are most gratifying.

The facts that guide prevention of diphtheria are:

The short period of incubation; from two to five days.

One attack does not give a lasting immunity.

Children are more susceptible than adults. No age, however, is exempt.

Close contact with a patient or infected article is necessary for the communication of the disease.

The secretions from the seat of membranous exudate, usually the nose and throat, are the carriers of the contagion.

Direct infection is the usual method of communication of the

disease. Direct infection may occur from persons convalescent from diphtheria whose throats still contain virulent bacilli. How long such throats retain bacilli is uncertain. They have been found two weeks and longer after the disappearance of the membrane.

Direct infection may also occur from persons suffering from a mild form of the disease which is not recognized as diphtheria.

Virulent bacilli may lurk in the throat and nose of a person who may directly infect another without suffering from the disease himself.

Indirect infection may occur through a third person, or from clothing and other articles that have been in contact with a patient. As a matter of fact, however, infection through a third person, except one who has been in close and prolonged contact with a patient, is not common. As compared with scarlatina and small-pox the danger of communicating diphtheria in this way is insignificant. The popular mind has unduly exaggerated this danger.

Very briefly stated, these are the main clinical facts that guide the physician and public sanitarian in their efforts to restrict the spread of these contagious diseases, and were they able efficiently to execute well-known sanitary methods, scarlatina almost certainly, and diphtheria probably, could be made as rare in our community as is small-pox. They would prevail as this disease does, only at times when centres of infection are imported into our midst. That these diseases are frequent is not the fault of medical and sanitary science, but the fault of those whom science seeks to protect. The community persistently refuses to be protected.

It is unnecessary to consider the details of practical sanitation as applied to these diseases. The principles are: perfect isolation of the infected person during the whole of the infectious period; and thorough disinfection of all persons and things that may be the carriers of infection from the sick to the well.

In the case of diphtheria, however, medical science in the last few years has added to its weapons of defence a remedy and preventive of such far-reaching influence that in its life-saving power it can justly be classed with preventive vaccination for small-pox. I refer to diphtheria antitoxin. With it as a curative agent we have here nothing to do. Its remarkable powers as shown in hundreds of thousands of cases have put that beyond question. As a preventive against diphtheria it is not as yet so thoroughly appreciated. Abundant experimental and clinical evidence has been accumulated to show that antitoxin administered to persons exposed to diphtheria confers an immunity lasting from three to six weeks. The experience of the New York Board of Health shows that at the end of this period about one in a hundred of those exposed develops a mild attack. Of 17,000 exposed persons immunized in this way, but two have died. Immunized children, however, while proof against contagion themselves, may carry it to others.

As vaccination does in small-pox, so antitoxin injection should

go hand in hand with isolation and disinfection in the prevention of diphtheria.

To return to isolation and disinfection. Simple as this may seem, the practical difficulties attending it are at the present time often insurmountable.

The relative efficiency of methods of isolation and disinfection, and the difficulties encountered in executing them, can perhaps best be brought out by considering the methods adopted by the health officials.

Upon notification of the existence of one of these diseases the Health Board through its inspector placards the house, distributes circulars of information to the householder and neighbors, and instructs the family in the regulations of the quarantine. From time to time the inspector visits the house to observe the efficiency of the quarantine and to supply the immediate needs of the isolated household. At the termination of the isolation period, the disinfectant burns a few pounds of sulphur in the infected apartment, with precautions to insure as far as possible the exposure to the disinfectant of all infected articles, removes the placard, and the quarantine is ended.

While the Health Board does all that public sentiment of the present time permits, it must be seen from the above that practically all it does is to warn the community of the presence of the contagious diseases and admonish the infected household of its duty in aiding to protect the community from the spread of the infection. The details of isolation and disinfection—and upon these the whole structure of prevention rests—are carried out by the physician, the nurse, and the members of the household.

But little experience in the care of contagious disease is necessary to appreciate the multitude of detail that is essential to the establishment of the perfect isolation, and to the maintenance of the continuous disinfection that constitutes efficient sanitation. To ensure this demands a house of sufficient size to permit the isolation of the patient, the liberal attendance of the physician during the whole of the isolation period, the constant attendance of a skilled nurse or intelligent relative, and a domestic service ample to supply the many needs of the sick-room. Such conditions can be filled only in the homes of the well-to-do, and from an ample observation the writer can say that the sanitation in contagious diseases among the intelligent people of this community is as near perfect as it can be made. Extension of the disease beyond the confines of these houses is very rare.

In the habitations of the lowly, to carry out the essentials of infection control is too often impossible. As all who are in a position to know will testify, isolation here is a farce and disinfection a fetish.

These people object, and justly, to quarantine that cuts off a family from all outside communication for a month or more. The wage-earner must be confined with the rest, and such a period of

enforced idleness may bring upon a household a financial distress that months of steady and patient toil will not lift. An opulent community has no right in equity or morals to demand such a sacrifice on the part of one of its humble and unfortunate members for its own protection. No one realizes this better than the health authorities, and they are compelled to permit a laxity in the enforcement of the quarantine regulations that renders them practically useless.

The problem of the control of scarlatina and diphtheria, then, is not one that can be settled by more policemen and more sulphur. If it wishes to still further restrict these diseases the community must adopt some plan that will restrict, and place the burden of its maintenance upon those whom restriction benefits.

In his last annual report the able and efficient health officer of Detroit, recognizing the difficulties of practical sanitation in the tenement houses, makes a strong plea for the adoption of the cottage-of-refuge system. In the opinion of the writer this is the only method of control of scarlatina and diphtheria among the poor that offers any reasonable prospect of success. Just what the details of such a system shall be is not for us to consider at this time. Whether on the hospital or cottage plan, it should be a place of refuge where the unfortunate subject of contagious disease shall receive the proper care during his illness, under the guidance of his own physician, and attended by his own nurse or relative; where the case of uncertain diagnosis shall not be in danger of certain infection; and where the convalescent, during a prolonged detention, shall not be exposed to the many secondary infections that infest a crowded sick-ward.

Such a refuge, removed from the possibility of political control, considerate of the rights of the private physician, and of the unfortunate patients, would efficiently protect the community.

Such a plan, I believe, would receive the hearty support of the medical profession. In this, however, as in every extension of its authority over communicable disease, the Health Board encroaches upon the province of the family physician. In the interests of the public health the physician has sacrificed much, and is ready to sacrifice much more. But the health authorities should move with caution, and displace the physician as medical adviser only when the evidence is most certain that the salaried, impersonal public official can accomplish more than the interested, conscientious physician.

The tenement districts and the closely packed and unhygienic homes of the poor are, then, the resting and breeding places of diphtheria and scarlatina. Isolation there is impossible and disinfection impracticable; and until the community sees fit to establish some improved system of dealing with contagion as it there exists, these diseases will continue to steal from these haunts to strike down the cleanly, the provident, and the intelligent.—*Medical Age.*

Proceedings of Societies.

TORONTO MEDICAL SOCIETY.

THE regular meeting was held March 3rd, 1898, in the Council Buildings. Dr. T. F. MacMahon presided. The minutes of the last meeting were read and adopted.

Dr. Hay presented a fibroid of the uterus with appendages, which he had removed recently. The patient was aged 43, had been married a few years and had had no miscarriages. During the last six years she had suffered from profuse menstruation. During the last three months there had been an almost constant flow; she had an abscess of the lung and asthma, but took the chloroform well. The stump was treated by the extra-peritoneal method with a *serre-ncœud*. The case was doing well.

Dr. Oakley reported a case of diabetes, in which he had used dietetic treatment and the various drugs recommended for the disease, with no amelioration of the symptoms. The woman had a diabetic family history and suffered from the classical symptoms, including pruritis vulvæ. For this he used with good effect permanganate of potash solution, two or three grains to the ounce.

Dr. H. H. Oldright reported a case in which slight boiling of the urine brought out the characteristic color. He referred to the treatment recommended by an Italian writer, who advises the use of a vegetable and fruit diet.

Dr. Carveth referred to a case in which it was necessary to boil five minutes before the characteristic reaction was brought out. He reported the case of a man he was keeping on diabetic diet, who got tired of his restrictions and went to the Christian Scientists, who allowed him to partake of what he liked. He soon died as the result.

Dr. Graham Chambers held that Trommers' test alone for sugar was insufficient. The Fehling and the Bismuth tests should be made as well, and the specific gravity determined before deciding on the presence of sugar; for the presence of urates would give the characteristic sugar reaction. Again, sometimes when the liquor potassæ and the copper sulphate have been added to diabetic urine a precipitate does not readily fall. But if only a drop of the copper solution be added, one gets the precipitate much more readily.

Dr. Carveth said he had observed the precautions Dr. Chambers had reverted to.

Dr. MacMahon reported a case of cerebellar tumor. Some two years ago the patient had suffered from trouble with her stomach, accompanied with severe headache and dizziness. Later the eyesight became impaired and constipation marked. Pulse rate 84. Muscular power was distinctly less in the left leg than in the right.

There was marked optic neuritis, followed by complete blindness. Large doses of iodide of potash were given, but the patient did not improve. The patient died. Her attendant at this time secured a post-mortem and sent the specimen which Dr. MacMahon presented. The tumor (probably a sarcoma) involved the right and middle lobes of the cerebellum.

Dr. R. A. Reeve said he had examined the case in the hospital and found double optic neuritis, but he could not recall the data. Double optic neuritis occurs in the great majority of cases of coarse brain lesions, notably in lesions of the cerebellum. The importance of using the ophthalmoscope could not be dwelt upon, despite the fact that there are a few exceptions to the general rule. Dr. Reeve reported on the condition of the fundus of the eye. There was a well-marked papillitis. This was usually a symptom in such tumors, although there were exceptions.

Dr. Parsons, who saw this case, made some remarks on its clinical aspects. He gave an explanation why there was weakness of the limbs on the same side as the tumor, viz., an implication of the fibres (described by an Italian observer) which pass from the corpus dentatum across and exert a sort of controlling influence on the motor area of the opposite side.

Dr. Wm. Oldright reported a case of four months' duration in a woman from whom he had removed a carcinoma of the breast. Two tumors were found in the cerebellum, one one and a half inches in diameter, the other somewhat smaller.

Dr. Stafford read a paper upon melancholia, in which he carefully outlined the clinical history of the disease, and pointed out the bearing which it has upon general constitutional disorder. The course of the symptoms through the various stages of the malady were followed, and the treatment at present in vogue was referred to. Great accentuation was laid upon the risks from suicide and the advisability of confinement in an institution.

This paper was discussed by Drs. Oakley, H. H. Oldright, Wm. Oldright and Webster, Dr. Stafford closing the discussion.

THE INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS, 1898.

THE following are the names of officers of the International Association of Railway Surgeons for this year: President—Surgeon Geo. Ross, Richmond, Va.; Vice-Presidents—Surgeon J. A. Hutchison, Montreal, Canada; Surgeon A. L. Fulton, Kansas City, Mo.; Surgeon De Saussure Ford, Augusta, Ga.; Surgeon John J. Buchanan, Pittsburg, Pa.; Surgeon H. L. Getz, Marshalltown, Ia.; Surgeon R. R. Lawrence, Hartford, Mich.; Surgeon W. Q. Marsh, Sierra Mojada, Mexico; Secretary—Surgeon Louis J. Mitchell, Chicago, Ill.; Treasurer—Surgeon Eugene R. Lewis, Kansas City, Mo.;

Executive Board—Surgeon A. I. Bouffleur, Chairman, Chicago, Ill.; Committee on Transportation—Surgeon W. B. Outten, Chairman, St. Louis, Mo.; Local Committee of Arrangements—Surgeon B. L. Riordan, Chairman, Toronto, Canada.

The meeting will be held in Toronto on Wednesday, Thursday and Friday, July 6th, 7th and 8th, 1898. These dates have been decided on so as not to interfere with other important medical meetings in United States and Canada; also because the weather will be very warm in the country to the south of us about that time, so we may expect a large number of members to come north and enjoy with us the cool breezes of Lake Ontario.

This will be the eleventh annual meeting, and it is the first time the convention has been held outside the borders of the United States. Other places where meetings have been held are: Chicago, Detroit, St. Louis, Omaha, Galveston and Old Point Comfort, Va.

The purposes of the Association are stated in Article 1, Section 2 of the Constitution, viz.:

“The object of the Association shall be to promote acquaintance and fraternal relations among railway surgeons, to secure interchange of ideas and the adoption of the best methods of development and improvement of railway surgery, and to establish it as a special branch of the surgical art.”

At present there are about six hundred members paid up for this year, but many join at each meeting; as an instance, at Galveston we had between eleven hundred and twelve hundred present. Canadian railway surgeons have not been very numerous at the meetings of the Association heretofore—about forty being the largest number during any year—but we expect to have the support of all Canadian surgeons connected with the various railway systems of this country at this the first Canadian meeting. We will have representatives from all important railway centres from Halifax to Vancouver.

Free transportation will be granted to members of the Association connected with railways to and from Toronto upon application through the proper officers of the Company employing such surgeons. C. M. Hays, Esq., General Manager of the Grand Trunk Railway system, has kindly signified his desire to give an excursion to the members attending the Association meetings, from Toronto to the Muskoka Lake district. This excursion will probably take place on Saturday, the day following the closing of the meeting.

Other entertainments of a social nature are being arranged for.

The Chairman of the Committee of Arrangements would be pleased to hear from any Canadian railway surgeon who would favor the meeting with a paper.

Application blanks for membership will be forwarded by the Treasurer of the Association, E. R. Lewis, Kansas City, Mo.

The President suggested the subject of “Shock” for the special consideration of the coming meeting. Different aspects of the

subject will be presented by members already chosen by the President.

A daily journal, *The Railway Surgeon*, will be published during the meeting.

An exhibition of surgical appliances and physicians' supplies generally, will be a feature. At Chicago last year thirty-nine manufacturers had exhibits, some firms having four or five representatives present to show their goods. The duty being now removed from surgical instruments should insure a large show of these goods by foreign manufacturers.

The Executive Board of the Association includes : J. B. Murphy, of Chicago (who introduced Murphy's button); J. N. Jackson, Kansas City; W. B. Outten, St. Louis; J. A. Duncan, Toledo; J. H. Letcher, Henderson, Kentucky; A. I. Bouffleur, Chicago; Frank Lutz, St. Louis.

The Local Committee of Arrangements is in course of formation.

THE AMERICAN MEDICAL ASSOCIATION: SECTION ON MATERIA MEDICA AND THERAPEUTICS.

The following papers and discussions have been promised for the meeting at Denver, Col., June 7-10, 1898 :

"Yellow Fever: Its Etiology and Treatment." Discussion by Surgeon-General George M. Sternberg, M.D., of Washington, D.C.; Prof. John Guit eras, M.D., of Philadelphia; Sollace Mitchell, M.D., of Jacksonville, Fla.; T. S. Scales, M.D., of Mobile, Ala.; G. B. Thornton, M.D., of Memphis, Tenn.; H. M. Bracken, M.D., of Minneapolis, Minn.; P. E. Archinard, M.D., of New Orleans, La.

"Aims of Modern Treatment of Tuberculosis." By Prof. Edwin Klebs, M.D., of Chicago. Discussion by Charles Denison, M.D., of Denver, Col.; C. H. Whitman, M.D., of Los Angeles, Cal.

"Serum Therapy of Tuberculosis." By Prof. S. C. L. Potter, M.D., of San Francisco, Cal. Discussion by Prof. James M. Anders, M.D., of Philadelphia.

"The Therapeutics of Pulmonary Phthisis." By Paul Paquin, M.D., of St. Louis, Mo.

"Tuberculin as a Diagnostic and Curative Agent, with Report of 250 Tubercular Cases Treated." By C. H. Whitman, M.D., of Los Angeles, Cal.

"The Practical Value of Artificial Serum in Medical Cases." By P. C. Remondino, M.D., of San Diego, Cal.

"The Use of Remedies in Diseases of the Heart and Blood-vessels." By T. Lauder Brunton, M.D., D.Sc., F.R.S., London, England.

"The Mescal Button." By Prof. D. W. Prentiss, M.D., of Washington, D.C.

"The Modern Intestinal Antiseptics and Astringents." By William Frankhauser, M.D., of New York.

"To What Extent is Typhoid Fever Favorably Modified in Its Course, Duration, Termination or Sequelæ by the Administration of Drugs." By Frank Woodbury, M.D., of Philadelphia, Pa.

"Strychnine." By J. N. Upshur, M.D., of Richmond, Va.

"Methods of Teaching Materia Medica and Therapeutics." By Prof. G. H. Rohé, M.D., of Baltimore.

"The Study of Materia Medica and Therapeutics." By H. M. Bracken, M.D., of Minneapolis, Minn.

"The Great Therapeutic Importance of a Rational Adaptation of Cathartic Remedies to the Physiological Functions of the Gastro-intestinal System." By E. D. McDaniels, M.D., LL.D., Mobile, Ala.

"Why the Pharmacopœial Preparations Should be Prescribed and Used by the Profession." By Leon L. Solomon, M.D., of Louisville, Ky.

"The Use of Electricity by the General Practitioner." By Caleb Brown, M.D., of Sac City, Ia.

The following have also promised papers, subjects to be announced very soon, together with the day assigned for each discussion and paper:

Dr. J. E. Atkinson, of Baltimore, Md; Dr. Henry Beates, of Philadelphia, Pa.; Dr. T. M. Balliet, of Philadelphia, Pa.; Dr. George F. Butler, of Chicago, Ill.; Dr. Dudley W. Buxton, of London, Eng.; Dr. J. Solis-Cohen, of Philadelphia, Pa.; Dr. N. S. Davis, Jr., of Chicago, Ill.; Dr. P. J. Farnsworth, of Clinton, Ia.; Dr. J. E. Moses, of Kansas City, Mo.; Prof. Joseph Remington, of Philadelphia, Pa.; Dr. L. E. Sayre, of Lawrence, Kas.; Dr. H. V. Sweringen, of Fort Wayne, Ind.; Dr. E. L. Stephens, of Fort Worth, Texas.

The chairman will be pleased to receive and place upon the programme subjects for discussion and papers.

JOHN V. SHOEMAKER, M.D., Chairman.

1519 Walnut Street, Philadelphia, Pa.

THE Cuvier Prize of the Paris Academy of Sciences, 1,500 francs in value, has been given to Prof. Marsh, of Yale University. The Cuvier Prize is awarded once in three years for the most noteworthy work published during that time on either geology or zoology.

A GERMAN doctor has started a theory that most drunkards can be cured by a very simple and pleasant course of treatment—namely, by eating apples at every meal. Apples, if eaten in large quantities, possess properties which entirely do away with the craving that all confirmed drunkards have for drink. Next!—*Jour. Med. and Science.*

The Canadian Journal of Medicine and Surgery

J. J. CASSIDY, M.D.,
EDITOR.

69 BLOOR STREET EAST, TORONTO.

W. A. YOUNG, M.D., L.R.C.P.LOND.,
BUSINESS MANAGER.

145 COLLEGE STREET, TORONTO.

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Orthopedic Surgery—B. E. MCKENZIE, B.A., M.B., Toronto, Surgeon Victoria Hospital for Sick Children; Clinical Lecturer, Orthopedic Surgery, Toronto University; Assistant Surgeon, Ontario Medical College for Women; Member American Orthopedic Society; and H. P. H. GALLOWAY, M.D., Toronto, Orthopedic Surgeon, Toronto Western Hospital.

Oral Surgery—E. H. ADAMS, M.D., D.D.S., Toronto.

Surgical Pathology—T. H. MANLEY, M.D., New York, Professor of Surgery, New York School of Clinical Medicine, New York, etc., etc.

Medicine—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

Gynecology and Obstetrics—GEO. T. MCKENCH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Toronto.

Medical Jurisprudence—W. A. YOUNG, M.D., L.R.C.P. Lond., Eng., Toronto.

Mental Diseases—EZRA H. STAFFORD, M.D., Toronto, Resident Physician, Toronto Asylum for the Insane.

Public Health and Hygiene—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and E. H. ADAMS, M.D., Toronto.

Pharmacology and Therapeutics—A. J. HARRINGTON, M.D., M.R.C.S. Eng., Toronto.

Physiology—A. B. EADIE, M.D., Toronto, Professor of Physiology, Woman's Medical College, Toronto.

Pediatrics—AUGUSTA STOWE GULLEN, M.D., Toronto, Professor of Diseases of Children, Woman's Medical College, Toronto.

Pathology—W. H. PEPPER, M.D., L.R.C.P. Lond., Toronto, Demonstrator of Pathology, Trinity Medical College; Medical Registrar, Toronto General Hospital.

Laryngology and Rhinology—J. D. THORNTON, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

Ophthalmology and Otolaryngology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician, Toronto General Hospital; Oculist and Aurist, Victoria Hospital for Sick Children, Toronto.

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.

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

VOL. III.

TORONTO, APRIL, 1898.

NO. 4.

Editorials.

THE INFLUENCE OF MEDICAL MISSIONARIES IN CHINA.

LAST February the French Chamber of Deputies provided for the establishment of a doctor and pharmacist at Tchoung-King, where the French missionaries have founded a hospital containing eighty beds, and which is capable of accommodating one hundred and eighty patients, also a second similar post at Tchen-Tou, the capital of the Province of Se-Tchouen, and a third at Fou-Tcheou Arsenal, where there are French engineers and foremen, and some colonists from France are expected to settle. During his speech

Mr. Audriffed, who brought the question before the Chamber, showed that the English, German and American medical missionaries must have given an impulse to the use of the pharmaceutical preparations of their respective countries in China, and he contended that if France wished to take scientific cognizance of the valuable medical botany of China and introduce her own pharmaceutical products to the notice of the Chinese people, the proper way to go about it would be to establish French physicians and pharmacists in China.

This seems quite reasonable, for the physician of European or American training will naturally wish to prescribe in his Chinese practice, the preparations of the pharmacopœia with which he is most familiar. From acknowledgments made by M. Audriffed, it appears, that, in the competition for converts the French missionaries have been distanced by their English and American rivals, who have put medical missionaries in the field. Owing largely to the tangible services of a medical character, which the latter have been able to render to the Chinese, they have gained an influence over them which, the French missionaries do not possess.

At Tchoung-King, for instance, an American medical missionary, Dr. McCarterey, has not only given hospital service to the Chinese, but has trained several medical assistants, to whom he has given certificates, by the aid of which they practise medicine in the different parts of the Chinese Empire, carrying with them the influence of America. At Tchen-Tou the English missionaries have acted in a similar manner.

In addition to their efforts towards introducing Christianity among the Chinese, the medical missionaries occasionally render services to science. For instance, the English and German medical missionaries have, for a long time, been accustomed to send to the laboratories of their respective countries the pharmaceutical products of China, thus enabling medical botanists and other scientists to study the properties of these drugs.

We have been informed that there are four Canadian physicians engaged in missionary work among the Chinese. It may be that, sooner or later, other physicians from this country may enter the mission field. Whether the number be great or small, we are sure that the training they have received in the medical schools of Canada will enable them to render valuable medical services to the Chinese. It occurs to us, however, that a Canadian medical missionary, well versed in botany, might collect specimens of valu-

able Chinese medicinal herbs and plants, which could be analyzed in laboratories at Montreal or Toronto. These drugs, if found to possess therapeutic qualities, might subsequently be prepared in a palatable form by the drug manufacturers of this country and returned to China.

Then, again, by sending orders for the necessary medicines and instruments, required in their practice, to Canadian manufacturers, the medical missionaries could aid in developing the trade and commerce of Canada. The shipping facilities from Canada to China are excellent, and that there is a good market waiting for Canadian drugs in China may be gathered from the fact, *that the Chinese consume more drugs than any other nation*. Dr. Deblenne, a French physician, who has recently returned to France from China, reports to his Government, that in the Province of Se-Tchouen, which contains forty millions of inhabitants and is governed by a viceroy, the most important article of commerce, according to the customs' statistics, is opium; MEDICINES occupy the second place; silk takes the third place only.

We do not wish our readers to infer from these statements, that the present and future Canadian medical missionaries in China should neglect their theological functions in order to cultivate medical botany, or push the exportation of drugs. By no means. But, as the value of medical missionaries is largely due to the professional services they are able to render to the sick, and as the Chinese must have medicines, there is no reason why the Canadian medical missionaries should not enrich medical botany by their collections, and the Canadian export drug trade by their orders. When the impulse is once given, the Canadian manufacturers could look after their own interests.

J. J. C.

SURVIVAL OF THE FITTEST.

THAT in some walks of life the struggle for an existence should be so strenuous is, we think, a pretty sure indication that these vocations are not only overcrowded, but overcrowded to the danger point. Wherever human energy is concentrated there will necessarily be competition, and to the spirit of competition or peaceful rivalry is perhaps due every step of human progress. But of late years another meaning has been given to the word competition which differs very widely from the original signification. It

is natural and praiseworthy that a worker in any capacity should be ambitious to do better work than his fellows. It is right that a man should be fond of his work and proud of it when he attains to excellence in it; and when members of the same craft or the same profession vie with one another in the performance of the most perfect workmanship, as much for love of their art as for the material guerdon which may ensue, they may be said to be in legitimate competition with one another; and without such competition life would be indescribably flat.

But when the amount of work to be done is limited and those equipped to perform it are greatly in excess of the number needed for its accomplishment, it must necessarily follow that only a few will have anything to do at all and that the large majority will be unemployed. To this condition of things the term competition has been, we think, falsely applied of late years. The labor to be accomplished is viewed in the light of spoils, and the horde of workmen surround the coveted prey in turbulent warfare with one another. Thrice happy is he who in this war to the knife is able to snatch from the midst of the conflict some portion of the plunder and bear it away. However, it has been said that all is fair in love or war. In this war of competition a great many methods seem to be regarded as fair which, without the light of our venerable proverb, would hardly be so regarded.

Peculiarly to the present conditions in the medical profession do these remarks apply, for of all branches of handicraft the physician's seems to be the most overcrowded. The great desideratum of the present day seems to be a "respectable" calling. We suppose this is one of the unfortunate indications of the prevailing vulgarity of the time. One of the first results of University Extension and universal education of all classes will be that everybody will wish to live by his wits, or as it is sometimes more pompously expressed, be a "brain worker," forgetful of the fact that *we all cannot be parasites!*

The world will support only a limited number of parasites, whether they be physicians, barristers, clergymen or artists; as a tree in the south will support only a given weight of the Spanish moss. When the moss thrives beyond the tree's power of support it kills the tree, and with the fall of the tree comes the extermination of the vegetable parasite. All cannot be doctors and ministers and musicians, but a great part of the population unfortunately has set up as one or the other. This unnatural condition will last until it brings its own heavy punishment, and

then will come the slow and painful readjustment. At present, however, the parasitical class seem in a fair way to destroy the supporting class, and the quarrelling among the parasites affords an amusing tragi-comedy for the cynical observer.

The coveted quarry is the limited demand already referred to, and like birds of prey the workers are at it tooth-and-nail. Some go insane and some turn criminal in self-defence, while the remainder stop apparently at nothing in their undignified strife for an artificial existence. Some washerwomen, we believe, are washing so many shirts a year for so much, by this enticing bait endeavoring to attract to their own laundries a few of the very limited supply of shirts to be washed. The barbers are shaving by ticket with a shampoo for every four tickets; for while there are not enough shirts to keep the laundress busy, the barber complains of a similar scarcity of chins.

In an equally exalted spirit the physician walks up and down the earth in search of patients. He lies in ambush in the church and wheedles the parson. He offers himself humbly for the terrible mysteries and dread rites of a multitude of secret societies. (There is even a competition of secret societies and their number is legion.) Like the barber he beseechingly offers himself by the month, by the year, yes, and even for life, at any figure from half a cent to a cent a day. The physician, may we say, seems on the whole to be making himself rather cheap; but cannot he see that while there are twenty men to perform one man's offices, nineteen must go unemployed even if they offer themselves for nothing?

In the general demoralization the lodge method seems to have attracted the attention of a few who, having possibly failed themselves in turning the lodge to account, rave wildly against the evil. It is not lodge practice that is the primary evil. That is purely a secondary matter. It is the preposterous overcrowding of the profession that has shorn that honorable calling of so much of its dignity and influence. Canada has no army or navy and few manufactories. The civil service is limited, and with so few avenues of outlet, the majority of misguided youths, who have had the homestead of their progenitors mortgaged to facilitate their course through college, had no choice but a profession or a dairy farm. The pernicious smattering of academic wisdom at present in vogue, capped off usually with some Chautauqua course, appears to be quite sufficient to give the aspiring swain a dislike for the care of herds and the bucolic pleasures of the husbandman.

A little knowledge is a dangerous thing, and as a matter of fact these individuals are drunk with new wine. As a consequence thousands of men who might have been useful citizens, good sailors, brave soldiers or mighty mechanics, find themselves through their error in abandoning the "slighted shepherd's trade" for medicine or law, in the incongruous position of having absolutely nothing in the world to do, and having to keep up the difficult appearance of having something to do, and in the interim to live somehow between the two uneasy horns of their dilemma.

E. H. S.

SECRET, PROPRIETARY AND TRADE-MARKED MEDICINAL PREPARATIONS.

WE are very sorry to be obliged to differ from our highly respected contemporary, the *Philadelphia Medical Journal*, on so important a question as the legitimacy of certain medicinal preparations; nor can we altogether admire the tone of its reply to the criticisms of the *Pennsylvania Medical Journal* on this subject. Surely the "holier-than-thou" epithet is not argument, and its use should be left to the nostrum-defenders.

The confusion which these latter gentlemen like to throw about the main question, especially when advertisements are under consideration, seems, very strangely, to have affected in some degree our usually clear-sighted contemporary of Philadelphia. Undoubtedly the true line of cleavage between the permissible and the non-permissible, *ceteris paribus*, is the line of secrecy. Our contemporary rightly insists on this, but it fails to apply the principle correctly. Secrecy takes many different forms, and some of these are the more objectionable that they are sought to be cunningly concealed so that the secret nostrum may masquerade as a preparation devoid of taint. Hidden secrecy is not a paradox or a hyperbole, but a fact well known in the drug trade. Or, most perverse of perversions, there may be a claim or hint of secrecy when no secret exists. But in such a case fraud is intended.

Our contemporary has admitted to its advertising columns preparations, that the *Polyclinic* has consistently refused to advertise. Herein there may be only differences of judgment; one editor or publisher may as easily be mistaken as the other. Neither should call names.

Now as to the principle involved. Some years ago there were

laid down in an editorial article in the *Medical News*, certain rules governing this question, which met with general acceptance from those interested on the side of professional purity; and these may here be repeated. A medicinal preparation may be secret (a) as to its constituents; (b) as to the method of manufacture; (c) as to the composition of the finished product; or (d), as to all of these; and such secrecy may be partial or general. From the standpoint of science or of the interests of the professions of medicine or pharmacy, or of the welfare of humanity, all of these forms of secrecy are to be condemned without qualification.

Nevertheless, under certain circumstances secrecy as to the method of manufacture, etc., does not so far affect the standing of a preparation as to make it obnoxious to the prohibition of the Code of Ethics against the use of nostrums; or to prevent physicians from using it with perfect propriety. That is to say, when the *exact composition* of the finished product is made known, fully and without reserve, the physician need have no greater concern as to how it is made, than as to how the steel of his knives, or the gauze of his dressings is manufactured, or whether his favorite journal has its type set by hand or machine. Quinin sulfate, for example, may be manufactured by a secret or patented process—but the physician can, nevertheless, employ it without hesitation. Few articles, however, other than single chemicals, come under this heading. To take up the various factors of secrecy separately, it may be said;

(a) As to constituents. When the product is a definite chemie element or compound, the materials from which it is made may be secret without rendering the product a nostrum. Such secrecy is highly undesirable, but does not make the preparation unfit for use by physicians. In all other cases the materials from which the preparation is made must be published in full.

(b) As to process of manufacture. When the product is a definite chemie element or compound, or when its exact composition or an accurate scientific description is fully published, the process of manufacture may be secret. Such secrecy is, however, undesirable. In all other cases the process of manufacture must be made known.

(c) As to the composition of the finished product. This must be fully published whenever possible. Nothing must be concealed by suppression or vague statement. Thus let us suppose a preparation termed, e.g., "Purgatin" to be described as "representing or containing ten grains of extract of buckthorn to the fluid-

ounce;" while in addition it likewise contains aloin, of which no mention is made. This is objectionable, and even fraudulent, secrecy. Such secrecy exists. Thus one well-advertised "emulsion of codliver oil and hypophosphites" is said to contain morphin, not mentioned, and another "preparation of codliver oil" has had all the oil carefully filtered out, so that it may be devoid of taste, but no hint of this fact is given to the purchaser. These preparations cannot be considered as legitimate.

There are, however, certain preparations, concerning the final composition of which definite information is lacking; in such cases descriptions of the source and method of manufacture are necessary. In general it may be said that unless the composition can be stated in definite phraseology and exact quantities, all the materials used in preparation, and all the processes of manufacture from first to last, must be stated so accurately, qualitatively and quantitatively, that any pharmacist with the necessary facilities can duplicate the preparation from the information furnished.

To sum up: Either (1) a scientific description of the finished product, or (2) the constituents and processes of manufacture, must be stated fully and definitely in the recognized terms of biology, pharmacy and chemistry.

As to trademarked preparations, there is not much to be said presuming secrecy to be absent. When a descriptive name is trademarked, it creates an objectionable and perpetual monopoly. The article may have to be used, but the influence of physicians should be exerted to discourage the proceeding and to secure the repeal of the laws that permit it. When an article is trademarked under a name not descriptive, there is always a danger of secrecy if not of fraud. If, for example, *Jalap* should be sold as *Sirup of Oranges*, the presumption of intent to deceive would become very strong.

As to patents, the only thing about a medicine that can be patented is the process of manufacture. This involves publication, and a true patent, therefore, at once does away with secrecy. Patents are objectionable from the standpoints of humanity, of the progress of medical science, and of the obligations of physicians to the profession; but there is no impropriety in using remedies that have been manufactured by patented processes. The so-called "patent medicines" are not patented, but are secret or trademarked preparations.

Our contemporary is right in saying that everything is pro-

proprietary; but at the same time it knows, or ought to know, that by a "proprietary medicine" is meant one that is made by a proprietor and cannot be made by others, because of trademark, patent, or secrecy. With our contemporary we prefer to drop the word altogether, and thus be able to fight secrecy in all its forms, cunning or foolish, without confusion or false issues.—*Philadelphia Polyclinic.*

THE MEDICAL TREATMENT OF APPENDICITIS.

DURING the discussions which have filled the medical journals about the indications for the surgical treatment of appendicitis, physicians seem to forget that sometimes a well-conducted medical treatment may also yield in a good many cases very valuable results. Professor Biermer has succeeded in obtaining cures in 98 per cent. of his cases of appendicitis by treating them in the following manner:

As soon as the diagnosis of appendicitis is made, or even suspected, the patient is confined to bed in a state of complete rest; he is not allowed to rise to urinate or defecate; a nurse placed beside his bed is ordered to pass him the bedpan or other articles he may require, and to see that he does not get out of bed. If acute abdominal pain and fever appear an iced compress or a bladder containing a small quantity of ice is placed over the abdomen. If cold applications are insupportable, or even disagreeable, lukewarm compresses, or preferably, linseed meal poultices are substituted, and the latter can be still employed after fever has disappeared and an exudation has formed.

From the beginning of the attack opium is prescribed, whether the patient is suffering from constipation, diarrhoea or simple colic. The tincture of opium may be used, giving to adults from 15 to 20 drops three or four times a day, or $\frac{1}{2}$ grain of morphine repeated three or four times a day. Later on, as the symptoms lessen in severity, the dose of tincture of opium is lessened to 8 or 10 drops three or four times a day.

With regard to the length of time devoted to this treatment all depends on the state of the intestines. As long as there is tenderness on pressure or even sensitiveness in the abdomen, particularly in the iliac region, as long as the swelling of the abdomen tends to increase, or as long as the patient suffers from pains or dragging movements in the abdomen, the use of opium must be continued. Dr. Biermer is even accustomed to leave a small phial of laudanum

with the patient, so that he can take a few drops if he suffers from abdominal pains. No attention is paid to constipation, which is inevitable, though the first voluntary stool should be delayed for fifteen or even twenty days.

The immobilisation of the intestine is also secured by a strictly liquid diet during the first days of the attack. All purgatives or injections are, of course, strictly forbidden.

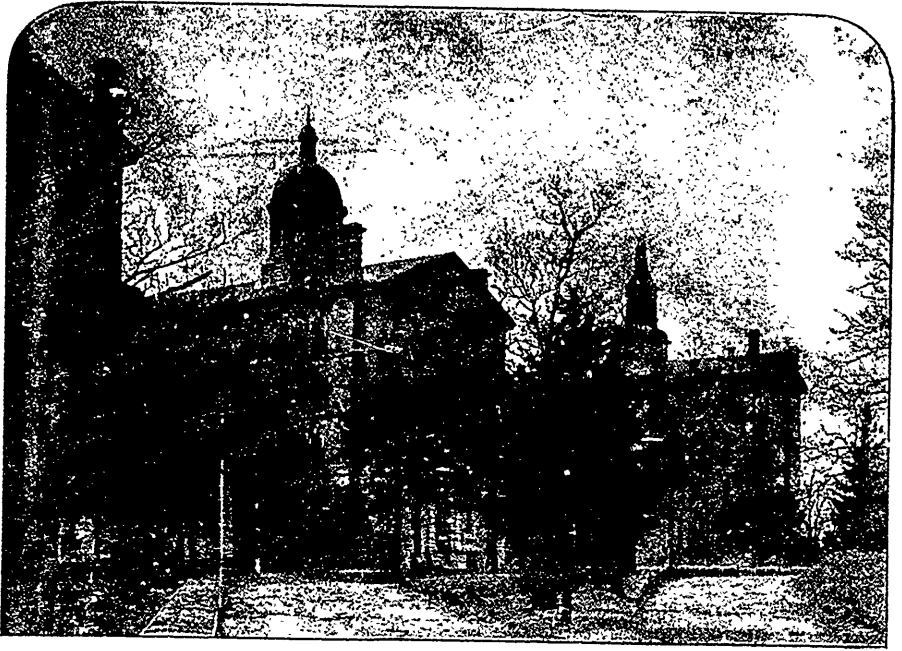
Inclination to vomit and thirst, when very pressing, are treated by allowing small pieces of ice to dissolve in the patient's mouth. If there is no vomiting he gets rice water, toast water, or water containing a little wine, later on, bouillon, and at last, milk. When the pains in the abdomen and the tenderness are quite gone, the opium is discontinued.

The first voluntary stool ordinarily occurs from the fourth to the ninth day after the beginning of the attack. Only after the patient has had two or three such voluntary stools does he receive an enema or aperient. The patient must not rise from bed until he has had several voluntary stools and all tenderness of the abdomen has disappeared. He should be closely watched during convalescence, and should use a special diet from which all foods difficult of digestion should be excluded. During one or two years the patient should carry about with him a phial of tincture of opium, so that he may take a few drops of the medicine in case of colic. Should the exudation persist lukewarm compresses or, if necessary, mud baths should be prescribed.

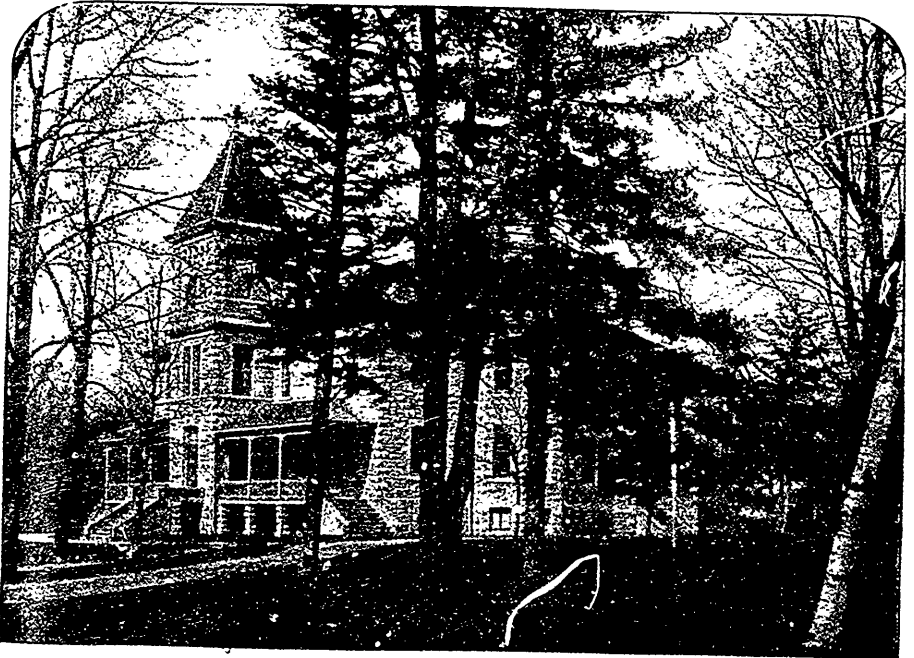
J. J. C.

ROCKWOOD HOSPITAL FOR THE INSANE, KINGSTON.

THE Kingston Asylum for the insane, or Rockwood as it was originally called, and is still called by the general public, had for its first building an old stable erected before 1840 by John S. Cartwright, uncle of Sir Richard Cartwright. In 1854 this stable was converted into an asylum for twenty-four men, and the insane convicts were kept in the penitentiary. About 1859 the new Rockwood Asylum was commenced from plans drawn by William Coverdale, architect. The buildings at the time comprised almost every modern requirement in asylum architecture, and even to-day is regarded as one of the best-arranged institutions in the Province. The building was erected by convict labor, and is massively and strongly built. At first it was occupied as a criminal



ROCKWOOD HOSPITAL, KINGSTON.



BEECHGROVE HOSPITAL, ROCKWOOD, KINGSTON.

institution, but when it was acquired by the Ontario Government in 1876, had received many patients of the non-criminal class. Dr. John P. Litchfield was Medical Superintendent from March, 1855, until he died in 1868. He was succeeded by Dr. John R. Dickson, who resigned on account of ill health on December 31st, 1878. His successor, Dr. W. G. Metcalf, whose tragic death at the hands of a paranoiac, sent a thrill of horror throughout the country, remained in the position from 1878 until August 16th, 1885, and was succeeded by Dr. C. K. Clarke, who is still at the head of the institution. Drs. Litchfield, Dickson and Metcalf were of progressive type, and Dr. Metcalf, being young and active, had placed the institution on an excellent footing when death overtook him. The present management is in strict accordance with the demands of modern progress, and in many particulars Rockwood Hospital has been a pioneer in Ontario. Its training school for nurses was one of the first established in America, and its well-equipped separate hospital (Beechgrove) was the first building of the kind on the continent. Non-restraining has been strictly adhered to for a great number of years.

Rockwood Hospital is beautifully situated on the shores of Lake Ontario, and its grounds are more suggestive of an English gentleman's park than the ornamental grounds of an institution.

Medical Superintendent, Dr. C. K. Clarke; Asst. Medical Superintendent, Dr. J. M. Forster; Asst. Physician, Dr. J. Webster.

PROFESSOR, FORSOOTH!

"THERE is another kind of 'professor' who should not be tolerated. He comes from abroad and sends out his cards: 'Professor So-and-so, Graduate of Paris or Berlin. Electrical Treatment and Massage.' He is willing to take cases sent by a doctor, or will treat anyone who applies directly. Though not a medical man, he practises medicine and we permit him to do so. Every patient he secures is at the expense of some legally qualified practitioner, who has a right to expect protection from this sort of competition. Still medical men will, out of the kindness of their hearts or unthinkingly, support these men who call themselves professors and lose no opportunity to build up paying practices for themselves, independent of the support of the medical profession."

We quote the last paragraph from an editorial upon "Influence

of the Professor in the Struggles of the Practitioner," in a recent issue of the *Medical Record*, New York. May we, in our more brusque way, reiterate this statement. For some time we have been intending to speak of one species of the genus "Professor," and we smile as we think, even in a small Canadian city, how many there are, how they live, move and cut a wide swath in two places, the first, their own imagination, the second, the advertisement columns of the daily papers. They read nicely, don't they? Professor Blankety Blank, from Kilkeuny (where the cats come from!!!) cures every disease by the great new power—Electricity. The gullible public, for a time at least, answer this advertisement by going in numbers and are *shocked*, especially in the purse pocket. Do these "professors" injure the regular practitioners? Most assuredly they do. They take the fees for unskilful treatment, which should find their way into the coffers of the skilful physician.

A few of these "professors," we are sorry to say, are recruited from the ranks of qualified medical men, who, perchance, through want of pennies and patients, have given up the ethical fight for existence, and, indeed, to many the temptation must come, especially in the overcrowded cities, to step down and out. For, in justice to the medical public, it should be understood these parasites have stepped "down and out," and deserve ostracism by the entire medical profession; they also should be taught, if not already cognizant of the fact, that between the practitioner of medicine and the "professor" of cure all ills, there is fixed an impassable gulf.

These "professors," and others of their ilk, who still retain the qualification of M.D., but who resort to everything but a poster and a string band to advertise themselves, are also a great menace to the young medical man just starting life. For instance, as the young practitioner passes by and sees one of these anomalies (with "professor" before and M.D. after the name that some poor fools stood sponsors for) raking in the shekels, he thinks of the castle in Spain he built, in his student days, with its wonderful tower of ambition. Alas, the beautiful picture has merged now into an impressionist's daub, all in shadowy grey. He thinks of the empty purse, the scarcity of patients, and a great bitterness seizes the soul of him; then the temptation, perchance, comes to quit the ranks of ethical practitioners. As the vision broadens, he sees piles of gold, and, for the moment, diamonds are t. amps. But if, just at that moment, he is allowed to compare values by the approach of a physician of the old school, a cordial greeting is extended to the

young man by the old professor (the genuine article this time), one of the men who made the title necessary, and by such only should it ever have been borne. The young physician sees in the old face the lines that tell of great fortitude, patience and decision; then he thinks, after all, it is worth much to be an honored practitioner like his old friend, a member (though obscure indeed he feels himself) of the great brotherhood, and he says to himself, "Starve, if I must, but inside the ranks I'll stay, and die game."

W. A. Y.

SUBSTITUTION.

AMONG the strange and objectionable practices observable in people engaged in different branches of business, there is none which betokens a greater anxiety to get money without giving full value therefor than substitution. It always indicates, no matter what the character of the desired purchase may be, that the buyer does not really know what he wants, and that being in a vacuous mental condition he is quite willing to accept the suggestion of the seller.

If the substituted goods are really worth as much as those asked for, the merchant may apply the flattering unction to his soul and congratulate himself on putting money in his own purse without abstracting it feloniously from that of his customer.

When a physician writes his own formula he expects that the medicine will be prepared according to his directions, and if the pharmacist deviates from the formula, unless for grave reasons, he lays himself open to a charge of dishonesty. The formula is the property of the patient, who is entitled to have it put up according to the written directions.

Should a physician prescribe a patent medicine, the owner of the prescription is entitled to the same consideration. The medicinal preparation is selected by the physician, the pharmacist is merely the dispenser and should he not have the required preparation, he should procure it, or, if this cannot be done, should not undertake to substitute another in its place. Changing an order is dishonest and should be met with the strongest condemnation.

We are pleased to learn that this objectionable habit has not taken hold of the Toronto pharmacists. Some of them may have been smitten with it, but only a very small minority. What a physician orders the patient gets. It is the duty of the physician,

however, to see that the pharmacist with whom he deals keeps in stock the preparations he requires. If he allows his prescriptions to be dispensed at any pharmacy, the patient may not always get what the prescriber intends, although to quote the hackneyed phrase, it is said to be "just as good." J. J. C.

A SURE CURE FOR HOSPITAL ABUSE.

WE are more than pleased to learn, and we had only the good fortune to come to the knowledge of the fact recently, that the Philadelphia Polyclinic has taken a firm stand to stop the system of hospital abuse so prevalent. Every person presenting him or herself at the hospital for free treatment is handed by the janitor a blank, which they are requested to have carefully filled out and signed BEFORE receiving the treatment requested.

I hereby certify that I am unable to pay for the services of a doctor, and on that account consider myself a proper person for free treatment in the dispensaries of the Polyclinic Hospital.

Name.....

Address.....

The following persons know that I am not able to employ a doctor:

Name.....

Address.....

Name.....

Address.....

This method has been found most effectual in preventing imposition, only a small percentage of the cards coming back properly filled out. All honor to the Philadelphia Polyclinic. "Awake thou that sleepest," and let all Toronto, yeu, all our Canadian hospitals, "go and do likewise." W. A. Y.

THE ETHICS OF MEDICAL WRITING.

WE cannot say that we agree with the views of our respected exchange, the *Philadelphia Medical Journal*, expressed in an editorial appearing in its issue of the 19th ult., wherein it claims that all editorials appearing in medical journals should go unsigned, and that the journal should assume all responsibility therefor. It is only a matter of a difference of opinion, and our contemporary has a perfect right to its own, but not necessarily to insist that such should be generally adopted. We think that the staff of any particular journal, who take sufficient active interest in its welfare to contribute to its pages, should assume the responsibility, if responsibility there be, of their particular views on any subject, otherwise at some juncture there might be a certain amount of confusion. We will suppose, for example, that one member of a staff of collaborators wishes to write a short article on serum therapy, in which he incorporates certain ideas not in accord with all of his confreres. Why, in that case, should the editor-in-chief of that journal have to stand the brunt of the battle if afterwards any discussion ensued on the subject? We think that what a writer says in print, be it in the form of an editorial or otherwise, he should be prepared to stand by. Perhaps our contemporary holds the opinion that, by the initialing of such paragraphs, the writers have a foolish idea that it gives them a certain amount of quiet advertising among their confreres. Nothing so small. It simply entails a personal responsibility for views expressed.

W. A. Y.

CHRISTIAN SCIENCE IN THE STATE OF PENNSYLVANIA.

WE are pleased to notice that the Christian Scientists were severely sat upon by one of the judges of the State of Pennsylvania recently. A sect of these so-called religionists had applied for a charter for the First Church of Christian Scientists, but which was promptly refused. The judge, in handing down his judgment, said that had they, the applicants, been a purely religious body, all would have been well and their application promptly granted, but when they wanted "a charter to give them the privilege to violate the laws of the State, no such charter could be granted." The judge pointed out that for them to treat small-

pox, consumption, cancer or serofula would be a distinct violation of the Act of March 24, 1877, which demands the proper education of every person who undertakes to treat diseases. W. A. Y.

A RETURN TO THE OLD STYLE OF TREATMENT.

THE antiseptic method of treating vulvo-vaginitis does not appear to give much satisfaction. Dr. Behrend, of Berlin, has had nothing but failures with it, so that he has gone back to the old style of treatment, which gives him altogether better results. He treats vulvo-vaginitis of gonorrhœal origin by irrigation with a solution of alum; subsequently he tampons the vagina with cotton wadding steeped in a solution of alum, having previously applied a 10 per cent. solution of chloride of zinc to the cervix uteri. Iodoform, introduced into the vagina by an insufflator, causes the secondary vaginitis to disappear rapidly. Secondary urethritis and inflammation of the vulvo-vaginal glands disappear spontaneously after the vulvo-vaginitis is cured. J. J. C.

THE ONTARIO MEDICAL ASSOCIATION.

THE 18th annual meeting of the Ontario Medical Association will be held in Toronto, June 1st and 2nd, under the presidency of Dr. Wm. Britton. Invitations have been extended to Lauder, Brunton, Professors Adami and Jas. Bell, of Montreal; Professor MacCallum, of London, leads in Medicine; Professor G. A. Peters, Toronto, in Surgery; Dr. Allen Baines, Toronto, in Diseases of Children; and Dr. H. Howett, in Gynecology. A large number of papers have been promised and a goodly attendance expected.

WE think it will interest our readers to carefully peruse the letter signed "Practitioner" appearing in this issue of the JOURNAL. We invite correspondence on the subject, and cannot but think that what "Practitioner" says is right, and we look forward to the time when such an idea will be adopted in all our hospitals and the present system of robbery cease forever. W. A. Y.

Correspondence.

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

HOSPITAL ABUSE.

TORONTO, *March 14th, 1898.*

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

DEAR SIR,—With your kind permission I wish to say a few words about a form of hospital abuse which has become very prevalent. I refer to patients who are well able to pay their regular medical attendant, but who prefer to go to hospital and pay from \$2.80 to \$6.00 per week, *because they can there receive free attendance*, either medical or surgical, from members of the staff. It is even reported that free attendance is held out to these people as an inducement to take a bed in hospital. It has become a common thing from one end of this province to the other for patients of this class to leave their physician and go to hospital and think they have a perfect right to do so. They think the Government pays the hospital staff, and consequently they have a right to free treatment.

If my patient leaves me and goes to some other physician I can find no fault, but if he leaves me and goes to a hospital, which, as a ratepayer I help to support, I feel a just cause for objection.

This abuse affects the country physician, inasmuch as he often loses a patient which he otherwise would treat at home, but who will return to him for treatment when again sick; but with the city physician the patient is not only lost for the time, but it may be for all time.

The hospital physician has no desire to steal patients in this way, but if he attend a patient through serious illness in hospital, he may be called on to attend him as a private patient next time.

I would propose as a remedy for this state of affairs that no patient be given free treatment in hospital except he receive his hospital maintenance from the municipality in which he resides.

If this were done the hospital physician or surgeon would receive pay for all his work where people were able to pay, and where they were not able he would feel his work one of sweet charity and not imposition.

Some would object that this would be giving a bonus to

members of the hospital staffs, but if they do the work they should have the pay.

At present the hospital staffs give more in work to the hospitals than the whole city gives, besides their share of the city taxes, and it is a fraud on them that patients well able to pay should get free treatment simply by paying for a hospital bed.

It is to be hoped this question will be taken up by some of your correspondents better able to deal with it than myself, and especially by medical societies throughout the country, and agitation continued until the hospitals do justice to the profession.

Yours truly,

PRACTITIONER.

Personals, Etc.

DR. M. CURRIE has taken up practice at No. 12 Carlton Street.

DR. LESLIE SWEETNAM will be absent from Toronto all this month.

DR. T. WYLIE will act as scrutineer in the coming Medical Council election.

DR. MATTHEWS has resigned the House-Surgeonship of the Home for Incurables, Parkdale.

DR. WARNER has moved a few doors east of his former address,—to No. 10 Carlton Street.

THE house occupied by the late Dr. James Burns, at 7 College Street, has been taken by a dentist.

THE most highly decorated member of the profession in England is said to be Sir William McCormack.

DR. FOTHERINGHAM has moved across the street to 38 Carlton Street, one of the houses recently erected.

DR. C. F. MOORE contemplates removing from College Street to 91 Bellevue Avenue about the 1st of May.

DR. DWYER, Medical Superintendent of St. Michael's Hospital, has opened a private office at 106 Wilton Avenue.

DR. GEO. CARVETH has purchased the Hunter property on the corner of College and Huron streets, and will move there very soon.

SURGEON-LIEUT. FOSTER of the 67th Battalion has been appointed medical officer to the Yukon expedition, which will leave for that country this month.

DR. F. J. SHEPHERD, of Montreal, was elected a member of the Executive Committee of Association of American Anatomists at the recent meeting at Ithaca, N.Y.

SIR RICHARD QUAIN, Bart., Physician-Extraordinary to Her Majesty, President of the General Medical Council, and editor of the *Dictionary of Medicine*, died last month.

DR. R. HARVEY REED, who recently moved to Rock Springs, Wyo., from Columbus, Ohio, has been appointed Surgeon-General of the National Guard of Wyoming, with the rank of Colonel.

ANY Doctor intending to attend the meeting of the American Medical Association, at Denver, Col., in June, will hear of something to his advantage by communicating at once with the JOURNAL.

THE graduating class of the Medical Department of Baltimore University, numbering more than one hundred young physicians and surgeons, has passed resolutions offering the services of all the members to the Government in case of war with Spain.

DR. S. M. HAY and Mrs. Hay, of Spadina Avenue, are spending a couple of months in California. Dr. Hay during his absence will also visit the principal western cities, including Denver, Col., with a view to perfecting his knowledge in abdominal work. Dr. Perry Doolittle accompanied Dr. Hay on this delightful trip.

THE management of the *Western Medical and Surgical Gazette*, published at Denver, Col., intend getting out a special number in connection with the American Medical Association this summer. It will be profusely illustrated with half-tones of different parts of the State of Colorado, and altogether will be worth keeping. Any medical man desiring a copy can secure one by sending two three-cent stamps to the office of publication.

ON January 19th, Dr. Dawson Williams was unanimously elected editor of the *British Medical Journal*. He has been assistant editor for the past seventeen years, having full charge during the absence of Mr. Hart. He was present during the Montreal meeting of the British Medical Association. Mr. C. Louis Taylor, for eleven years past sub-editor, was appointed assistant editor with Dr. Williams.

The Physician's Library.

The Nervous System and its Diseases. A practical treatise on Neurology for the use of physicians and students. By Chas. K. Mills, M.D., Professor of Mental Diseases and of Medical Jurisprudence in the University of Pennsylvania; Clinical Professor of Neurology in the Woman's Medical College of Pennsylvania; Professor of Diseases of the Nervous System in Philadelphia Polyclinic, etc., etc. Diseases of the Brain and Cranial Nerves, with a general introduction on the study and treatment of Nervous Diseases. With 459 illustrations. Philadelphia: J. B. Lippincott Co.; London: 6 Henrietta Street, Covent Garden, 1898.

There is no branch of medicine, which so much required a clear and lucid work, at least on this side of the Atlantic, as did Neurology. We think we are correct in saying, that with the exception of a work of great merit by England's Neurologist, Gowers, there was not in existence till now any book, more than a manual, which attempted to go into the diseases of the nervous system to any extent at all. It may not be therefore, owing to that fact, complimentary to the author of this book to say that the one under discussion "fills the bill." But whether or not, it remains however a fact, that Mill's "Diseases of the Nervous System" will be adopted by American neurologists and the profession at large from this date. We are pleased to note that the author wisely decided to make the work complete in one volume, and did not bring out what is known as a system which often proves a very weariness to the flesh. Dr. Mills in this work has gone into the discussion of nervous diseases in general, but has not by any means failed to discuss in full diseases of the brain and cranial nerves. The introductory chapters have been made full. They comprise the Embryology, Physiology, Chemistry and also the Anatomy of the Nervous System, with a general consideration of the General Pathology, Etiology and Symptomatology of Nervous Diseases. The methods followed all through the book, the author admits, are based mainly upon experience in private and hospital practice. Considerable space has been devoted to the subject of localization, a subject of such keen interest to all physicians. The author does not follow the usual order in which cranial nerves are enumerated in discussing them, affections of the special nerves being considered together. Something which has been treated too lightly in the past in works of this character, has been affections of the sense of taste. Mills has however given considerable attention to this chapter. The illustrations all through the book are well executed and almost all new. We heartily recommend this book to all who want something fully up-to-date. Finding at the last that it was impossible

to include Insanity and the Medical Jurisprudence of both Nervous and Mental Diseases in this volume, the author intends, possibly in the near future, to publish another volume dealing with those branches.

The Doctor's Window. Poems by the Doctor, for the Doctor and about the Doctor. Edited by Ina Russelle Warren, with an Introduction by Wm. Pepper, M.D., LL.D. Buffalo: Charles Wells Moulton, 1898. Price in cloth, \$2.50; in morocco, \$5.00.

A perusal of this beautiful volume will prove a twofold revelation to the physician. He will be amazed to find what a large number of eminent poets have been members of the medical profession, and, conversely, how many physicians have found time for the softer graces of literature. On the other hand, his eyes will be opened to the innumerable phases of heroism, pathos and romance, which are to be found every day in the round of his own professional duties, touches of human poetry which, through long familiarity, have possibly escaped his notice altogether.

The sentiment and the inspiration of the medical profession are well represented in this sumptuous volume. From grave to gay, from pleasant to severe, the familiar objects and the daily drama of the doctor's life are here called back to memory in the fresh coloring of the imagination, and softly illuminated with the spirit of poesy.

It is a widely representative volume both as concerns time and country. There are good translations from several languages; and from the time of Thomas Tusser, with his Five Hundred Points of Good Husbandry, to William Ernest Henley of our own day, all that is good has been judiciously selected and embodied in this work. The polished Garth, the quaint Armstrong, and the brilliant Oliver Wendell Holmes appear in the foreground, surrounded by over a hundred other medical men of genius. As the physician turns the pages he cannot avoid a feeling of pride in belonging to a profession which can furnish a subject so nobly dramatic, and men of refinement to set it forth.

All that could be done to add to the literary value of the book has been done by the publishers, and with its rich and æsthetic binding, heavy, uncut parchment paper, tasteful type and numerous engravings, it makes a book that will alike rejoice the heart of the bibliophile or the casual reader. We especially bespeak a kindly reception for this work in Canada, where we know there are many of cultivated tastes who will appreciate it.

E. H. S.

The Lion and the Lilies, a Tale of the Conquest, and Other Poems.
By Charles Edwin Jakeway, M.D. Toronto: Wm. Briggs, 1897.

While this volume of poetry by Dr. Jakeway contains no references to the life of the physician, it is certainly a work of exceptional interest to the Canadian reader on account of the

historical events, which are here given a fine poetic setting. The initial poem of the book is about the same length as the *Endymion* of Keats, and while lacking the richness of imagery, is written in the same unartificial and flowing style. Those who find the exact measure of Pope or Dryden distasteful will enjoy the artless and untrammelled versification of this poem, where a great historical epoch is portrayed, an epoch in which all Canadian readers will take a lively interest. There are besides a number of spirited ballads and one or two simple idyls of rural life, of which one in particular recurs to memory, "Dinner is ready, Tom," a poem in which there is an admixture of archness and pathos, making a picture of singular beauty.

The complaint against the medical profession, a complaint which we are afraid is becoming more and more frequent, that the physician's idea of humor is grotesque and coarse, and that his social conversation is usually unconvivial and obscure, will, we hope, at least find a partial repudiation in the above books by physicians, where there is not a base word or thought.

E. H. S.

Memory and Its Cultivation. By F. W. Edridge-Green, M.D., F.R.C.S. New York: D. Appleton & Co., 1897.

When one considers the rather unscientific methods which are so frequently devised to assist in the memory of facts it is a great satisfaction to find a work so well based upon scientific data as is this little volume by Dr. Green.

The work is written in two parts. The first has to do with the anatomy of the brain and the study of its functions. The second part deduces practical rules, which are based on the former. "In an age which is specially characterized by intellectual progress, much time must necessarily be spent in the acquirement of knowledge which will serve as a basis for further development." Hence any rules which are logical and resting upon a scientific basis will be found helpful.

It will, perhaps, be difficult or impossible for many laymen to read the first part of the book, which is much the greater; but the second, which is thoroughly practical, may be read independently of the former, and such a connected knowledge of the former may be obtained as will enable the reader to follow the principles upon which the second part is based. To say that the first part is without fault would be uttering words of praise higher than the facts warrant. The author seems to show too marked a leaning toward the old teaching of phrenology, and yet it is only just to say that he is not its slave, but that he shows a well-marked independence.

This work should be in the hands of every teacher. To enable the young to carry out the principles that are here laid down, and to observe the rules which are given in its second part, will aid the development of a memory that will be of great service to every worker in intellectual pursuits.

B. E. M.

The Habitant, and other French-Canadian Poems. By William Henry Drummond, M.D., with introduction by Louis Frechette, and illustrations by T. S. Coburn. New York: G. P. Putnam's Sons, 1897.

Everyone will remember the song of the Julie Plante, "On wan dark night on Lac St. Pierre," which was sung and recited all over Canada a dozen years ago, the work, as inquiry proved at the time, of an anonymous writer, who we have recently learned was no less a person than the gifted Dr. Drummond, of Montreal. He has since written many more poems in the same inimitable vein, which have from time to time appeared in various magazines, and it will be with pleasure that his friends learn that he has collected these into a permanent volume.

More especially will the members of the medical profession give his work a cordial welcome as a book which is not only the work of a fellow-craftsman, but as a book which contains some of the best literary work of that genre yet accomplished by a Canadian. The collection contains, moreover, a poem, "Ole Docteur Fiset," which, I think, is the best of the sort yet written. It does not affect the vulgar puerilities which for some reason or other are regarded in some quarters as the chief charm of "Doc. Sifers," that much overestimated effusion by J. W. Riley; and while Carleton's "County Doctor" has many pathetic touches, there is a sincerity and a lifelike reality in Dr. Drummond's poem which, I think, will give it a higher place as one of the classics of *Æsculapian belles-lettres*.

The book is an *édition de luxe* and is embellished with between ten and twenty exquisitely executed engravings. E. H. S.

Therapeutics of Infancy and Childhood. By A. Jacobi, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Columbia University, New York; late President of the Association of American Physicians, of the New York Academy of Medicine, of the Medical Societies of the County and of the State of New York, etc., etc., etc. Second edition. Philadelphia: J. B. Lippincott Co., 1898.

The mere fact that it was the author of this book who, as far back as 1860, established on this continent the first systematic course of clinical instruction in the diseases of children, makes this work of value as affording to the profession at large a compact picture of the therapeutics of infancy and childhood as viewed by one well able to act as teacher. The work is devoted most largely to diet and hygiene, as well as a goodly part of it to the action of medicines, as Dr. Jacobi believes strongly that medicine is to the physician what the knife is to the surgeon. Considerable attention has been given to both etiology and symptomatology, as "without a diagnosis of the morbid process and of its evolution, and without the appreciation of its influence on the patient, no rational therapy

can be thought of." One point which will be appreciated by the reader is that considerable length has been given to the differential diagnosis. Owing to the partiality shown by some for the metric system, the author has alternated the old with the new in referring to the prescription to be used in treatment, considerably more care having been used in this edition in the discussion of doses of drugs. In a word, verbosity has been avoided and the plan of condensation followed all through the work.

Uric Acid as a Factor in the Causation of Disease. A contribution to the pathology of high blood pressure, headache, epilepsy, mental depression, paroxysmal hæmoglobinuria and anæmia, Bright's disease, diabetes, gout, rheumatism and other disorders. By Alex. Hay, M.A., M.D. Oxon., F.R.C.P., Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women; late Casualty Physician to St. Bartholomew's Hospital. Fourth edition, with 65 illustrations. London: J. & A. Churchill, 7 Great Marlborough Street, 1897.

The immense sale of the last edition of this work necessitated very soon a new one largely increased in size. The fourth edition contains the result of new investigations by the author, and also a large amount of fresh material inserted "in reply to criticisms by fellow-workers." It can be certainly said that Dr. Hay has written this book as the result of personal research work, as it is full of the brightest and crispest chapters, each one being more interesting than the preceding one. There are almost too many additions to this edition of the book to be referred to singly. Amongst others there are: The treatment of chlorosis; the demonstration of uric acid and xanthin in the blood; the effects of wines, acids and alcohol on the acidity of the urine; the accidental causation of endocarditis by drugs, and many others. The book is exceedingly readable.

Doctor and Patient: Hints to Both. By Dr. Robert Gersuny, Director and Principal Visiting Surgeon of the Rudolfinerhaus, Vienna. Translated, with the permission of the author, by A. S. Levetus, with a Preface by D. J. Leech, M.D., F.R.C.P., etc., Professor of Pharmacology in the Queen's College and Victoria University. Bristol: John Wright & Co. London: Simpkin Marshall; Hamilton, Kent & Co., Limited; Herschfeld Bros., 82 High Holborn. Price, 2 shillings.

"Common-sense does not concern itself merely with the symptoms of disease, but keeps its eyes open," so says the author of this concise little volume. The relation between physician and patient is and has been the subject of essay, editorial and newspaper joke, and yet any rules of "thou shalt" or "thou shalt not" have not been laid down for the benefit of the verdant young fool of a medical man starting out in life full of the pondrous knowledge of

medical lore, but often sadly lacking in the knowledge of how to acquit himself in the intricate relations which sometimes occur between physician and patient. This book may prove valuable to many whose former blunders may simply have arisen from brusqueness, or their having studied themselves in the light of—"as others see them."

Munsey's Magazine, New York, published monthly. Price, \$1.00.

It did not require the recent visit (to the Press Association at Ottawa) of the publisher of this splendid magazine to introduce the name of Munsey to Canada. Hardly a home of even moderate means into which this publication has not found its way. It abounds in well-chosen articles, verse and story, and also appeals strongly to the artistic side of the reader's nature, through the numerous half-tone illustrations which it contains.

The Outlook, New York, published weekly. Price, \$3.00 year.

Weekly magazines are many and moments of leisure for reading are comparatively few, consequently a careful choice has to be made and only those journals selected which contain the most profitable reading, combining, of course, the necessary element of entertainment. *The Outlook* is well edited and is worthy of a place on the library table of every busy householder.

ANNOUNCEMENT OF NEW BOOKS.

THE following books are in press and will soon be issued by the publishers, J. B. Flint & Co., 104 Fulton Street, New York:

Flint's Encyclopedia of Medicine and Surgery. Second (1898) edition, 1555 pages, revised with the assistance of fifty-six contributors, and thoroughly in line with recent advances in medical science. Cloth, \$5.00; leather or half mor., \$6.00.

Hartley-Auvard System of Obstetrics. Third (1898) edition, 436 pages, 543 illustrations. Revised by Dr. John D. Hartley. This work is essentially Auvard, and embodies the author's personal experience. The text is clearly pictured by hundreds of original drawings to be found in no other book. Cloth, \$4.00; leather or half mor., \$5.00.

Pozzi System of Gynecology. Third edition. Revised by Dr. John D. Hartley.

THE publishers of the *Monthly Cyclopedia* are to be congratulated upon the initial numbers of that journal under its new name. We can conceive of nothing which could be more up to date than the methods adopted by the editor. The material from cover to cover is crisp, and is presented in such a form as to be very readable. We portend a greatly increased circulation for this journal, and wish its editor abundant success.

Items of Interest.

THE average yearly income of physicians in New York City is said to be only \$1,500.

OF late years there has been a considerable falling-off in the number of students matriculated at Glasgow University.

PROFESSOR LENARD, of Heidelberg, who first discovered the cathode rays, has received from the French Academy of Sciences its prize of 10,000 francs.

It is proposed to provide free courses to physicians in Berlin, in which they shall be instructed in all the laws bearing upon the profession and its practice.

THERE has lately been patented in Europe a machine called a divnometer, which is said to gauge the psychic force of the individual on whom it is used.

DR. SAMUEL POZZI, of Paris, has recently been elected to the French Senate from Dordogne. He is the author of the well-known "Treatise on Gynecology."

IN 217,000 prescriptions, written in Chicago, Philadelphia, Boston, Denver, San Francisco, New Orleans, and St. Louis, 11.25 per cent. were for proprietary articles.

DR. WM. H. WELCH, of Johns Hopkins Hospital, has been appointed by the Governor of Maryland a member of the State Board of Health, and has accepted the position.

AFTER fifty-seven years of continuous service as a nurse in the Salpêtrière of Paris, Mlle. Marguerite Botard has had bestowed upon her, by the French Government, the cross of the Legion of Honor.

OSLER is reported to have made the following remark: "Know Syphilis in all its manifestations and relations, and what remains to be learned will not stretch the pia mater of a megaloccephalic senior student."

MR. EDWARD NETTLESHIP has given £250 to the Royal London Ophthalmic Hospital for the purpose of providing apparatus and appliances for the laboratory and museum in the new hospital, now being built in the City-road.

THE city of Bloomington, Ill., has been left, by the will of ex-Chief Justice John Scott, of that city, a \$2,000,000 bequest for the purpose of founding and maintaining a hospital there. [What is the matter with some kind soul in Toronto doing likewise?—ED.]

MEMBERS of the American Medical Association who purpose attending the coming June meeting, to be held in Denver, may expect the usual exorbitant hotel rates. Already the managers of hotels in that city have refused to reserve single rooms unless occupied by two persons.

THERAPEUTIC USES OF VICHY WATER.

No natural water has ever been made the subject of such exhaustive clinical study as that of the Vichy Springs, and it owes its reputation, not to a simple popularity due to its pleasant taste, but from a fame resulting from the crucial test of centuries of clinical observation.

Like other mineral waters, their activity is somewhat greater at the spring than when taken in bottled form. Yet this is scarcely a disadvantage, since in many cases it allows of a milder, more prolonged effect which is especially serviceable in chronic conditions.

It has been noted that the three springs are very similar in their chemical composition. In practice, it is found that the water of Célestins is especially indicated in disorders of the kidneys, and such as depend upon the uric acid diathesis; rheumatism, gout, gravel, and cutaneous lesions, such as eczema, etc. The Grande-Grille water is deemed to be especially efficacious in stomach and liver disorders, while the Hospital spring is useful in the same way, but is somewhat milder and slower in its action than either of the others.

Practically it may be said that the water of the Célestins spring meets every indication for the employment of Vichy Water. It has a mildly diuretic action of great power, and its action upon the liver and stomach is excellent. By its continuous use the blood is rendered more alkaline, deposits of uric acid in the form of sodic urates no longer take place, since the acid becomes promptly changed into urea, which is rapidly eliminated. The bile becomes diluted, and calculi are no longer formed in the gall-bladder. Those which may be present are disintegrated through the solution, in a strongly alkaline medium, of the mucus which holds the various parts together, and the fragments are discharged through the common bile duct into the intestinal tract.

In chronic hepatic disorders there is secured a greater flow of bile, and the improvement in gastric and intestinal digestion, due to the alkaline treatment, relieves the liver of a large part of the work previously given to it. In cases of hepatic sluggishness, attended with painful and slow digestion, the effects are often nothing short of marvellous.

In gastric and intestinal indigestion the use of Vichy secures a more free action of the bowels, digestion becomes more perfect, and the products of this digestion reach the blood in a better prepared condition. This relieves the liver and kidneys, which no longer have to deal with so many products of imperfect metabolism, and therefore we rapidly see an improvement in the general health which is quite surprising in character.

A very large number of the girls and young women for whom we prescribe iron owe the poverty of their blood to gastric and intestinal sluggishness, and the great majority of cases of anæmia and chlorosis are therefore much improved by the Vichy treatment.

In gastric derangements due to dietetic errors, and in those in which the abuse of alcohol may be incriminated, the Vichy Waters are of unquestionable efficacy.

If dyspepsia is of the decided acid variety, the Vichy Waters naturally act as antacids, and as such are clearly indicated. In this form of dyspepsia we commonly find that those who are content with prescribing bicarbonate of soda are disappointed in regard to the permanency of the effects obtained. As has been said by Bartholow: "While the immediate result is good, the after effect is to increase the production of acid. Those who habitually take sodium bicarbonate for acid indigestion suffer severely from acidity." If the alkaline treatment is limited to the use of Vichy Water no such unfortunate result can occur. Medication by the use of the alkalies themselves must be carefully dosed as to amount and time of administration. Bicarbonate given before meals increases acidity; given after meals it lessens acidity by the chemical neutralization of a part of the acid of the gastric juice, but while it acts in this manner it fails to afford the multiple results achieved by the Vichy Waters, due to the dosage accomplished by Nature itself. These waters so promote oxidation in the system, and have such a general effect in improving nutrition, that they finally eliminate the causes themselves of the disturbed digestive processes.

In chronic catarrhal gastritis or enteritis, where there are no very acute symptoms, the use of the Vichy Waters is attended with the best results. In cases of atonic dyspepsia, in which there is a deficiency in the amount of acid, the Vichy Waters given before meals will increase the production of hydrochloric acid, and by their general effects upon the system will be found to exert a curative influence.

In gout we soon obtain a diminution of the production of acid, the formation of deposits of insoluble urates is checked, and an improved metabolism reduces the formation of waste products that prove irritating to the whole excretory apparatus. The skin takes on an improved action, the kidneys secrete more urine containing a larger amount of urea, and an increased intestinal action improves digestion and nutrition. In chronic emphysema and asthma, as well as in the bronchitis from which so many gouty subjects suffer, it is usually found that the Vichy treatment affords a decided improvement simply due to the amelioration of the general condition. In a tendency to the formation of uric acid gravel no treatment is so effective as the long-continued use of the Célestins water. It frequently causes the expulsion of calculi from the kidneys, and prevents the formation of gravel. As in the case of biliary calculi, its use may give rise to colics, denoting the expulsion of the stones. However disagreeable such occurrences are to the patient, it is evident that they point to an effort, on the part of Nature, to restore a normal condition of affairs, and result finally in an amelioration of the general symptoms.

In chronic rheumatism the effect produced is the same that

occurs in gout. In acute attacks we necessarily employ means intended to relieve the symptoms with greater rapidity than could be expected from the use of a mineral water alone. But as soon as the acute stages are passed, the employment of Vichy Water improves nutrition, prevents the formation of any excess of acid in the system, and forms the best treatment that can be instituted in order to check the rheumatic tendency and prevent the occurrence of relapses. In chronic forms of rheumatism the use of Vichy Water is so clearly indicated that we need insist no further upon it.

In diabetes, both of renal and hepatic origin, Vichy Water often has the happiest effects. While we desire generally to reduce the amount of water consumed by these patients, they still are compelled to take large quantities, owing to their insatiable thirst. In these cases, if we substitute Vichy Water for the ordinary water they drink, we will nearly always find that after a fairly brief lapse of time the polydipsia is lessened, owing to the general good effects brought about by the natural mineral water upon digestion and nutrition. While it may not be asserted to possess an actual curative action in such cases, there is no doubt that under the influence of Vichy Water many diabetics return to a condition very closely approximating the normal, and can often, at least for many years, live under the pleasant illusion that they are cured, providing they faithfully continue the treatment.

In inflammation of the bladder, we have in Vichy Water a means of often successfully combating the causes to which it is due. As it brings about a rapid alkalization of the urine, the latter becomes bland and unirritating. If the cystitis is a gouty symptom, as often occurs, it will rapidly get well, as, for instance, when it is a concomitant of uric acid gravel.

Within the limits of this short treatise we have only been able to rapidly show how vast a field exists for the careful and well-understood use of this peerless mineral water, which, like all other important therapeutic substances, should be given under the intelligent supervision of the medical man.

THE Ninth International Congress of Hygiene and Demography under the patronage of H. M. the King Alfonso XIII. and H. M. the Queen-Regent, will as we have already announced, be held at Madrid from April 10th to 17th. Sir Douglas Galton, K.C.B., F.R.S., has been appointed chairman, Professor W. H. Corfield, M.A., M.D. Oxon., hon. treasurer, and Dr. Paul F. Moline, hon. secretary of the British Committee. Official receipts for tickets of membership may be obtained from Professor Corfield, 19, Savile-row, on payment of £1, and the Spanish railway companies will allow 50 per cent. to members of the Congress. Excursions to Spain at low prices have been organized by the Voyages Pratiques de Paris, Rue de Rome.