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TRACHOMA AND IMMIGRATION.—OUR DETENTION HOSPITALS.*

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Gentlemen,—Trachoma is a disease to which very little attention has been paid yet by the practitioners of this country, and in which even few specialists have had much experience. The rarity of cases among our native population is the excuse for its having been overlooked in the past.

But it now seems that the profession should no longer be indifferent to this subject. Since the institution of medical inspection the immigrants landing at our seaports are subjected to a careful inspection of their eyes on their arrival, and a certain proportion are found affected with trachoma. We therefore conclude that, previous to the institution of this inspection a great many who were affected with the disease settled in the country and are now apt to spread the evil among us. Some have gone West to live on farms, a large proportion earn their living in our cities, while too many are professional *peddlers*, and these are not the least dangerous for the community.

Although it is not my intention to enter into any discussion as to the different views held by the profession regarding the spe-

*Read before the Canadian Medical Association, Halifax, August 24th, 1905.

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cificity of the disease, I have been asked so often by practitioners what trachoma does consist in, that it will be my apology for giving a broad, as well as a brief, description of its clinical features.

Trachoma is characterized by the presence of granulations in the palpebral conjunctiva, with more or less inflammatory reaction, with or without discharge; following, in the majority of cases, a most insidious course essentially chronic, giving no subjective symptoms for a long period of time; pannus, eyelids distorted by the formation of cicatricial tissue and ulcerations of the cornea are the ordinary complications of trachoma, of which impaired vision and blindness are the ultimate consequences.

As to its etiology, so long as we are not agreed yet on the essential specificity of the disease, I shall merely quote what Sweigger wrote in 1885:

“The causes of trachoma must be sought chiefly in bad sanitary conditions. Badly ventilated, over-crowded rooms in houses, barracks, factories, may not only produce trachoma in a previously healthy conjunctiva, but give a trachomatous character to any chronic conjunctivitis.”

It is an infectious disease, spread by contact, and experience furnishes undeniable proofs that the transmission may be due directly to spurting of discharge into the eyes during inspection or at operation, or indirectly to fingers soiled with the discharge, or to common use of toilet articles, etc.; a family may be infected by a trachomatous servant.

Lucanus does not believe in any particular individual predisposition, but Vennemann pretends, supported by statistics of careful observation, that there is certainly an individual predisposition. Where the predisposition is slight, only abortive cases, as they are called, arise; but if it is strong, distinct trachoma develops.

During the last few years the writings of some distinguished members of the profession in this country, among others Dr. Byers and Dr. Boulet, of Montreal, who have already read papers, the former before this association, and the latter before La Société Médicale de Montreal, also Dr. Prowse, of Winnipeg, have not failed to draw the attention of the authorities to the importance and the necessity of amending our laws concerning immigration in order to classify trachoma among the excludable diseases.

In 1897, the Congress at Washington passed a law in that direction, and since 1899 the eyes of all immigrants arriving in the American ports are being inspected by the medical officers of

the Marine Hospital Service, and if found to have trachoma, they are sent back to their port of embarkation at the expense of the shipping companies which have brought them over. Cases of doubtful trachoma are put into the hospital and retained there two, and perhaps three, weeks before a decision is arrived at.

In 1901 the American authorities became aware of the fact that intending immigrants were attempting to pass into the United States by booking for Canada and thereafter cross the line. They therefore instituted a rigid inspection along practically the whole of the Canadian frontier. This accounts, as stated by Dr. Byers, for the enormous increase of the trachomatous patients during the following year in Canada. The effect was to give a practical solution to the suggestions that were actually made by the profession.

In 1902 the Parliament of Canada passed an amendment to the Immigration Act, which reads as follows :

AN ACT TO AMEND THE IMMIGRATION ACT.

[Assented to 15 May, 1902.]

His Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:—

1. *The Immigration Act*, chapter 65 of the Revised Statutes, is amended by inserting the following section immediately after section 24:—

“24 A. The Governor-General may, by proclamation or order, whichever he considers most expedient, and whenever he deems it necessary, prohibit the landing in Canada of any immigrant or other passenger who is suffering from any loathsome, dangerous or infectious disease or malady, whether such immigrant intends to settle in Canada, or only intends to pass through Canada to settle in some other country.

“2. Such prohibition may be absolute, or may be accompanied by permission to land for medical treatment only, for a period to be determined as provided by order or proclamation.”

2. Any person landed in Canada from a vessel in contravention of *The Immigration Act* or any Order-in-Council or proclamation lawfully issued thereunder, or any person landed for medical treatment who remains in Canada in contravention of such order or proclamation, may be apprehended, without a warrant, by any immigration agent or other government officer, and may be compelled to return or be taken on board the vessel, and by force if necessary; and every owner or master of a vessel who violates the provisions of this Act, or who aids or abets any immigrant

or passenger in acting in contravention of such order or proclamation, or who refuses or neglects to take back on board the vessel any such immigrant or passenger, shall incur a penalty not exceeding ten hundred dollars, and not less than one hundred dollars in the case of each and every of such immigrants or passengers.

Extract from a report of the Committee of the Honorable the Privy Council, approved by His Excellency on the 15th August, 1902.

On a report, dated 26th July, 1902, from the Minister of the Interior, submitting with reference to the provisions of the Act, Chapter 14 of 2 Edward 7th, intituled "An Act to amend the Immigration Act," and in view of the large numbers of immigrants who are now coming from foreign countries to Canada and to the United States *via* Canadian ports, that it is expedient and necessary that a Proclamation be issued forthwith, in accordance with the provisions above referred to, prohibiting the landing in Canada absolutely of any immigrant or other passenger who is suffering from any loathsome, dangerous or infectious disease or malady, whether such immigrant or passenger intends to settle in Canada or only intends to pass through Canada to settle in some other country and whom the Minister of the Interior or officer to whom he intrusts the matter, considers should be absolutely prohibited from landing in Canada or permitting any such immigrant or passenger to land in Canada for medical treatment, only for such period as such Minister or officer may deem reasonable and sufficient to effect his cure, and authorizing such Minister or officer to take such action at the expiration of such period if any such immigrant or passenger so permitted to be landed for medical treatment is not then cured of the disease or malady from which he is suffering as may be necessary, and as can be taken under the provisions before referred to, to return such immigrant or passenger or to compel him to be taken on board the vessel from which he was so temporarily landed, and having so returned him or compelled his return to such vessel, prohibiting his being again landed in Canada.

The Minister therefore recommends that a proclamation in such terms be issued forthwith and that the Minister of the Interior be authorized to give any officer to whom he may entrust any action arising under such proclamation and the provisions before referred to, such instructions as he may deem advisable

and necessary for the conduct of such action in accordance with the terms and intention of such proclamation and provisions.

The Committee submit the same for approval.

(Signed) JOHN J. MCGEE,
Clerk of the Privy Council.

Dr. Byers, Montreal, who has furnished information to Dr. Treacher Collins, who wrote the introductory chapter to a recent book on trachoma, which I will have occasion to refer to later, said : "At first the Canadian inspection was of a rather loose character, but I am informed it is becoming more and more strict. Up to the present time," continues Dr. Byers, "a certain number of trachomatous patients have been sent back to their homes, but in numerous instances the patients have been admitted to the Canadian hospitals and allowed to go on their way after a more or less complete recovery from their maladies."

It was only in the spring of 1904 that the Government took direct and absolute control of the detained immigrants, and completed the organization of their inspection and treatment by the equipment of Detention Hospitals, under the effective supervision of Dr. P. H. Bryce, chief medical inspector of the Department of the Interior, where the suspicious or recognized cases of trachoma are now sent for further investigation. They are kept there, sometimes a few weeks, to decide concerning the nature of the affection. Cases of trachoma that are found amenable to treatment within a reasonable length of time, are allowed to remain and be released when cured. But if the cases are hopeless, or doubtfully curable, they are deported.

I must not fail to mention here that undesirable immigrants, for any other cause than trachoma, are also kept in the Detention Hospitals until they are deported.

During the navigation season of 1904, over 800 were sent to the Quebec Hospital, while a little over 300 were deported from this port, representing a rate of deportment of 1.50 per 100 of the total number of arrivals.

Thirty-nine nationalities were represented among the detained people, the Russian Jews and the Syrians counting for more than one-half.

This season, at the time of writing, the number of detentions has reached 1,000, but note must be taken that, through some accidental infection on a ship, which was nineteen days crossing, 300 passengers were detained, the majority of which did not have to remain but two or three weeks.

As even cases of suspicious nature are kept until we are satisfied that they are harmless, it is becoming understood that, in the interest of all, such cases had better be kept on the other side until their condition is ascertained; it is the best way to avoid conflict of opinion. The consequence is that lately, a number of ships carrying several hundreds of passengers did not leave a single patient in the hospital. It is evident that the law, such as interpreted and applied, is producing the desired results.

I recently visited some of the Montreal dispensaries with a view to ascertain from the physicians in charge if they could appreciate in their practice the effect of this inspection such as carried out since the last couple of years.

At the Notre Dame Hospital, Dr. St. Dennis told me that until about a year ago they used to see an average of about twenty new patients every week, while now they see only an occasional old case. I received practically the same answer at the Hotel Dieu, from Dr. Lesalle. At the Montreal General, Dr. Sterling had only one old case to show, and he recognized that the law, as applied, seems to have cut short the importation of trachomatous immigrants. Dr. Sterling added that until recent years it was appalling to see at what a rate the shipping companies were bringing these people into the country.

The experience of Dr. Boulet of the Ophthalmic Institute, was corroborative of this statement.

At the Royal Victoria Hospital, I am told, they have had seven new cases, since the first of the year, out of 557 cases of diseases of the eye; but I do not know how this compares with the previous years.

In Quebec, at the Jeffrey Hale, where they used to see by far the largest number of trachomatous patients—as many as fifty a day—they report that they did not have six cases during the last year. At the Hotel Dieu, ten cases only are recorded during the last four years.

On the other hand, Dr. Prowse, of Winnipeg, informs me that the Winnipeg and St. Boniface Hospitals seem to have more than their share yet of trachomatous patients, but I do not suppose those cases are of very recent importation.

To the question often asked, "What line of treatment do we follow in dealing with trachoma?" our answer has been, "There is no universal method apart from strict hygiene, antiseptics and wholesome food," and there cannot be one, on account of the varied manifestations of the disease. The leading maxim must be a careful and conscientious individualization.

On their arrival at the hospitals, all patients are submitted

to a thorough and general cleansing, while their clothes are disinfected in special apparatus, as well as all bedding, as occasion requires.

All diseased or suspicious eyes between the intervals of active treatment by the hand of the surgeon, are repeatedly washed with mild antiseptic solutions by a trained nurse, who also supervises, with the strictest attention, their individual cleanliness.

When these precautions can be faithfully carried out, much better results can be expected than in dispensary practice, where the hygienic part is sure to be neglected at home.

Besides the ordinary medical treatment, mechanical and operative methods are resorted to as often as they may suit the cases, in combination with drugs. I now believe, according to the statement of Jacobson, that fewer weeks suffice to cure some bad cases of trachoma with certain operations than requisite in as many years by the old methods—more or less interrupted use of lotions—to leave the patient blind or unfit for work.

Notwithstanding the fact that we are morally satisfied that those people are actually freed from an affection which is considered threatening for themselves and dangerous for the community, nevertheless it must not be lost sight of, that trachoma is a disease which is apt to recur, and time should tell if it is wise to allow as many to be treated. Therefore, should any cases of recurrence be discovered at any time, their reporting to the hospital where they have been treated will always be considered as a favor. The results of our actual work, as far as we can be informed, should be our guide as to the maintenance or the modification of the present system.

It has been said in certain quarters that the United States were induced to pass their prohibitive law against trachoma for political ends and to satisfy labor unions, and that ours was not warranted by the facts. It has also been written that, "just at present trachoma was the hobby of the medical inspectors," etc., and that trachoma of typical severity only should be excluded. Ignorance regarding the question itself, as well as the measures of protection, which sad experience have taught other countries to adopt, is the only excuse for such statements.

As to the nature of the disease itself, we know that besides its insidious course, it is often difficult to distinguish it from benign forms of conjunctivitis; consequently, if trachoma of transient character only was to be excluded, I have no hesitation to think that it would not take many decades, at the rate immigration is actually pouring into Canada, before some sections of

the country would be as badly afflicted with the scourge as some regions of the old continent.

A few quotations from a recent and a remarkable work on trachoma by a German army surgeon, Dr. Boldt, translated by Dr. J. H. Parson and Dr. T. Snowball, will demonstrate the propriety of all prohibitive legislation against trachoma.

In the translator's preface we read that the book of Dr. Boldt embodies the results of many years' experience in one of the hot-beds of the disease, and contains the most complete list of statistics which has yet been collected, and they further state that "trachoma in England is an alien disease, imported by aliens, propagated amongst aliens, and handed over to the native population by aliens."

Dr. Treacher Collins, who wrote the introductory chapter to the English edition of Dr. Boldt's book, states that, out of all the confusing and contradictory observations which have been made in connection with trachoma, the contagious character of the affection stands to-day clear and undoubted.

"After the evacuation of Egypt, in 1803, the English army was disbanded and spread the disease broadcast."

A large proportion of trachoma in London has been generated in its pauper schools, and this was the origin of the foundation of several Isolation School Hospitals, of which the Hanwell School seems to stand as a model. It was erected in 1889, at the cost of £3,000, and the results have fully answered the expectation of its promoters.

According to the account of Sydney Stephenson, in 1895 the number of trachomatous patients in Great Britain averaged 6 in Scotland, 9 in England and 26.4 per 1,000 in Ireland of all eye patients. The statement about Ireland seems to justify the suggestion of the writer when he says: "If trachoma is to be stamped out of Great Britain, strenuous measures will have to be taken to check the disease from the sister isle."

After detailed remarks about how trachoma is dealt with in the schools and in the army, Dr. Collins continues: "It now becomes necessary to refer to a source which is tending to its increase, viz., the importation of aliens into this country from districts where the disease is endemic."

With this end in view, a movement is now on foot to have an alien immigration bill passed by Parliament, in which provision will be made for the inspecting officers to prohibit the landing of passengers suffering from any infectious and loathsome diseases, with the intention to have trachoma included among the latter.

With a sentiment of philanthropy which has oftentimes honored the British race, Sir Ernest Cassell has placed at the disposal of the Egyptian Government the sum of £40,000 (*Lancet*, June 30th, 1904), to be used for the benefit of the sufferers of eye diseases in that country, a special object to be kept in view being the training of native medical men in the diagnosis and treatment of such diseases according to modern methods.

"In Australia, trachoma is chiefly introduced by immigrants, and, in the southern part, instead of the disease occurring in over-crowded districts and badly ventilated rooms, it is met in well-fed, strong, healthy farmers and their families, who are widely scattered over large areas and reside in roomy and well ventilated houses."

In Hungary, in 1886, a trachoma service was organized, the object being to ascertain every case of trachoma, insure its proper treatment, and prevent further infection. For this purpose three hospitals were erected besides those already existing.

In the Russian Empire a number of so-called "ophthalmic flying columns" were organized by the Board of Prevention of Blindness, and thousands of people received assistance from them.

Among the civil population trachoma is very prevalent also, and very few districts of Russia are quite free from it. Feur, who was officially charged by the authorities to examine the three southern districts of Torontal in 1884, found five per cent. of the whole population affected with trachoma, and he says that when the contagion has been sown among the peasant population it is scarcely possible to prevent its further spread.

In 1896 the struggle with trachoma in Prussia has been vigorously taken up by the state, aided by special Act of Parliament.

Within the last decade trachoma has travelled from the infected eastern provinces of Germany and the adjoining frontier by a distinct westward tract, following the lines of trade, and it is conveyed almost exclusively by migrating workmen, agricultural laborers, etc.

Lawrentjew, the oculist of the military district of Moscow, stated at the congress held in that city in 1887, that Central Russia, which had previously been free from trachoma, in the course of years became seriously affected, owing to enlistment of trachomatous recruits from infected areas in the West. All Russian authors have for years been urging that men affected with trachoma should be rigorously excluded. Lawrentjew also

justly asserts that trachoma was conveyed from the army into areas which were previously free.

From the foregoing remarks and information, which I believe to be impartial, I let everyone draw his own conclusions. I presume we all quite agree as to the propriety of our legislation concerning the exclusion of immigrants affected with loathsome and contagious diseases. But the consensus of opinion is not so unanimously reached when the time comes to deal with individual cases of trachoma. It causes the medical inspectors more anxiety than all other diseases combined, because on their decisions depend the success or the ruin of many legitimate ambitions. But on this subject I have very few words to say presently.

So long as a specific virus of the disease has not yet been identified, on the one hand, and its contagious character being recognized on the other, an honest, but firm opinion must prevail from a national point of view. Whether the intending immigrants come from the mother land of the first owners of this country, or from the great empire to which, as Canadians, we actually owe so many privileges in the enjoyment of equal rights, or from any other country, they have to be judged individually as to whether they are a gain or not for us, solely in view of the development and the future prosperity of our great Dominion.

**MASTER-MINDS OF MEDICINE: II—THOMAS SYDENHAM,
THE ENGLISH HIPPOCRATES (1624-1689).**

BY WILLIAM J. FISCHER, M.D., WATERLOO, ONT.
Author of "Songs by the Wayside."

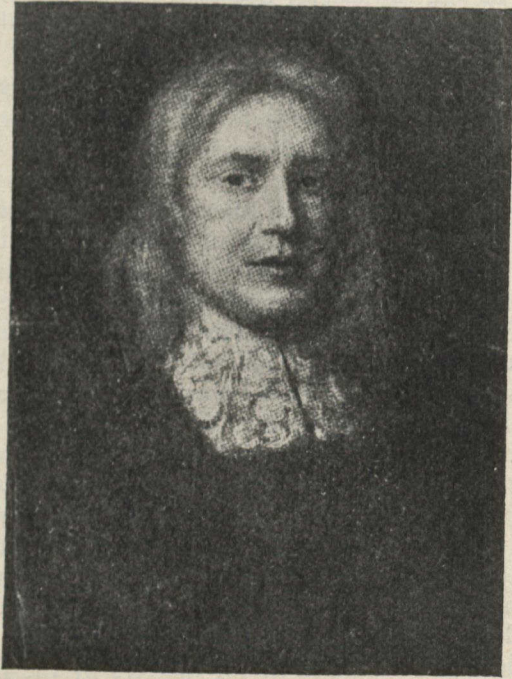
"As long as Almighty God shall give me life, I shall still press forward to my avowed end of doing all the good I can in my calling."—*Thomas Sydenham.*

Medicine is a practical science, and there are two open roads that lead great, thinking minds to a better understanding of it. Every doctor, in his daily routine work, comes upon these pleasant places, and recognizes the two strong currents of thought that tend to the perfection of a science which has made wonderful strides in advancement in past centuries and the present; currents of thought at once vital and important—the one scientific, the other practical, but both necessary to the solving of problems of real benefit to the great, throbbing humanity about us. We have, then, two schools in medicine—the scientific school, of which William Harvey was the founder, and the practical, or clinical, school represented by Thomas Sydenham. "The great merit of Sydenham," writes one, "was to proclaim the great truth that science was, is, and always must be incomplete; and that danger lurks in the natural tendency to act upon it as if it were complete. The practical man has to be guided not only by positive knowledge, but by much that is imperfectly known. He must listen to the hints of nature as well as to her clear utterances. To combine them may be difficult; but the difficulty is solved in minor matters by the faculty called common sense; in greater affairs, by the synthetic power of Genius."

Thomas Sydenham, then, the English Hippocrates, as he is sometimes called, occupies a unique place in the history of medicine. In the words of Horace—"medicus in omne aevum nobilis"—he was a physician famous for all time. Dr. John Brown, the essayist, calls him "the prince of practical physicians;" and it is said that Boerhaave, one of the most eminent teachers of medicine in Europe, never mentioned Sydenham without taking off his hat as a sign of respect and admiration.

"Sydenham's is a name," writes another, "not for England only, but for the world."

Many pleasant memories cluster around the humble little Somersetshire village, famous because it was the birthplace of this man of genius, who lived, like Harvey, at a time when his country's heart was in a state of wild unrest, and the staid old English character was being moulded into shape by these strong



THOMAS SYDENHAM.

influences of internal strife and disorder. Yet, withal, he emerged into the light of eminence with a character as noble as it was beautiful.

In an unknown little corner of England, at a place in Somerset called Wynford Eagle, Thomas Sydenham, the great physician, first saw the light of day. Old chronicles give the date of his baptism September 10th, 1624. Sydenham's biographers

all speak of the scarcity of material at their disposal concerning his life. The history of the seventeenth century is much clouded, and the life of Sydenham, like that of other contemporaries, could stand a genuine outburst of sunshine to bring out clearly the many little details that give color to the picture which the historian, not through any fault of his own, paints so poorly and imperfectly. Wynford Eagle is a hamlet and chapelry about eight miles from Dorchester. In the famous old Domesday Book it is called "Wynfort." The house in which Sydenham was born is an old gray, ivy-grown structure and stands to-day, a well-preserved building. "It lies," says one, "in a hollow, sheltered by the downs and upland pastures, and is a pleasing specimen of a seventeenth century manor-house. The front is composed as usual of three parts, each surmounted by a gable. The whole building is very solidly constructed of stone and flint." Even to this day one of the fields near the old home goes by the name of "Sydenham's."

Thomas Sydenham was the fifth son of William Sydenham—out of a family of seven sons and three daughters. His mother, a woman of pious mind, was a Mary Jeffery, daughter of Sir John Jeffery, of Catherston. Tracing the genealogy of the Sydenhams backward into the Middle Ages, we find that the family contributed some distinguished names to current history. One, Richard Sydenham, was a judge in the reign of Richard II.; another was a bishop in the reign of Henry V. A daughter of a Sydenham married Sir Francis Drake in Queen Elizabeth's reign. Then there were numerous members of Parliament, sheriffs and knights. Very little is known of the early life of Sydenham except that he was under the care and guidance of honest and conscientious parents. It is thought that his early education began at the grammar school in his native village or at Dorchester. Others, again, state as probable that, like many families of his day, he was instructed by the regular tutor living in the same house, or that the local clergyman, as was customary, instructed him in Latin.

At eighteen, Sydenham was sent to Oxford—the college selected for him being Magdalen Hall. Here he matriculated on May 20th, 1642. A turn in political events, however, soon put a stop to his academic career, which could not have exceeded a few months. The old, old struggle between the King and the Parliament was firecely raging. They were stormy times. There was much fighting, much bloodshed. Think of the influences they would bring to bear upon the life of Sydenham,

"who," as one writer puts it, "brought into matters of thought and science the courage of a soldier and the independence of a rebel." On August 22nd, the King raised his flag at Nottingham. The cry of civil war was in the air, and Peace, poor, white-souled thing, spread its wide wings and fled the country. Every Englishman with a heart in him had to decide on which side he would play his part. The young Sydenham espoused the cause of Parliament, notwithstanding that Oxford and its university were followers of the King. Anthony Wood, a contemporary writer, says: "Sydenham left Oxford without taking arms for the King as the other scholars did." Thus the lad of eighteen threw his books aside for a sword and the brilliant uniform of a soldier in one of the most memorable conflicts on the page of history. In looking over old records we often come across the name of the Sydenhams. Here it was a brilliant victory, there a display of courage and heroism under most trying circumstances. The "fighting Sydenhams," they were called—this father and his four brave, daring sons. Two of them died in battle—soldiers to the last. How a lonely mother-heart must have pined for the husband and the precious, valiant children!

We know very little of Mrs. Sydenham, but she must have been an heroic woman, full of the endearing qualities that ennoble lofty womanhood. For her, this war must have been a tragedy—awful and soul-crushing. She, herself, innocent victim, later was killed by the hand of a Royalist—a certain Major Williams. An old chronicler roughly tells how Thomas Sydenham—the loving son—avenged the wrong done his mother. It happened that he and this very Williams chanced to meet later on in battle. "For a soldier in the field to find himself confronted in arms by the slayer of his mother would be a crisis strange and startling enough to turn even a coward into a hero," writes Payne. "It must have roused the Sydenham blood, which was not that of cowards, to an unexampled heat. What followed must be told in the words of the old narrative, since we can add nothing to them, nor have we the right to take anything away:

"So soon as Colonel Sydenham saw Williams, he spake to his men that were next to him to stick close to him; for, said he, "I will now avenge my mother's innocent blood;" and so he made his way to Major Williams, and slew him in the place, who fell dead under his horse's feet.'" Could anything be

more highly tragic than this sad event in the family history of the Sydenhams?

In passing, we might note, on account of its bearing on medical history, that Richard Wiseman, the most eminent surgeon of the seventeenth century—often called the Father of Surgery—acted as a surgeon on the King's side during the civil war.

In 1646, Sydenham returned to Oxford University. He says: "It is now the thirtieth year since the time when, being on my way to London, in order to go from there a second time to Oxford (from which the misfortunes of the first war had kept me away for some years), I had the good fortune to fall in with the most learned and honorable Dr. Thomas Coxe, who was at that time attending my brother during illness; and then, as he has been up to the present time, practising medicine with great distinction. He, with his well-known kindness and courtesy, asked me what profession I was preparing to enter now that I was resuming my interrupted studies and was come to man's estate. I had at that time no fixed plans, and was not even dreaming of the profession of medicine; but moved by the recommendation and influence of so great a man, and in some way, I suppose, by my own destiny, I applied myself seriously to that pursuit. . . . After spending a few years in the university I returned to London and entered on the practice of Medicine."

The war also had its depressing effects upon Oxford University, and sadly crippled it. The halls and rooms of the colleges had been turned into military garrisons, and the songs of the merry students were drowned by the shouts of busy soldiers, the former being very much in the minority. "Both the university and the colleges were impoverished by their quasi-voluntary gifts to the King; some of their buildings were in ruins, and there was, in Anthony Wood's words, 'scarce the face of a university left.'" This, then, was the condition of the university in the time of Sydenham, but, despite these circumstances, many bright minds lent a refreshing glow to the depressing picture. The intellectual life about Oxford, however, was a redeeming feature. Wallis, the great English mathematician, and Seth Ward, the astronomer, came over from Cambridge to add glory to it. Dr. Jonathan Goddard, Cromwell's physician, who constructed the first telescope in England, and Dr. William Petty, the economist and lecturer in chemistry, also frequented this noted seat of learning. Then,

besides, there were Christopher Wren, that "miracle of a youth," the noted Robert Boyle, Thomas Willis, the anatomist, and Robert Hooke, the chemist. This group of scientific men often met of an evening at the home of Dr. William Petty, where scientific discussions generally took place upon regular meeting nights. How pleasant it would be for us to picture Dr. Sydenham at one of these meetings, surrounded by this noted circle of Immortals. However, we have no record of him attending them; but we do know that he and Robert Boyle—one of the most brilliant members of the group—were fast friends.

When Sydenham attended Oxford, the Earl of Pembroke was Chancellor of the university. On April 14th, 1648, Sydenham was created Bachelor of Medicine. Some claim that he also received an M.A. degree, but Wood, the historian, denies this. "The modern reader," writes the biographer, Payne, "may wonder a little that medical degrees, involving professional privileges, were conferred as readily as honorary titles in arts or law are given at the present day. Sydenham could not at this time have made any serious study of medicine, having been barely a year resident in the university and in a time of great confusion. He had thus the rare good fortune to obtain a degree at the beginning, instead of at the end of his student's course. So much he owed to patronage. But if we consider the incalculable gain to the science of medicine involved in making Sydenham a doctor, we must admit that seldom has the blind Goddess of Patronage dispensed her favors with a happier hand."

In 1648, the young physician was appointed to a Fellowship of All Souls' College and, in March of the next year, the Senior Bursarship of the college was given him.

Comparatively nothing is known of Sydenham's life at the university. We are told, however, that "when Sydenham had returned to the university after three years' absence, he had forgotten his Latin, but recovered it by obstinate reading of Cicero, translating him into English and then re-translating into Latin, correcting from the original." Cicero, it is said, was always a great favorite of his. Sir Hans Sloane tells us that Sydenham always kept a bust of him in his study. In those days Oxford offered few facilities to the student in medicine. Sir Thomas Clayton—Regius Professor of Medicine—gave bi-weekly lectures on the doctrines of Hippocrates and Galen. Then, also, there were classes in anatomy—but the

study of anatomy was in its infancy almost, and little could be effected in this line. Not until Willis and Lower set to work did it gain any point of eminence.

“Sir Thomas Clayton, who held the chair in Sydenham’s time, is said to have had a weakness which entirely disqualified him for his office, namely, that he could not bear the sight of blood.” He finally resigned, and the chair fell to the famous Dr. William Petty, who is said to have studied at Leyden and Paris. Chemistry and botany were also important branches in Sydenham’s time.

A second military service again cut short Sydenham’s career, but we will pass over it in silence, for it does not bring out anything of importance that might add to or detract from the personality of this great English physician.

In 1665, Sydenham resigned his Fellowship in All Souls’ College, and in the same year took unto himself as wife a certain Mary Gee—a Dorsetshire lady, it is supposed. The year following, he settled down to practice his profession at Westminster. His rooms were in the immediate neighborhood of Whitehall—the mecca of politicians, statesmen and parliamentarians. But a few blocks away lived the immortal Milton, the sweet, blind singer of “Paradise Lost.” Is it not possible that the young physician might have been called in many a time to administer to the growing infirmities of the immortal bard? There is nothing left to tell us that he ever did so, but would it not be pleasant to draw so charming a picture about the life of so great a poet and so great a physician?

The neighborhood in which Sydenham lived had, as we will see later, a great bearing upon his own writings. He wrote mostly on fevers and agues, and the whole Westminster region—a swampy and malarious country—was a breeding spot for such diseases. Cromwell himself is said to have died of a malignant ague, probably contracted at Whitehall.

It is now an almost undisputed fact that Sydenham studied at Montpellier as well as at Oxford. French writers assert positively that he was the pupil of the celebrated physician, Charles Barbeyrac. This Barbeyrac had a wonderful reputation throughout the whole of France and other countries as a consultant. He was not connected with the university, but formed private classes amongst his students. It is said “some ten or twelve of them used to accompany him in his visits to his patients. On the way he would give them a sort of clinical lecture on the cases and their treatment, answering the numer-

ous questions of his pupils with excellent judgment and fluency. His ideas about many diseases were entirely novel, but lucid and well-founded. His practice was admirable, being at once simple and easy. He had discarded a large number of the useless remedies employed before his time, which served only to embarrass the sick man; making use of a few only, but those well-chosen and efficacious. These he employed so well that no physician ever had more successful and striking results from his treatment."

Barbeyrac's bedside clinics must surely have had a great influence upon Sydenham's wonderful mind. Locke, Sydenham's great friend, who also studied at Mountpellier, used to say that he never knew two men more alike in opinions and character than these two physicians. M. Bouteille, a Frenchman (1776), said that Sydenham had learned his cooling remedies in fevers (*choses rafraichissantes*) of Barbeyrac.

The date of Sydenham's return from France is not known, but we have reasons to believe that he was back in London in 1661. His observations (published later) on the weather and diseases in London begin with this year. He obtained his license from the Royal College of Physicians in 1663. The coveted Fellowship never fell upon his shoulders. "From all we know of Sydenham," writes Payne, "we should conclude that he cared little about academical distinctions, and doubtless bore the privation with equanimity. And, in later years, when the same difficulties might not have stood in the way, he had ceased to care what letters he could write after his name. The more surprising fact is that he did, after all, think it worth while to take a doctor's degree so late in life; but of his motives in so doing we have no knowledge."

Sydenham, however, like others, had friends and enemies as well in the college. A certain Dr. Andrew Brown, an intimate of his, tells us that Sydenham had once complained to him that "he had only gained the sad and unjust recompense of calumny and ignominy, and that from the emulation of some of his collegiate brethren and others, whose indignation at length did culminate to that height that they endeavored to banish him, as guilty of medicinal heresies, out of that illustrious society."

Some years after his return from Mountpellier, Sydenham was engaged in studying and investigating the epidemics of London. Just about this time that terrible calamity known in history as the Great Plague swept over London. It was another Black Death, strewing the land with suffering, sick bodies

and killing off young and aged—at one time at the rate of seven thousand a week. The plague swept away a whole cityful of people—the mortality tables showing sixty-eight thousand, five hundred and ninety-six deaths; statisticians claim that fully one-fifth of the inhabitants succumbed to the deadly disease. It quickly spread towards Westminster. The King and Queen went to Oxford. The dreaded peril lay right outside of Sydenham's own door, and the cries of the suffering stole into his study. Consequently, the doctor and his family moved to Dorset, a little spot a few miles from London. Many writers blame him for leaving London at this critical period. They assert that, as a physician, he should have considered it his duty to fight the disease in the dark valleys. Was it not a distinct loss to medicine, they further ask? Might he not have added a striking and interesting chapter to the history of medicine? But Sydenham had a wife and young children to pull at his heart-strings, and, after all, the sick did not suffer for want of medical aid, for there were physicians in plenty around. He wrote, however, of the plague, but his treatise did not make much of a stir.

But Sydenham was not idle during those plague-stricken days. He was busy with his pen during those months of absence from the city, and produced his first book on the "Treatment of Fevers"—a work of momentous importance to the course of medicine. The treatment of a few acute diseases such as rheumatism, pneumonia, and erysipelas, was also included. The title of the little book was: "*Thomae Sydenham Methodus Curandi Febres, propriis observationibus Superstructa*" (Thomas Sydenham's method of treating fevers, based upon his own observations). Fevers had a much greater relative importance in his time than at the present day, since he estimated that they made up two-thirds of medicine. In our own day the same class of maladies, called in official returns zymotic diseases, are credited with only one-tenth of the total mortality from all causes. The book was written in Latin, as were all of Sydenham's books, contained one hundred and fifty-six pages, and was dedicated to the Hon. Robert Boyle, philosopher and man of science. It was divided into four sections: I. On Continued Fevers; II. On Certain Symptoms which Accompany Continued Fevers; III. Intermittent Fevers; IV. Smallpox. Very few books were written in English in those days. "Surgeons and quacks might write in English, but for an orthodox physician to do so would have been an act of bad

taste almost amounting to a crime." Sydenham wrote a very beautiful preface to his fever book. It shows us in an instant the inner, sensitive, lofty soul of the man—his "religio medici"—the deep, sincere, religious undercurrent swaying all his feelings, and the noble lofty ideals he set for himself in his life's own foot-path. "Whoever applies himself to medicine," it reads, "ought seriously to weigh the following considerations: First, that he will one day have to render an account to the Supreme Judge of the lives of sick persons committed to his care. Next, whatever skill or knowledge he may, by Divine favor, become possessed of, should be devoted above all things to the glory of God and the welfare of the human race. Moreover, let him remember that it is not any base or despicable creature of which he has undertaken the cure. For the only-begotten Son of God, by becoming man, recognized the value of the human race and ennobled by His own dignity the nature He assumed. Finally, the physician should bear in mind that he himself is not exempt from the common lot, but subject to the same laws of mortality and disease as others; and he will care for the sick with more diligence and tenderness if he remembers that he himself is their fellow sufferer."

Sydenham's book, it may be imagined, made quite a stir in those days of few books and fewer discoveries, for it contained much of vital importance to sick, suffering humanity. It was William Harvey's story, served again with extra trimmings by the critics. Some rose up and called him "blessed;" others—a certain Henry Stubbe principally—condemned him with scathing bitterness. This Stubbe, a physician at Warwick, had been at Oxford with Sydenham, and enjoyed somewhat of a reputation as a Greek scholar. He assailed Sydenham's smallpox theory especially. Sydenham thought that smallpox was due "to a spontaneous effort of the blood to bring itself into a new state, and—putting off its native state by a process like moulding—to put on, as it were, a new shape." Stubbe criticizes him thus in his lines beginning: "Whether Dr. Sydenham intend to ascribe sense, appetite and judgment unto the blood, I cannot well tell, but either he canteth in metaphors or explaineth himself in his general hypothesis about Feavers as if his meaning were such. But it seems strange and irrational to attribute such an understanding to the blood, and to transmute a natural agent into one that is spontaneous; and, which is more, having represented it as such, to make it so capricious as not to know when it is well; but to run phantastically upon such dan-

gerous changes as occur in putrid fevers and the smallpox, for even this last 'ariseeth from a desire the blood hath to change its state.'"

To be sure the theories of a Sydenham do not look well now beside our own very modern ideas. He made the same mistakes of other contemporaries, but he left a strong foundation for a more perfect building than was to be evolved out of his own mental architecture. However, his book was well received. In the same year it was reprinted in Amsterdam, and Sydenham was by far better appreciated in foreign countries than in his own England. It was the eternal story all over again—the prophet forced to seek glory and appreciation under alien skies, far away from the familiar faces whose smile would have meant so much to him. Schacht, Professor of Leyden, recommended the work to his students. Etmuller of Leipsic, Spon of Lyons, and Dolaeus, an encyclopædic writer on medicine later on, often spoke a good and cheering word of "the fever-curing doctor." In 1668, a second edition appeared, with an added chapter on the plague. On the first pages of the book appeared a long Latin poem, written by John Locke, one of Sydenham's intimates—a word of praise for honest, conscientious research. We quote a few lines of the lengthy poem below:

"With Fever's heat, throughout the world that raged,
Unequal war has mourning Medicine waged;
A thousand arts, a thousand cures she tries;
Still Fever burns, and all her skill defies,
Till Sydenham's wisdom plays a double part,
Quells the disease and helps the failing Art.
No dreams are his of Fever's mystic laws,
He blames no fancied Humor as its cause;
Shunning the wordy combats of the Schools,
Where an intenser heat than Fever rules.

Thy arms, Victorious Medicine! more intend,
Triumphant, thou the unconquered Plague shalt end,
Live, Book! while Fever's vanquished flames expire,
Thee and the world await one common fire."

In 1676 appeared a third edition, and in 1685, a fourth. Many new editions and other changes crept into the volumes. Numerous observations on London epidemics from 1661-1675 were added. It contained lines on measles, quinsy, scarlatina, etc. "With all deductions," writes one, "this work will always remain one of the greatest of medical classics. The descriptions of many diseases and symptoms are so admirable and complete that they have never been surpassed nor are likely to be. Many

flashes of insight and pregnant hints might be collected which contemporaries did not understand, and to which later knowledge is only able to do justice. Above all, the resolute endeavor to study natural facts by pure observation, putting aside the theories, facts and fictions collected out of books, which he says 'have as much to do with treating sick men as the painting of pictures has to do with the sailing of ships'—this endeavor, successful or not, will always be the best example of method to all students of medicine."

Up to this time, Sydenham's writings all referred to acute diseases. Requests now poured in from all corners, asking him to write something on chronic diseases. In 1680, he published his "*Epistolæ Responsoriæ duæ*"—answers to some letters which he had received pertaining to the treatment of certain diseases. The first of the letters contains these charming lines. What a noble mind this Sydenham must have had! "I have always thought," he writes, "and not without reason, that to have published for the benefit of afflicted mortals any certain method of subduing even the slightest disease was a matter of greater felicity than the untold riches of a Cræsus. I have called it a matter of greater felicity; I now call it a matter of greater goodness and of greater wisdom. For what more abundant instance of wisdom and goodness can any one display than (seeing his own share of our common nature) to continually refer such things as he has accomplished, not to his own glory, but to the advantage of the world at large, of which he is so small and contemptible a particle? I agree with that illustrious master of language and thought, my favorite Cicero, the leading spirit of his age, if not of the world at large, that 'as laws place the welfare of all men above the welfare of the individual, so a good and wise man, obedient to the laws, and mindful of his duty as a citizen, will think more of being useful to men in general than to any one or to himself.'"

In 1682, appeared another letter, "*Dissertatio Epistolaris*," addressed to Dr. Cole of Worcester, an authority on apoplexy in his day. The letter deals in part with the treatment of smallpox and hysteria. Sydenham gives us an almost perfect picture of this common disease. "*Tractatus de Podagra et Hydrope*" appeared in 1683—a treatise on gout and dropsy. On the title page is a quotation from Bacon—Sydenham's favorite author: "*Non fingendum aut excogitandum, sed inveniendum, quid Natura faciat aut ferat*" (We have not to imagine or to think out, but to find out what Nature does or

produces). In this book, also, appear the following lines, so characteristic of Sydenham, and which give us a view, along other lines, into the noble character of the man: "It is my nature," he says, "to think where others read; to ask less whether the world agrees with me than whether I agree with the truth; and to hold cheap the rumor and applause of the multitude. And what is it, indeed? Is it any great thing for a man to do his duty as a good citizen, to serve the public to his own private loss, and to make no glory for doing so? If I take a right measure of the matter, I am now so old that to study my own reputation will soon be as if I studied the reputation of one who is not. For what can it profit me after my death if the eight letters which compose the name Sydenham should pass from mouth to mouth among men who can no more form an idea of what I was, than I of what they will be; of men who will know none of those (then dead and gone) of the generation before them; who will use other language and have other manners; such is the inconstancy and vicissitude of all things human."

The treatise on gout was by far the more important book of the two, and is looked upon as Sydenham's masterpiece. He himself suffered from the disease for thirty-four years. "The Gouty Physician," he was often called. No wonder, then, that he gave us so true a picture of the malady. "It may," he writes, "be some consolation to those sufferers from this disease, who, like myself and others, are only moderately endowed with fortune and intellectual gifts, that great kings, princes, generals, admirals, philosophers, and many more of like eminence have suffered from the same complaint and ultimately died of it. In a word, gout, unlike any other disease, kills more rich men than poor, more wise than simple. Indeed, Nature, the mother and ruler of all, shows in this that she is impartial and no respecter of persons; those who are deficient in one respect being more richly endowed in another; her munificent provision for some men being tempered by an equitable proportion of evil. Hence, that law universally recognized that no man is 'ex omni parte beatum' nor yet, on the other hand, in all respects miserable. And this mixture of good and evil, especially appropriate to our frail mortality, is perhaps the best thing for our happiness."

In another part of the book Sydenham oddly says that the best beverage for gouty persons is "one which neither rises to the generosity of wine nor sinks to the debility of water, such as London small beer; but water, pure and uncooked, is dangerous."

Some writers have expressed surprise at not finding mention of Harvey and his great discovery anywhere in Sydenham's writings. Sydenham, as is well known, paid little attention to anatomy and physiology. They were perfect strangers to him almost—unimportant as far as his own thinking went, and it is said that he often spoke of the researches made in these branches with contempt. But he did not, however, totally disregard anatomy. He held that a physician ought to know the structure of the human body. One writer has called him "one-sided" on this account.

In 1684, Hans Sloane, afterwards the founder of the British Museum, having completed his studies abroad, returned to London with a letter of introduction to Sydenham. The letter said in part that he was "a ripe scholar, a good botanist, a skilful anatomist." Sydenham read the letter quickly, then he sent a hard look into the young man's face. "This is all very fine," he blurted out, "but it won't do! Anatomy—botany! Nonsense! Sir, I know an old woman in Covent Garden who understands botany better, and as for anatomy, my butcher can dissect a joint fully as well. No, young man, all this is stuff; you must go to the bedside; it is there alone you can learn disease."

"*Schedula Monitoria de Novæ Febris Ingressu*" (a sketch by way of warning of the approach of a new fever) was Sydenham's last work. It was published in September, 1686. The volume contained a chapter on calculus and a perfect description of St. Vitus' dance, or chorea—the dancing mania of the Middle Ages, "Sydenham's chorea," it is called to-day in our text-books on medicine. In the closing lines of the book he states that he has now delivered nearly all that he knows respecting the cure of diseases.

In Sydenham's day, there was a certain Gideon Harvey, physician in ordinary to Charles II., a man of sound education, whose special delight it was to write scurrilous attacks on other physicians. Sydenham also fell a victim to his ridicule. He refers to him as "a trooper turned physician," and again as "a Western Bumkin that pretends to Limbo children in the smallpox by a new method." Very few escaped Harvey's caustic remarks—the anatomist and physiologist were both subjects of his burning but witty criticism. Listen to him in the following lines—rather an amusing picture of the doctor at divine service! "The church door shall no sooner be opened but 'ecce! Mr. Doctor, sitting in the most visible seat, Grave,

Deaf, Dumb and immovable as if an Apoplexy of Devotion had seized him, out of which his Apothecary is to raise him by knocking at half sermon at his pew door to fetch him away post haste to a dying patient; by which means he draws the eyes of the whole congregation after him; but instead of going to the pretended House of Visitation they both drop into a cabaret, there to pass the fatigue of a forenoon Sunday. This knack of confederacy is to be repeated several days, until it hath made an impression on the people, that he is a man of importance and of great Physick business."

Very few pen-pictures of Sydenham's personality are at hand. The following, by one of his biographers, may, however, give the reader an idea of his warmth of character: "Thomas Sydenham, as we judge from his portraits, was of a large and robust frame, his complexion reddish, his eyes gray, his hair first brown, afterwards gray, worn long, in its natural state, without a wig. For his actual features we refer to the portrait. We suppose him to have been in his manner manly and simple, but, perhaps, somewhat rustic rather than polished and conciliatory—more the manner of a Dorsetshire squire and captain of horse than that of a courtly physician. He was essentially a man of action when most physicians were men of books. We can imagine him taking command of the sick-room and having his orders obeyed, with a rough word or two if things went wrong. He undoubtedly gained the most complete confidence of his patients; of this there is abundant evidence. But it would have been by his plain honesty and benevolence and the ascendancy of a strong nature rather than by pleasing and flattering. In his treatment he was eminently straightforward."

Sydenham all his life remained a reader of books—Latin principally. He called Cicero "the author I most admire as the great teacher both in thought and language, the first genius of his own and, perhaps, of all ages." Then there were Homer, Lucian, Virgil, Horace, Juvenal, Seneca and others—all friends of his in his silent hours.

It cannot be denied that Hippocrates, Bacon and Cicero had a formative influence upon Sydenham's writings. He adopted the medical system of Hippocrates, and through all his writings one comes across quotations from the old master—"the divine old man." But Sydenham went further. He made new inroads into the undiscovered fields of thought and observation. Others lay on the hilltop dreaming, filled with a sweet content-

ment; but he went down into the valleys to hear the strong, beautiful messages springing up everywhere like flowers in the springtime, and we know he learned many a secret from the willing lips of Nature. In short, he was "the first who explicitly laid down the principle that diseases should be studied by the natural history method, like natural objects, without trying to explain them." Sydenham's idea was: "Investigate first, explain afterwards if you like; but remember that nature is always something very much greater than all your explanations."

Francis Bacon, "that great genius of rational nature," also lived next door to Sydenham's heart. Real man of science that he was, Sydenham always mentioned his name with great love and admiration. And, then, of course, there was Cicero, whom he loved deeply and read always.

In this sketch it will also be interesting to touch, in passing, upon two of Sydenham's great friends—the real men of action who came in contact with him, whose heart-throbbings spoke to him more strongly than words could ever do. His most interesting friends without a doubt were Hon. Robert Boyle, great man of science, and John Locke, physician and philosopher and Fellow of the Royal Society. Boyle and Sydenham were about the same age; both were Baconian to their heart's core and both were wedded to original research. Locke was somewhat younger in years than Sydenham, but such a friendship as that which existed between these two great physicians must have certainly been a congenial one. They often extended to each other a helping hand in the preparation of manuscripts for publication.

Sydenham's last days were uneventful. He must have been the father of a family, for in his will we see mention of his two sons, Henry and James. We must conclude, also, that his home life was everything that could be desired, for he always speaks of his family in words of strong endearment. His wife, it is thought, preceded him, as there is no mention of her in his will. Provision is made, however, for her mother, Mrs. Gee. We have reason, also, to believe that Sydenham's professional practice was a large one, and that he numbered many distinguished persons amongst his patients. Several attacks of gout and calculus helped to make his last days miserable. For years he dieted carefully, drove a great deal in the open air, and retired early. It is said of him also that often on an evening he could be seen at his open window in Pall Mall with a pipe

in his hand, enjoying the solace of his usual smoke. Like Milton, his contemporary, he evidently loved the weed.

The last writing Sydenham did was on September 29th, 1686. "Although my advanced age and constitution," he wrote, then, "broken by continual maladies, might have seemed rightly to demand release from the labor of thought and intense meditation, yet I cannot refrain from endeavoring to relieve the suffering of others even at the expense of my own health." These were the opening lines in his "Schedula Monitoria"—his last work given to an anxious, critical world. Then the ink in his ink-pot dried up, the pen rusted and the great physician laid it down forever. Death came to him quietly three years later, in his sixty-fifth year, December 29th, 1689, at his house in Pall Mall. Nearly a century and a quarter later, the College of Physicians, to perpetuate the memory of the gentle physician, placed above his grave a tablet bearing the following inscription :

"Prope Hunc Locum Sepultum Est
Thomas Sydenham
Medicus In Omne Aevus Nobilis
Natus Erat A.D. 1624,
Vixit Annos 65.
Deletis Veteris Sepulchri Vestigiis
Ne Rei Memoria Interiret
Hoc Marmor Poni Jussit Collegium
Regale Medicorum Londinense
A.D. 1810 Optime Merito."

Proceedings of Societies.

BRITISH MEDICAL ASSOCIATION.

The Seventy-fourth Annual Meeting of the British Medical Association will be held at Toronto, Canada, on Tuesday, Wednesday, Thursday, Friday and Saturday, August 21st, 22nd, 23rd, 24th, and 25th, 1906.

PROGRAMME.

President.—George Cooper Franklin, F.R.C.S. (Eng.), L.R.C.P. (Lond.), Surgeon Leicester Infirmary, Leicester.

President-elect.—Richard Andrew Reeve, B.A., M.D., LL.D., Dean of University of Toronto Faculty of Medicine.

Chairman of Council.—Henry Wm. Langley Browne, M.D., Ch.B., F.R.C.S.E., Consulting Surgeon, West Bromwich District Hospital.

Treasurer.—Hy. Radcliffe Crocker, M.D., F.R.C.P., Physician Skin Department, University College Hospital, London.

An address in Medicine will be delivered by James Barr, M.D., F.R.C.P., F.R.S.E.

An address in Surgery will be delivered by Sir Victor Horsley, F.R.C.S., F.R.S.

An address on Obstetrics will be delivered.

The scientific business of the meeting will be conducted in twelve sections, as follows:

Medicine.—President, Sir Thomas Barlow, Bart., K.C.V.O., London; Vice-Presidents, Dr. Alex. McPhedran, Toronto; Dr. James Stewart, Montreal; Hon. Secretaries, Dr. R. D. Rudolf, Toronto; Dr. J. T. Fotheringham, Toronto.

Surgery.—President, Professor I. H. Cameron, Toronto; Vice-Presidents, F. LeM. Grasset, Toronto; Francis Shepherd, Montreal; A. B. Atherton, Fredericton, N.B.; T. K. Holmes, Chatham; Hon. Secretaries, H. A. Beatty, Toronto; F. W. Marlow, Toronto.

State Medicine.—President, Dr. F. Montizambert, Ottawa; Vice-Presidents, Dr. C. Sheard, Toronto; Dr. P. H. Bryce, Ottawa; Hon. Dr. Pyne, Toronto; Hon. Secretary, J. Langrill, Hamilton.

Obstetrics and Gynaecology.—President, Dr. Freeland Barbour, Edinburgh; Vice-Presidents, J. A. Temple, Toronto; A. H. Wright, Toronto; Wm. Gardner, Montreal; Hon. Secretaries, Frederick Fenton, Toronto; K. C. McIlwraith, Toronto.

Therapeutics.—President, Professor D. W. Finley, M.D., Aberdeen; Vice-Presidents, J. L. Davison, Toronto; A. D. Blackader, Montreal; Hon. Secretaries, V. E. Henderson, Toronto; C. P. Lusk, Toronto.

Pathology and Bacteriology.—President, Professor J. G. Adami, M.D., F.R.S., Montreal; Vice-Presidents, J. J. MacKenzie, Toronto; W. T. Connell, Kingston; Ingersoll Olmsted, Hamilton; Hon. Secretaries, G. Silverthorn, Toronto; Harold C. Parsons, Toronto.

Psychology.—President, Professor W. T. Mickle, London, Eng.; Vice-Presidents, Dr. N. H. Beemer, Toronto; Dr. C. K. Clarke, Toronto; Hon. Secretaries, Dr. A. T. Hobbs, Guelph; Dr. G. W. Howland, Toronto.

Ophthalmology.—President, Mr. Marcus Gunn, London; Vice-Presidents, Dr. G. H. Burnham, Toronto; Dr. J. W. Stirling, Montreal; Hon. Secretaries, Dr. J. M. MacCallum, Toronto; Dr. D. McLennan, Toronto.

Laryngology and Otology.—President, Dr. Dundas Grant, London; Vice-Presidents, Dr. G. R. McDonagh, Toronto; Dr. H. S. Birkett, Montreal; Hon. Secretaries, Dr. D. J. Gibb Wishart, Toronto; Dr. Geoffrey Boyd, Toronto.

Anatomy and Physiology.—President, Professor B. C. A. Windle, M.D., F.R.S.; Vice-Presidents, Professor A. B. Macalium, Toronto; Professor A. Primrose, Toronto; Professor J. Wesley Mills, Montreal; Hon. Secretaries, Dr. C. B. Shuttleworth; Dr. G. S. Cleland.

Dermatology.—President, Dr. Norman Walker, Edinburgh; Vice-Presidents, Dr. Graham Chambers, Toronto; Dr. H. B. Anderson, Toronto; Dr. James Galloway, London; Hon. Secretaries, Dr. D. King Smith, Toronto; Dr. D. McGillivray, Toronto.

Hon. Local Secretaries, Dr. F. N. G. Starr, Toronto; Professor J. J. MacKenzie, Toronto; Dr. D. J. G. Wishart, Toronto.
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ronto; Hon. Secretaries, Dr. Arthur Wright, Toronto; Dr. J. S. A. Graham, Toronto; Dr. E. Stanley Ryerson, Toronto.

Pathological Museum.—Professor J. J. MacKenzie, Toronto; Dr. Maud Abbott, Montreal; Dr. W. T. L. Connell, Kingston; Dr. J. A. McGregor, London, Ont.; Dr. A. R. Gordon, Toronto; Dr. Gordon Bell, Winnipeg.

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INTERNATIONAL MEDICAL CONGRESS.

The Fifteenth International Medical Congress will assemble at Lisbon, Portugal, during the week from the 19th to the 26th of April, 1906. The official language of the Congress will be French, but in the general sessions, as well as in the meeting of sections, in addition to French, English and German will be made use of. There will be in all seventeen sections.

The President is Conz Costa Alemao, and the Secretary-General is Professor Miguel Bombarda, of Lisbon, to whom all general communications regarding the reading of papers may be addressed.

Most of the countries will be fully represented at the Congress through the National Committees. For the United States Dr. Jno. H. Musser, of Philadelphia, is President, and Dr. Raymon Guiteras is Secretary.

The Executive Committee of the Canadian Medical Association has appointed Dr. A. McPhedran as President, and Dr. W. H. B. Aikins as Secretary for Canada to act in conjunction with the International Committees of the Congress.

It is desirable that the Canadians who propose to attend this Congress should put themselves in communication as soon as possible with either of the above named, and it is hoped that Canada will have a large representation at this meeting, as it will be the first International Congress at which Canada will have national representation.

Physician's Library.

A Manual of Diseases of Infants and Children. By JOHN RUHRAH, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore. 12mo volume of 404 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Canadian agents, J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Flexible leather, \$2.00 net.

Dr. Ruhrah is to be congratulated upon the production of a manual that presents the subject of pediatrics in such a clear yet concise manner. He has outlined the therapeutics of infancy and childhood in a way that cannot fail to make for this work a place of first importance in its field. He has given explicit instructions for dosage and prescribing, and a number of useful prescriptions are appended. Infant feeding is given in detail. All the illustrations are practical, and include three inserts. A very valuable feature consists in the many references to pediatric literature so selected as to be easily accessible by the student, enabling him to ascertain the sum of knowledge on any given disease. We give Dr. Ruhrah's work our unqualified recommendation.

A Text-Book of Physiology, for Medical Students and Physicians. By WILLIAM H. HOWELL, Ph.D., M.D., LL.D., Professor of Physiology, Johns Hopkins University, Baltimore. Octavo volume of 905 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Cloth, \$4.00 net; Half Morocco, \$5.00 net.

Dr. Howell's many years of experience as a teacher of physiology in several of the leading medical schools is evident throughout the entire work in the simple and clear style and in the practical handling of his subject. The author has laid main emphasis upon those facts and views which will be directly helpful in the study of general pathology and in the practical branches of medicine. At the same time, however, we are gratified to see that Dr. Howell has not ignored the experimental side of the

subject. This we consider very important, for it has been through individual research that all the great advances in physiologic knowledge have been made. The entire literature of physiology has been thoroughly digested and the important views and conclusions incorporated. Indeed, the author has prepared a text-book which, while preserving the scientific spirit, is at the same time simple and modern in presentation. Every notable advance in physics or chemistry as influencing physiology has been carefully noted. Illustrations have been most freely used, greatly helping in understanding and supplementing the descriptions in the text. Especially valuable are those illustrations employed to make clear the more intricate anatomic and physiologic mechanisms. Altogether, we consider it a very valuable book, because it is accurate, up-to-date, and highly practical.

A Treatise on Diseases of the Skin. For the use of advanced Students and Practitioners. By HENRY W. STELWAGON, M.D., Ph.D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fourth Edition Revised. Handsome octavo of 1,135 pages, with 258 text-illustrations, and 32 full-page lithographic and half-tone plates. Philadelphia and London: W. B. Saunders & Company, 1905. Canadian Agents, J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Cloth, \$6.00 net; Sheep or Half Morocco, \$7.00 net.

Four large editions of Dr. Stelwagon's work have been required in three years. Surely such a sale bespeaks a book of unusual merit. Notwithstanding the frequency of editions, Dr. Stelwagon has not lost this opportunity to bring his book up to the latest knowledge. The therapeutic use of the Rontgen rays, high-frequency current, and Finsen light have been accorded the increased attention their growing importance deserves. We notice the addition of new text-cuts, some thirty-eight in number, and six additional insert plates, all up to the high standard set by the text. The author, by the judicious elimination of redundant material, has kept the size of his book much as before, the increase being only some twenty pages. Indeed, it is remarkable the epigrammatic way that Dr. Stelwagon has of saying things—a thing most desirable both in text-book and a reference work for the busy practitioner.

Blakiston's Physician's Visiting List for 1906. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

Explanation of Sizes and Editions: Regular Edition—The 25 patient list has one page dated for each week of the year; price, \$1.00. The 50 patient list has two pages dated for each week of the year; price, \$1.25. The 50 patient style may also be had bound in two volumes; price, \$2.00. The 75 patient list has three pages dated for each week, and is bound in two volumes; price, \$2.00. The 100 patient list has four pages dated for each week, and is bound in two volumes; price, \$2.25.

Perpetual Edition—No. 1 has space for 1,300 names; price, \$1.25. No. 2 has space for 2,600 names; price, \$1.50. The Perpetual Edition is the same as the Regular Edition, but without dates. It can be started at any time, and used until full.

Monthly Edition—In this edition two opposite pages are devoted to each month, so that the name of the patient must be written but once during that period. This style in plain leather binding without flap; price, 75 cents. With leather cover, pocket and pencil; price, \$1.00.

Following the Visiting List proper you will find special memoranda pages, pages for addresses of patients, nurses, vaccinations, Obstetric engagements, births, deaths, bills and accounts asked for, cash account, etc.

Opposite the title page you will find a list of these styles and prices.

We would call your attention to the Dose Table and other valuable information in the front of each book.

Movable Kidney.—By C. W. SUCKLING, M.D. (Lond.), M.R.C.P., Consulting Physician to the Queen's, to the Children's, and to the Orthopedic and Spinal Hospitals, etc. London: H. K. Lewis.

According to Dr. Suckling, this disease is, in some cases, a cause of insanity, headache, neurasthenia, insomnia, mental failure and other disorders of the nervous system, and a cause also of dilatation of the stomach. The book opens with a concise note on the literature of the movable kidney, and then discusses the following: Normal kidney, movable kidney, symptoms of movable kidney, treatment by belts, treatment by operation and cases, failures and visit to public lunatic asylum. Altogether, Dr. Suckling treats his subject interestingly, though, perhaps, all may not readily subscribe to his teachings.

Cleft Palate and Hare Lip.—By W. ARTHBUTHNOT LANE, M.S., F.R.C.S., Surgeon to Guy's Hospital, and Senior Surgeon to the Hospital for Sick Children, Great Ormond Street. Price, 5s. London: The Medical Publishing Co., Limited.

This monograph on cleft palate and hare lip, which is issued in quarto form, from a typographical standpoint is excellent. As the *British Medical Journal* puts it, it is indeed "a sight for sore eyes," as the type is quite large, there being twenty-six lines to a page. It embraces a description of the original operative procedure designed by Mr. Lane, and which he has employed in several hundred cases, as well as a summary of the various papers which have appeared from time to time from his pen on the subject. The illustrations are clear, quite numerous and skilfully executed.

Taylor's Physician's Pocket Account Book.—By J. J. TAYLOR, M.D., Philadelphia: Published by The Medical Council, 4105 Walnut Street, Philadelphia.

The introduction to this handy and very useful book gives directions for its use and then some practical advice on keeping and collecting accounts. The business suggestions will be found all right. Anyone using a book of this character saves a great deal of time and trouble in book-keeping.

Neurotic Disorders of Childhood.—Including a Study of Auto and Intestinal Intoxications, Chronic Anemia, Fever, Eclampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc. By B. K. ROCHFORD, M.D., Professor of Diseases of Children, Medical College of Ohio, University of Cincinnati; Pediatricist to the Cincinnati Good Samaritan and Jewish Hospitals; Member of the American Pediatric Society, Association of American Physicians, etc. New York: E. B. Treat & Company.

We have examined this volume with considerable interest and profit. It embraces a series of papers which the author contributed a few years ago to the *Archives of Pediatrics*, on "Some Physiological Factors of the Neuroses of Childhood." In addition there are the chapters on disease as referred to above. These latter are intelligently written and are quite practical. There is a chapter on Excessive Nerve Activity, from which we have taken the privilege of drawing some nourishment for editorial remark. We can heartily recommend this book as worthy of patronage.

Disorders of Metabolism and Nutrition—Diabetes Mellitus. By PROFESSOR DR. CARL VON NOORDEN, Physician-in-Chief to the City of Frankfort a. M. New York: E. B. Treat & Co.

The authorized American translation of this, as of the rest of the series (this being Part VII.), has been edited by Boardman Reed, M.D., Philadelphia. The present volume deals with Diabetes Mellitus, its Pathological Chemistry and Treatment, and are the Herter Lectures delivered by the distinguished author in the University and Bellevue Hospital Medical College, New York. Of necessity these lectures could only be heard by a few American physicians, but the balance of the profession are indebted to Dr. Reed and the publishers, who now place them in tangible form before the profession of this continent. The price of the book is only \$1.50.

We have just received from W. B. Saunders & Company, of Philadelphia, the widely known medical publishers, an unusually attractive illustrated catalogue of their complete list of publications. It seems to us, in glancing through this catalogue, that a list of the Saunders authors is a census of the leading American and foreign authorities in every branch and specialty of medical science. And new books are being added and new editions issued with a rapidity that speaks well for the success and progressiveness of the house. While comparisons are always odious, still we feel it but justice to say that, in the presentation of facts about the book listed that a probable buyer wishes to know, and also for beauty and durability of mechanical get-up, this catalogue surpasses anything we have heretofore seen. It is truly representative of the house. We understand a copy will be sent free upon request.

The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing.

The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enrol themselves and so assist a professional brother in distress.

Experience has abundantly shown how useful the Association has been since its organization.

The Association has not lost a single case that it has agreed to defend. The annual fee is only \$2.50 at present, payable in January of each year.

The Association expects and hopes for the united support of the profession.

We have a bright and useful future if the profession will unite and join our ranks.

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And Ontario Medical Journal

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No. 6.

COMMENT FROM MONTH TO MONTH.

The province of Ontario has ever been to the fore as regards its public school system; and now that the province has a Minister of Education who is a physician and, therefore, can appreciate some matters in connection therewith, more than others, and having in mind also the fact that the entire school system of the province is to be enquired into at a near-by date, a consideration of one aspect of the subject which is of very material value will be timely at this instant. The subject has been brought to our attention at this particular moment by what is virtually a "sweating" system, using the term in no figurative sense. A boy of twelve, after his attendance at school regularly, has two or three hours of nightwork assigned him to prepare at home, and the result is that he has been having profuse night-sweats, and the cause can be traced to nothing but excessive nerve activity. This has been amply proven by withdrawing the boy from his studies when the night-sweats ceased. This continuous brainwork and nerve excitement would in time break and forever damage the constitution of all except the very hardiest; and the

process is even in them a decidedly dangerous as it is most certainly a pernicious one. This villainous cramming system is well known to medical men as a strong etiological factor in the production of hysteria, chorea and other nervous disorders, to say nothing of undermining the physical health of the child and so preparing the way for other serious ailments. One question for a Commission on Education to enquire carefully into would be as to how these baneful influences which are on the increase and constantly working havoc with the nervous systems of school children could be guarded against; and no doubt any such enquiry should go along the lines of educating parents, guardians, nurses, and especially the teachers themselves, particularly in our large cities, of the danger of continually subjecting the immature nervous systems of these young children to the constant excitement, strain, and mental activity, which is the accompaniment of our common school education. Dr. William Townsend Porter has probably investigated and given more study to the influences of school life, which go to produce these all too common neuroses of childhood, than any one else. His extensive researches demonstrate that children who are advanced in their studies have greater weight, greater height and greater girth of chest than those who are not so far advanced in their studies but of the same age. He would establish then a physical as well as a mental examination, and would prohibit the entrance of a child into a given class until his mental and physical condition corresponded to his associates in that class. A child physically weak will not be, in the great majority of instances, capable of keeping pace with his class, and in the effort to do so will be all too often spurred on by appeals to his young ambitions and possibly by threats of physical punishment, both tending to work upon an already over-tried nervous system, and hence the calamitous results. As Dr. Porter then points out, there should be a great deal of importance attached to a methodical examination of the physical system as well as the mental, which still further emphasizes the need of medical inspection in the schools of the large cities where our social systems have assigned more excitement, strain and mental activity than in the quieter rural districts. It is the opinion of well-informed neurologists that such a system would be a preventive measure of the greatest value, and that many children would be thereby spared from the clutches of many neuroses. There is another factor which must not be lost sight of and which tends to act as a fore-runner to neurotic diseases. The seats in our schools, the desks, the light, the ventilation are

all designed to produce health and physical well-being; and we presume, there is the ever-watchful eye of the teacher to correct any abnormal positions. At home with two or three hours of nightwork, where all these prime and essential factors are neglected, the good that may be accomplished in the day-time is counteracted at night, and thus the evil cycle proceeds on its way. Time and again, physicians, as well as others, have had exhibited to them clever, "precocious" children who, in later life, turned out to be physical nervous wrecks or subjects of tubercular disease; and so the desire for mental strength predominates the desire for physical strength to the infinite disaster of both. The subject is one which may well commend itself to any Commission the Government may choose to issue, and is one which may possibly properly be met by a wise system of medical inspection of schools, especially in towns and cities.

The site which has been mentioned for the new Toronto General Hospital, inasmuch as it is on a prominent car-line, and may some day have another alongside its western or eastern boundary, seems not to be an ideal one. Rest and quiet are often two good productive factors in hastening a return to normal health, and in the location of a hospital should have careful and full consideration. Street cars dashing past when making a stethoscopic examination of either the heart or lungs cannot be very conducive to proper examination; and patients when distracted with pain crave for quietude.

The Medical News, New York, makes editorial announcement in its Nov. 11th issue, that after the first of the year the publication of that journal will be assumed by the publishers of the *New York Medical Journal*, which only a few years ago attached the *Philadelphia Medical Journal* to itself. It is sixty-two years since the well-known house of Lea Brothers & Company founded *The Medical News*, and it has had an honorable career and has been a credit to American medical journalism. The merger makes of the *New York Medical Journal* a powerful consolidation of three well-known medical journals, and will, no doubt, be appreciated by its numerous subscribers. It is understood that Dr. Frank Foster, the veteran medical editor, will continue to be editor-in-chief of the consolidated journals.

Gonorrhœa is a disease in the treatment of which every one has had his successes as well as his failures. The reason for this may lie in the fact that most may be prone to forget at times to treat the patient for gonorrhœa, and consequently fall into routine treatment of the disease. It is said to be a self-limited disease and that, without any other treatment than rest in bed, diet and hygiene, a complete cure will be effected in from five to eight weeks. If such be the case, all the best—and there is no best—treatments are of practically no more use than, and probably not as much, as hot water. Medicines have been given internally and by injections galore; urethral irrigation has been practiced and the result is that we get no nearer than telling our patient that he cannot be cured under, practically, six weeks. Like some one said once of rheumatism, the best cure for this disease is “six weeks.” And a writer in the *Buffalo Medical Journal* has had experience and so states his dictum. It is certainly not to our credit and is humiliating to have to tell a patient that we cannot effect a cure under six weeks, the prescribed time in all text-books, and about the time from all practical experience. Every physician will tell you, as he has told the patient, that if he takes to bed and rests, a cure will most likely result the sooner. But what patient will take to his bed? None. Because rest in bed being recognized by the profession as an essential factor to effect a rapid cure, is not insisted upon; for the physician, instead of ordering all the treatment, practically allows the patient to order the most important part of it, simply because the patient does not think he is sick enough to go to bed, and naturally shrinks from the ever-inquisitive friend: “What’s the matter with you?” As one of the social diseases, then, which all surgeons know causes unlimited damage to numberless women, to say nothing more of its far-reaching and disastrous influence, is the profession doing its proper duty by treating patients with this disease as it now does? Should they, when the disease accomplishes in such short time such hellish ravishes in womankind, continue to be assistants to their patients in the treatment of their disease? In practically no other disease does the patient hold the whip-hand; for it amounts to that. The general principle of REST in this disease whilst recognized as of essential importance cannot be enjoined upon the patient until it has become an established and a universal practice by the profession.

An interesting and instructive article appears as our initial paper this month. It is on “Trachoma and Immigration—Our

Detention Hospitals," and is contributed by Dr. J. D. Pagé, the medical superintendent of the Quebec Immigrant Hospital. As practitioners all over Canada may be called upon at any time to treat a case of trachoma on account of the fact that the disease may be disseminated through immigrant pedlars who have gotten into the country before the immigration laws were as strong in this respect as at the present time, we would specially commend this article to their attention. That the Canadian Government is now doing good work in this matter through their chief medical officer in the Department of the Interior, Dr. P. H. Bryce, may be seen from the fact that during the navigation season of 1904, 800 immigrants were sent to the Detention Hospital at Quebec, and 300 immigrants deported. During the season of 1905 something like 700 have been deported. So well have the officers of the Government done their work that a case of trachoma is now a rarity in the hospitals of Montreal, though Winnipeg seems yet to have a little more than her share.

The following clipping from *Scientific American* on the eye-sight test for railroad men practiced in the United States, may be of interest to our readers as well as to those of them who practice similar tests for the Canadian companies: First, reading test—three-eighths inch type at a distance of twenty feet; secondly, tests for position of form, consisting of models of semaphores placed in various positions at a distance of twenty feet; third, reading test for ordinary text, such as train orders, at an ordinary reading distance; fourth, color sense, which is tested, first in daylight by displaying strands of worsted of over a hundred varieties of color, and having the men name the colors displayed, and second in a darkened room by displaying glasses of different colors in front of a lantern. Finally, the hearing is tested at a distance of twenty feet by having the men note the strokes of an acumeter and repeat (conversation test) words given by the examiner. The men are re-examined at the end of three years from the last examination, and also after any accident in which they may have been present, after illness and before promotion. This system has been in force in the United States for ten or twelve years on most of the leading roads, and on some, longer, and has given good satisfaction to the railroads.

News Items.

SEVENTY babies died in Toronto in November.

AN outbreak of smallpox is reported near Sudbury.

THE deaths in Toronto in November numbered 293.

ST. JOHN, N.B., is to have a fine new private hospital.

THERE were 411 births registered in Toronto in November.

SMALLPOX has developed in Sydney, near the town of Belleville, Ont.

DR. THOS. WYLIE, Ex.-M.P.P., has been appointed an associate coroner in Toronto.

DR. WM. J. BANNISTER, late of Cork, Ireland, has commenced practice in Winnipeg.

THE York County Council will give a large donation to the Toronto General Hospital.

DR. MCGIBBON, of Bracebridge, has been appointed an associate coroner for Muskoka,

DR. W. E. STOREY, of Walkerville, has been appointed a coroner for the county of Essex.

PNEUMONIA and tuberculosis caused the deaths of fifty-eight persons in Toronto in November.

DR. DOW, formerly of Fergus, and Dr. Stevens, an old Grand Valley boy, are located in Regina.

HAMILTON, Ont., will raise \$35,000 by by-law for completing a new wing to its General Hospital.

TYPHOID fever in Ontario during the month of October numbered 336 cases with 47 deaths.

ANOTHER \$5,000 has been contributed to the Toronto General Hospital by three prominent citizens.

DR. B. H. LEMON, of Thorold, was found dead in his bed on the morning of the 28th of November.

ONLY four deaths occurred in Stratford, Ont., during November. There must be good doctors in Stratford.

DR. E. DE ARCY AULT, Acton, Ont., has been appointed an associate coroner for the county of Halton.

FROM January 1st to October 31st there were 3,635 patients cared for in the Winnipeg General Hospital.

DR. J. E. GEMMILL, a former resident of Winnipeg, is dead at Rush City, Minn.

THE death is announced at Toronto of Dr. Herman L. Cook, formerly of Napanee, Ont.

A NEW Maternity Hospital was opened by His Excellency the Governor-General on December 1st in Montreal.

DR. W. J. MACDONALD, one of the C Company South African Veterans, has located in practice at St. Catharines, Ont.

OF the \$250,000 required for the new Alexandra Contagious Diseases Hospital, Montreal, \$130,000 has been subscribed.

DR. WILLIAM OSLER has been appointed one of ten delegates to supervise the publications of the University of Oxford press.

MR. P. C. LARKIN, one of the Trustees of the Toronto General Hospital, has presented the hospital with six wheeled stretchers.

THE total number of patients treated in the Winnipeg General Hospital during the week ending the 25th of November, was 369.

DR. AUGUSTA-STOWE GULLEN, Toronto, has been re-elected President of the Ladies' Board of the Western Hospital, Toronto.

TYPHOID fever is continuing to abate in Winnipeg, the number of cases for November being much less than for the same month in 1904.

DR. HARPER WILSON, who has been surgeon to the Crow's Nest Coal Company, at Fernie, B.C., has commenced practice in Winnipeg.

DR. NORQUAY, Winnipeg, has been appointed assistant medical superintendent at the Provincial Hospital for the Insane at Brandon, Man.

DR. ALEX. MURDOCK, of Brucefield, has returned from Scotland, where he has been taking a post-graduate course; he has been away for nearly two years.

DR. BRUCE SMITH, Inspector of Hospitals in Ontario, states that fifty per cent. of the inmates of Canadian asylums are drawn from the farming communities.

THE Ontario October health report shows that there were 63 cases of smallpox, with no deaths, as against 1 case and no deaths in October of last year.

AT the fall medical examinations of the Ontario Medical Council there were thirty-three candidates taking the primary and forty-five the intermediate and final.

THERE were 190 cases of diphtheria in Ontario, in October, with 29 deaths; 93 cases of scarlet fever with 1 death; and 170 cases of consumption with 163 deaths.

AT the last meeting of the London Medical Association, Dr. H. A. McCallum presented a case of "Hypertrophic Pulmonary Osteo-arthritis." Dr. E. Searborn reported on the same night a case of "Essential Dropsy" of unusual interest. The Association adopted a tariff of fees.

A COMMITTEE has been formed to take charge of the Toronto New Hospital scheme. Dr. Hoskin and Dr. Reeve will represent Toronto University on this committee.

DR. H. ANDERSON, who was associated with Dr. Brien, of Essex, a year ago, has passed the examination before the Medical Council of Manitoba, and will locate in Winnipeg.

DR. H. BASCOM and Dr. Walls have decided to form a partnership for the practice of their profession in Uxbridge and vicinity. Dr. Bascom will occupy his own office and Dr. Walls will be found at the office lately occupied by Dr. Clark.

AN out-door clinic for consumptives has been established in connection with the Toronto General Hospital, and a nurse has been detailed to visit these patients at their homes and instruct them in the proper disposal of sputum, etc.

WHEN the new addition in course of erection, in connection with the Toronto Free Hospital for Consumptives, is completed there will be accommodation for from sixty to seventy patients. Children with tuberculosis, between the ages of six and twelve will be admitted.

THE following appointments are announced in the *Ontario Gazette*: Associate Coroners—Dr. Henry H. Moorehouse, 128 St. Patrick Street, for Toronto; Dr. John A. MacDonald, Markham, for York; Dr. James B. Coleridge, Ingersoll, for Oxford and Middlesex; Dr. Austin H. Speers, Burlington, for Halton; Dr. Anthony Ochs, Hespeler, for Waterloo.

AT a recent meeting of the General Medical Council of the United Kingdom, the President stated that the effect of the General Laurie amendment (1905) to the Medical Act would provide for the Provinces of Canada applying on their own behalf for admission to the privileges of medical reciprocity with the United Kingdom. He further stated that there was reason to hope that before long efforts would be made to obtain from great provinces like Ontario and Quebec a position in relation to the British Register similar to that enjoyed by the States of the Australian Commonwealth.

THE Montreal General Hospital thus voices its regret at the death of Dr. Buller: Resolved,—That the Board has heard with the deepest regret of the death of their late colleague, Dr. Frank Buller, who was identified with the Montreal General Hospital for many years, first, for eighteen years as ophthalmologist, and then for eleven years as consulting surgeon. Dr. Buller's great abilities, originality and capacity for work did much to advance the science of ophthalmology in Canada. His earnestness of purpose and great sincerity made him a most valuable member of the medical profession, whose interests he was always ready and willing to advance. His death is a great loss, not only to the medical profession but to the community at large.

Special Selection.

RESPIRATORY AFFECTIONS—SYMPTOMS AND THEIR TREATMENT.

BY JUSTIN HEROLD, A. M., M. D.

Former House Physician and Surgeon, St. Vincent's Hospital, New York City; Former Coroner's Physician, City and County of New York; Member of the New York County Medical Association, County Medical Society, Medical Society of the Greater City of New York, Medico-Legal Society, Society of Medical Jurisprudence, and New York Academy of Medicine.

Mathematical precision, it must be admitted, has its place no less in medicine than in its legitimate field in the study of the higher classics. This precision, in the therapeutic sense, applies to the exact dosage of preparations used by the busy practitioner in his every-day experience. How often do we attain proper results from the use of drugs; how often results that are not only improper, but even dangerous? Precision in dosage can only be obtained by constant study on the part of our co-laborer, the pharmaceutical chemist—study embodying experimentation, the comparing of results, re-experimentation, and, finally, the circulation of the decisive product in the hands of the practitioner.

The past few months have afforded me, and no doubt others, opportunities to test the efficacy of the therapeutic qualities of the various remedies vaunted as certain to relieve the harassing symptoms attendant on the diseases produced by the bacillus of that nineteenth-century infant, "La Grippe."

I refer to this epidemic particularly, because it had not manifested itself in such virulent form since the memorable grippe epidemic of 1889. The author of this paper, in the past few months has had occasion to employ the several preparations recommended for the relief of the distressing respiratory symptoms attendant upon "la grippe." These manifestations, from my view-point, have been characterized principally by cough and dyspnea, in other words, "dyspneic cough." Expectorant mixtures, anodyne solutions, together with hypodermic medication produced in me a disgust; and why? Simply and undeniably for the reason that the ordinary cough mixtures contain the opium preparations in such combinations as to leave a depressing effect, which, especially in cases of the grippe of the "depressing

or melancholic" type, enhances the already depressed feeling. Combinations of expectorants with stimulating ingredients had no less the same effect.

The feelings of the physician are not heightened when his "stand-bys" serve him so poorly; neither are the feelings of the patient calculated to give him increased confidence in his physician. Where lies the fault—in the opium, in the morphine, in the codeine, in the heroin? No, the fault lies in the unstable (or whatever you may call it) combination, or ill-combined ingredients. In seeking for a remedy to relieve the harassing night cough of an attack of "bronchitis due to grippe," in a number of my own family, I chanced to come across a preparation of heroin, which, of all remedies tried, gave relief. I refer to Glyco-heroin (Smith).

Glyco-heroin, in all the cases in which I have used it, has never caused vomiting, an important point for the physician. Is not the stomach the physician's best friend in the treatment of diseases other than obstructive or malignant affections? Another important point noted was that this preparation of heroin—Glyco-heroin (Smith)—never played pranks with the structures composing the vaso-motor system. Now, what do we, in treating disease, want in addition to a good stomach and a stable nervous attachment? We want rapid action. That I effected through the use of Glyco-heroin.

You cannot produce toxic effects with this preparation, as its effects are lasting, and in most cases do not necessitate the use of the drug at very frequent intervals. Glyco-heroin allays cough, without doubt better than any remedy I have used this winter. And that without the sometimes disastrous results of other preparations of the papaver group. Respiration is stimulated, not in number, but in the depth of the respiratory act; thus full and complete oxygenation takes place, an important adjunct to the helpful effects of drugs in general, and saving the patient that expensive tank of oxygen. Given full and complete oxygenation, all other symptoms must accordingly diminish; thus temperature and pulse-rate are reduced to a normal condition. Elimination of noxious products not being interfered with, the excretion of urine is brought to the normal under the use of Glyco-heroin. It is well known that diminished quantity of urine follows as a result of inflammatory tissues of the respiratory tract; thus the standard quantity of urine is enhanced by the judicious use of Glyco-heroin. In the case of tuberculosis it acts not only as a respiratory sedative, but also as a stimulating expectorant, as the following case will attest:

CASE I.—*Pulmonary tuberculosis, stage of cavities.*—W. B. C., aged 28 years, suffering from cough, expectoration, emaciation, loss of appetite, loss of sleep, inability to lie in certain positions, of eight years' duration, weight 122 pounds. Physical examination revealed a number of cavities in both lungs, although the laboratory tests did not show any tubercle bacilli. Guaiacol, arsenic, eucalyptus, ichthyol, and creosote benefited him but imaginatively. Glyco-heroin in doses of one teaspoonful every two hours, to start with, to be taken from 8 a.m. to 6 p.m., benefited him to such a degree that, to quote from his letter to me, he "gained four pounds in four weeks." Lungs appear to take on a better action as regards respiration, thus giving him, indirectly, proper sleep, followed by the ability to eat with a relish. Coughs little at night; advised him to expectorate forcibly during day. Patient now finds relief by taking his doses every eight hours.

Now, why this beneficial action in tubercular disease, for this case was taken at random from my case-book, as are all the other cases? Simply because Glyco-heroin loosens cough, promotes the throwing off of the noxious material from the lung cavities, and thus gives relief, breathing becomes easy, oxygenation takes place with renewed vigor, and, by careful attention as regards regulation of dosage, patients of this class may live many years in comparative comfort as regards distressful symptoms.

CASE II.—*Acute laryngitis.*—George F. N., aged 14 years. Coasting, perspiration, and no overcoat, a good combination to bring on an actually inflamed laryngeal mucous membrane. Pain on swallowing, talks in whispers, temperature 101.5 deg. F., pulse 135, respiration 23, cough, barking like dog, uncomplicated case of laryngeal inflammation. Stokes' expectorant did not relieve, seemed to increase cough. Glyco-heroin, full doses of one teaspoonful every three hours, while producing much sleepiness, reduced inflammation, cough, and pain in three days. I then combined it with squills and syrup balsam tolu, to be given every four hours until completely relieved.

Glyco-heroin, in cases of laryngitis, seems to me to take the place of all heretofore vaunted sure cures without reservation. Vomiting from the use of opium, morphine, codeine, etc., always delays a cure in cases of laryngitis; not so with Glyco-heroin, which in my hands thus far has not produced vomiting.

CASE III.—*Chronic bronchitis, asthma, and emphysema.*—Mrs. H. D., aged 44, has had asthmatic attacks, every fall and spring, for the past eleven years; not in winter, but only at the beginning and end of seasons. Iodines, senega, squills, digitalis,

and cupping gave relief, but with the penalty of a return of more severe attacks. Dyspnea, cough and expectoration in this case was something frightful to witness. In this case, prompt hypodermic injection of 1-8 grain of morphia relieved somewhat, followed by the use of Glyco-heroin, one teaspoonful every hour for three doses, then every four hours, and on the third day every six hours. In this case the Glyco-heroin seemed to continue the effect of the morphia.

A new point in favor of Glyco-heroin is that it enhances the effect of morphia when given hypodermically. Although in seven other cases of asthma, with attacks similar to the above, Glyco-heroin was administered, in two-hourly doses, with the remarkable effect that the cough and dyspnea ceased within four hours.

CASE IV.—*Pharyngitis*.—Miss D. F., aged 17 years, complained of fever, hoarseness, cough, and soreness in throat. Culture of reddened throat did not reveal any streptococci of Klebs-Löffler bacilli. Glyco-heroin, given every three hours, cured in two days. The after-cough was removed in four more days, by the administration of Glyco-heroin in doses of one teaspoonful every six hours.

CASE V.—*Acute bronchitis*.—Carl F., aged 22 years; chills, fever, soreness of throat, pain on swallowing; cough dry, no expectoration; Glyco-heroin, one teaspoonful every three hours, promoted expectoration, changed the character of the cough, and gave relief in a most happy manner. In my opinion there is no doubt that patient would have ended up in a pneumonia, unless he was relieved inside of 48 hours. As regards his cough, character of it was so completely changed that the bronchial disease seemed to "flow from him," as it were.

In whooping cough, 22 cases from my case-book show that I prescribed Glyco-heroin with permanent and speedy results, given in doses of five and ten drops, as indicated, to these little sufferers. It seemed to be borne well and efficaciously. Readers do not care much for the recital of cases; bare facts are meat from which all can subsist with profit. Glyco-heroin (Smith) is far superior to codeine, as sedative, in affections where a direct action upon the respiratory centre is looked for. For, certainly, its action must be direct where it is noted that respiration is deepened and prolonged. No vomiting, no nausea, no headache, no depressing of powers of mind or body, no untoward symptoms, Glyco-heroin is *par excellence* the remedy for conditions affecting the respiratory organs, whether in children or adults, in the weakly and in the strong.