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ADDRESS ON OPENING OF MEDICAL SESSION, TORONTO UNIVERSITY, OCTOBER 3RD, 1904.

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Mr. President, Ladies and Gentlemen—I must acknowledge with deep feeling the honor which my confreres have done in selecting me to deliver the opening address to you this session, an honor of which I feel more deeply sensible, when I realize how many among you here present are more gifted than I, and more worthy of this distinction; but none more earnestly desirous than I am of doing my share of the work of publicly presenting the strong position and attainments of this great school, and the strong medical arm which we must all feel our University now possesses in the amalgamated faculty.

To-day we enter upon the second session of the combined schools of medicine, and if the past session be an earnest of the success which we are to meet with in the future, we will indeed have reason for congratulations. The harmony and success of what some were inclined to think an experiment, has been demonstrated beyond peradventure as a decided step in advance.

We are this year continuing the work for which the foundation was really laid last session, the work made possible by the amalgamation of the medical colleges, and the enlargement of the medical faculty, the construction of this building, and the

equipment of laboratories contained therein, presenting a combination of circumstances sufficient in efficiency and equipment to guarantee a medical education for the country which will bring it into the foremost rank of the world. But this satisfactory state of affairs has only been rendered possible by great sacrifices made by every member of the medical staff, who in this particular has maintained the reputation which is the pride of our profession—that where progress in medical science is to be made, or where the status of the medical profession is to be enhanced, or where benefit is to be conferred upon those who are to receive the consideration of physicians, such work must be proceeded with regardless of the sacrifices it entails. The amalgamation of the medical college, and the fusion of the two medical faculties does not mean merely the formation of a huge medical combine—it means far more. It means a unification of medical interests in the province, and their welding with the interests and the life of the Provincial University, and the focusing of its powers, and with all its far and wide-reaching influences to compel the recognition and support which this institution and our profession are justly entitled to demand. Furthermore it means obliterating the line of separation which might attach to this or that graduate of any particular school. It tends to obliterate those influences which separate students and practitioners in their early professional career, and which have in the past sometimes been carried on and continued in after years, when they should long since have been forgotten, and enables the student to avail himself of the best in medical science and example procurable. I hope in future years many of you will see, when this plant shall have reached its maturity as the result of its renewed life, a fragrance and a beauty which will make the advancement of medical science renowned in all places where that science is known.

In no department of knowledge has the separation of thought from the tangled mesh of scholasticism been followed by more or greater benefits to science and humanity than in medicine. Since reason displaced authority, and demonstration superseded unverified hypothesis, medicine has gradually worked its way into the front rank among so-called natural sciences. Thanks to the method of experimentation, medicine, as an art and a science, has made more advance in the last two centuries and a half than it had made in the previous eighteen.

If this work is to continue and grow it can only do so by the distribution of that knowledge regarding medicine, which

when thoroughly comprehended will appeal to government and people alike, and compel that support which even no higher motives than self preservation prompt. Over and over again it has been demonstrated and proven that the increase of medical knowledge is an asset of value to the community in which it has occurred. Let us stop for a moment to survey some of the branches of our work which more intimately touch the masses of people. I do not propose or claim to be able to present a perfect and complete portrait of the marvellous progress of our craft, but even the dullest can see some rays of light in the picture which must appeal to them very strongly. No more than half a century ago the unfortunate and over-worked, suffering from that direst of all afflictions the loss of reason, was separated, not only by his own but by the mental darkness of his day; and restraint, confinement, torture, chains and fetters, the straight-jacket, terrorization, manacles and excommunication was the treatment of the insane. As his violence increased these were intensified. Once within the door of an asylum his doom was sealed, his life among the damned. But fifty years of progress and advancement have abolished all this, and to-day the bond and the straight-jacket are things of the past, whilst sunshine, comparative happiness, home comforts, the development of restful surroundings, proper nourishment, freedom from care, and the supplying of well regulated pleasure has become the lot of this class of sufferers. This same line is developing still further, and though even to-day the horrors of the past attached to the idea of an asylum for the insane, may still prevail in remote regions, the very word is being expunged from the language of our nation, and replaced with the pathos and the meaning of home, and the conditions created necessary not only to cure, but to prevent the more distressing manifestations, and to eliminate the odium which attaches to the very name of the only institution where the mentally unsound can reasonably hope for shelter. Again, when we turn to the department of surgery, and survey even superficially the marvellous progress and attainments of this department of our art, when we stand in horror before the pictures of the suffering, torture, and agonies endured prior to the time of Sir James Y. Simpson; when we read in our literature of the hemorrhage from the amputated stump being checked by the application of melting tar and red-hot iron; when we endeavor to enumerate those regions of our body which were forbidden the surgeon because of the writhings unavoidable in the absence of anesthesia; when we see to-day

the results of the ligature and an *ectopic*; when we read of the success of the abdominal surgeon and the almost fairy pictures revealed in intra-craniectomy rendered possible alone by the quiet and unostentatious yet unremitting labors of the plodding student, is it any wonder that we should apply for some measure of recognition from governing bodies, or from the great mass of the public, who either do not know, or do not heed these great achievements? Rather is it not a wonder that we are not inundated by earnest offers to contribute in their own way to extend these great blessings? When we look again at what has been achieved by the great pioneers in medicine in the matter of public hygiene, in improved sanitary surroundings, in emphasizing the importance and value of preventing diseases which are preventable, how there has been almost wiped out of existence some of the devastating plagues so prevalent fifty years ago; how there has sprung up organizations and laws for the benefit of communities, rich and poor alike, and in the saving of human life the amassing of those assets which governments and people profess to be so jealous of. We do not marvel that in the great *and progressive industries of the world to-day wealth is being directed towards the endowment and equipment of such machinery.* We do not have to look far for such examples, across the line, where we can find many instances, we regret to say almost daily evidences, where the flower and the brilliancy of our Canada has been attracted by the congenial harbors and wider fields afforded for those whose lives are to be spent in scientific advancement so closely akin to our own. If this country is to keep its place, if it is to sustain its reputation and its scientific prowess, two things must assuredly happen. The Government must recognize more fully and perfectly than it has in the past the real commercial value of scientific education and scientific work; and the creator of wealth must also realize that he owes some measure of his success, and some of the money made, to the great scientific institutions whose walls sheltered the quiet and unknown student in his daily and nightly task laying the foundation for a work, the tangible benefits of which are too often absorbed by what the public recognize as the successful manufacturer. It remains with the Government to do its part in this great amalgamated scheme and realize the necessity at once of endowing such Chairs as Bacteriology, Hygiene, and Pathology, and in furnishing sufficient funds for securing teachers who will be able to give their undivided attention to these all-important branches. It remains for the wealthy mer-

chant to follow the examples of those in the Republic to the south of us, and in his private beneficence give some character and feature to a country growing prematurely old by the consumption of its crude material. The recent generous and munificent gift of Mr. Cawthra-Mulock, I hope will stimulate some of your wealthy citizens to follow his example and give of their abundance. I trust Mr. Mulock may be spared for many years to come, to see the fruits of his gift abundantly realized, for to no better cause could he devote his wealth than the furtherance of clinical research and the relief of the suffering poor.

To those of you who have already been associated with us in the past I extend a most hearty and cordial welcome, and also to those who for the first time appear here to-night. I would express the hope that the same devotion to study, which has in the past characterized the medical students of this University, will be fully maintained by the class of this session, and the mutual respect and good-will which has existed in the past between professors and students will continue, developing a kindly feeling and interest in each other. I can assure you, gentlemen, that you have no warmer friends or well-wishers for your future welfare than your professors. Long after you leave these halls your progress in life is watched and your successful climbing up the professional ladder affords us both gratification and pleasure.

The science of medicine requires a wide and varied experience in other departments of knowledge; it is not enough for you to confine your studies to medical works alone, you ought to be well read in other subjects or you are apt to become narrow in your views. The more time you can devote to other branches of science the better fitted will you become to understand the many complex subjects of medicine. The great aim of medicine is the prevention of disease, the preservation of health, and the cure of disease.

Medicine is one of the most difficult studies you can enter upon. To grasp fully all that has been written to-day on medicine is a task not lightly to be entered upon. It will require all your energies and determination to master even in a most superficial manner its very outlines; yet for all that it is one of the most interesting and attractive studies you could possibly select, and as you proceed step by step its attractiveness and beauty will gradually unfold itself to your mind, and what to-day appears to you as being quite beyond your grasp, you will in time be able to know and appreciate. The elementary

branches to the beginner will prove tedious and irksome, and you will often feel discouraged; but persevere, be not discouraged; a mastery of these subjects will teach you the dependence and relationship the one to the other, and in due time you will be able to put into practice what you have learned in the lecture-room, and the investigation and treatment of disease will soon be appreciated, and what was at one time a hardship to you will afford you pleasure and gratification. It is most important early to acquire the art of doing what you may at the time consider uninteresting work in a serious and determined way.

The first year or two of the student's life is the most momentous time of his whole student career; if he wastes that time it is an opportunity lost forever, he can never recall the wasted hours. If, on the other hand, he avails himself of the opportunities placed within his grasp, he lays a foundation which will ever prove invaluable to him; and when he passes from the classroom to the hospital wards he will never come out of them without having learnt something he never knew before. His future may be either a success or a failure; it rests with himself which it shall be. I am no believer in what is called "luck" or "fortune," but believe every man's success depends on his own steady and persistent labor; his future success is largely under his own control; the truly successful men are those who do their work and do it with all their might. The lazy, procrastinating, waiting man is, with few exceptions, a disappointed man; he waits and waits for something to turn up, but he waits in vain; his life slowly passes away; the opportunity he hoped for never came, and in the sunset of his days he finds himself a disappointed man, his youth spent, his energies dead, his hopes extinguished; he has wasted a life which might and ought to have been better in its success, and yet even then he fails to see he has himself alone to blame. I hope that this may not be the lot of any one before me. If you want to succeed, begin now; let your watchword be "work"; strive with all your might to avail yourself of the opportunities now placed before you, and success will be yours. It is quite true, "The race is not always to the swift or the battle to the strong," that many men possessing more than average ability, yea, even brilliant intellects, have failed, and it is hard sometimes to know the reason why; I think it is because they lacked perseverance, the knowledge of the little things that go to make up the man, perhaps I may call it common-sense.

Enter on your studies with a firm determination; work methodically; lay out for yourself a certain amount of work to be done daily, see that it is done, let nothing prevent your doing it; do not let yourself become careless or indifferent to your work; you may often feel weary, fatigued, or even despondent, but do not let your feelings conquer you, and there can be no question of failure in the end. Success is sure to be yours. Constant and regular attention in the lecture-room is essential. I am thoroughly convinced that didactic teaching is as essential to the student as any part of his whole training. I do not wish to overburden the student with lectures, but I fear there is a tendency in some quarters to ignore their usefulness. This, I think, is a great mistake. There was a time when too many lectures were required of the student. He was compelled to follow the same course of one hundred lectures on one subject twice over—an obvious absurdity. But to-day the C. P. S. has wisely cut the lectures down to one-half of their number, and perhaps there are still some subjects the lectures on which might be still further lessened; but to do away with them altogether I think most ill-advised. A student in the course of his lectures will every day learn something from the professor which he will never learn in the same manner from his text-book. A carefully thought-out lecture will prove of great advantage to any student who listens attentively and takes notes from it. Attendance in the laboratories, where so much is to be learnt, cannot but prove of inestimable value; it is here you learn what you cannot learn elsewhere, and to-day so much is done in the laboratory, that you cannot afford to lose any opportunity of careful attendance to the instruction given there.

In these days the science of medicine is making tremendous strides, encouraged and prompted by laboratory research, and many a seemingly small discovery may mean a great bound in professional advancement; but whilst the laboratory undoubtedly has its purpose, and the cloister studies of original research may result in invaluable benefit to the medical practitioner, we must not forget the wide field of medical work, where nature plays the part of a cruel and relentless vivisector, produces many an experiment which you will be asked to interpret, and the results and bearings of which you must forecast with a certain degree of absolute accuracy. In the life of a medical practitioner the laboratory must never be permitted to supersede that larger laboratory, the hospital ward, nor the study of those intricate problems of disease whose relief is the life-work of the true

physician, and whose surroundings are often dissimilar in every way from what he might be led to fancy they would be from studying only the narrower feature in laboratory research.

The importance of hospital attendance is of extreme value; here you will learn the habit of observation, and familiarize yourself with investigations into the diseased conditions of man. Clinical investigation at the bedside will give you confidence in yourself and enable you to investigate for yourself the various forms of diseases.

Reading and study is essentially necessary to acquire the knowledge of the causes and symptoms of disease, but clinical experience is still more necessary to enable you practically to apply that knowledge. The responsibility that rests on you as a practitioner is very great. To your care and skill will be entrusted many a valuable life, and if you should prove ignorant, incompetent, and not prompt and decisive in action, you may perhaps be the means of losing that life, of depriving a family of the love and care of a mother or father whose place can never be filled. If, on the other hand, you are competent, you will have the undying satisfaction, it may be, of snatching a life from the very jaws of death. What can be of more satisfaction to any man than such a reward? No pecuniary remuneration is equal to your own consciousness of the successful discharge of your duties. The grateful thanks of the poor man, who has only thanks to offer for your services, will be esteemed by you as of more value than the money of him who only values your services at so many dollars. The day you are enrolled as a member of the medical profession, that day your responsibilities begin. Until then you have scarcely known what responsibility means; and as you proceed in your professional career, responsibility continues to increase with your increasing work. You will some day realize the tremendous weight of this responsibility. When, for instance, you stand at the bedside of some stricken and dearly beloved member of a family who have called you in, and who have placed their whole trust and confidence in your skill. The stricken one may perhaps be the head of the family, the breadwinner, upon whose daily work depends the existence of a large family of helpless little ones; or it may be the dearly beloved mother, who has tended and toiled so hard for her children, and whose loss is irreparable to that young family, who wait and yearn for her recovery. Or, again, it may be a child, perhaps the only and dearly beloved child, for whom your ministrations are sought by the sorrowing parents, the going out of whose

life would crush their every hope, and you stand there entrusted with their full confidence. They will watch your every movement—they will listen eagerly for some words of hope from you; their gaze will seem to penetrate through and through you and to read your inmost thoughts. Upon your decisive action, your skill, the balance is turned, the life is snatched from the grave, the joy and light of that household is once more restored, and you have the unbounded satisfaction of knowing that you contributed in no small measure to that happiness. Do you not think that this is a responsible moment in a man's life? Is it not sad to think, on the other hand, that through ignorance, neglect and carelessness, you may have helped to sever the tender cord that bound that precious life to the bereaved family? We cannot save every life, nor can we expect to; but we are expected most assuredly by our patients at least to commit no gross blunders. To avoid such mistakes can only be done by constant study. The more busy you become the more study is called for; the more constant must be your observation of disease in all its forms. It is then you will learn the value of your attention to your clinical work in your student days. Your teachers have had to learn all this before you. Take every advantage of their well-earned and rich knowledge. They are only too willing to impart it to you; but you should realize that they have acquired that knowledge by hard work and untiring devotion to their studies.

The practice of medicine demands of us the greatest devotion and self-denial—and not unfrequently true heroism. How seldom does the medical man receive proper recognition for acts of the truest bravery performed in the discharge of his duties? It is not in the din of battle, or the excitement amid the roar of cannon and shouts of the victors, that he is called upon to do some act of bravery, but in the harrowing hush of some dread disease or epidemic, that the physician daily takes his life in his hands, and goes in amongst the sick and dying even where the nearest relatives shrink from going. There he is to be found, ministering to the suffering, soothing their last moments with his presence, never thinking of himself or the danger he is exposing himself to, but only of the faithful discharge of his sacred duty. How many noble men in the past have, under such circumstances, sacrificed their lives in their endeavors to stem some dread epidemic, to find out some mystery about the disease that is rushing over the land. History tells us of many such noble sacrifices, but they are soon forgotten; no monument is raised

to their names to commemorate their noble, heroic deeds—such public praise is kept for the soldier alone—and yet I claim their bravery was equal to the bravest act ever done on the field of battle. Follow the surgeon on the battlefield. Where is he to be found but in the very foremost post of danger, in the very firing line, amidst the shot and shell falling thickly around him, calmly ministering to the needs of those brave fellows who lay down their lives for their country? He heeds not his own danger; where duty calls him there does he go unflinchingly to do that duty. But it is seldom we hear of him as receiving rewards equal to his brother officers. Of course, I do not say that all are overlooked, but of the many who deserve recognition and honors, few, indeed, receive their rightful share. In the great war at present engaging the fascinated attention of the whole world, the surgeons must of necessity be doing an immense deal of courageous work. Not only on the battlefield do they toil, but long on into the weary hours of night they must continue their labors when other soldiers are taking their rest. The fearful amount of disease that must at present be raging amongst those two mighty armies engaged in mortal strife, must tax the strength of the surgeons beyond our conception. If occasion should demand of any one of you present to risk your life in the discharge of your duties, I know you will never shrink from that duty.

Truthfulness and loyalty must at all times characterize your life and actions. Be loyal to your King, your country, your profession and yourselves. Never be tempted to do a mean thing that would bring discredit on any one of them; you have not been so taught in the past, you can find no excuse for so doing in the future. Some day in the near future you will come to this great university to seek at her hands the highest gift she has to give, viz., her diploma. I tell you, gentlemen, if she could foresee that you would some day tarnish her honor by some dishonorable act, no inducement, however great, would tempt her to entrust you with that diploma. She looks to you to help build up her reputation and not drag her honor in the mire. If your only object in seeking admission to the ranks of medicine is to gain wealth, you will be doomed to disappointment. Few, indeed, are those who succeed in that direction. You can at all times, by strict attention to your duties, make a moderate competency, a comfortable living, but not more than this.

It is only the charlatan and quack who amass great fortunes out of the too credulous public. The public are only too ready

to read their pretentious advertisements and ludicrous promises to cure all ills human flesh is heir to. Few, apparently, ever stop to enquire into the truthfulness of their glowing promises. The public press of this city teems with quack advertisements that are simply disgusting, a disgrace to our public prints, and I cannot understand why such advertisements are permitted in our midst—why any respectable newspaper will permit them on their pages.

If the profession has to maintain its high position, truthfulness and honor must reign supreme in all the dealings of its members. Tact may be important, but tact, when incompatible with truthfulness, is deceit pure and simple, and whilst expedience may be employed, remember it must never intersect the straight lines of right and wrong. The young doctor embarking in his profession meets many difficulties of a financial order, and great are the temptations he may be called upon to withstand—temptations which might lead him from the strict path of professional rectitude. I would remind you that lapses from moral or professional rectitude are never profitable. In the majority of instances they are wholly and completely ruinous; and whilst one might fancy they would afford temporary relief in cases of stringency, they all lead to one central pit of everlasting and complete professional failure. Two wrongs never make a right. If your colleague and competitor resorts to unprofessional action, it does not justify or excuse you in similar conduct. Let your profession be your highest ideal, let its influences be ennobling, and though failure encounter you, you will at least have the satisfaction of knowing that you have done your best to maintain its true ideal.

The establishment of a post-graduate course here during the past summer is a step in the right direction, a want long felt. The usefulness of a post-graduate course has been proved beyond measure by the success which has attended these post-graduate schools in Berlin, Vienna and New York, and I venture to say it only wants time to prove the same of our own. We have the material and the men to make post-graduate work a success, and practitioners throughout our province will not be slow in availing themselves of the advantages to be gained from attending for a few weeks from time to time a practical course on some of the various clinics to be given. It will be nothing but practical work, hospital and laboratory work. After a man has been in practice for some years, isolated, in many instances, from even the advantages of a neighboring practitioner, prac-

tically entirely by himself, the advantages to be derived from returning once again to the hospital and laboratory can only but be of immense advantage to him.

The progress our profession is making in educational matters ought to be a source of great gratification to us all. The preliminary education required of our students prior to entering on the study of medicine, compares favorably with the Old World, indeed, we even ask more of them than in many other places. The elevation of the standard of education tends to elevate our profession and to draw to its ranks a better class of students, and providing the standard is not raised too suddenly and beyond our requirements, no harm can come of it. Wherever possible, a liberal education should always precede professional education and training. That is, a student should be a Bachelor of Arts before he enters the medical department of the university. A liberal education fosters mental alertness and readiness of mind; it broadens one's sympathies and one's outlook upon life and the world; it stimulates the imagination and enables a man to adjust himself more easily and quickly to new conditions and unexpected complications; and it increases one's knowledge of human nature—a most essential knowledge for the medical man to possess. The student who is liberally educated, who has imagination and originality, will never be in danger of regarding his degree in medicine as merely a bread-and-butter degree. To do his work honestly and well is his first consideration. His income, though a very important consideration, will ever be a secondary consideration to the man of wisdom and honor. He who puts income first will never achieve success in the best sense of that much abused word. I cannot too strongly impress this fact upon my young friends. Nor can I impress upon them too strongly the necessity of being reading men, not only now, but all through their lives. The gift for reading is a priceless gift. Few have it by nature, but fortunately it can be acquired. The world's great men have invariably been great readers. To be well read, not only in one's profession or business, but in general literature, as well, to know the great writers of old time and the wise ones of to-day, gives a distinction and a character to a man which cannot be otherwise attained. It is one of the greatest antidotes, too, of premature old fogeyism of which I know. A doctor's life is apt to be a distracting one unless he has a firm hold on his mental machinery, if I may use such a phrase. He is called hither and thither at all hours of the day and night, and unless he determines to read a certain amount each day, and

resolutely adheres to his decision come what may, he is only too apt to fritter away his precious spare moments, and so lose his grasp on things. The use a man makes of his leisure time largely determines what manner of man he is, and what he will become. There is scarcely any pleasure comparable to the sense that one is "growing" mentally as the days slip by. Would that the spirit of self-perfection were more prevalent among us all!

Those who are gathered together here this evening are not all members of the medical profession or preparing to become members of it, not all alike interested in its welfare and repute. Much that I have said will, I fear, be of little practical concern to the laity at large, yet there is no other profession in whose well-being and reputation the public is really so deeply and practically concerned as in the medical profession. To every man, woman and child in the community the standard attained by this profession is of immense moment. Disease is no respecter of persons. No one knows how soon he may find it necessary to summon a physician to his bedside. No individual can afford, then, to be indifferent to those things which make for a skilful and learned and highly efficient medical profession. The law of self-preservation, if no other, would point out the folly of indifference. Yet for all that, and in spite of the greater prevalence in these present days of the altruistic spirit, we cannot say that the present state of public opinion in Canada with respect to the value of professional instruction of high university rank is what it should be. It may be objected by some of my hearers that it is very difficult to know what the state of public opinion is on this matter. But it may be inferred from the difficulty the profession has in arousing the active interest of our public men in medical education. When public men are difficult to interest in any question, it is generally because they imagine their constituencies are not interested, and the collective constituencies make up what is called public opinion. Without an active public opinion in favor of the highest possible standard in medical education, it is almost impossible to maintain such a standard. When the mass of the people appear to be hungering for quacks and quacking and patent medicines, a strong public opinion in favor of education of any kind is scarcely to be expected. On the earnestness with which the Canadian public regard education in general, and on their consequent willingness to spend money on it depends in large degree the standard which will be won and maintained in the Dominion. We should

allow no country to surpass us in advanced subjects of medical instruction. I have no hesitation in saying that the standard of medical education in a country is one of the most sure, if not the surest, of tests for judging the intellectual status of its people, the stage it has reached in civilization. Disregard for human life is invariably a sign of a low civilization. Moreover, money spent on education is a magnificent investment for any country. There is none better, let our politicians flatter us as they may. It is an investment eloquent of the wisdom of the ages and of to-day. You cannot estimate a nation's greatness merely by the number of bushels of wheat it exports, or by its miles of railways and canals, or by its lines of steamships, or by its coal, its iron, its gold, or by its forestry. Yet, when our orators would tell us what a great people we are, what very fine fellows we are, it is on these things they dilate. No! a nation's greatness is weighed in balances more delicate than those that weigh material things. Its standard of greatness, of success, cannot be measured in dollars—so many dollars, so much success. That country promises to be the greatest which most clearly recognizes the indisputable fact that of all subjects deserving the serious consideration of the people, education is the most important, moral and spiritual, of course, as well as material. Buckle, in his well-known "History of Civilization," tells us that the acquisition of fresh knowledge is the necessary precursor of every step in social progress, and must itself be preceded by a love of inquiry and research. It is not enough for us to be passive recipients of the accumulated inherited thought of the ages gone before. A nation to advance must make original contributions to knowledge and learning. A profession to advance must likewise make original contributions to knowledge and learning. It cannot stand still. To keep medical instruction abreast of medical progress the professor must lecture on what he is doing, on what he is by research discovering, and not on what other people have done or discussed. Do our public men, and the power behind them, recognize this fact? Are they doing what they can and should do to promote liberal education and the highest professional training? Do they realize that the one great and chief office of education should be to call forth and develop whatever spirit of originality, whatever element of genius, may lurk in the mind, and that this cannot be accomplished without our students acquiring the methods and habits of scientific research, and enjoying opportunities for the prosecution of such research, and abundant facilities in the way

of libraries, museums and laboratories? Is all this realized by our public men and by the people who pick them out from their fellows and send them as representatives to parliament? There can only be one answer to this question, but I will leave it to you, ladies and gentlemen, to determine what that answer is. The emphasis of public opinion in Canada cannot be said to be laid upon things of the mind. Observe the men picked out for honors by the multitude. The crack shot, the skilful oarsman, the valiant slugger. Were it otherwise, the saving remnant among us who prize the things of the mind and are jealous of the intellectual reputation of our country, would not be compelled to move heaven and earth to squeeze a few dollars out of the public coffers to promote the best interests of higher liberal and professional education in the country. And if the money is voted, it is grudgingly voted, not in the belief that a splendid investment is being made. In reading the various reports of the members of the recent Mosely Educational Commission, nothing impressed me more than the intense belief of the Americans in education, the enthusiasm for it which is everywhere manifest, and the consequent willingness of government and people to pay for it, the amazing liberality of their wealthy men in promoting higher education, both liberal and professional. It is at least one characteristic of our neighbors which we can all admire without reservation. They have more money than we have, but they should not have more enthusiasm for learning and culture. I am an intense believer in the ability and stability of my own people. We have few failures in the medical profession in Canada, and fewer still who slide down hill and eventually join that unhappy class popularly known as the submerged tenth. My own experience leads me to believe that nearly every one who comes to our medical school has enough of the right stuff in him to enable him to be trained and instructed, and sent forth from our halls a good physician or a good surgeon. All cannot be great successes. Clever, successful men are, to a large extent, born, not made. But fresh and living and stimulating education, opportunities and facilities in the way of libraries, laboratories and museums for independent study and research, can go far to insuring a man's success—character and some native ability and aptitude for medicine being taken for granted. For these reasons I appeal to our public spirited citizens, to those who appreciate the high value of the coherent and civic conception of education, to aid by their personal influence the creation of a public sentiment in this coun-

try more in favor of intellectual progress, of intellectual independence, more in favor of promoting the higher interests of professional learning, and chiefly of that profession which comes home inevitably to everyone sooner or later, the profession which, as I have said, is in many respects the criterion of a country's civilization. May I venture to go further and to say it is the duty of everyone who has mind enough to realize its importance, thus to exert his personal influence? The word "duty" has not always an agreeable sound, but it is, as the late Bishop Phillips Brooks once remarked, the one thing on earth that is so vital that it can go through death to come to glory.

Before I close I wish to offer some few remarks embodying the main reasons which induced the old Faculty of Trinity Medical College to join with that of the Provincial University. I regret with all sincerity the passing away of Trinity Medical College; she has done noble work in the past, and her record was one of continued success; her graduates, numbering upwards of two thousand, are scattered over the whole world. Many hold positions the foremost in the ranks of the medical profession; they are to be found in our legislative halls and in positions of public trust, and although Trinity Medical College exists no longer as a teaching body, yet her reputation survives and her graduates, from their high and distinguished positions, testify to the liberal education which they received at her hands. Our faculty, however, felt that the progress of medical education to-day was such that its demands could not any longer be supplied by private enterprise or by proprietary medical schools. The use of public and private funds is essential for the advancement of our science, and we could not expect these so long as we existed as a private corporation. We amalgamated relying on the hope that we will receive both government and private assistance, such is now so generously given to McGill and other great universities throughout the United States. Again, amalgamation was in a degree imposed upon us by the attitude and earnest desire of Trinity University, of which we were indirectly a part. For some years past we knew that federation with the Provincial University was the policy of Trinity University, and we realized that it would take place, and upon its consummation leave our students practically without a place for graduation, the only other places being London and Kingston, which had their own medical faculties. The Provincial University offered us liberal and honorable terms of amalgamation, assuring us that the professorial staff of teachers, the graduates and under-

graduates, would receive generous treatment. We realized that these were advantages which later on we might not have been able to secure. By the arrangement which has been entered into, all the graduates in medicine of Trinity secure enrolment and status in the Provincial University, enjoying the same rights as her own graduates in the selection of representation to the senate and governing bodies of the University.

In conclusion, I can but thank you for your patient hearing, and wish you all the most abundant success in the honorable calling which you have selected for your life's work.

ADDRESS IN GYNECOLOGY.—THE SURGICAL TREATMENT OF COMPLETE DESCENT OF THE UTERUS.*

BY E. C. DUDLEY, M.D., CHICAGO, ILL.

Complete descent of the uterus, descent to the third degree, which may be defined as that deviation in which a part or the whole of the uterus is outside of the vulva, is always associated with extensive injury to the pelvic fascia, the pelvic connective tissue, the muscles of the vaginal outlet, the perineum and the vaginal walls, in fact, these injuries of the pelvic floor constitute the essential lesion, the mal-location of the uterus being an incidental factor.

The uterus, in its normal position, lies across the pelvis, the fundus pointing in a slightly upward anterior direction and the external os in a slightly downward posterior direction. The long axis of the uterus in this normal direction makes an acute angle with the long axis of the vagina, which extends from the vulva upwards and backwards in the direction of the hollow of the sacrum. Generally speaking, mobile anteversion, with some degree of anteflexion, is the normal position of the uterus; at any rate, the uterus in its normal range of movements does not deviate, unless temporarily, beyond the limits of a certain normal anteversion and anteflexion.

*Read at the annual meeting of Canadian Medical Association Vancouver, B.C., August 24th, 1904.

In the etiology and treatment of descent the practical significance of this acute angle between the axis of the uterus and vagina is very great, because the uterus in the act of prolapse must descend through the vaginal canal in the direction of that canal, that is, a coincidence of the two axes is a prerequisite of descent. Now, if the essential condition of descent is a coincidence of the axes, it follows that one factor, at least, in the treatment of descent must be to restore the normal angle between the axes.

In labor the anterior wall of the vagina is so depressed, stretched and shortened by the advancing child that during and after the second stage the anterior lip of the cervix uteri may be seen behind the urethra. This location of the cervix—so close to the anterior wall of the pelvis—necessarily involves great stretching of the utero-sacral supports which normally hold the cervix uteri, and together with it the upper extremity of the vagina, close to the hollow of the sacrum. This function of the post-uterine ligaments having been temporarily impaired, the upper extremity of the vagina is displaced forward, so that the uterus, having sufficient space between itself and the sacrum, instead of maintaining its normal anterior position, may fall backward into retroversion, and thereby bring its own axis into line with the direction of the vagina. Frequently the change in the direction of the vagina from the normal oblique to the abnormal vertical is still further increased by injury to the vaginal outlet, the perineum may be torn in any direction, and what is more serious, it may be torn away from its pubic attachments and in this way may be displaced backwards towards the tip of the coccyx; in fact, such displacement is so common as the result of injuries to the perineum as to suggest the propriety of a change in terminology from laceration to displacement of the perineum. The upper extremity of the vagina being displaced forward and the lower extremity backward, and the direction of the over-stretched, dilated vagina now being vertical, the heavy uterus having its long axis in the same vertical direction, has all the conditions favorable to progressive descent.

If the puerperium progress favorably with prompt involution of the pelvic organs, and if the relaxed vesico-vaginal wall and other parts of the pelvic floor, especially the utero-sacral supports and the broad and round ligaments, recover their normal tone, then the whole pelvic floor, including the uterus, resumes its normal relations. But if the enlarged heavy uterus remain in the long axis of the vagina, and especially if the

fundus uteri be incarcerated under the promontory of the sacrum, with the sacral supports stretched so much and for so long a time that they cannot recover their contractile power, and if normal involution of the pelvic organs be arrested, then descent may not only persist, but may progress, with constantly increasing cystocele and rectocele until the entire uterus has extruded through the vulva.

It is most important to remember that complete prolapse of the uterus is only an incident to prolapse of the pelvic floor. The whole mechanism is that of hernia, and the condition is hernia, for the extruded hernial mass drags after it a peri/neal sac which, hernia-like, contains small intestines. This sac forces its way to the pelvic outlet and extrudes through the vulva, having the inverted vagina for a covering.

The prolapsing uterus may be related to the vaginal walls in either one of two ways: The prolapsing vaginal walls may drag the uterus down after it; or the uterus itself may descend along the vaginal canal by force of its own weight and drag with it the reduplicated vaginal walls. Extreme prolapse of the uterus, the organ being covered thus by reflected vaginal walls, has given rise to considerable confusion in pathology, and by many standard authors wrongly has been called hypertrophic elongation of the cervix uteri. In a given case, the possibility of infra-vaginal elongation may be settled easily by placing the patient in the knee-breast position, when the uterus of its own weight will fall toward the diaphragm, and the reduplicated vaginal walls will unfold and utero-vaginal attachment will appear in the normal place instead of being, as it seemed to be, high up on the walls of the uterus. Those cases in which reduplication of the vaginal walls does not almost entirely explain apparent great elongation of the cervix, are rare exceptions. When formerly these mechanical conditions were attributed to hypertrophic enlargement of the uterus itself, and were regarded as adequate indications for the removal of the cervix, the surgeon, in the attempt to remove what he supposed was the elongated cervix uteri, sometimes invaded the bladder anteriorly and the rectum posteriorly.

Surgical Treatment.—In passing it may be well to mention, for the purpose of condemning it, an operation perhaps more frequently performed than any other for the cure of complete descent, namely the operation which generally passes under the name of Stoltz. This operation is designed to narrow the vagina, and thus to maintain the uterus somewhere in the pelvi-

above the constriction. Operations of this class usually consist of the removal of an elliptical piece from the anterior or posterior vaginal wall, or from both, and of closing the exposed surfaces by means of a purse-string suture. No effort is made to restore the normal axis of the uterus and vagina. The whole purpose is to make the vagina so narrow that the uterus cannot pass through it. Such operations generally fail, because they leave the uterus and vagina in the same axis, and because the restricted vagina cannot resist the downward force of the uterus, which almost invariably dilates the vagina a second time and forces its way through with reproduction of the hernia. Moreover, the operation always does permanent harm, because it shortens the vagina, thereby making it draw the cervix away from the sacrum towards the pubes so that the body of the uterus may have room to fall backward to the position of incurable retroversion. We may, without discussion, perhaps, throw out all operations belonging to the Stoltz group. The same may be said of all plastic operations in which the vaginal surfaces are exposed by superficial denudation and brought together by sutures.

After a prolonged trial of the principal surgical procedures which have been made use of for the cure of complete descent, I am prepared to lay down certain essential principles, as follows:

An efficient operation on the vaginal walls should have for its object, not narrowing the vagina, but restoring the normal position of it with a double purpose so that (*a*) the upper extremity, together with the cervix uteri shall be in its normal location within an inch of the second and third sacral vertebræ, just where the utero-sacral ligaments would hold it if their normal tonicity and integrity could be restored, and so that (*b*) the lower extremity of the vagina shall be brought forward against the pubes. The fulfilment of these two indications will restore the normal obliquity of the vagina, and will hold the cervix uteri so far back toward the sacrum that the corpus uteri must be directed forward in its normal anterior position of mobile equilibrium. With these conditions, the uterus being set at an acute angle with the vagina and having little space posteriorly, cannot retrovert and turn the necessary corner which would permit it to prolapse in the direction of the vaginal outlet. In order to accomplish this two things usually are necessary:

1. *Excision of the Cystocele (Anterior Colporrhaphy).—*

The plastic operations performed on the anterior and lateral walls of the vagina by Sims, Emmet, myself and others, which have consisted of superficial denudation and reefing of the anterior or lateral walls of the vagina, have only been partially successful, first, because they did not adequately force the cervix uteri into the hollow of the sacrum; second because efficiency requires deeper work than superficial denudation can accomplish, and third, because these operations did not utilize the broad ligaments sufficiently for support.

The above principles, emphasized by Reynolds in a recent paper, have led me to modify my own operation materially. Complete prolapse, being hernia, should be treated according to the established principles of herniotomy, by reducing it and then excising the sac in such a way as to expose strong facial edges, which should be firmly united by sutures. The absurdity of treating any other hernia by superficial denudation and reefing or tucking in the surfaces by sewing them together, must be apparent to any one. In order to indicate the part which the broad ligaments must have in a correct operation, it is only necessary to observe the fact that vaginal hysterectomy commonly results in holding up the pelvic floor, and with it the rectum, vagina and bladder, because in this operation the broad ligaments are usually fixed to the vaginal wound. But why should not the same result be aimed at by similar means, even though the uterus is not removed? The operation which I would urge is performed as follows:

Anterior Colporrhaphy.—First step: To split the antero-vaginal wall—that is, the vaginal plate of the vesico-vaginal septum—by means of scissors, from the cervix uteri to the neck of the bladder, then to strip off the vaginal from the vesical layer of the vesico-vaginal wall and cut away the redundant part of the vaginal plate.

Second step: The redundant part of the vaginal wall having been removed to extend the incisions and remove the mucous and sub-mucous structures to either side of the uterus, being sure to reach the facial structures, which are in direct connection with the lower margins of the broad ligaments, or, what is better, to reach the ligaments themselves.

Third step: To introduce silkworm gut or chromic catgut sutures so that when tied they will draw the loose vaginal tissues and the broad ligament structures on either side of the cervix uteri in front of the cervix so as to force the cervix back into the hollow of the sacrum.

Fourth step The sutures introduced in the third step having been tied, additional interrupted sutures are introduced to unite the vaginal wound from side to side; this suturing is continued to a point near the urethra, when most of the redundant vaginal wall will have been taken up; there will usually remain, however, the lower portion of the cystocele, and perhaps some urethrocele, which cannot be disposed of by bringing the margins of the wound together from side to side, but can be taken up by uniting the remaining part of the wound in a transverse direction.

Even at the risk of prolixity I repeat that it is essential to remove the entire thickness of the vaginal layer of the vesicovaginal septum.

Contraindications to Elytrorrhaphy.—Elytrorrhaphy is usually unnecessary, and therefore contraindicated, in descent of the first degree. The special province of the operation is in complete prolapse or procidentia, when associated with cystocele. The operation further is contraindicated by tumors and adhesions which render replacement and retention impossible, and in diseases of the uterus or its appendages, which demand their removal. When such contraindications do not exist, elytrorrhaphy and perineorrhaphy in a majority of cases are quite as effective, and therefore to be preferred to the more dangerous and mutilating operations of hysterectomy.

2. *Perineorrhaphy and Posterior Colporrhaphy.*—As already stated, it is most important to appreciate the fact that in nearly every case of procidentia the lower extremity of the vagina is displaced backward. This is consequent upon subinvolution of the pelvic floor, and especially upon subinvolution or rupture of the perineum or of some other portion of the vaginal outlet. Unless, therefore, the posterior wall of the vagina and the perineum can be brought forward to their normal location under the pubes, so as to give support to the anterior vaginal wall, the latter will fall again, will drag the uterus after it and the hernial protrusion (cystocele and prolapse) will be reproduced. The treatment, therefore, of procidentia must always include an adequate operation on the perineum, or, more comprehensively speaking, upon the posterior wall of the vaginal outlet. The operation must be performed so that it will carry the lower extremity of the vagina forward to the normal location close under the pubes; then, if the anterior colporrhaphy has been adequate and has carried the upper extremity backward, the whole vagina will have its normal oblique direction, and its

long axis will make the necessary acute angle to the long axis of the uterus.

Hysterectomy, if indicated, should be performed by the vaginal route. As an operation for procidentia, hysterectomy is open to the following comments: Procidentia, as already shown, is hernial descent, not merely of the uterus, but also of the vagina, bladder and rectum. Complete prolapse often occurs after the menopause, when the uterus has become an insignificant rudimentary organ, and therefore may be removed easily. Cases are numerous in which, after vaginal hysterectomy, the pelvic floor, and with it the vaginal walls, have protruded again through the vulva, a result which may be expected unless the operation has included anchorage of the upper end of the vagina to its normal location by stitching the severed ends of the broad ligaments into the wound made by removal of the uterus. The indications for perineorrhaphy as a supplement to hysterectomy is the same as after anterior elytrorrhaphy.

As laid down in the foregoing paragraphs, the utilization of the broad ligaments is the essential factor in the treatment of complete procidentia. The operation of elytrorrhaphy, above described, unfortunately either may fail to bring the lower edges of the broad ligaments sufficiently in front of the uterus to enable them to hold up the uterus and vagina, or the ligaments, having been stitched in front, the stitches may not hold. Consequently, in complete procidentia, elytrorrhaphy, even though well performed, may fail; at least, this has been my experience in a number of cases. Therefore, the completely prolapsed uterus may have to be removed in order to secure the entire outside ends of the broad ligaments to the upper part of the vagina, and thereby give absolute support. As before stated, the operation should include the treatment of the hernial factor in the lesion, that is, removal of the redundant portion of the anterior vaginal wall. Generally speaking, the indications are somewhat as follows:

1. Extreme cystocele, not associated with the most extreme procidentia, should be treated by anterior colporrhaphy and perineorrhaphy.

2. Cystocele, associated with complete procidentia, properly may be treated by hysterectomy, anterior colporrhaphy and perineorrhaphy. Anterior colporrhaphy in all cases.

3. Conditions intermediate between the two conditions indicated above, and cases of very feeble or very aged women, will call for special judgment whether hysterectomy be omitted

or performed. It is, however, a fortunate fact that the completely prolapsed uterus, even in aged women, is removed usually with ease and with safety.

Other Operations of Questionable Value.—Other operations, designed to decrease the weight of the uterus by removal of a part of it, are of questionable value. Amputation of the cervix to lighten the weight of the uterus has been practised much for the spurious hypertrophic elongation already described. Since this condition is rare, if not indeed unknown, it follows that it seldom will furnish an indication for amputation of the cervix uteri.

Alexander's operation and abdominal hysterorrhaphy belong to the surgical treatment of retroversion and retroflexion, not of procidentia. The object of these operations is to suspend the uterus from above. Hysterorrhaphy, which perhaps fulfils this indication better than shortening the round ligaments, may be indicated in cases of extreme relaxation of the uterine supports and greatly increased weight of the uterus. The results of it in complete procidentia, however, usually will not be permanent unless it is supplemented by adequate surgery in the vagina.

SOME CASES ILLUSTRATING DIFFICULTIES IN THE DIAGNOSIS AND TREATMENT OF TUMORS.*

BY WM. OLDRIGHT, M.A., M.D.,

Surgeon to St. Michael's Hospital; Professor of Hygiene, and Associate Professor of Surgery
in the University of Toronto.

(Continued from September issue.)

Case 3.—Miss —, a patient of Dr. Charlton, of Weston, was seen by me with him, on April 21st. She had profuse hemorrhage at times, and much pain in the lower part of the abdomen. Bimanual examination revealed a somewhat firm nodular mass extending rather more than midway up to the umbilicus. From the feel of it my diagnosis was fibro-myoma, in which I think Dr. Charlton concurred. We waited a few weeks, giving the patient such doses as she could tolerate of potassium iodide and

*Read before the Ontario Medical Association; June, 1904.

some uterine sedatives. No benefit resulting, I operated at St. Michael's Hospital on the 28th May, in company with Dr. Charlton, and on opening the abdomen we found a dark-looking cyst (*aa*, diagram *C*), from which, by means of a trocar and cannula, we drew off, I should judge, about twelve ounces of a tarry-looking fluid. This cyst and its situation and attachments are depicted on the diagram on the wall; it resembled a pair of uneven saddlebags or bundles (*aa*) striding the fundus (*b*) and broadly attached to the surface of the uterus on each side near the cornua, a intervening free space (*c*) occurring on the top of the fundus. You will see by the specimen which I pass around that the two ovaries—diseased, diminished and altered in shape—are distinct from the cyst, as also are the tubes; so that I take it the mass was parovarian, or arose in the broad ligament. It is curious that it should have been attached to both sides, necessitating the tying off of a pedicle on each side.

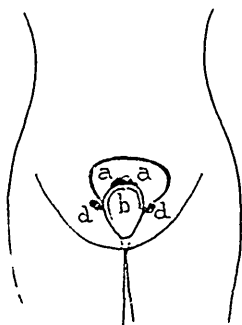


DIAGRAM C.

There was a good deal of intestinal adhesion. The uterus was somewhat enlarged; it was also darkish-looking, but we thought this partly due to staining and hyperemia, and considered that it was not necessary to remove the uterus, especially as we would get the physiological result of the removal of the ovaries.

We may call Cases 4, 5 and 6. the three specimens which I pass around, which are old ones, and which I merely show for the purpose of pointing out how easy it was to think that in the case just related we had a fibro-myoma with breaking-down cysts, such as that shown in one of these specimens.

Case 7.—I did not see the patient until she was sitting on the operating table. She had three paracenteses, supposedly for ascites, in the five months before I saw her. And one of our most accurate physicians telephoned me asking me to make the

section under local anesthesia for tubercular peritonitic effusion, the dyspnea being too great for the patient to lie down. I rendered the tissues of the abdominal wall insensitive by the hypodermic and endermic use of a Schleich's solution, divided cautiously the adherent layers until I came down upon what I believed was a first wall; this was separated from the abdominal wall to the extent of two or three inches and was aspirated; and later, by a large cannula, some quarts of fluid were drawn off; the patient's breathing being so much relieved that she could lie down, a general anesthetic was given, and I removed the cyst (or cysts, for the mass was multilocular), and as there was much bleeding on separating it from the surface of the uterus, I did a hysterectomy as well. Dr. Parent, then house surgeon, who assisted me in the case, thought the fluid collected and that lost would amount to sixteen quarts, but I think it could hardly have been so much, probably twelve quarts. I was to have shown this specimen at the last meeting of the Association, but had to leave town just previously to the meeting, owing to illness in my family, and now take occasion to apologize. I may add that the local anesthesia was so successful that the patient begged me after I had drawn three inches of sac out, to complete the operation without chloroform. I also wish to say that the left ovary and tube had been removed three years previously by the late Dr. Sweetnam.

Case 8.—I now pass around a photograph (taken, I am sorry to say, in poor light) of a tumor apparently of the breast, but only apparently, as it overlay the nipple. Here the question was, Sarcoma or carcinoma? On the side of the former were: eight years since first observed, though growing more rapidly of late; great vascularity; the bluish, glazed appearance; some of it looked like keloid tissue. On the side of carcinoma: a certain hardness and the fact that the woman stated the growth had commenced in the skin; but we thought it might have been just beneath. She said it had grown slowly for about four years, and at the end of that time was of the size and appearance of a common blue plum; then somewhat more rapid growth for the next two and a half years, and much more rapid for the last one and a half years. No axillary or peri-clavicular glands perceptible. Seeing a large number of veins from it, I asked the presiding genius of the operating-room to provide double the number of forceps ordinarily used in such operations, and I used them all but two—not waiting to tie vessels which needed only temporary attention.

I would draw attention to a little plastic device for closing the wound, depicted in the diagram (*D*) The portion (*a*) colored red, shows the space left uncovered after drawing the edges together; to close this I made an incision obliquely through the outer flap outward and downward, and this enabled us to draw the tongue (*t*) over this raw surface, and the gap was filled by drawing the edge (*d*) into it, the tongue (*t*) having been drawn over to *f-d*. This is hard to understand by a diagram, but we know how pliable and plastic skin is. The vitality of the flap was threatened after a day or two, but was encouraged and maintained by warm boric dressings, and an edge to edge union took place. The axilla was not invaded; two glandular nodules of the size of an almond and a white bean, respectively, were removed

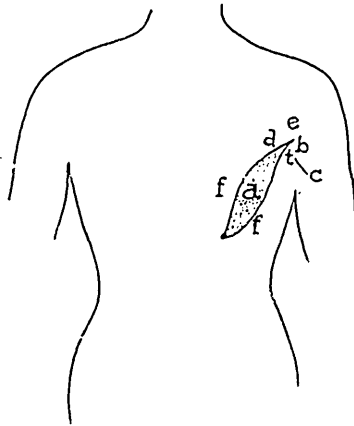


DIAGRAM D.

from a position near the outer side of the mass at the time of operation. No recurrence had taken place two months later, but the patient has, during the intervening four months, not attended to my request to report.

To Dr. H. B. Anderson I am indebted for the final diagnosis. He has designated the tumor "malignant adenoma," and has the specimen and microscopic sections on the table today.

Case 9.—I also pass around a photograph of a case of doubtful diagnosis as between sarcoma and specific gumma of the tibia. Absence of the uvula, destroyed by disease, and the lines at the angle of the mouth, shown in the other photograph,

clear up the doubt, as also tolerance of large doses of potassium iodide, one-half drachm doses.

Cases 10, 11 and 12.—In conclusion, I present some specimens of gall-stones in which there was room for the exercise of care in clearing up doubtful diagnosis. In one of them, seen and operated upon with Dr. Kerr, of this city, there was a movable kidney which complicated the diagnosis; in the other case, a question of malignancy. Each has had an uneventful recovery. In the same month I saw a case where a diagnosis of gall-stones had been made, but which I believe to be a movable kidney—illustrating the same difficulties alluded to yesterday in the discussion by Dr. H. A. MacCallum of Dr. Hodge's paper. The difference in color and degree of smoothness of the two sets of gall-stones shown is worthy of notice. In the polished light brown set the obstruction was in the cystic duct; in the dark green rough ones, the large one (about two centimetres) closed the entrance for bile to the common duct.

"THE OPERATIVE TREATMENT OF PROSTATIC HYPERTROPHY."*

BY INGERSOLL OLMSTED, M.D., HAMILTON, ONT.

Of the 426 cases of prostatic disease which came to his clinic, Hartmann operated 36 times with two deaths, being a mortality of 5.7 per cent. Of these two fatal cases, one was that of a man 84 years old, on whom he had done the suprapubic operation, and who died from the accidents of senile dementia. The other, a man of 59 years who, before the operation, showed very grave renal lesions, succumbed to urinous cachexia after a perineal prostatectomy. These two deaths must be attributed to other circumstances than the intervention. Hartmann considers the prostatectomy as one of the least dangerous of surgical operations. The only complications observed have been the production of a recto-urethral fistula, an avoidable accident with good technic, and the secondary development of an orchitis.

With regard to results, the patients have been, if not completely relieved of their troubles, at least very much improved.

*Abstract from paper in *Revue de Chirurgie* (Sept. 10th, 1904), delivered by Dr. H. Hartmann before Société de Chirurgie

In all cases where there was fever before the operation, this fell immediately, even the first evening after the operation. The urines previously infected cleared up markedly from the following day. The digestive disturbances disappeared. As to the more remote results the cases have varied some. Three operations of Bottini have given but mediocre results. Of six hypogastric prostatectomies, two are still too recent; of the other four, three have given an excellent result; normal urination, clear urine, no residue after five months, a year, and two years. Once the total enucleation of the prostate was effected hypogastrically, once the oblation of a middle-sized lobe and removal of a small calculus, and once the excision of a wedge of prostate at the posterior part of the neck. In the fourth case, when a wedge had been removed, there was a residue of 50 grammes of slightly turbid urine.

The perineal prostatectomies may be divided into three classes:

1. Complete retention of urine of comparatively recent date, nine cases; of these, one is of too recent date, and another has been lost view of. Of the seven remaining cases, two had had febrile crisis, which disappeared the same day, even of the operation, and all the patients have urinated normally since. Such was the case also in four other cases which were removed *en bloc* by enucleation. In the last case where the prostate was removed (piece-meal) in pieces, the patient had a residue of 300 cubic centimetres (10 oz.).

2. Complete retention of long standing, six cases. In one case the patient could empty his bladder only by means of a catheter, which he had employed for five years. The perineal prostatectomy by enucleation was followed by complete return of the power of micturition. In the five other cases the prostate was removed piece-meal. In the first the removal was incomplete and 180 c.cm. (6 oz.) of residual urine remained; in the other incomplete retention persisted. The five other cases operated on by enucleation have had their condition improved, and the amount of their residual urine decreased markedly.

The age of patients does not seem to have much influence on the operative results. The volume of the gland makes little difference. It is not so, however, with the anatomic condition of the gland, for, as a rule, the cases in which the prostate may be enucleated *en bloc* appear to give better functional results than those where the anatomic state necessitates its removal by piece-meal.

As to operative technic, Hartmann does not confine himself to the hypogastric method, by which he has done only a small

number of cases, but explains carefully the perineal oblation of the prostate. This is divided under two heads: () the exposure of the posterior surface of the prostate; (b) the removal of the prostate.

(a) By a curved incision, extending from one ischium to the other, encircling the anterior part of the anus, the skin, subcutaneous cellular tissue, and the anterior attachments of the sphincter are divided, and the bulb of the urethra cleared around its posterior border. The membranous urethra is reached, in which a grooved sound has been placed, which form a landmark in the bottom of the wound. This is now freed with the knife, and the muscular tissue at the back part, which attaches it to the rectum (the recto-urethral muscle) is divided transversely. The retractor of Proust is placed in the front part of the wound behind the bulb of the urethra, its two branches embracing the canal, and retracted, and then one continues to advance deeply into the wound until the bowel is felt to be separated from the base of the bladder behind. The finger is then shoved forcibly to the right and left, thus retracing the anterior fibres of the levatores, and one enters with ease in the cellular space behind the prostate.

A small buttonhole-like opening is now made in the urethra, at the base of the prostate, and he inserts into the bladder Young's retractor, which is then opened, and with which the prostate is forcibly drawn down into the wound. An incision is then made through the capsule of the prostate over each lobe, and each of the lobes is then successively enucleated. They are only removed piece-meal when enucleation is impossible. The operation is terminated by placing a large rubber drainage tube into the bladder, allowing the outer end to emerge by one of the lateral ends of the wound, and the deeper divided parts are brought together with sutures. The tube is removed on the sixth day and a retention catheter is placed in, which remains till the twelfth day.

THE VOMITING OF PREGNANCY.

BY F. W. E. BURNHAM, M.D., C.M., WINNIPEG.

There is perhaps hardly a symptom common to so many pathological conditions, and possibly without exception, none so

distressing as vomiting. Few medical subjects can, therefore, be of greater interest than this frequently occurring symptom.

It is well known that our susceptibilities in this direction are more dependent upon individual idiosyncrasy than upon any particular condition of the stomach itself. There are those who, no matter what is wrong with them, never vomit, and there are others who vomit on the slightest provocation. There are those suffering from carcinoma of the stomach, and from various forms of dyspepsia, who can take the most nauseating mixtures without inconvenience. It would be expected, then, that the vomiting of pregnancy would be severest in those particularly susceptible to vomiting; but in this we are disappointed. Those who are most severely affected during gestation are not those who have been particularly susceptible, and frequently those who turn sick on the slightest provocation pass through gestation without experiencing the slightest gastric distress, while others there are who experience nausea and vomiting for the first time during pregnancy, and then in its severest form. Susceptibility to vomiting in general, therefore, is not a predisposing factor in the causation of this particular variety.

The fact that a multitude of remedies and procedures have been tried in its treatment goes to show that no one has yet shown in what way the vomiting is brought about. In those who succumb to the pernicious variety, no more is found than in the functional diseases of the nervous system.

In attempting to discover the cause of this affection, no one has yet got beyond the conception of an hypothesis. If it is due to reflex action, the conditions which are responsible for the uncontrollable action of the reflex loop are not known. The controllable and uncontrollable vomiting of pregnancy are spoken of, but such a thing as the controllable vomiting of pregnancy does not exist. It is true that the vomiting frequently ceases during the administration of some medicinal agent, but it does so in spite of it rather than as a result of it. That vomiting ceases as frequently without as during the administration of drugs, goes to show the uselessness of their exhibition in these cases.

As women differ in their susceptibility to vomiting, they differ in their susceptibility to the pregnant state in general. Some never feel so well as when they are pregnant, others never feel so badly. The vomiting occurring during and because of pregnancy must be distinguished from the vomiting occurring in pregnancy, the result of conditions which would have produced it had pregnancy not been present. As the pathological conditions

are numerous in which this symptom is present, it would be improper to treat as the vomiting of pregnancy that which would have caused it had pregnancy not existed, so that to find the cause of it during gestation at times requires considerable diagnostic acumen.

Vomiting occurring when the stomach is empty, or which though it occurs at other times is most frequent and distressing, then, as in the morning sickness of pregnant women, may be safely put down as arising not from any fault of the stomach itself. Graily Hewitt attempted to prove, as the result of his own investigations, and those of Horwitz, of St. Petersburg, that the cause was always to be found in displacement of the uterus. In twenty-seven out of twenty-eight cases, minor displacement was found. He, therefore, concluded that the displacement interfering with normal expansion and growth was the cause of the vomiting.

This brings up the question of the normal position of the uterus, and the effects of the so-called minor displacements. To determine the most usual position of the uterus, Vedeler, of Stockholm, examined 3,012 women, and found it anteverted or anteflexed in 66 per cent., retroflexed or retroverted in 18 per cent., and in 15 per cent. the uterus was in the position which is usually described as the normal. So that the various ills which have been attributed to the minor displacements of the uterus are, in the main, fictitious.

Adding to Vedeler's findings the facts that the vomiting of pregnancy is not commoner in those with the so-called minor displacements, than in those with the uterus in the normal position, and also where displacement exists, the reduction of it does not relieve the vomiting, seem to show that the cause is not to be found in the position of the uterus. In those who commence vomiting within a week or two of conception, it cannot be said that in these at least there was present a condition which interfered with the normal expansion of the organ. There are cases of severe vomiting of pregnancy without any malposition, and without any ascertainable cause than the pregnancy, either ante- or post-mortem.

A hyperesthetic condition of the os is found frequently enough to lead some to believe it to be the cause. The relief of this hyperesthesia, though at times followed by improvement, cannot be said to be sufficiently successful to warrant placing any confidence in it as a curative measure; but that partial cessation of the vomiting follows the removal of this hyperesthetic con-

dition, would indicate that it may at least be a contributory cause. Therefore, having a normal stomach, and apparently a normal uterus, both ends of the reflex loop being microscopically and macroscopically healthy, what more plausible hypothesis than the neurotic can be advanced in explanation of the cause of this affection?

Some writers go so far as to state that all cases are hysterical. While admitting that hysteria is a factor in its causation which must always be taken into account, I cannot concede that it is the cause in any considerable proportion of the cases. It occurs persistently in those who cannot be said to be of an hysterical or neurasthenic disposition. There is no explanation for the strange manifestations of hysteria, and while at times they appear where least expected, it is too often customary to credit this affection with conditions, which, for the time, are otherwise unaccountable. The success of a particular treatment is frequently of assistance in suggesting the cause. There is nothing to be hoped for in this direction, as all forms of treatment are equally unsuccessful, either in stopping the vomiting or in alleviating the symptoms.

To explain the vomiting, which occurs in the later months of pregnancy, it is necessary to draw upon the imagination. This form can only be explained on the theory of an autointoxication peculiar to the pregnant state. That substances exist in the circulation which are peculiar to gestation, or which if occurring at other times, are so modified as only to produce symptoms, then, is, I think, recognized.

Of all the remedies which have been tried from time to time for this condition, none has been found effectual, and it is a significant commentary on the art of medicine that remedies, which were supposed to be effectual in controlling the condition but a few years ago, have been discarded, and are no longer in use.

Treatment is not necessary in all cases. There are those who only experience a temporary inconvenience, and whose general condition is well maintained. There are others, who become so reduced that it is doubtful if they could reach full term, or, if in reaching it, have the strength to undergo parturition, on account of the very depressed and exhausted state of the system. Between these two there is every gradation. Where there exists a hyperesthetic condition of the cervix the application of a strong solution of cocaine is based upon rational ground, and is effectual at times in ameliorating the condition. Copeman advocated dilatation of the cervix, and was successful in a number of cases. In only one case have I found it successful. In

this instance it was followed by immediate and permanent relief, but failed in all subsequent cases.

Hennig, writing in the *Munchener Wochenschrift*, regards the condition as a neurosis, and has rarely found dilatation successful. In those of a decidedly hysterical tendency success may follow a profound mental impression. I have succeeded in obtaining immediate relief in a young primipara with severe vomiting by threatening operative procedure. But all these will fail in the majority of severe cases. When other measures have failed, and the exhaustion of the patient cannot be arrested, the only remedy is the emptying of the uterus. This should never be delayed so long as to put the patient in a state of imminent peril. It must always be remembered that the nausea, which is incessant in these cases, is equally as pernicious as the vomiting, so that the frequency of vomiting may not be a good guide in estimating the gravity of the case. The presence or absence of nausea is an all-important fact. Speaking in a general way the patient who vomits frequently without nausea in the intervals will not lose so rapidly as the one with incessant nausea.

In a patient with vomiting of pregnancy the uterus should be emptied before the patient reaches that state of exhaustion that death follows even after labor is induced. Paul Dubois met with twenty fatal cases in thirteen years. That such cases with a removable cause so frequently terminate fatally is a reproach to medicine. Each case must be considered on its merits. A degree of vomiting, which in one individual causes a slow physical decline, would in another of less resisting power be rapidly destructive. In the severe cases it is customary to view too seriously the responsibility assumed in sacrificing the fetus, forgetting altogether the danger in which the mother is placed so long as the cause remains. In the case of a first child, in a woman near the menopause, or where great interests are involved, such as succession to a title or estate, the retention of the fetus until viable may be urgently desired. But in the majority of severe cases the distress is so acute and the conditions so alarming that radical treatment is favored or demanded, and any failure on the part of the medical attendant to grasp the seriousness of the situation should be viewed as a grave dereliction of duty. The ultra conservative treatment of the severe vomiting of pregnancy in deferring operative measures until the patient becomes so reduced that she may die, even though labor be induced, is not demanded by any feelings of humanity, and is certainly opposed to the spirit of progressive medicine.

CANADIAN MEDICAL ASSOCIATION.—ADDRESS OF WELCOME.

BY J. C. DAVIE, M.D., VICTORIA, B.C.

Vice-President British Columbia Medical Council.

Mr. President and Gentlemen.—In the absence of Dr. Proctor, the President of the Medical Council of British Columbia, which Council is the representative body of the medical profession in this Province, it becomes my pleasing duty, as Vice-President, to welcome to British Columbia, and especially to the City of Vancouver, the members of the Canadian Medical Association.

This is the first meeting of the Canadian Medical Association held in British Columbia, the most western Province of the Dominion of Canada, and we are extremely pleased to see so numerous and representative a body of the profession present.

Here in British Columbia we have to grapple with the same diseases and difficulties that present themselves in Europe and other centres of civilization. We operate on the brain and chest; do hysterectomies; operate on the stomach, intestines, gall-bladder and its ducts; on the ovaries and fallopian tubes; on the kidneys and urinary bladder, etc.; in short, we have recourse to all the recognized surgical procedures of our time, and by the aid of the teachings of Lord Lister do our work with wonderful success. Inspired by the spirit of the west, acute septic peritonitis, from whatever cause arising, was early treated in British Columbia by promptly performed abdominal section; and we soon learned by clinical experience that early excision of the vermiform appendix was the safest way of treating this dangerous little organ when it became diseased.

Some of us have been astonished to find that in some parts of Europe the advisability of prompt operation in appendicitis is still a question of great divergence of opinion. Recent literature, however, shows a decided tendency towards the adoption of the views held generally by the profession on this continent.

As a result of the abdominal sections which I have performed, one fact has been made apparent to me. No doubt the same thing is well known to most surgeons, though I think sufficient attention has not been called to this subject, viz., the comparative frequency of enteroptosis in women as compared with men. It is a common thing to find, upon opening the abdomen of a

woman, too movable a condition of the liver, the stomach entirely too low in position, its greater curvature below the umbilicus, the transverse colon below the same point, one or both kidneys abnormally movable, and the uterus and appendages crowded down out of place. The result of these displacements I need not dwell upon. It has not been my experience to find anything approaching such a condition of the abdominal organs in men, and one is driven to the conclusion that enteroptosis in women depends to a very great extent upon their methods of dress—the chief offending factor being that abomination, the corset.

Looking back fifty years or less at the work done by medical men at that time, one cannot fail to be struck by the immense advances made in all branches of our profession. Bacteriology was then unknown, with all the daylight it has thrown upon diseased process. Clean, and, therefore, successful, surgery did not exist, and little had been done in that greatest and most promising of all branches of our work, preventive medicine. Without doubt, we are inclined to look upon the knowledge of our predecessors as meagre and of little account in comparison with our own; yet it requires no stretch of the imagination to picture the members of our profession fifty or one hundred years hence, in their turn, looking back at us and wondering at our ignorance and want of knowledge.

It happens only occasionally that a man of sufficient originality of mind arises, like Pasteur, to discover the part which bacteriology plays in disease; or, again, like Lord Lister, to establish the simple fact that the unkind behavior of wounds is dependent upon their invasion by germs; or, again, like Lawson Tait, to give us clear ideas concerning tubal pregnancy and the pelvic diseases of women, and to demonstrate that the peritoneal cavity is the safest part of the body for surgical work instead of the most dangerous.

We cannot too greatly honor these men; the whole world is in debt to them—we medical men more than anyone else.

Other problems remain, requiring elucidation, amongst which is that of cancer—the *bête noir* of our profession. This requires another man of genius to dissipate the mystery of it, to tell us what it is, and to give us a remedy.

Meetings of the medical and surgical associations of large districts and countries are most useful. At these meetings the most advanced ideas upon all subjects connected with our profession are brought forward and discussed, and reports of such views and discussions are placed before the world in the periodical

literature of the day, thereby adding to the knowledge of the profession throughout the world.

That this meeting will be one of great interest and instruction to us all I am confident; the presence of so many men of eminence in the profession assures its success.

Again, in the name of the medical profession of British Columbia, I beg to extend our most hearty and cordial welcome to our visitors.

CANADIAN MEDICAL ASSOCIATION, VANCOUVER,
AUGUST 23 TO 26, 1904.—REPORTS OF
COMMITTEES.

REPORT OF COMMITTEE ON PUBLIC HEALTH.

To the President and Members of the Canadian Medical Association:

Gentlemen,—Your committee in charge of the question of the establishment of a Department of Public Health by the Dominion Government, have the honor to report that the matter has, to a certain extent, been in abeyance since our meeting at London last year. At that meeting, you will recollect, we reported certain interviews with the Prime Minister and the Minister of Agriculture, at which we were led to understand that it was not feasible for the Government to give us any assurance that our wishes in the matter could be practically considered. The resolutions again passed at London, pressing the subject on the attention of the Government as one closely associated with the country's welfare and best interests, were duly forwarded to the Dominion authorities.

It was also pointed out to the Hon. the Minister of Agriculture by the Convener of your committee that the medical profession were united in their desire to have such a department created, and that they were only actuated in the matter by motives of patriotism, feeling assured that the administration of public health in matters pertaining to the Dominion Government would be greatly facilitated and rendered more useful and satisfactory if it emanated from a central department, instead of having a series of branches having executive authority scattered through a number of departments of the Government.

Your committee are gratified to be able to report that there are evidences that, during the present recess, the matter will engage the attention of the Privy Council more seriously than it has hitherto done. Before legislation could be introduced, certain questions involving much consideration will have to be settled, and we are given to understand that these preliminaries will be weighed before Parliament meets. While it is to a certain extent unsatisfactory to be obliged to report in such an indefinite way, yet we trust the Association will understand that we have not been idle, but that in a matter of this kind we are in the hands of the good-will of the Government, and that it would be neither judicious nor delicate to compromise the present favorable opportunity by referring in detail to the reasons that have enabled us to hazard our present opinions.

Respectfully submitted,

(Sgd.) R. W. POWELL,
Convener of Special Committee.

RESOLUTION *re* PUBLIC HEALTH.

Moved by Dr. H. A. Lafleur, Montreal, seconded by D. O. M. Jones, Victoria, and

Resolved,—That the Canadian Medical Association regret that the Dominion Government have not yet seen their way clear to carrying out the suggestions contained in the several strong resolutions of this Association passed during the past three years on the question of the establishment of a Department of Public Health under one of the existing Ministers of the Crown.

That it be further resolved that this Association continue to press the wishes of the medical profession of the Dominion on this subject on the attention of the Government, inasmuch as we feel sure that the difficulties to be overcome in order to bring about such a desirable end are of small consequence to the public welfare compared to the beneficial results that will follow.

That the sub-committee in charge of this matter be re-appointed at this meeting and requested to continue their efforts of the past three years.

That a copy of this resolution be sent by the General Secretary to the Rt. Hon. the Prime Minister, to the Hon. the Minister of Agriculture and to the Hon. the Secretary of State.

REPORT OF GENERAL SECRETARY OF THE THIRTY-SIXTH
ANNUAL MEETING, HELD AT LONDON, ONTARIO,
AUGUST 25TH TO 28TH, 1903.

The Constitution and By-Laws of the Canadian Medical Association require a report from the Secretary of the last annual meeting. Inasmuch as my report last year was referred to as being notable for its "brevity," I thought to make this one a trifle more extensive; and in so doing, in order to impress upon you the splendid growth in membership and in attendance at the annual meetings, will present some statistics.

The first decade after the organization of the Association in 1867, shows an average attendance of 71; the second decade, from 1877-1887, shows an average attendance of 74.8; the third, 107.6; whilst the average attendance for the past seven years is 139.1.

At the annual meeting last year, 303 names were entered on the Treasurer's register. That was the second largest meeting up to that time, being only exceeded in attendance by the meeting in Montreal the previous year, when 341 names were inscribed. The third largest meeting was in Toronto, in 1899, when 242 were present.

At the annual meeting last year 111 new members were admitted, and there were present 83 members of the profession who did not seek membership in our Association. This number is so large that I consider it important to call your attention to the fact that the mere signing of the Treasurer's book and paying the annual fee, does not constitute membership in the Association, but what is required is nomination on the regular application for membership forms, approval by the Executive Committee, and election at a general session. By this process alone will your name be inscribed in the Secretary's register of members.

It is very gratifying to record the large attendance at London last year, 303, and especially so in comparison with previous meetings in that city. It was the third time that a meeting had convened in London, the former occasions being 1880 and 1894. In 1880 the attendance was 60; in 1894 it was 92—five times more than in 1880 and over three times more than in 1894.

These figures emphasize, I think, the importance of Canada's national medical organization to the profession of this country, and certainly mark continued growth from year to year. I feel sanguine enough to prophesy that the attendance will never again go below the two hundred mark, if, indeed, it does not con-

time for the next five years to stay around the three hundred mark or mount upwards.

Bearing this in mind, remembering the great, good work it has done in the past—perhaps the most important, to ourselves, at all events, being the organization of the Canadian Medical Protective Association—I cannot but feel that it is time that the Canadian Medical Association be reorganized on the lines of the British Medical and American Medical Associations, so that we will be able to present a stronger and a more united body in the prosecution of work which lies before us.

We have in Canada provincial, county, district and city societies, which could readily and easily be made branches of the Canadian Medical Association. Our provinces all have medical councils, whose territorial representatives would, no doubt, undertake to organize their districts into branches. In this way, systematically organized, the Canadian Medical Association would be made a power in promoting legislation and in restricting the exploitation of a class denominated “quacks,” who in this keen commercial age are very often sharp, shrewd business men, having behind them, frequently, strong financial force.

The attendance at our two last meetings, coupled with the practice of economy, has made for the Association a bank balance of some \$550. This gives us a working capital. Surely it would be well for this Association to authorize its officers, or a special committee, to undertake the publication of an annual volume of transactions. Towards financing this, I would suggest that the Treasurer be authorized to render an account to each member on the Secretary's register, on the first of January of each year, for that year's membership fee. Surely no one would refuse to pay this fee annually, promptly, for a bound copy of the annual transactions of this Association. At any rate it is time this matter was taken up with serious consideration.

This report, and the suggestions embodied therein, are respectfully submitted to you for your attention and consideration.

(Sgd.) GEORGE ELLIOTT,

General Secretary.

RESOLUTION *re* TUBERCULOSIS.

Moved by Dr. R. E. McKechnie, Vancouver; seconded by Dr. R. Eden Walker, New Westminster:

Whereas, Tuberculosis has been positively proved to be an infectious disease; *Whereas*, the patient is the focus of the in-

fection and is capable of infecting, and does infect, dwellings, clothing, and private and public places generally; *Whereas*, statistics already available prove that compulsory notification of such cases, with educational oversight of the patient and those under exposure to the contagion, together with disinfection of the infected materials and places has resulted in a diminution of the number of cases; *Whereas*, the results of preventive medicine have been wonderful in other infectious diseases, and the same methods promise equally as great results in this disease; *Whereas*, such action, in the Dominion of Canada, lies with the various Provincial Governments;

Therefore be it resolved,—That the various provincial authorities be and hereby are urged to at once take the necessary steps to bring these suggestions into effect, and that the Secretary be requested to forward copies of this resolution to the Secretaries of the various Provincial Boards of Health, with the request that they lay them before the proper authorities.

RESOLUTION *re* DOMINION REGISTRATION.

The Dominion Medical Association regrets that the present mode of registration, so often and so emphatically condemned by the entire profession, still continues in force. We regret the absence of Dr. Roddick from this meeting, and thank him for his great and persistent efforts to effect a change in the method of registration. We think the time has arrived when the profession should in every way take a more active interest and demand in a most emphatic manner the change. From no part of the Dominion can this united effort emanate than from this charming, fast-growing and resourceful city. We think a small committee should at once be formed in each province to confer with Dr. Roddick and to devise any means which may be agreed on to effect this long-desired object. Let this Association memorialize the Legislature of the Province of Quebec to pass the necessary legislation to legalize the Canada Medical Act, popularly known as the Roddick Bill, and that the Secretary set forth on said memorial the many reasons which have been so strongly advanced at the meeting why it should be done, and further, that an appeal be made by the Association to the College of Physicians and Surgeons of Quebec to use their all-powerful influence to have the legislation passed, and that a copy of the resolution be forwarded to the various papers in the Province of Quebec for publication. Resolution carried.

The Physician's Library

The Perpetual Visiting and Pocket Reference Book. Dios
Chemical Company, St. Louis.

This weekly call list includes information in emergencies from standard authors. Any one can get a copy by writing the company as above.

The Medical News Visiting List for 1905. Philadelphia and
New York: Lea Brothers & Co., Publishers.

This is an invaluable, pocket-sized, wallet-shaped book, containing memoranda and data important for every physician, and ruled blanks for recording every detail in practice. It is in its nineteenth year of issue. It is issued in four styles to meet the requirements of every practitioner, weekly, monthly, perpetual, and sixty patients.

Essentials of Anatomy; including the Anatomy of the Viscera.
By CHARLES B. NANCREDE, M.D., Professor of Surgery and
Clinical Surgery in the University of Michigan, Ann Arbor.
Seventh edition, thoroughly revised. 12mo volume of 419
pages, fully illustrated. Philadelphia, New York, London:
W. B. Saunders & Company, 1904. Canadian agents: J. A.
Carveth & Co., Limited, 434 Yonge Street, Toronto. Cloth,
\$1.00 net.

This work, now in its seventh edition, has met with a most cordial reception. In this revision the entire book has been carefully gone over and the section on the Nervous System completely rewritten. The illustrations throughout the text are excellent, showing the anatomy of various parts with unusual clearness. Students, and indeed young practitioners, will find the work of great service.

Adenoids. By WYATT WINGRAVE, M.D., Physician and Pathologist, Central London Throat and Ear Hospital; late President British Laryngological, Rhinological and Otological Association. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. Crown 8vo, 128 pages, 32 illustrations. Price 2s. 6d.

The ninth of the series of medical monographs, edited by David Walsh, M.D., proves a most interesting addition to the literature on this subject. Special attention has been paid to the anatomy, pathology and morphology of adenoids, the details of operative procedure are emphasized, and an interesting chapter on anesthetics, by Mr. Hotten George, has been added at the end of the work.

Diseases of the Stomach and Intestines (being lectures to general practitioners), with an account of their relations to other diseases, and of the most recent methods applicable to the diagnosis and treatment of them in general; also the "Gastro-Intestinal Clinic," in which all such diseases are separately considered. By BROADMAN REED, M.D., Professor of Diseases of the Gastro-Intestinal Tract. Hygiene and Climatology in the Department of Medicine of Temple College, Philadelphia; Attending Physician to the Samaritan Hospital; Member of the American Medical Association, American Climatological Association, American Academy of Medicine, American Electro-Therapeutic Association; Foreign Member of the French Société d'Electrothérapie, etc. Illustrated. New York: E. B. Treat & Company.

This a modern, up-to-date book, which will be welcomed by the general profession on account of the author's well-known abilities in this direction. It is an octavo volume of 1,024 pages, and embraces a full account of the simplest and least disturbing methods of determining the character of the motor, secretory and excretory work of the principal organs having a part in the process of digestion and metabolism. It also includes indications for the various forms of electricity, X-rays, massage, vibrating stimulation, hydrotherapy, gymnastics, liquid medication, medical and surgical treatment, etc., and in addition contains "The Gastro-Intestinal Clinic," in which the diagnosis and treatment of all the known diseases of the tract are separately considered. We bespeak for the book a hearty welcome from general practitioners.

Dwight's Epitome of Toxicology. A Manual for Students and Practitioners. By E. W. DWIGHT, M.D., Instructor in Legal Medicine, Harvard University. In one 12mo volume of 298 pages. Cloth, \$1.00 net. Lea's Series of Medical Epitomes. Edited by V. C. Pedersen, M.D. Philadelphia and New York: Lea Brothers & Co., publishers, 1904.

This little volume is the outcome of a persistent demand for a small, compendious manual covering the essentials of toxicology—one that shall be trustworthy and modern, adapted to the needs of medical students and practitioners, and withal at a moderate price. Some idea of the thoroughness with which the author has covered his subject may be obtained from the following brief of contents. After a section on the general principles of toxicology the subjects are taken up as follows: Irritant Poisons, Specific Irritants; Metallic Irritants; Vegetable Irritants; Animal Irritants; Poisonous Foods; Cerebral Neurotics; Spinal and Cerebrospinal Neurotics; Depressants; Asthenics; Ptomaines, etc.

Normal Histology. By EDWARD K. DUNHAM, Ph.B., M.D., Professor of General Pathology, Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. Third edition. Illustrated with 260 engravings. Price, \$2.75 net. New York and Philadelphia: Lea Brothers & Co.

In the author's preface to the third edition, he says: "In order to accomplish the greatest amount of instruction under these circumstances" (conditions which require economy of time) "it seemed necessary to present, early in the course, certain generalizations which might be kept constantly in mind and assist the memory in retaining facts by showing their logical correlation." Having to do with the teaching of medical classes, this idea appeals to us, and predisposes us to a kindly feeling toward this very admirable work. It is not the amount of bald information which a student acquires in the form of so many facts which is going to be of the greatest service to him, but rather a knowledge of how to assimilate certain information; in other words, the student should be taught more to think for himself, and particularly *how* to think.

The arrangement of this work is admirable, and the work is one which is likely to become very popular as a text-book.

Essentials of Bacteriology. By M. V. BALL, M.D., formerly Resident Physician at the German Hospital, Philadelphia. Fifth edition, thoroughly revised. By KARL M. VOGEL, M.D., Assistant Pathologist at the College of Physicians and Surgeons (Columbia University), New York City. 12mo volume of 343 pages, with 96 illustrations, some in colors, and six plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Cloth, \$1.00 net.

Within the last few years rapid progress in bacteriology has involved many radical changes in the science, necessitating a thorough revision in the preparation of this edition. It is with pleasure we note the inclusion of all the recent advances in the subjects of Immunity, Tuberculosis, Yellow Fever, Dysentery, Bubonic Plague, and other infectious diseases, making the work reflect as faithfully as possible the present status of bacteriology. We can confidently say that this book in the present fifth edition will be found of inestimable service to the student.

A Text-book of Human Physiology. By ALBERT P. BRUBAKER, A.M., M.D., Professor of Physiology and Hygiene in the Jefferson Medical College; Professor of Physiology in the Pennsylvania College of Dental Surgery; Lecturer on Physiology and Hygiene in the Drexel Institute of Art, Science and Industry. With colored plates and 354 illustrations. Philadelphia: P. Blakiston's Son & Co.

A close and careful examination of this volume of 699 pages shows that the more important facts in physiology have received careful selection and preparation. These facts have been selected not only to elucidate the normal function of the tissues and organs of the body, but as well to bring out the abnormal manifestations as they present themselves in clinical work at the hospital and afterwards in practice. We consider the book has a place in medical literature, and will prove a practical hand-book in acquiring a thorough working knowledge of this subject. The typography is of the very best; the cuts are clear and distinct. It appears to have been gotten up to serve a clinical, rather than a scientific or laboratory purpose, and the idea is most happy.

The Surgical Treatment of Bright's Disease. By GEORGE M. EDEBOHLS, A.M., M.D., I.L.D., Professor of the Diseases of Women in the New York Post-Graduate Medical School and Hospital; Consulting Surgeon to St. Francis' Hospital, New York; Consulting Gynecologist to St. John's Riverside Hospital, Yonkers, N.Y., and to the Nyack Hospital, Nyack, N.Y.; Fellow of the New York Academy of Medicine, and of the American Gynecological Society; Honorary Fellow of the Surgical Society of Bucarest; Permanent Member of the Medical Society of the State of New York. New York: Frank F. Liseieki, publisher, 9 to 15 Murray Street.

No doubt many who are taking an especial interest in the subject of the surgical treatment of chronic nephritis, will be glad to have at hand full information as embodied in the volume which has been issued by that surgeon, who has taken a foremost place in establishing the success of this treatment. Although the author himself does not believe the time to be ripe for systematic presentation of the subject, it is nevertheless gratifying that he has seen fit to put the entire matter in a get-at-able form. For this reason, no doubt, there will be many glad of the opportunity of a further study of the subject, using Dr. Edebohls' book as a ready reference.

Essentials of Nervous Diseases and Insanity: Their Symptoms and Treatment. By JOHN C. SHAW, M.D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School. Fourth edition, thoroughly revised. By SMITH ELY JELLIFFE, Ph.G., M.D., Clinical Assistant, Columbia University, Department of Neurology; Visiting Neurologist, City Hospital, New York. 12mo volume of 196 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Cloth, \$1.00 net.

Of the progress made in every branch of medicine during the last few years, none has been more prominent than that considering diseases of the nervous system and of the mind. Dr. Smith Ely Jelliffe, therefore, in making the revision for this new fourth edition, has found it necessary to recast the work entirely, bringing the order of arrangement in accord with the present know-

ledge of these important subjects. Quite a commendable change in arrangement is the grouping of subjects in such a way as to bring out the natural relations of affiliated nervous disorders. This will be found of great service to the student. In the section on disorders of the mind, the general views of such leading psychologists as Ziehen, Weygandt, Kaepelin, Berkeley, and Peterson have been carefully weighed. This new fourth edition is well worthy our recommendation, and we give it most heartily.

A Text-book of Clinical Diagnosis. By Laboratory Methods. For the use of Students, Practitioners and Laboratory Workers. By L. NAPOLEON BOSTON, A.M., M.D., Associate in Medicine and Director of the Clinical Laboratories of the Medico-Chirurgical College, Philadelphia; formerly Bacteriologist at the Philadelphia Hospital and at the Ayer Clinical Laboratory of the Pennsylvania Hospital. Octavo volume of 547 pages, with 320 illustrations, many of them in colors. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Cloth, \$4.00 net; sheep or half morocco, \$5.00 net.

Dr. Boston here presents a practical manual of those clinical laboratory methods which furnish a guide to correct diagnosis, giving only such methods, however, that can be carried out by the busy practitioner in his office as well as by the student in the laboratory. He has given special attention to outlining in progressive steps the various procedures in clinical technic, such steps being illustrated whenever possible. All the more recent methods for the examination and staining of blood are described and illustrated by original drawings, and the subject of serum-diagnosis is very carefully considered. The newer methods for the estimation of sugar, Bence-Jones' albumin, uric acid, and purin have received thoughtful consideration. The subjects of Animal Parasites, Diseases of the Skin, Transudates and Exudates, and Secretions of the Eye and Ear have received an unusual amount of space. Attention has also been paid to Inoscopy and Cyto-diagnosis. Indeed the book contains much useful material throughout, and being the latest work on Clinical Diagnosis, includes the most recent advances along that line.

A Reference Hand-book of the Medical Sciences, embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By various writers. A new edition, completely revised and rewritten. Edited by ALBERT H. BUCK, M.D., New York City. Volume VIII. Illustrated by chromolithographs and 435 half-tone and wood engravings. New York: William Wood & Company.

Volume VIII. completes the set of the new edition of the Reference Hand-book, which may well be called a monumental production in medical and scientific literature. This volume opens with umbelliferæ and closes with yellow fever. In addition there is an elaborate and carefully prepared index. Canada is represented in this volume by four well-known men: Francis J. Shepherd, Montreal; H. Beaumont Small, Ottawa, and W. F. Hamilton and A. G. Nicholls, Montreal. The Reference Hand-book is probably the most extensive medical production undertaken on this continent. It is certainly a work which ought to be in the library of every progressive physician. The editor and publishers alike are to be congratulated upon bringing it to a successful completion.

Essentials of Chemistry, Organic and Inorganic. Containing also questions on Medical Physics, Chemical Philosophy, Medical Processes, Toxicology, etc. By LAWRENCE WOLFF, M.D., formerly Demonstrator of Chemistry at the Jefferson Medical College, Philadelphia. Sixth edition, thoroughly revised. By A. FERREE WITMER, Ph.G., formerly Assistant Demonstrator in Physiology at the University of Pennsylvania. 12mo volume of 225 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto, 1904. Cloth, \$1.00 net.

We need but mention the fact that this little work has reached its sixth edition to prove beyond question its practical usefulness. The recent important discoveries in physics and inorganic chemistry have rendered it necessary, in Dr. Witmer's revision, to make extensive additions almost to every part of the work. The subject of organic chemistry, especially organotherapy and the substituted ammonias, has also been carefully revised and much new matter added. We find the book unusually excellent.

Diseases of the Nose, Throat and Ear, and Their Accessory Cavities. By SETH SCOTT BISHOP, M.D., D.C.L., LL.D., author of "The Ear and Its Diseases;" Honorary President of the Faculty and Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet, etc. Third edition. Thoroughly revised, rearranged and enlarged. Illustrated with 94 colored lithographs and 230 additional illustrations. 564 pages, royal octavo. Price, extra cloth, \$4.00 net; sheep or half-russia, \$5.00 net. Philadelphia: F. A. Davis Company, publishers, 1914-1916 Cherry Street.

Ever increasing literature, the introduction of new remedies, methods of treatment, improved instruments and apparatus, have necessitated this third edition of a very practical and reliable book on the Diseases of the Nose, Throat and Ear. Apparently no effort has been spared to make this edition representative of the most advanced work up to the time of publication. The larger part of this volume is devoted to nose and throat; diseases of the ear are well treated of in Part IV. The production from the publishers' standpoint is all that could be desired.

Essentials of Materia Medica and Prescription Writing. By HENRY MORRIS, M.D., College of Physicians, Philadelphia. Sixth edition, thorough revised. By W. A. BASTEDO, Ph.G., M.D., Tutor of Materia Medica and Pharmacology at the Columbia University (College of Physicians and Surgeons), New York City. 12mo volume of 295 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Cloth, \$1.00 net.

Dr. Bastedo, in making the revision of Dr. Morris' "Essentials of Materia Medica," has furnished the student with a work complete and up to date in every particular. Much of the text has been in great part rewritten. There have been introduced articles on adrenalin, stypticin, and on the iodine and silver synthetics. The present sixth edition is all that could be desired.

The Woman's Home Library—Beauty Through Hygiene.
Common-sense Ways to Health for Girls. By EMMA E.
WALKER, M.D., Member of the New York Academy of
Medicine, etc. Illustrated. New York: A. S. Barnes & Co.

As the editor of the *Woman's Home Library* says: "This volume has been written with the direct purpose and deliberate intention to help American women to a better understanding of their physical life and endowments." It would scarcely seem necessary then to go beyond this in the scope of work; suffice it to say that although the subjects written of are necessarily considered minor matters in the domain of medicine, they are at the same time important and ought to command better attention from the medical faculty. The author has been able to present her subject in a pleasant, readable style. The book itself is neat and handy.

The Physician's Pocket Account Book, by DR. J. J. TAYLOR, is a neat, compact, easily kept and strictly legal book, carried in the pocket, always with you, showing each person's account at a glance. All entries are made but once, on the day when the services are rendered, in plain, legal language, and require no posting or further attention. Published by the author, 4105 Walnut Street, Philadelphia.

By always being able to show all inquirers the exact state of their accounts wherever you may meet them, showing date and nature of each transaction, you will save more than enough in one year to buy account books for a hundred years. Being simple and complete, it will save you much valuable time in keeping your accounts and much needless worry as to their correctness.

The book contains obstetric, vaccination and death records and cash accounts. The book is $4\frac{3}{4} \times 6\frac{3}{4}$ inches, containing over 224 pages. Price, bound in leather, \$1.00; also bound in manilla boards with separate leather case; price of case and two manilla books, \$2.00; subsequent manilla books to use in the case, 60 cents each, two for \$1.00, three for \$1.40; also large size for desk or office use, \$4.00. Address Dr. J. J. Taylor, author and publisher, 4105 Walnut Street, Philadelphia, Pa.

Handy-book of the Anatomy and Diseases of the Eye and Ear.
For Students and Practitioners. By D. B. ST. JOHN ROOSA,
M.D., LL.D., Professor of Diseases of the Eye and Ear in
the New York Post-Graduate Medical School; Formerly
President of the New York Academy of Medicine, etc., and
A. EDWARD DAVIS, A.M., M.D., Professor of Diseases of the
Eye in the New York Post-Graduate Medical School; Fellow
of the New York Academy of Medicine. 300 pages, square,
12mo. Price, extra cloth, \$1.00 net. Philadelphia, Pa.: F. A.
Davis Company, publishers, 1914-1916 Cherry Street.

An examination of the pages of this concise book shows that it exhibits the present state of ophthalmology and otology, which makes it reliable. It will certainly prove an advantageous volume for graduates, as well as for those doing post-graduate work, an ever-ready, easy means of verifying clinical instruction.

Examination of the Urine. By G. A. DE SANTOS SAXE, M.D.,
Pathologist to the Columbus Hospital, New York City.
12mo volume of 391 pages, fully illustrated, including 8
colored plates. Philadelphia, New York, London: W. B.
Saunders & Company. Canadian agents: J. A. Carveth &
Co., Limited, 434 Yonge Street, Toronto, 1904. Flexible
leather, \$1.50 net.

Dr. Saxe has presented a work on examination of the urine unusually complete, absolutely up to date, concise, yet explicit in all its parts; and it will be found to meet fully the requirements of the student and practitioner without burdening him with unnecessary analytic procedures. Special attention has been paid to the interpretation of findings as applied to clinical diagnosis, and the student is told what each chemical element and each microscopic structure means when found in the urine. The character of the urine in various diseases is also described in detail. Descriptions of technic have been made very explicit, and the author has inserted some new methods of working developed in his own experience. Cryoscopy and other means of functional diagnosis have been given their proper places. The text is fully illustrated, including eight colored plates of the various urinary crystals. The work will be useful because it is practical.

Blakiston's Physician's Visiting List for 1905.

Bound as of yore, neatly in leather, comes to us yet once again, an ever-welcome book. It is a plain, systematic method of keeping books, just the thing that every physician requires. It has been fifty-four years before the profession. Write for their descriptive catalogue of books, and their descriptive circular of this one in particular, and you will be doing yourself a real good thing.

Regional Minor Surgery. By GEORGE GRAY VAN SCHALCK, Consulting Surgeon to French Hospital, New York. Second edition, enlarged and revised; 228 pages. Bound in cloth, profusely illustrated. Price, \$1.50. International Journal of Surgery Co., New York.

The second edition of this work has appeared in an unusually short time, indicating its acceptability to the profession. In this handy little work technical subjects have been omitted, and only such practical information on minor surgical conditions taken up as will be of the greatest service to the general practitioner in his daily practice.

Dominion Medical Monthly

And Ontario Medical Journal

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VOL. XXIII.

TORONTO, NOVEMBER, 1904.

No. 5.

MR. CAWTHRA-MULOCK'S GIFT TO TORONTO GENERAL HOSPITAL.

The thanks of the medical profession of Toronto are due Mr. Cawthra-Mulock for his splendid donation of \$100,000 towards the purposes of a modern, up-to-date, and well-equipped out-door department for the Toronto General Hospital. It is fitting also that he should stipulate that every facility should be afforded for clinical teaching. Here is a department which is like in practice to the office practice of the physician, but which is not taken so seriously by the student as it should be.

In these out-door clinics he can learn a very great deal in diagnosis and treatment of minor diseases and conditions which he cannot get by bedside instruction, all of which have their place in practice just as truly as the major diseases. In order, therefore, to secure perfection in training and teaching in these departments, where the student very often spends hours at a time, it is necessary that the surroundings be comfortable and sanitary, supplied with laboratories, examining rooms, lavatories, etc. It is necessary also, when these new out-door departments be located, in view of the very large sphere they will be required to fill, in regard to clinical instruction, that they be situated both as con-

cerns the convenience of the student body and the convenience of the patients who will attend for treatment. The authorities will, no doubt, consider this with all due care, for they can rest assured that if it be located in the proper quarter, much and very great good will result in these two directions. One thing is sure, it cannot be completed too quickly.

THE PERIPATETIC OPTICIAN.

The care and treatment of diseases of the eye require such special practical knowledge that general practitioners in towns and cities generally refer all or most of these cases to those members of the profession who confine their practices to this branch of medicine and surgery. This is, we believe, done in a strictly conscientious spirit, in the belief that the eye is too important an organ to be treated by any but who has a good scientific grasp of the subject of ophthalmology. It is certainly within the reach of every medical man to possess a full scientific knowledge of this organ, and it is certainly just as much beyond the reach of every medical man to obtain a practical knowledge of the subject, because eye cases form such a very small proportion of general practice. When a medical man, then, who possesses the knowledge of the anatomy and physiology of the eye, who has the knowledge to determine how diseases of other organs may affect this one, realizes that it would be better to hand these cases over to one having a special skill in this direction, it certainly must appeal to the common sense of lay people, that there is something very much at fault, when druggists, jewellers and even veterinarians undertake the work of the fitting of glasses, and not only that, but undertake to make persons the subjects of eye defects or diseases believe that they know all about the eyes, more than the average doctor, and just as much as the eye specialist. But this is not the worst. Large firms fit out and establish in trade the peripatetic venders of glasses and spectacles, who tramp around the country with their packs on their backs, purporting to be "Doctors of Refraction." They invariably carry an eye salve, of wondrous power, which acts with magical effect, for better or for worse.

Last year the writer was rather chagrined when in the office of a "horse doctor" of a thriving western Ontario town, at

seeing a number of well-dressed ladies waiting their turn to get fitted or to get advice on their glasses. The same town had six or eight capable physicians, some of whom were probably making a bare livelihood, but the veterinarian doctor of refraction was reputed rich and daily getting richer. It seems to us that the only way to get rid of this plague of refracting doctors and peripatetic spectacle pedlars, is for every medical man to consider that a set of testing glasses and an ophthalmoscope are equally essential in his armamentarium as stethoscopes, thermometers, etc. And, indeed, as sanitary scientists and medical publicists, we owe it to the community to protect them from injury to sight just as much as from the infection of smallpox, diphtheria or scarlet fever. The hernia specialist and the refracting optician are the two great parasites of the medical profession. They live and thrive because we fail to brush them off.

UNIVERSITY HOSPITAL.

It should be a matter of great gratification to the people of this city and province, and perhaps more particularly to the medical portion of the same, to note with what general appreciation the idea of a new and larger General Hospital has been received. Perhaps it were more conservative to say there has been little opposition to the proposed scheme. A very able article in *Toronto Saturday Night*, on the 5th inst., is specially worthy of note in this regard. In this splendid article, the writer (evidently himself in fullest accord with the proposition) says in part: "Dr. Sheard, the capable Medical Health Officer of this city, who is probably more of a cynic than a zealot, and has a greater tendency toward being a humorist than a sectarian, may have been misunderstood by the interviewer, but if not, he has thrown a wet and frosty blanket on the whole scheme." He then proceeds to give in full the Doctor's remarks as published recently in one of our daily papers, the closing paragraph of which is as follows:

"If we are to have a General Hospital in connection with the University, and if we are to have the clinical advantages desirable, we will have to obtain them in some other way than by the city making a grant of \$100,000, unless the Council is prepared to treat all our hospitals alike. If this can be done, then the

money granted towards the new General Hospital will be money well spent."

If we understand the case aright, the prime *raison d'être* of the proposed new hospital is that it shall be for the express purpose of affording greatly increased clinical facilities to the medical department of the University. It seems to us, such being the case, that only such institutions as admit students to their wards should have any reasonable claim for consideration in the matter of a civic grant. We, therefore, feel some difficulty in grasping the logic of Dr. Sheard's statement that—"If we give a grant to the new General Hospital, the other hospitals will desire similar generous treatment."

The people of this province, more than the citizens of Toronto, perhaps, fail to realize fully the prime importance of our great University. Year by year it is gaining in equipment and efficiency in the various departments. New departments are being created, the latest, thanks to the splendid generosity of Mrs. Massey Treble, being that of Household Science. We have recently seen a magnificent advance in the medical department, in the fine laboratories opened last year. We think the people should be made to realize more fully the importance of better facilities for clinical teaching in connection with the medical department of the Provincial University; and it would seem only fair that both the people of the Province and the citizens of Toronto should contribute liberally toward an enterprise which concerns so vitally the future well-being of the people. Surely it is time to eliminate all Chauvinistic ideas, and unite in the furtherance of this grand work.

Saturday Night's idea of a General Hospital, in which all the hospitals of the city should be parts of one great whole, is at least a grand idea, although perhaps a very difficult one to carry out. It would seem feasible, however, to have all the city hospitals under the guidance, if not the control, of one General Hospital Board, elected by the people or appointed by the Council. For the present, it seems to us the institutions which have given the greatest facilities toward clinical teaching should have the first consideration, and as the Toronto General Hospital is by far the oldest and largest, so, too, perhaps, it should get the very first attention. We are informed by Dr. Charles O'Reilly, Medical Superintendent of the General Hospital, that in 1876 (the year he assumed the superintendency), the hospital admitted about 800 patients. From that time on, the number has increased from year to year, till last year nearly 4,000 patients were admitted to the hospital, to say nothing of the

great number of out-door cases. During that time, nearly 3,700 births have occurred in the hospital, while the statistics show a remarkably low mortality.

Thanks to the great generosity of Mr. Cawthra Mulock, we are to have a thoroughly up-to-date out-door department. (Let us hope it will be located down in the centre of the city, where the class of patients who require such accommodation can readily get it.) There might be a fusion of the present Emergency Hospital with the proposed out-door department. The clinical hospital proposed might be located with the new out-door department, thus giving greater convenience for the students. The present athletic grounds, north of the University buildings, have also been spoken of as a desirable site for the clinical hospital, but it seems to us a location farther south, "down in the ward," would be a more practical location.

We are sure the medical fraternity of the province unite in wishing Godspeed to such a worthy project as would seem to be embodied in the idea of better clinical training for the coming generations of practitioners, and thereby the betterment of the people as a whole.

PNEUMONIA.

It is a true statement that, while the deaths from tuberculosis are diminishing the world over, those from pneumonia are on the increase. Their rapid increase in the last few years has necessitated special commissions of inquiry in certain large cities. In nearly all of the large cities of the United States and in Canada, and in the cities of European countries, there has been, in recent years, within the last decade, a marked increase in deaths from this cause. For ten years the specific micro-organism of this disease has been known, but no method of treatment has been found which could be called specific. Numerous have been the articles written on pneumonia, and equally numerous have been the series of cases reported treated successfully with this or that drug, quinine, ergot, strychnine, creasote, digitalis, salicylates, etc., but there has not been evolved any single line of treatment applicable in all cases. Indeed, one eminent authority states there is no treatment for pneumonia, that the patient will get along equally as well without medicines as with them. It is about ten years, too, since this doctrine was propounded. It may have been followed out too religiously and zealously. At any rate,

the propounding of this "let well enough alone" treatment sees an ever yearly increase in the death rate. It looks as though health officers will have to look after pneumonia same as other infectious diseases.

Editorial Notes

Wm. R. Warner & Company at St. Louis Exposition.

Wm. R. Warner & Company, Philadelphia, have been successful in being granted the highest award, namely the Grand Prize, for pharmaceutical preparations, over all competition, at the Louisiana Purchase Exposition at St. Louis. The success and distinction to which they have attained in this direction will be sure to please their many friends throughout Canada. Members of the medical profession are always glad to hear that a high standard is being maintained in the pharmaceutical preparations which they constantly employ.

Awards to the Wellcome Chemical Research Laboratories, London.

The Committee on Awards of the Louisiana Purchase Exposition, St. Louis, have conferred upon the Wellcome Chemical Research Laboratories the distinction of a grand prize and three gold medals, in recognition of the importance and educational value of the chemical and pharmacognostical researches conducted in these laboratories under the direction of Dr. Frederick B. Power.

NEWS ITEMS

MONTREAL had 528 deaths from pneumonia in 1903.

THE total birth rate for Montreal during 1903 was 36.08 per 1,000 of the population.

THE total deaths in Ontario during the quarter ending September 30th was 5,872.

DR. W. A. YOUNG, Toronto, has returned from a trip to St. Louis and Chicago.

MONTREAL will adopt a by-lay prohibiting spitting on the streets and in public buildings and places.

OXFORD and Waterloo Counties, Ontario, proposed erecting a joint sanitarium for the treatment of cases of tuberculosis.

WINNIPEG GENERAL HOSPITAL has received a donation of \$500 from Mr. F. W. Thompson, of the Ogilvie Flour Mills Company.

THE proposition submitted to the Ontario Board of Health to have a law enacted to have bread delivered in paper bags is a good one.

THE lumbermen going into New Ontario lumber camps are all being vaccinated. Ontario has been practically free of small-pox during the past two months.

THERE were 412 deaths in the Province of Ontario from tuberculosis during the quarter ending September 30th, which is said to be 20 per cent. over the corresponding period of last year.

DR. FRED. HARVEY succeeds Dr. Tait McKenzie as director of the McGill gymnasium, the latter having gone to Philadelphia to assume his duties as director of the Physical Department of the University of Pennsylvania.

CONGRATULATIONS are due the Hon. Dr. Sullivan, Professor of Surgery in Queen's University Medical Faculty, on the completion of his fiftieth year as a disciple of Æsculapius. Dr. Sullivan began the study of medicine at Queen's in 1854.

REMOVING THE INSANE FROM THE JAILS.—It is gratifying to learn that the Provincial Secretary's Department is removing from jails all insane persons confined therein and having them properly housed in the various asylums of the province.

THE NEW CONSUMPTION HOSPITAL NEAR WESTON.—The Toronto Free Consumption Hospital, situated near Weston, Ont., admitted its first patient on September 2nd, and there are already forty patients in residence, advanced as well as incipient cases being received. The physician in charge is Dr. Allan H. Adams.

THE patients treated in the Toronto General Hospital during the month of October numbered 480, 229 being admitted during the month. The births in the Burnside numbered seven, and the total deaths in the hospital were twenty-three, ten of whom died within a short time of their admission. Over nine hundred

externe patients received advice and treatment, while in the Emergency branch there were two hundred accident cases.

ANNOUNCEMENT.—In announcing his retirement as Medical Superintendent of the Alma Springs Sanitarium, Alma, Mich., and return to his former home, Chicago, Dr. George F. Butler desires to convey his assurance of personal interest in his former clients. His return to Chicago does not mean withdrawal from the practice of medicine. On the contrary, Dr. Butler will limit his business to medical work exclusively, and has arranged excellent facilities for the care and proper treatment of nervous and chronic invalids in the city and from out of town. City office, 1210 Columbus Memorial Building; residence, 5711 Washington Avenue, Chicago.

Correspondence

THE VANCOUVER MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

To the Editor of DOMINION MEDICAL MONTHLY :

DEAR SIR,—With your permission I will make a few observations on your strictures on the profession of Toronto in the editorial in the current number of your journal on the foregoing subject.

That so few were able to attend the meeting at Vancouver is unfortunate for the Toronto profession, as well as for the Association. One cause, at least, of the small attendance is not far to seek. At the time of the visit of the President last year he was informed that several of the Toronto physicians would be unable to go if the meeting was held later than the middle of August, as they had engagements at home for September 1st. Notwithstanding that, the meeting was placed in the last week of August, and apparently the time was practically fixed before the Toronto members were consulted. In view of such ignoring of their convenience, as well as of themselves, is it a matter of surprise, or for censure, that they in their turn should ignore this meeting of the Association? If the records of the meetings of the Association for many years back are examined, it will, I think, be found that Toronto has been second to none either in the matter of attendance or of work done. It is questionable

then whether it is in the interests of the Association that one of its officers should write such an article, or permit it to appear in his private journal. However, notwithstanding the lateness of the meeting, some would have managed to attend had earlier transportation been secured so as to enable them to take the long journey leisurely, and to stop over at many places on the way to enjoy the prairie and mountain scenery. This would also probably have prevented the crowding of coaches, as well as obviated the necessity of standing in line for an hour or two awaiting an opportunity to secure a meal in the dining-car.

I regret that I have to plead guilty to the charge of having my name announced for a paper which I "did not appear to read." This is, I think, my first offence. However, I withdrew the paper as soon as it was evident I would be unable to attend, so that it should not, and, I suppose, did not, appear on the official programme. Everyone will agree that for the success, if not the existence, of the Association it is essential to insure an "intact programme"; to do so it will probably be necessary to have the papers in the secretary's hands before the meeting in time for the official programme, or, better still, so rouse the enthusiasm of the members that all will be anxious to read papers.

As to the meeting next year in Halifax, all will second your wish, that Toronto may be largely represented, both in attendance and work.

Yours sincerely,

(Sgd.) ALEX. MCPHEDRAN.

October 20th, 1904.

Special Selection

IRON AS A REMEDY.

Time out of mind iron has been leaned upon as one of the special standbys in medicine, particularly as a builder and reconstructor. But unless iron be given in proper form, one might as well give absorbent cotton, or chips or wet stones. When we desire to produce any increase in the number of red blood corpuscles, and to make them redder and richer with hemoglobin, we need to be sure of the form of iron that we are giving. The

evidence has been accumulating these many years that manganese, in itself an admirable remedy, combined with iron emphasizes the potency of both.

Dr. Gude, the great German chemist, contributed very definitely to the good of the profession when he presented the product of long years of experimentation, and clinical experience, the therapeutic product known as Pepto-Mangan (Gude).

Added to the many hundreds of clinical contributions, Dr. J. W. Frieser, of Vienna, Austria, recently reports most favorably and very forcibly, observing as follows:

"Pepto-Mangan contains iron and manganese combined with peptone in the proper proportions, and in a readily digestible and absorbable form, so that the preparation can be completely utilized by the organism. As is well known, the peptones represent artificial predigested products, which when taken into the organism make no special demands upon the digestive functions, which in anemic and chlorotic persons are usually weakened and impaired in action. This fact is the more important, since in these cases, the digestive process and the secretion of gastric juice is usually reduced, in consequence of which the nutrition is quite impaired, while frequently there is a condition of hyperacidity of the gastric juice. It has been most gratifying to me to observe that during the use of Pepto-Mangan (Gude), which experience has taught me is particularly adapted in these maladies, it does not interfere with, or exert any disturbing effect upon the digestion. On the contrary, under its administration, the appetite and the digestion are stimulated in a very satisfactory manner.

"As a rule, during treatment with Pepto-Mangan the improvement in the constitution of the blood, as shown by physical examination, was accompanied by a beneficial effect upon the general condition and strength. The appearance and appetite of the patients improved visibly; the digestion and nutrition progressed favorably, and the patient felt better, happier, and more vigorous. Disturbances of the gastro-intestinal tract, such as pressure or pain over the stomach, nausea, a disagreeable feeling of dulness, a diminution of appetite, constipation, congestions, etc., which are so frequent during the administration of other iron preparations, especially those of inorganic character, were scarcely ever observed during the use of Pepto-Mangan (Gude). On the contrary, in those cases in which there is a tendency to constipation, and a marked atony of the gastric functions my experience has led me to regard this remedy as especially useful and effective."—*Medical Mirror*.