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Original Articles

THE WIDENING OF THE SCOPE OF ABDOMINAL SURGERY FROM LIFE-SAVING TO HEALTH-RESTORING OPERATIONS*

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It is interesting to recall the fact that abdominal surgery is only a little over a hundred years old; because, although various abdominal operations have been performed by heroic surgeons from the earliest times, it was the establishment upon a secure basis of the operation of ovariectomy that secured the proper recognition of abdominal surgery generally. The first successful ovariectomy was one of the triumphs of the New World, for it was performed by Ephraim McDowell, of Kentucky, in the year 1809. Naturally, this historical case did not by itself establish ovariectomy upon a secure basis; on the contrary, for many years there was much opposition and there were few cases. McDowell himself performed the operation only twelve times, with eight recoveries; and for the span of a generation the attitude of the profession was mainly one either of scepticism or of more or less thinly veiled disapproval. The next important advance was made by Charles Clay, of Manchester; his first successful ovariectomy was in 1842, and in all he operated on three hundred and ninety-five patients, with one hundred and one deaths, his mortality being thus about 25 per cent. Think of the courage that must have been required to persevere in the performance and the advocacy of an operation

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that was attended, at its best, with a mortality of 25 per cent. In 1861, Tyler Smith, speaking from the presidential chair of the Obstetrical Society of London, could utter these pessimistic words, "In the long run, I believe, the results cannot be favorable, either in general or special hospitals." Happily, Tyler Smith's gloomy forecast has not been fulfilled; and by way of illustration and commentary I may mention that at the Chelsea Hospital for Women during the twenty-five years, 1885 to 1910, eight hundred and forty-eight ovariectomies were performed, with forty-seven deaths, giving a mortality of 5.5 per cent.; and if we compare the beginning and the end of this period, we find that in the first five years there were seventy ovariectomies, with nine deaths, or 12.8 per cent.; whilst, in the last five years, there were two hundred and four ovariectomies, with seven deaths, or 3.4 per cent. The results in general hospitals, which at one time were deplorable according to our present standard, are now practically as good as in the special hospitals. Comparing my own cases at the two hospitals with which I am connected, one a general and the other a special hospital, I find at the Prince of Wales' General Hospital, Tottenham, I have had one hundred and forty-eight ovariectomies with five deaths, a mortality of 3.3 per cent.; whilst at the Chelsea Hospital for Women I have had one hundred and six ovariectomies with three deaths, or 2.8 per cent. Naturally, the later results are rather better than the earlier ones; the figures for the last ten years, from July, 1902, to July, 1912, for the two hospitals combined, work out at two hundred and twenty-three cases with five deaths, or 2.2 per cent.

It would take too long to enumerate the successive steps by which the mortality of ovariectomy was progressively lowered; nor can I here pay the tribute of recognition and praise to the brave and brilliant workers who, through good and evil report, persevered in perfecting the operation; it must suffice to recall that the three great factors that revolutionized the results of ovariectomy and laid the foundations of modern abdominal surgery, were, first, the discovery of chloroform anesthesia by Simpson; secondly, the perfection of *technique*, in which Spencer Wells played such a notable part; and thirdly, the introduction, by the genius of Pasteur and Lister, of antisepsis and asepsis.

It is difficult for us to imagine the performance of an abdominal operation without anesthesia; and when thinking of the pre-anesthetic days, probably our first impulse is to thank heaven that we are not called upon to operate under such conditions. It is, therefore, a matter of great interest that we have preserved for us

a record of the impressions of a man who operated both without and with anesthesia. Charles Clay began his work before the discovery of chloroform, and one would have imagined that he would have viewed the introduction of anesthesia with unmixed satisfaction; yet, in 1863, when he had performed one hundred and eight ovariectomies, with seventy-four recoveries, he appeared to be distinctly doubtful of the value of anesthesia; for in a paper entitled "Observations on Ovariectomy," we find this curious passage: "With regard to the use of chloroform, I am not certain if this agent has really added to the success of ovarian operations. The first fourteen of my cases were undertaken before it was discovered, and of these fourteen, nine recovered. But, though I willingly admit the almost impossibility of obtaining the consent of females (at the present time) to submit to so formidable an operation without the aid of this valuable agent, and though I am equally convinced that chloroform is of itself one of the greatest boons to suffering humanity, yet, if it could be accomplished I should infinitely prefer to operate without it, as the patient would bring to bear on her case a nerve and determination to meet so great a trial, which would assist beyond all value the after-treatment; it would also relieve the case from that most distressful retching and vomiting so common after all abdominal operations where it is used to the extent that is required in ovariectomy."

Anesthesia and improvements in *technique* conspicuously lowered the mortality of ovariectomy by lessening two of the great risks; namely, shock and hemorrhage; but even so, the mortality was still very high. In 1878, when Spencer Wells had completed nine hundred cases, there were seventeen deaths in his last one hundred. This was because the greatest danger, that of septicemia, had not been removed, and it was reserved for Lister to defeat this formidable enemy of the surgeon and of mankind. It is through his labors, and those of his disciples all over the civilized world, that we, at the present day, can undertake these serious operations with light hearts; and when I record before you my last ten years' results, with a mortality of a little over 2 per cent., I do so in no spirit of boastfulness or self-aggrandizement; but in doing so I place a wreath of veneration and gratitude on the shrine of the mighty dead.

The admission of ovariectomy to a recognized place in surgery was, of course, not a sudden event that could be assigned to a particular date, or even a particular year. The growth of its recognition was gradual, but we may say that twenty-five years ago this recognition was an accomplished fact. By this time, many sur-

geons, encouraged by the results of ovariectomy, were performing abdominal operations for other conditions. As far back as 1863, Charles Clay performed the first successful hysterectomy for fibroids by the intra-peritoneal method; and in the same year Kocberlé, of Strasbourg, carried out the first hysterectomy by means of the *serre-neud* and the extra-peritoneal treatment of the stump. In 1879, Lawson Tait performed the first operation for the removal of inflamed tubes, and the same year witnessed the performance of Battey's first operation, in which healthy ovaries and tubes were removed for dysmenorrhea. In 1883 Lawson Tait established another record by operating successfully in a case of ruptured tubal pregnancy. But the conservative spirits in the medical profession twenty-five years ago opposed the performance of these operations, although they admitted the justifiability of ovariectomy; just as their predecessors of a generation previously had opposed the performance of ovariectomy; they said that fibroids and inflammatory conditions of the tubes did not endanger life, and that, consequently, it was not justifiable to operate for the relief of these conditions. Their opposition appeared, at the time, to be justified by the high rate of mortality, which then ranged from 20 to 30 per cent., whilst the mortality of ovariectomy had become reduced to from 10 to 15 per cent. But, happily for the race, there were surgeons who had the courage to persevere, believing that the mortality of these operations could be brought down, even as had happened with ovariectomy.

Thus the field of abdominal surgery became further extended; to enumerate only a few instances, we may mention the surgery of the appendix and gall-bladder, intestinal surgery, the operative treatment of gun-shot wounds of the abdomen, and operations for intestinal obstruction. Even the field of obstetrics was encroached upon; for while obstetricians were discussing the relative value of craniotomy and induction of labor in cases of contracted pelvis and other forms of obstructed labor, the advance of abdominal surgery made Cesarean section a safe and satisfactory alternative procedure. At the present time the destruction of a living child, on the ground that there is an obstacle to its birth in Nature's appointed way, is viewed with increasing repugnance; and we may look forward confidently to the time when the performance of craniotomy on a living child will be considered, save in very exceptional circumstances, as a relic of barbarism, stamping its perpetrator as an ignorant bungler.

There is no doubt that, while the mortality of abdominal operations remained high, the scope of abdominal surgery was limited in proportion. It is only desperate cases that admit of desperate remedies, and as long as the risk of operation was greater than the risk of leaving matters alone, it was wise and practical advice to recommend patients to endure their sufferings with Christian resignation rather than face the risks of surgery; and patients would have been justified, when operation was advised, in replying in the words of King David, "Let me fall into the hands of God, rather than into the hands of men."

We now come to the consideration of what has happened in the last twenty-five years, and therewith to the more special subject of these remarks, which is the phenomenal extension of the scope of operations, not for the saving of life alone, but for the relief of suffering.

To illustrate how the field of operations has extended in inverse ratio to the rate of mortality, I cannot give you a more graphic picture than is presented in the records of the Chelsea Hospital for Women. I have investigated the records of all the abdominal operations performed at this hospital during the twenty-five years from 1886 to 1910; and grouping them in periods of five years each, we find the results as follows:—

Years.	No. of Abdominal Operations.	No. of Deaths.	Percentage Mortality.
1886—1890	126	27	21.4
1891—1895	206	35	17.0
1896—1900	879	50	5.6
1901—1905	1,493	63	4.2
1906—1910	1,880	54	2.8

Thus, while fifteen times as many operations were performed in the last five years as compared with the first five years, the percentage mortality was eight times less.

By way of further illustration, I will take two individual classes of operation, one for the removal of the tubes and ovaries for inflammatory disease, and the other, the removal of the uterus for fibroids. I have chosen these two, because, while these operations are performed in a certain proportion of cases for the direct saving of life, their purpose is even more the relief of suffering and of chronic invalidism. The records of the Chelsea Hospital for Women, taken in the same way as before, are as follows:—

OPERATIONS FOR TUBAL DISEASE.

Years.	No of Operations.	No. of Deaths.	Percentage Mortality.
1886—1890	12	4	33.3
1891—1895	22	3	13.6
1896—1900	198	7	3.5
1901—1905	302	10	3.3
1906—1910	363	5	1.3

HYSTERECTOMY FOR FIBROIDS OF THE UTERUS.

Years.	No of Operations.	No. of Deaths.	Percentage Mortality.
1886—1890	14	5	35.7
1891—1895	12	5	41.6
1896—1900	150	16	10.6
1901—1905	345	18	5.2
1906—1910	487	9	1.8

These figures show that, for tubal disease, the number of operations was thirty times greater in the last five years, compared with the first five, and the percentage mortality was twenty-six times less. In the case of hysterectomy for fibroids, the number of operations was thirty-five times greater and the mortality twenty times less.

I doubt if the whole range of surgery could show any other two operations that presented such an extension of scope and such a rapidly diminishing mortality within a space of twenty-five years. Surgery has long held an honored place as the saviour of those doomed otherwise to die; the work of the last quarter of a century has given her an equally just and an even wider claim to be regarded as the restorer of those who are otherwise sentenced to what many feel to be worse than death, and that is, chronic invalidism and disablement.

A remarkable feature of this transition has been the corresponding change in the attitude of the general public towards surgical intervention. Formerly, an operation was regarded as a necessarily desperate remedy involving a perilous descent into the valley of the shadow of death; and it was only the power of a Christian faith or a stoical fatalism that enabled them, as Milton was taught by his Heavenly Muse,

“to venture down
The deep descent, and up to re-ascend
Though hard and rare.”

The operating theatre presented itself to the popular mind as a chamber of execution, over which hung the sign of the dripping blade, while about it lingered the echoes of the last sighs of departing souls. Now this same theatre has assumed, rather, the character of a temple of healing, with the whilom executioner transfigured into the High Priest. That which was a River of Styx, dark and cold, is now a Pool of Bethesda; and the ill-advised and taciturn Charon has been metamorphosed into the angel that troubles the pool as a signal of healing. (*)

This change in the attitude of the public towards surgical operations is not limited to any one class; we find that the intelligent and highly-educated among our patients have a considerable knowledge of what is involved in various operative procedures, and of the attendant risks and after results; and, because they are well-informed, they exhibit a well-reasoned confidence in submitting to operative treatment. On the other hand, the patients that form the greatest proportion of our hospital cases have but little knowledge of what is implied by operation, beyond the fact that they are sent to sleep and something is done; but their readiness to accept an operation as the proper treatment for them is equally great; all they ask is the assurance that it is for their good and that they will feel nothing; and we find that their confidence is born of their experience of what such treatment has done for their friends.

There is no doubt that implicit confidence on the part of our patients imposes upon us an added burden of responsibility in deciding what advice we are to give them, for, if their confidence is small, they will probably seek and obtain several opinions, and then make their own choice; but if their confidence is great, they will accept our opinion without question and act upon it without demur. But when the stage of advice is passed and that of action is entered upon, this confidence is of the greatest value to us, because the success of our operative work is immeasurably assisted

* It may amuse our readers to see the following version of the above passage in the racy language of Western Canada, taken from the report of the address in the "Edmonton Bulletin." "Dr. Arthur E. Giles whispered to us in a confidential way that a doctor was not honestly represented by the drunken sailor, Charon, who offered to cross us over the river Styx in a tippy dug-out for two bits a head, but was really the patronizing barker for the pool of Bethesda, who called out in a mellifluous tone: 'Come on in, the water's fine.'"

by the trustful co-operation of our patients. This is true of those conditions involving questions of life and death, where it is our duty to say, "You must undergo an operation in order that your life may be saved," and it is equally true of those conditions where an operation is a matter of choice rather than of necessity, and where our formula will rather be this, "You will be well-advised to undergo an operation in order that your health may be restored." In my own practice, the distinction that I adopt is, that I *urge* an operation of necessity, and if the patient appears unwilling I use all my powers of persuasion; but I *advise* an operation of election, and after explaining the pros and cons I leave the choice to the patient.

I have dwelt at some length on this question of the attitude of our patients, because it is a most important factor in the consideration of operations for the restoring of health, as distinguished from operations for the saving of life.

Let me now say a few words about some of those conditions, in the department of gynecology, whose treatment by surgical means has been rendered possible by the fall in the death-rate of abdominal operations.

We may begin with uterine displacements. These are conditions that never prove fatal, and therefore we could not advise for their relief any operative treatment that was attended by an appreciable mortality. And so it was only when the mortality of abdominal operations generally was showing a marked decline that the surgical treatment of displacements came into vogue. It is interesting to note that the first abdominal operation for retroversion was an extra-peritoneal one, namely, the Alexander-Adams operation; at that time the peritoneal cavity was still a kind of "*noli me tangere*," and every time it was opened there was a threat of septicemia. Modern asepsis has robbed celiotomy of its terrors; we have learnt the ways of the peritoneal cavity, and ceased to fear it. We now know that if we can leave the vulnerable diaphragmatic area alone, and avoid undue handling of the bowel, and refrain from introducing into the peritoneal cavity irritant chemical antiseptics, the peritoneum is a tolerant structure well capable of looking after its own interests.

It was not long, therefore, before intra-peritoneal operations were introduced for the treatment of displacements, most of them originating on this side of the Atlantic. We had ventrofixation and ventrosuspension of the uterus, with their modifications, and the various procedures for the intra-peritoneal shortening of the round ligaments. It is not necessary in this place to discuss the

merits and demerits of these different operations: the one chiefly practised at the Chelsea Hospital for Women has been what we call hysteropexy, and in the twenty years, from 1891 to 1910, this operation was performed in five hundred and eighty-four cases.

The value of these operations is two-fold: in the first place, many patients are cured who cannot be relieved by other means, for example, cases of adherent retroversion and some cases of prolapse and procidentia. In the second place, patients can be saved from years of pessary treatment. I have before now defined pessaries as a necessary evil, that is, they are necessary sometimes, but evil always; and I have found no reason to alter this definition. It would be possible to draw up a serious indictment of pessaries: the unpleasantness of frequent examinations; the drawback of being chronically under the doctor's hands; the discomforts of irritating discharges and their attendant douchings; the risk of serious ulcerations into the bladder and rectum, of septic infection, and of the development of carcinoma as the result of retained pessaries, examples of which I have seen. If, by means of a safe operation, patients can be saved from all this, and if they desire such relief, surely they are entitled to have it. The radical cure of hernia is considered justifiable, to obviate the discomfort of constantly wearing a truss; why not then the radical cure of a uterine displacement, to obviate the necessity for the more obnoxious pessary. Well, the progress of abdominal surgery has opened up this field of relief to women and it has resulted in a wide relief of suffering and emancipation from disablement.

Passing on to the subject of inflammatory disease of the uterine appendages, we have to do with a somewhat graver condition, because, in a certain proportion of these cases, the patient is seriously ill, and we are called upon to operate in order to save life; and with the remainder, which forms the great majority, it is not a matter merely of obviating discomfort, but it is a question of saving women from prolonged illness, constant suffering, more or less complete invalidism and disablement. Some of these women, in the poorest classes, are the bread-winners, and for them disablement is a worse evil than death.

Now, as long as the operative mortality was high, these patients could not be advised to undergo surgical treatment; and up to twenty years ago the mortality ranged from 20 to 30 per cent. It is true that Lawson Tait as far back as thirty years ago (or, to be precise, in 1883) was able to record sixty-two cases without a death; and his results justified him in taking up a position far in advance of the current medical opinion of his time, and in say-

ing "we could not stop short of dealing with matters that affect life only. Hydro-salpinx was a frequent cause of the most intense suffering, and therefore he would, and did, remove it by surgical operation without hesitation." By degrees, as the figures of the Chelsea Hospital for Women show, the mortality became lower and lower, the figures for five successive quinquennial periods being, 33.3, 13.6, 3.5, 3.3, and 1.3. It was not, however, on the ground of mortality alone that these operations met with opposition in certain professional quarters; it was objected that after these operations, patients remained chronic invalids, that they were unsexed and rendered unfit for wifehood, that they became, at the best, hysterics and at the worst, lunatics. These objections were chiefly theoretical; and two years ago I was able to show, from a detailed investigation of the after-results of these operations, based on two hundred cases in which both ovaries were removed, that 70 per cent. of the patients regained perfect health and vigor and retained their sex-instincts; that the legends of women developing bass voices and growing beards were pure romance; and that there was no more tendency to insanity after double ovariectomy than there was after any other abdominal operation.

Now, what happens to patients suffering from chronic pelvic inflammation who are not treated by surgical means? Here and there we may find a case where symptoms subside and health is more or less completely regained; but this is a rare event. Many of these patients swell the ranks of those who are unjustly described as hysterical and neurotic. How often it has happened to me to have a patient sent up with a letter saying that she exhibited marked neurotic tendencies; and on examination some chronic pelvic disease has been discovered. These cases have constituted in the past a great reproach to the medical profession; such patients often suffer intermittently; they are seldom acutely ill, but they are never completely well; and because there is not much to show for their sufferings, and because, on occasion, they are able to make an effort to appear as other women, they have been treated as neurotics and almost as malingerers; they have been drenched with bromides and valerian; they have been sent from spa to spa and soaked in brine-baths and mud-baths; they have been driven to seek relief in alcohol, morphia, or cocaine; or they have found a doubtful haven among the faith-healers and the Christian Scientists. I contend that we have no right to label any woman as neurotic, unless we can be certain that she has no organic disease; and even then we shall be wiser if we suspend our judgment.

Think of the amount of suffering saved, the workers that have

been restored to the position of earning their livelihood, the relief to the community in the conversion of dependent invalids into sound and useful members of the body corporate; think of all this amount of good done as represented by the eight hundred and forty-one women who have been cured of diseased appendages in the last fifteen years at the Chelsea Hospital for Women. Then add to these the thousands of women similarly cured in other institutions all over the civilized world, and you will gain some idea of the good that has resulted from the decreased mortality of abdominal operations.

We come, thirdly and lastly, to the subject of fibroid tumors of the uterus. Here we have a condition more inherently dangerous than the other two, leading more often to a directly fatal result; and, short of a fatal issue, causing prolonged suffering and disablement. Here, again, we have a condition in which the operative death-rate must exert a marked influence on the advice that we give to our patients. Twenty years ago this operative death-rate was from 20 to 40 per cent.; and it is evident that it was only in cases where a fatal result was threatened that so dangerous an operation could be recommended. In the much larger majority of cases, there was no question of life being at stake, the reason for operation would be only the relief of suffering, and it is seldom that patients yearn for death or are willing to incur a very great risk, merely to be relieved of suffering. It is better, after all, to live as an invalid than to die cured. Now, when a patient with fibroids has to be told that the resources of medicine are exhausted and that the succor of surgery is more cruel than kind, it is a great comfort to be able to hold out some kind of hope, however unsubstantial; and so a fairy tale was built up and decorated to represent a scientific theory, to the effect that the menopause was the natural cure for fibroids. And patients were told, in all seriousness and good faith, "You must wait for the change of life, and then these tumors will shrink and disappear and you will get well." And the patients went on patiently draining their life-blood away, carrying enormous tumors that prevented them from getting about, hoping against hope that the delayed menopause would arrive, like some millennium, to give them peace. Some of them survived the worst troubles and escaped with their lives, a few of them regaining a measure of health, and the remainder remaining more or less permanent invalids. Others found that the menopause, when it came, came not to bless but to curse, bringing in its train degenerative changes, infection, sepsis, and death. Now I do not know what is the state

of current medical opinion in progressive Canada; but I can tell you that in some parts of the Old Country we find a tragic thing, and it is this, that while the operative conditions have revolutionized the death-rate of hysterectomy, causing a drop from 30 to 2 per cent., the hoary myth of the menopause is found to survive, even in high places, and patients are still condemned to years of suffering who might be quickly and safely cured. Look once more at the record of hysterectomies for fibroids at the Chelsea Hospital for Women; observe that in the last five years under consideration four hundred and eighty-seven operations were performed with a mortality in all cases—serious as well as simple—of 1.8 per cent.; and I think that you will agree that I am justified in the contention that all fibroids should be operated upon (unless some weighty reason to the contrary can be shown) in the early stages, as soon as symptoms arise, and without waiting for the development of grave complications; and that, whereas in the early days hysterectomy had to be reserved for cases in which it was required for the saving of life, the progress of abdominal surgery has brought it within the scope of operations that are justifiably performed for the relief of suffering and for the restoration of health.

In bringing these somewhat fragmentary remarks to a close, it may be well to guard against one possible misconception. Let me then state explicitly that the fact that an operation is safe is not, in my opinion, a sufficient reason for operating, if a cure can be obtained by other methods. I have no sympathy with the attitude of mind of Tennyson's imaginary surgical enthusiast, described in the lines—

“ indeed, it was said of him
He was happier using the knife than trying to save the limb.”

On the contrary, I am not ashamed to admit that I have a feeling of reverence for the human body; and that, in my opinion, the only sanction that can be accorded to surgical interference is that which is derived from the conviction that life, health, or comfort must otherwise be sacrificed. Having made this surgical profession of faith, I feel bound to state my belief that, on the other hand, we are not justified in refusing surgical relief when health and usefulness are at stake, any more than we should be entitled to withhold the aid of surgery when life is threatened—provided always that the ratio of the operative risk to the risk of non-interference be accorded its proper weight and consideration. In other words, while the grave issues of life and death justify

great risks, the lesser issues of health and infirmity warrant only slight risks. It has been my object to show that the development of abdominal surgery and the extension of its scope have enabled us to realize the harmonious adjustment of this ratio, and to place the resources of our surgical art, with ever-lessening risk, at the disposal of an ever-widening circle of humanity.

MALIGNANT TUMORS.

Czerny and Caan (*Mün. med. woch.*) record treatment with Mesothorium in the following cases: Carcinoma, 85 cases; sarcoma, 12; lymphosarcoma, 8; endothelioma, 1; angioma, 6; tuberculosis, 6. Of 32 cases of recurrent mammary carcinoma, 19 showed a positive objective and subjective improvement. A favorable result was obtained in four out of six cases of carcinoma of the face treated. Two cases of cancer of the tongue, out of nine treated, were much improved.

FECAL INCONTINENCE.

Newman (*The Proctologist*) reports a case of fecal incontinence treated by the Chetwood operation. This is done as follows: Semilunar incision from one tuber ischii to the other, reaching slightly above the tip of the coccyx. The flap is dissected down, exposing the edge of the gluteus maximus muscle on either side. A ribbon of muscle a quarter of an inch and one-sixteenth of an inch thick is then dissected from the gluteus of each side, having the attachment about the coccyx. The perianal tissue is then tunneled and the strips crossing each other beneath the coccygeal and ligament are brought around the anus. The strips are then attached to the remains of the sphincter and to each other. The skin flap is then sutured back into place. A year and a half after operation this patient is perfectly well and able to control flatus and diarrhetic movements.

THERAPEUTIC NOTES

WHOOPING COUGH.

T. W. Dewar (*B. M. J.*) claims to have stopped the cough in ten days by intravenous injections of iodoform.

PYOSALPINX.

H. J. Farbach (*Kentucky Medical Jour.*) does not believe pus in the tube, uterus or ovary an imperative indication for the removal of those structures. He claims to have seen cases illustrating every phase of these pathological conditions, and has yet to see one not relieved or decidedly benefited by vaccine treatment. The relief is not partial but permanent and complete. Autogenous promise better results than stock vaccines.

PERNICIOUS ANEMIA.

Bramwell (*B.M.J.*) has noticed great improvement from the administration of Salvarsan in pernicious anemia. Of two cases published, over a year afterwards they had remained well without further treatment. He has now treated seven cases with favorable results, and concludes that Salvarsan will be found more efficient than arsenic given by the mouth or any form of treatment for this grave and very intractable disease; and Bramwell, since 1875, has had a large experience with arsenic in this disease.

BURNS.

R. P. Stoops (*Therapeutic Gazette*) has used Liquor Cresolis Co. (U.S.P.) in upwards of one hundred cases with uniformly good results as follows:

Bathe affected surface with one per cent. warm solution of liquor cresolis in water until debris is removed and parts are anesthetic. Puncture blebs and express serum. Apply to burns strips of gauze, or in large burns strips of paraffin paper smeared with an abundance of vaseline containing one per cent. of liquor cresolis co. Cover with cotton and bandage. Allow dressing to remain four or five days, after which renew according to indications.

VACCINE TREATMENT.

Y. Takaki (*Sei-ikwai Med. Jour.*) treated one hundred cases with vaccines as follows: Staphylococcus aureus, 55; streptococcus pyogenes, 26; bacillus coli, 4; gonococcus, 14; pneumococcus, 1; and got generally favorable results. Certain cases showed speedy, while others showed gradual improvement. No severe reactionary fever was observed in any case, which, in the opinion of Takaki, is due to too large quantity of the vaccine. A small injection, several times repeated, is the best method of administration. The intramuscular method of injection is less painful and does not produce swelling or redness afterwards. Any site for injection may be selected. The staphylococcus aureus vaccine seems to be more effective than the others.

IRREDUCIBLE SHOULDER PRESENTATION.

Ziegelmann (*Rev. Prat. d'Obs. et de Gyn.*) considers that rupture of the uterus must be borne in mind, and that this untoward accident may occur with even the gentlest manipulations. In cases of impacted shoulder presentation, the obstetrician should always be prepared to do a hysterectomy; and if embryotomy is required the head may be left behind. To be satisfied no injury has been done to the walls a thorough investigation should be made of the entire urogenital apparatus.

ARTERIOSCLEROSIS.

Hochhaus places strong emphasis on removing the cause, or lessening it. Patients should avoid the too strenuous life, and should rest as much as possible, avoiding alcohol, tobacco and coffee, and with these mentioning gout, diabetes and nephritis as possible causes. As these patients are anxious and some even frightened, they should be reassured by suggestion and avoidance of naming their trouble calcification of the arteries on account of the depressing influence it causes and resultant worry. Mild hydrotherapy, Swedish movements and massage cautiously performed, will be found useful. In cases of insufficient heart action, small doses of digitalis may be administered for months or even years, preferably pulverized leaves and quinine sulphate. As a rule, arteriosclerosis does not require treatment except there are actual disturbances.

LEUKEMIA.

G. Kiralyfi (*Weiner Klin Woch.*) reports results in seven cases of leukemia with systematic benzol treatment. It is given in capsules, equal parts of olive oil and benzol, one gramme of the mixture being in each capsule, four capsules a day being taken at first, increasing to two capsules five times a day. A drop from 300,000 to 8,000 leukocytes was observed under the benzol treatment, when nothing, not even the Roentgen ray exposures had produced any effects on their numbers. The course of treatment varied from three weeks to five months, and the age of the patients from 21 to 69 years. Most of the cases were of the myeloid type.

DIABETES.

Anthony Bassler (*N.Y.M.J.*), on "oatmeal days" in diabetes, orders as follows: Oatmeal, eight and one-half ounces, or 250 grammes; butter, eight and one-half ounces; eggs, seven ounces. The oatmeal is cooked thoroughly with water for two hours, and the butter and eggs are stirred in when the oatmeal is nearly done, salt being used as desired. This consists of the food taken on the oatmeal day, and it may be served as thin gruel, mush or fried mush. Black coffee, some of the sour wines, Burgundy, or whiskey may also be taken in moderate quantities, one ounce at luncheon and dinner. If the oatmeal is ground very fine in a coffee grinder it may be mixed with baking powder and very good biscuits can be made, using the butter directly upon them. Some of the oatmeal may be eaten in this way and the rest as mush.

CHRONIC CONSTIPATION IN THE AGED.

I. L. Nascher (*N. Y. M. J.*) says this condition is frequently aggravated through the improper use of purgatives. The cause of this condition is waste and atony of the muscular fibres, resulting in lessened peristalsis, leading to dilatation of the lower end of the colon and rectum, thus forming an inelastic pouch. Aloin is the most suitable drug, as its action is most powerful in the descending colon and rectum, usually in ten to twelve hours. Belladonna should not be incorporated with the aloin as it inhibits peristalsis and suppresses the secretions. Aloin should not be used where piles are present, but some of the milder peristaltic stimulants as rhubarb, senna, cascara sagrada and ox gall, cascara being probably the best for prolonged use.

Reviews

House-Flies and How They Spread Disease. By C. G. HEWITT, D.Sc., Dominion Entomologist, Ottawa, Canada. Cambridge: The University Press.

Every one can read this little book with the utmost profit. Part I deals with the natural history of the house-fly, its structure, life-history, breeding habits, its parasites and natural enemies. There is also a chapter on other flies found in houses. At the present time, in view of Rosenau's researches in connection with the biting fly and infantile paralysis, this chapter will be interesting. Part II tells of the relation of house-flies to diseases, such as typhoid fever, tuberculosis, summer diarrhea, ophthalmia, cholera, plague, etc. The little book ends with a chapter on prevention and control.

The Practitioner's Encyclopedia of Medicine and Surgery, in all Their Branches. Edited by J. KEOGH MURPHY, M.C., F.R.C.S., Surgeon, Miller General Hospital for South-east London, Senior Assistant Surgeon to Paddington Green Children's Hospital. 1,443 pages, with illustrations. Price, \$8.00, London: Oxford University Press. Toronto: D. T. McAinsh & Co.

This is one of the best books we have examined and read for many a day. It covers the entire medical field and should be in the hands of every medical student and general practitioner. Its striking feature is the compact way it is written, superfluous words and phrases being entirely eliminated. It is essentially practical, modern, up-to-date, being splendidly arranged and set out in the best possible manner. The concise descriptions on treatment are so clear and refreshing that it is a delight to read them. Diagnosis is equally good. That so many writers, all specialists in their departments, should be able to so marshal their material with such completeness, terseness and lucidity as to give to the practitioner a work of such extensive, yet practical scope, should be, indeed, as gratifying to the editor and publishers as it will undoubtedly be to practitioners. It is with great pleasure we heartily commend this really useful and excellent work.

Catechism Series—Operative Surgery, Part I. First edition, with plates. Price, one shilling net. Edinburgh: E. & S. Livingstone.

These books are very handy for medical students, especially in class or private grinds, and just prior to examinations. Indications are given; questions are asked and succinct answers recorded. This part treats of operation upon arteries, operations on joints, veins, bones, vertebral column, thorax, mammary gland, posterior mediastinum, nerves of the extremities. They are very useful helps, practical and concise.

The Blood of the Fathers. A play in four acts. By G. FRANK, LYDSTON. Chicago: The Riverton Press.

Dr. G. Frank Lydston is a well-known medical writer upon sociologic questions. This is the story of a young doctor who falls in love, not wisely, but too well. His medical training and knowledge should have taught him better. His wife turns out to be the daughter of a burglar, and, as blood will tell, becomes a thief herself. She does the graceful act and suicides when found out. Dr. Lydston tells his story well, handles the dialogue deftly and sketches the characters with a very good hand. It is a book not written merely for entertainment, but with a purpose. The reading public, however, do not wish for a sermon between the lines, even though it is sugar-coated. Did they, it would serve a good purpose.

The Extraction of Teeth. By J. H. GIBBS, F.R.C.S., L.D.S. (Edin.), Dental Surgeon, Edinburgh Royal Infirmary, etc., etc. Price, 7s. 6d. net. Edinburgh: E. & S. Livingstone.

This is a book of 158 pages of text, beautifully illustrated, and will be of undoubted value to those country practitioners who are remote from dentists and are, therefore, obliged to do a considerable amount of this class of surgery.

The book is issued simply to put upon record the author's methods and technique which he has found eminently successful. Doctors and American and colonial dentists who have attended his clinics in Edinburgh having given expression to the desire to see these methods and technique in print, is the cause of the publication.

Pharmacology and Therapeutics. By HORATIO C. WOOD, JR.,
M.D. J. B. Lippincott Co.

This new work is a most excellent one from the student's standpoint, for the author selects the most useful and important drugs and, treating them under the heading of their physiological actions, he discusses very carefully but directly their functional action and finally their therapeutic value. The "material medica" of the drug is not so full as to encourage the usual "index" feeling that most of these volumes produce on the practical physician. The publishers have also enhanced the value of this book by most excellent type and paper.

G. W. H.

International Clinics. Volume 3, 1912. Series 22. J. B. Lippincott Co.

This volume of "International Clinics" contains twenty-six different papers, and while some of them might well have been omitted as containing only a recapitulation of ordinary and well known facts, yet the remainder are of more than usual value and well worth reading. The best of these papers are as follows:

Carruthers and Ciesielski describe and give experimental results regarding Sex Determination as taught by the latter, proving that old ova and fresh sperms produce males while new ova and old sperms tend to furnish female descendants.

Linsly Williams on the "Treatment of Chronic Endocarditis" has written a most interesting and valuable paper. His views on digitalis and its value are clearly and satisfactorily laid down.

Solis Cohen has been using the "Double Hydrochlorate of Quinine and Urea in Pneumonia." The characteristic result that he claims is the replacement of a crisis by a lysis, with the avoidance of the danger accompanying the former, and to judge by his death rate, 10 per cent., his treatment is at least worth a trial.

"Spontaneous Gangrene," by Roussel, is interesting from a case which he describes, where multiple gangrene occurred in consequence of an infectious endocarditis.

Lynch discusses the "Difficulties in Diagnosing Duodenal Ulcer from Cecal, Appendiceal and Diseases of the Ileum." This paper tends rather to excuse mistakes in differentiation rather than aids in assisting the practitioner to decide between them.

Arthur Dean Bevan writes one of his usual clever papers on "Tuberculosis of the Genito-Urinary Organs." His descriptions form one of the best articles in the volume, giving as they do his views on removal of the ureter, tuberculin treatment and nephrectomy.

"Epileptic Masks," by Shanahan, of the Craig Colony, is filled with series of interesting cases, and his diagnosis of frequently mistaken diseases is admirable.

Another good paper is that by Carmichael on the "Acute Abdomen" in children, and he recalls to his readers that pneumococcal peritonitis is a common and frequently unthought-of condition.

"Adult Flat Foot," by Stern is probably the most valuable paper in the whole set, with good illustrations and well studied investigations, making the subject most interesting. A disease that is so common as this, with so many complications that make one frequently consider the cause a minor one, should make every physician read and master this article.

Dannreuther writes on the "Recognition and Treatment of Gonorrhoea in Women," bringing his experience to bear in discussing the details of endometritis, pus tubes and cellulitis, with clear-cut opinions on the best treatment in every type of case.

Of the remaining papers, several contain some new and interesting methods or remarkable cases, and of these one may mention the following:

Roberts describes four cases of death following open operation for fracture, so that this much vaunted method is not without risk. Van der Veer gives the causes with attached clinical cases of lymphatic edema. Tait McKenzie writes on the unusual subject of the cure of inguinal hernia by exercise; while O'Donnell briefly shows the value of X-rays in diagnosing pelvic deformities and uterine malformations in pregnancy.

The volume is, therefore, full of many interesting and uncommon articles, while Drs. Bevan, Dannreuther, Stern and Williams have contributed the solid material that is particularly excellent.

Pathology and Treatment of Diseases of Women, fourth edition.
By MARTIN and JUNG, translated by Henry Schmitz, M.D.,
Chicago. Rebman Company, 1123 Broadway, New York.

This comparatively small book of 475 pages contains a very large amount of useful information. It is clearly written, well arranged, and suitably illustrated. The work with which it deals is treated in a practical way, and the close association of the pathological with the clinical aspect cannot fail to lead to a better understanding of various conditions, and to more logical treatment. Brief references to symptomatology and diagnosis are such as to make the book more generally useful and to establish more clearly the close relation of symptoms, pathology and treatment.

F. W. M.

Auto-Intoxication and Disintoxication. An account of a new Fasting Treatment in Diabetes and other Chronic Diseases.
By DR. G. GUELPA (Paris), translated by F. S. ARNOLD, B.A.,
M.B., B. Ch. (Oxon.). Price, \$1.25. New York: Rebman
Company.

This book will serve to enlighten the Canadian medical profession on Dr. Guelpa's methods by starvation and purgation in the relief of disease. There has been an immense amount of interest manifested in France concerning Dr. Guelpa's work, but although in 1910, he read a paper on the subject before the British Medical Association, the medical press and the profession in Great Britain or on this side of the Atlantic paid no very special attention to it. His results are said to be remarkable in diabetes and other chronic diseases, upon which the major part of the book clearly deals. There is also a chapter on the Guelpa treatment in drug addiction and alcoholism, by Dr. Oscar Jennings (Paris). The feature of the treatment may be summed up in the words fasting with purging.

Muscle Spasm and Degenerations in Intrathoracic Inflammations and Light Touch Palpation. By FRANCES M. POTTENGER,
Am. M.D., LL.D. St. Louis: C. V. Mosby Co.

This work is largely a collection of published articles which Pottenger has written from time to time. The fact that spasm of certain muscles and later atrophy may be an important diag-

nostic aid in discovering chest conditions, is the main fact that runs through this whole volume. To those who have never realized this fact, the book will open up a most valuable field in their chest work, while to those who recognize these spasms and atrophies the rational and general description will prove most interesting. The chapter on Light Touch Palpation is not new, but again is overlooked, particularly by Canadian practitioners.

I advise the general practitioner to add this to his library; it is also inexpensive.

G. W. H.

A Manual of Clinical Chemistry, Microscopy and Bacteriology.
By DR. M. KLOPSTOCK and DR. A. KOWARSKY, of Berlin, Germany. Only authorized translation from the last German edition, thoroughly revised and enlarged. Illustrated with forty-three textual figures and sixteen colored plates. Price, \$3.00. New York: Rebman Company.

The general practitioner who is so situated that he desires to do his own or the greater part thereof of his chemical, microscopical and bacteriological examinations of sputum, urine, blood, gastric contents, exudates, or even skin examinations, will find in this concise manual one which will fill fully the requirements of his every-day wants. Whilst the book can not be set down as an elaborate and finally complete text-book, it contains the essentials for the practical laboratory worker. In this respect, then, it can be heartily recommended to students as a good text-book, and to practitioners as a splendid working manual.

Dominion Medical Monthly

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COMMENT FROM MONTH TO MONTH

The common stable fly (*Stomoxys calcitrans*) seems to play an important part in the spread of infantile paralysis.

From thorough epidemiological studies carried on by the Massachusetts Board of Health, under the supervision of its secretary, Dr. Mark W. Richardson, between 1907 and 1912, the investigators were led to strongly suspect this species of out-door fly.

Dr. Milton J. Rosenau, of the Harvard Medical School, who has been working in conjunction with these investigators, announced the results of these investigations and experiments at the recent congress on Hygiene and Demography, in Washington.

Several monkeys were infected with poliomyelitis by intracerebral inoculation. They were then exposed daily to the bites of hundreds of stable flies, and then twelve fresh monkeys to the bites of the same flies. When Rosenau made the announcement six had the symptoms characteristic of infantile paralysis. Of these, two died, three were still paralyzed and one had recovered after a brief illness.

In order to confirm these findings the United States Public Health Service instructed Drs. John F. Anderson and Wade H.

Frost to conduct experiments along the lines of the original investigators. These were begun on October 3rd, and the results are published in the Health Reports of October 25th. They demonstrate conclusively that infantile paralysis may be transmitted to monkeys by the stable fly, and, therefore, confirm the original investigators.

Stomoxys calcitrans, the stable-fly, is described by Hewitt as an out-door fly which sometimes enters and remains inside houses. Fond of the sun, it may be found resting or hovering over doors, gates and fences; wherever there are horses or cattle it is found in abundance. Farm-yards are its natural abiding-places.

Its close similarity to the common house-fly is responsible for the biting habit attributed to the latter, but the house-fly is unable to bite. It is only by aid of the microscope that the difference in the construction of the proboscis of either can be determined. In the stable-fly this is awl-like, adapted for piercing and sucking.

The body is larger, more robust, of brownish green tinge with four dark longitudinal stripes on the dorsal side of the thorax. A striking characteristic is the golden tinge of the anterior end of the median, light-colored stripe.

A blood-sucking insect, it is not attracted by the same means as the house-fly, so does not frequent substances likely to contain intestinal bacilli. Its whole life-history may be completed from twenty-five to thirty-seven days, commonly from July to October.

The hygienic claims of the gas-stove, gas fires, cookers and heaters, these modern innovations of the greatest necessity, comfort, and advantage, must be viewed in their sanitary as well as in their domestic aspects.

In considering the advantages of gas heating, Mr. Vivian B. Lewis, professor of chemistry, Royal Naval College, Greenwich, (see *Medical Officer*, October 19th, 1912), says these have developed within recent years to such a degree as to call for a close and careful investigation into their safeness from a hygienic standpoint.

Nature's way of heating the world is by radiant heat. Solid matter absorbs the sun's rays and then by convection these solids gradually warm the air.

The old-fashioned way of heating a room by the open fire-place is the right way—radiant heat, not convection, whilst the wide chimney was a valuable instrument in ventilation.

Fire-places, however, have had their day, the people desiring cleaner and more modern methods of heating. The principle of radiant heat is preserved through the medium of the burning gas the same as from a coal-fire, while convection heat from these sources has, through modern improvements, been reduced to the minimum. In heating effect, therefore, the gas-stove or grate is far superior to the coal-fire. In modern incandescent burners and gas-fires properly constructed it has been proven they do not vitiate the air, but are valuable in the ventilation of a room. Then they are reliable, free from dust and noise, economic. The humidity of the air, too, is considerably lessened.

The disadvantage of convection heating, as with hot-water pipes, is that the air has to be raised to a high temperature in order to carry the heat over a large area. This makes the air hungry for moisture, and then we have conditions of an unhygienic character.

Supplemental, however, to the gas heating or radiant heating, the hot-water or convection method will give the best results and make for the best hygienic conditions.

By gas heating there is an avoidance to a very great extent of the smoke nuisance in cities and towns, resulting in clearer atmospheres and brighter skies.

Editorial Notes

HAMILTON MEDICAL SOCIETY

The Hamilton Medical Society held its annual banquet in the Royal Hotel on the evening of the 18th of October. There were about 200 present. Dr. W. J. Mayo, Rochester, Minn., was the guest of the evening, and spoke chiefly on the medical schools of the United States.

SASKATCHEWAN MEDICAL ASSOCIATION

The sixth annual meeting of the above Association was held in Moose Jaw, Sept. 3rd to 5th, under the presidency of Dr. Radcliffe. Dr. T. G. Roddick, Montreal, was made an honorary member of the Association. The following officers were elected: President, Dr. Low, Regina; First Vice-President, Dr. Peterson, Saskatoon; Second Vice-President, Dr. R. H. Smith, Moose Jaw; Secretary, Dr. Arthur Wilson. The next meeting will be held in Regina.

POLIOMYELITIS IN VANCOUVER

Cases of Infantile Paralysis have been reported in Vancouver, B.C. It is now a notifiable disease, and physicians are required to give as much information as possible when reporting cases to the medical officer of health, Dr. Underhill. This information takes cognizance of local conditions and previous history. Patients and those attending them are isolated for three weeks from the time of onset, and children of families in which cases occur are not allowed to attend school or mingle with other children.

BRITISH COLUMBIA MEDICAL ASSOCIATION

The thirteenth annual meeting of this Association was held in Victoria, on the 20th and 21st of August. The programme was an excellent one, many good papers being presented and the discussions keen and to the point. Dr. A. S. Munro, Vancouver, was elected President; Vice-President, Dr. Herman Robertson, Victoria; Treasurer, Dr. P. A. McLennan, Vancouver; Secretary, Dr.

J. N. McIntosh, Vancouver; Executive Committee, Dr. H. E. Ridgewood, H. W. Riggs and G. H. Manchester. The next meeting, in 1913, will be held in Vancouver.

ABSENT TREATMENT UP TO DATE

"Dear Sir," wrote a man to a specialist in Germany, "I have had a bullet in my thorax eleven years. Being too busy to go to Berlin, I hope you will come to me with your rays, as my case might be worth your while. If you cannot come, please send a packet of rays with instructions how to use same, etc. Perhaps I can use them on myself." To this the specialist is said to have replied: "Sorry, my engagements prevent my going to you, and I am out of rays at the present time. If you cannot come to me, yourself, send your thorax by express, and I will do the best I can with it."

WAITING FOR FUN

The story is going the rounds of some exchanges of a farmer who took a week's recreation in the city, and became greatly enamored of a melodrama. He went to the same play four consecutive evenings. On the fourth, the manager gave expression to his approval of his efforts, but advised him to go somewhere else and see something different. "Not on your life," responded the visitor. "You know the end of the second act where Don Juan Montague jumps out of the window just before the unexpected return of the husband. Well, some night that cuss is going to be caught, and I want to be there to see the fun."

TESTING THE FUNCTION OF THE PANCREAS

In *The American Journal of Gastro-Enterology* for October, 1912, an abstract of Ehrmann's paper published in July 15th, 1912, number of *Berliner Klinische Wochenschrift*, sets forth the technique of this test as follows: On a fasting stomach the patient is given 30 grains of rice flour dissolved in a cup of warm water, to which is added 75 grains of liquid palmitin. This test meal is extracted within two and one-half hours. It is then thoroughly mixed and well shaken with petroleum ether containing 10 per

cent. benzol. The ethereal extract is then mixed with a 3 per cent. solution of copper acetate in distilled water. An emerald green color in the ethereal layer indicates pancreatic activity. If no color change results, pancreatic lipase is absent. Hydrochloric acid in the gastric contents may interfere with the test. It is, therefore, advisable to add soda to a second test meal to overcome the acidity. It may be said that the reaction is based upon the fact that neutral fat, free from fatty acid, is split up by the lipase from the pancreas, the resulting acid forming green salts with copper.

MEDICAL RESEARCH AT UNIVERSITY OF TORONTO

Through the enterprise and progressiveness of Professor McPhedran, twenty to fifty thousand dollars has been secured to prosecute research work in the Medical Department of the University of Toronto. The Board of Governors of the University have appointed President Falconer, Dean Clarke, Professor McPhedran, Professor Leathes, Professor Brodie and Professor J. J. Mackenzie to direct the research work. A portion of the fund will be directed towards tuberculosis.

"SYNTHETIC MILK"

This new food product of German scientific origin early found its way into England and *The Lancet* soon had an opportunity of examining into its claims. Their consulting chemist says the substance looks very like milk and has a round, sweet, fatty flavor not unlike that of rich milk. It is said to be an ingenious uniform emulsion, its constituents being mostly derived from the soya bean and other vegetables. As the product can be retailed at 3d. a quart, it may in time prove an undoubted rival of the genuine article.

SHALL DOCTORS ADVERTISE?

Dr. Holder Sneve, the retiring President of the Minnesota State Medical Association, gave expression to the following in his retiring presidential address. "I am a believer in newspaper publicity as regards new methods, accomplishments and successes. I believe in doctors advertising to an extent that will justify the newspapers in excluding patent medicine advertisements, which

we know are injurious. But, most of all, I think the people should be in closer touch with the work of physicians and surgeons than they are now. The medical profession is advancing rapidly. The *Medical Standard*, commenting upon these statements, believes that the time has come when the physician has the right to let it be known what the profession is doing to save lives, and what he personally can do for the relief of disease.

COLLECTING ACCOUNTS

Los Angeles, Cal., medical men claim to have solved the difficulty of collecting from delinquent patients. They have stickers printed in red ink, 3 x 1 $\frac{1}{4}$ inches in size. A brief and courteous statement calling attention to the overdue account is printed on these stickers. Each month one of these stickers is attached to the bill, until the debtor comes over with the money. This plan was adopted by the L. A. County Society, and their collector soon complained he had no business.

VENTILATION OF SLEEPING CARS

Before the recent Congress of Hygiene and Demography, in Washington, Dr. T. R. Crowther amplified his previous studies in relation to the ventilation of sleeping cars. His studies and experiments warrant the following conclusions:

The ordinary defects of ventilation lie with the physical function of the air and not with the chemical, the good effects of efficient ventilation depending on the coolness, the relative humidity, the motion of the air, and the ceaseless variation of these qualities; normal respired air contains no volatile poison and is not capable of harming the human organism when rebreathed under ordinary conditions of ventilation; the increase of carbon dioxide and the decrease of oxygen have nothing to do with the ventilation problem under normal conditions, or with the subjective or objective effects of close air. Cold air entering in small convection currents, fulfil the desired conditions of ventilation, and cars ventilated according to this method are found to be effectively ventilated from the standpoint of air comfort and the feeling of bodily well-being. Comfort and air purity have little or no relation, but comfort and air temperature and motion are very closely related. When we speak of good or bad air, according to our sensations, we speak in a physical and not in a chemical sense.

CHILD WELFARE EXHIBITION, MONTREAL

Montreal had a very successful Child Welfare Exhibition during the two weeks ending the 22nd of October. The success of its promotion was largely due to Dr. J. George Adami. One of the exhibits which attracted marked attention, especially from mothers, was the screen upon which an electric light flashed every ten seconds, showing that somewhere in the world a baby was paying with its life, the price of ignorance. This sums up to 3,053,000 infant deaths in the world in a year. To this sum total, Montreal alone contributed 5,355 deaths in 1911. Of this number, 2,332 died from diarrheal disturbances, 611 from lung diseases, 303 from contagious diseases.

NEW DOMINION MEDICAL COUNCIL

The first meeting to organize the new Dominion Medical Council has been summoned by Hon. Dr. Roche, Secretary of State. The summons, which is issued under the Canada Medical Health Act, called for a gathering of delegates at Ottawa, on the morning of Thursday, Nov. 7. The meeting is to comprise representatives of the several Provincial medical councils, representatives of the universities, representatives of the homeopathic physicians, and three members yet to be appointed by Order-in-Council. The delegates from the Provincial Councils are:—Ontario—Dr. W. Spankie, Wolfe Island; Dr. R. J. Gibson, Sault Ste. Marie. Quebec—Dr. L. P. Norman, Three Rivers; Dr. Arthur Simard, 59 Rue d'Antenial, Quebec. New Brunswick—Dr. A. B. Atherton, Fredericton; Dr. Walter W. White, St. John. Nova Scotia—Dr. A. W. H. Lindsay, Halifax; Dr. John Stewart, Halifax. Manitoba—Dr. R. S. Thornton, Deloraine; Dr. J. S. Gray, Winnipeg. Alberta—Dr. R. G. Brett, Banff; Dr. John Park, Edmonton. British Columbia—Dr. R. E. McKechnie, Vancouver; Dr. R. E. Walker, New Westminster. Those of Prince Edward Island and Saskatchewan have not yet been selected. The representatives of the universities are:—Dalhousie—Dr. D. Fraser Harris, Halifax. Manitoba—Dr. J. R. Jones, Winnipeg. Queen's—Dr. J. C. Connell, Kingston. Western—Dr. H. A. McCallum, London. Laval, Montreal—Dr. E. P. Lachapelle, Montreal. Laval, Quebec—Dr. D. Brocher, Quebec. McGill—Dr. F. J. Shepherd, Montreal. Toronto—Dr. J. M. McCallum, Toronto. The representatives of the homeopathic body are:—Manitoba—Dr. Charles E. Sugden, Winnipeg. Ontario—Dr. E. A. P. Hardy, Toronto. Quebec—Dr. E. M. Morgan, Montreal.

News Items

Dr. Geo. Ryan has returned from Dorchester, N.B., to Paris, France.

Dr. W. J. Roe, Georgetown, Ont., is dead at the age of 75 years.

Dr. A. B. Atherton, Fredericton, N.B., has gone on a trip to California.

Dr. Jessie A. MacBean, of South China, is spending a holiday in Montreal.

Dr. R. Heber Burritt, Amherst, N.B., has left to practice in Saskatoon.

Dr. R. J. Moffat, Lethbridge, Alta., has been visiting in Andover, N.B.

Dr. Gordon S. Mundie has returned to Montreal, after spending two years abroad.

The National Sanitarium Association will establish a dispensary on College Street, Toronto.

Dr. Alexis Carrel of the Rockefeller Institute, New York, has been awarded the Nobel prize for Medicine.

Dr. J. T. Duncan, a leading eye specialist of Toronto, died suddenly in California, whither he had gone in search of health.

Dr. Maurice E. Peters, Brookline, Mass., and Dr. LeBaun H. Peters, Bridgeport, Conn., have been paying a visit to St. John, N.B.

The Winnipeg Medico-Chirurgical Society and the Winnipeg Clinical Society have been amalgamated into the Winnipeg Medical Society.

Dr. Arbuthnot Lane, London, Eng., delivered an address before the Academy of Medicine, Toronto, on the evening of the 5th of November.

The new Council of Saskatchewan is composed of Dr. Miller, Battleford; Dr. Young, Saskatoon; Dr. Irvine, Yorkton; Dr. Argue, Grenfell; Dr. Eaglesham, Weyburn; Dr. Thomson, Regina; Dr. McCulloch, Moosejaw.

The Manitoba Medical Council has elected the following officers: President, Dr. McCharles, Manitou; Vice-president, Dr. Pope, Winnipeg; Treasurer, Dr. Gardiner, Winnipeg; Registrar, Dr. J. S. Gray, Winnipeg.

The Dominion Medical Council elected the following officers: President, Dr. Roddick, Montreal; Vice-President, Dr. Thornton, Deloraine, Man.; Registrar, Dr. R. W. Powell, Ottawa; Executive Committee, Drs. McKechnie of Victoria, Hardy of Toronto, Stewart of Halifax, Brett of Banff, Spankie of Wolfe Island, and Normand of Montreal. Doctors from all over Canada were present, and were in session for two days.

MR. ARTHUR C. HENDRICK, M.A., M.B., of the staffs of the University of Toronto, and the Toronto General Hospital, has passed with distinction the examination for the degree of Fellow of the Royal College of Surgeons of Edinburgh, and has been duly admitted a Fellow of the College. Dr. Hendrick was a Blake Scholar at matriculation, and graduated with first-class honors in both Arts and Medicine, and also holds the post-graduate degree of M.A., of the University.