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Original Communications.

LAW AND MEDICINE.*

BY THE HONOURABLE MR. JUSTICE WILLIAM RENWICK RIDDELL,
King's Bench Division, H. C. J., Ontario.

I am delighted to meet the members of the Aesculapian Club. I am reminded of the story of your eponymous hero, Aesculapius, the father of all physicians. It is said that he was the son of Coronis by Apollo. While he was still *in utero*, or, as we say in law, *en ventre sa mère*, his mother was slain by her jealous lover; and when her body was to be burned, Hermes saved the child from the flames, having successfully performed the Caesarean operation. Thus early in the history of the science is proved the efficacy of the knife.

"Which things are an allegory." "Coronis" means nothing else than "that which is curved or crooked." Is the plain meaning not that Apollo, who had to do with man's disease and health, called in the assistance of what was crooked (a clear allusion to bread pills and the like), and so brought forth something new—the medical profession? Of course the story of the child escaping the fire through the assistance of the god of trickery is significant of how the medical profession *does* get out of a hot place with the help of —. But I do not further pursue the subject.

The temptation is, of course, very strong indeed to consider the story as an indication of the view of the ancient Greek that it took a god to "get onto the curves" of the medical man. But the Greeks were a wholly sane people; and they never could have suggested even in their mythology that the god of the sun himself could do *that*. So that view is quite excluded, even if it

* An address be'ore the Aesculapian Club of Toronto, January 14th, 1910.

were not the fact—as I must regretfully admit that it is—that there is no really satisfactory evidence that the word “coronis” ever was used in any Greek expression corresponding to that in our vernacular which I have employed. So we may be thrown back on the other interpretation.

Or am I quite wrong? And does the story not mean that the bright god who has the power to ward off plagues and epidemics and to relieve mortals from disease, evolved from the crooked Shamanism and quackery of the existing pretended healing art a new and better science—thereafter destroyed the old; and the new science became a living and active force through the study of nature? For Hermes was the god of nature as well as the god of thieves.

The story that he was brought up by Cheiron the Centaur may indicate the dependence of the G. P. upon his stable-man, or it may show symbolically that he must work like a horse, though with the brain and intelligence of a man.

Whatever be the true interpretation of the myth, it seems to me—notwithstanding the doubts sometimes expressed—as clear as anything can well be in the absence of contemporary record, that the ultimate source of the medical profession is to be looked for in that body of men found in all peoples of a certain grade of civilization, in which the priest and physician are one and the same person—“Medicine man.” “Shaman,” or whatever the name he may bear. The origin is, of course, lost in antiquity.

In the profession of the law, on the other hand, we can trace with reasonable certainty, beginning and advance. As law at first was in no way different from the customs of the tribe, supposed to be thoroughly known to all, there was no need of the advocate; and it was not till comparatively late in history that advocacy appears as a profession. Take Athens, for example—the Court consisted of a defined portion of the freemen of the State. All the people took part at some time as jurors, and the litigant addressed the people assembled. In time it became the practice of the litigants to procure speeches to be written for them by skilled dialecticians, but counsel was not, at first at least, called in.

In Rome, indeed, rather early the advocate did make his appearance—the effect of his eloquence and skill everyone knows. In England it was well within historic times and during the Plantagenet period that we first hear of barrister or attorney.

And in the subject matter of the sciences, there has been a like difference.

Real medical science may be said to have begun with rational empiricism and experiment. The story may not be accurate that the first system of medicine was based upon a comparison of the remedies which patients had found beneficial, the treatment and the result being recorded in the Temple of Aesculapius. But whether that be so or not, there can be little doubt that it was by some process of observation and comparison of the results of remedies that system, however defective, was introduced into medicine. This must needs be a science of observation and experiment—and most of the absurdities of mediaeval (you will observe how careful I am to particularize and emphasize “mediaeval”) physicians arise from the fact that they tried to make everything fit into a preconceived theory—itsself the result of immature and unfounded generalization. Modern medicine has generalized; but that process has been held in check, and theory made to give way to fact, not fact to theory.

In law, empiricism is out of the question. The customs of the clan, tribe or nation are established facts—the early kings and judges indeed received illumination from the gods, but the “themistes” so received were delivered by them to the people; and these again were established facts. And where the customs of the people were not supposed to be known to all, but were treasured up by a college of priests or the like, the customs were none the less known facts. The law then was a matter of authority, not of experiment—that litigant had success who managed to keep closest to what authorities laid down for his guidance, while that patient was not always the most fortunate who was treated most *secundum artem*. (Of course again I am speaking of very remote times and with no reference to the present.)

It is most interesting to compare the views of medical men now with those of their remote professional ancestors. At first, and for ages, all disease was supposed to be caused by an angry god, either by immediate stroke or through the agency of a daemon or sprite—disease was the act of a being indefinitely great as compared with man. Now, at this long last, it is the indefinitely minute, the bacillus, the coccus, the spirillum. Formerly the god had to be propitiated by sacrifice; now the potent mischief-maker must feed itself to death, or be met by some entity still more potent.

It is not exactly so in law; but not wholly dissimilar. In olden days it was all custom; and the customs were believed not to be of human, but of divine origin. The founding god or the eponymous hero of the clan had laid down the rules his descendants were to observe—violation of any of these rules was sin and

crime (there was for ages no distinction between sin and crime), every member of the community had a right to the observance of these rules by others, as well as the duty to observe them himself. And it was the god or the deified ancestor who inspired the king or judge in deciding what was the right, that is, what was in accord with the original plan. All law was divine, and from a divine law-giver; and man could not make or change. "Great Pan is dead," the gods have passed away, the heroes have lost their traditional power; it is recognized that man may—and must—make rules for himself—*vox populi* is now indeed what *vox dei* was supposed to be; and for all practical purposes *vox populi est vox dei*. Nor god nor king has "the right divine to govern wrong": that is reserved for elected Parliaments and Legislatures.

Far be it from me to compare the sovereign people or their representatives to the bacillus, the spirillum—but from a god to a voter is in the same direction—though the distance may perhaps not be quite so great—as from a god to a typhoid germ.

And both professions have profited by the change. In medicine, the supernatural is almost if not quite effete. No longer is that grim passage of Scripture quoted, "And Asa in the thirty and ninth year of his reign was diseased in his feet until his disease was exceeding great. Yet in his disease he sought not to the Lord, but to the physicians. And Asa slept with his fathers." [I pause here to say that it may have been his name, which means "physician," that made Asa prefer the doctors; and I further remark that it seems to have taken two years for them to kill Asa, even with this disease of the "feet."]

Nor would now much, if any, attention be paid to such an argument as was with fiery ardor launched against Simpson's proposition to use chloroform in midwifery. The Scottish clergy inveighed against the practice as sinful, as being, they said, an attempt to interfere with the primal curse laid upon the woman: "In sorrow thou shalt bring forth children." Simpson, indeed, replied with some effect that the first surgical operation on record was anaesthetic; for when the excision of one of the costae was to be made from our first ancestor, the Operator "caused a deep sleep to fall upon Adam, and Adam slept."

No plague or epidemic comes now from the superior, but from the lower and controllable—and nothing is sacred to the hygienic physician.

And in like manner all reverence is lost for old ideas in law—we know now where our law comes from; if we do not like it, we change it; the new is ruthless with the old. It is a distinct

gain that we have learned that nothing is valuable simply because it is old, or true because our fathers said it. The Homeric heroes boasted themselves as being greater than their fathers—we should be ashamed if we are not greater than ours. We have had all the opportunities they had, and more; all the examples they possessed and theirs in addition.

But while our law is thus in a state of flux, it must not be forgotten that immensely the greater portion of it is in principle the same as it has been for centuries. While in medicine, in not one case out of twenty can a physician gain any practical advantage by consulting an authority twenty years old, in law there is not one case in twenty in which authorities much more than twenty years old will or may not be—if not conclusive, at least of advantage. A physician who has been in practice twenty years will have twenty times as much to unlearn as his brother of the same age in the legal profession—the former generally must

“Be not the first by whom the new are tried,
Nor yet the last to lay the old aside”;

but with the latter “*novum et ad hanc diem non auditum*” is anathema as it was to Cicero, one of the greatest of his tribe; and his rule must be “What is new is seldom true; what is true is seldom new.” *Immer etwas Neues, selten etwas Gutes.*

With their varying functions and in their different spheres, the two professions of law and medicine have the same object in view—the good of the people—incidentally, of course, the good of the practitioners themselves. Lawyers, I know, are often charged—as though that were, if not a crime, at least a sin—with practising for money: physicians with insisting upon as great remuneration as possible for their services. We have good authority for the doctrine, “The laborer is worthy of his hire.” And while I do not deny that both doctor and lawyer work for and expect to receive money, I have not found as yet any branch of trade, any business or profession which is different in that regard. The farmer does not carry on his farm just because he will thereby increase the wealth of his country; the mechanic is not wholly altruistic; the merchant will shut up shop if he cannot get paid; the valuable services of the press are not uncommonly billed at twenty cents per line, and when the child of a clergyman was asked if his father was going to accept a call to another church at a larger salary, he said, “Well, pa is still praying for guidance, but ma is busy packing.” “The chieftain to the Highlands bound.” who cried

“Boatman, do not tarry;
I will give you a silver pound
To row me o’er the ferry,”

was told indeed by “that Highland wight,”

“I’ll go, my chief, I’m ready;
It is not for your silver bright,
But for your winsome lady.”

But the poet (being a Scotsman and consequently truthful) does not venture to say that that Highland wight did not have in his sporran that same silver pound before the boat left the dock. If he did omit this trifling formality, he was different from his countryman spoken of the other day in *Punch*, who said to the passengers upon his ferry-boat, when the storm became dangerous, “There’s nae sayin’ what may happen; sae Aw’ll just tak’ yer fares.”

This I can say—I was at the Bar for over twenty-three years and have been on the Bench three more; and I have never known or heard of a case in which anyone, however poor, with any fair semblance of a righteous claim, who could not have his case put before the courts by a member of the Bar with all energy and skill; in most cases without any reasonable hope of remuneration—and if any person sick or maimed should suffer because a doctor could not be found who would attend him gratis, the whole country would be filled with the outcry.

• Both professions are given certain privileges for the common good and both make it, or should make it, clear that these privileges are exercised for the good of the community. Just so soon as either fails thus to pay for its privileges, the people have the right—and should exercise it—of taking these privileges away. But that day I venture to think is far distant; and will, indeed, never come if the practitioners of the two professions continue to act as they have done in the past and are still acting.

The two professions have generally lived in harmony, though each has its jest with the other—the lawyer jibes the doctor that his failures are six feet below ground; the doctor retorts “and yours are six feet above.” The doctor “jollies” the lawyer about charging \$100 a day at a trial and pumping up tears before a jury; the lawyer replies, “a trial is a major operation, and mighty few doctors will take as little as \$100 for an excision of the appendix if they can get more. A trial is a struggle against a mortal antagonist for rights claimed on behalf of the client. Treatment of a disease is a struggle for the life of a

patient against the antagonist whose name is Death—and a physician who would not pump up tears or anything else if he thought that he would thus win his fight would not be worth much; and the arguments of a counsel could not be more fallacious than the *placebo* treatment with colored water and bread pills.”

Indeed, the thought that both are often engaged in a struggle for another is one which should bind the professions together. I am not sure which has the easier task.

The doctor is ever in fight with that dread antagonist who must conquer some day—that antagonist sits at the other side of the chess-board and watches every move; he is in no haste, but while he plays fair, he never makes a mistake himself, and he relentlessly exacts the full penalty for every mistake of his opponent—and unfortunately that opponent does not know all the rules of the game. The lawyer has an antagonist fallible as himself and one who does not always pursue his advantage; but all the rules of the game are known. Which contest do you prefer?

Do you prefer an antagonist, invisible, without haste, rigidly fair, absolutely infallible, who knows (what you do not) all the results of every act, or him who is visible, mayhap hurried, seeking advantage, but making mistakes like yourself and with the same knowledge as you?

Whether it is from their lives being lives of conflict or for some other reason, the two professions have always fraternized with each other more than with the sister profession of theology. I say *the* sister profession—for many years, and, indeed, until within our own day, there were only the three professions in civil life. Now sisters, then unborn, are crowding round the family table and claiming as of right a seat at the family board on an equality with the three older sisters. Dentistry, civil engineering, mining and electrical engineering, and the like have ceased to be trades and become professions—like the debutante who adds to the train of her gown, while she shortens it above and “comes out,” these have laid aside the child, and claim to be full grown. And there are others coming.

I can see no reason why that fellow feeling between your profession and mine should not continue; and, on one side at least, increase.

You all know the old story of the Scotswoman who said to her friend, “It’s nae wonner we lickit the French at Waterloo—oor men prayed.” The friend asked, “But dinna ye think the French prayed too?” Her ready reply was, “Nae doo’t—but

wha could unnerstan' them, jabberin' bodies?" I do not vouch for the theology—but there can be "nae doo't" that the ability of one to understand another makes for sympathy and harmony.

In the past the terminology of the physician was not difficult—at least, anyone with a little knowledge of Greek and Latin could easily follow it—the language of the law was indeed derived in large part from the Latin, but with the most extraordinary perversions from the original and classical meaning. The other day, at a meeting of the Bar of one of the United States I told them that I looked upon myself as a brother: their terminology was familiar, and especially their Latin; and I added "If I find myself in a body of men who pronounce Latin correctly and according to quantity. I may be amongst scholars, but I know that I am not amongst common-law lawyers."

There were in the old law many terms which were used in what anyone but a lawyer would call a non-natural and certainly a wholly technical sense. Let me tell you a story. A doctor and a lawyer were disputing about their respective professions, and the doctor particularly found fault with the language of the law. "For example," said he, "who can understand what you mean when you speak of 'levying a fine'?" "Oh," said the lawyer, "no doctor can be expected to understand that, for it is equivalent to 'suffering a common recovery.'" I do not wonder that that story has fallen flat; no one who has not studied the old law can even understand the language—at a dinner of lawyers, the story is always a brilliant success.

Now all that mystery of the law is about gone—our laws are becoming simpler and so is our language—for the intricacy of the old rules is being substituted common sense. Except in real estate, there is not much that a layman cannot follow and understand.

The very opposite is the case in medicine; the microscope has revolutionized not only the principles, but also the nomenclature. Not many years ago Huxley could say that the student of medicine should put two full years at the beginning of his course on the study of anatomy and physiology alone—in anatomy to such an extent that he *knew* it, not simply that he could recollect if he had time, but so that if he were waked up in the middle of the night and asked he could immediately answer (because he knew his anatomy like the multiplication table) any question on any bone, muscle, nerve, vessel or tissue in the human body. Now, I venture to think, no one would advise so much time to be taken up even in anatomy and physiology when so many other things are to be learned—and if not known, at least known about. No

one cares nowadays for the marking on the body of the Spanish Fly, and a teacher of *materia medica* does not venture into the minutiae even of twenty years ago. The student has not the time—there are more important things to be learned. And the terminology is being developed and extended and changed in the same way—the new wine cannot be contained in the old bottles.

No lawyer can know much about medicine of the present day—though there was nothing to prevent Dr. Rolph in his time being master of both sciences, there are now too many facts to be learned.

I have for some time been preaching the doctrine that a little knowledge of the procedure in the courts should be taught as an integral part of medical education, at least to those who desire it. Some years ago I prepared and delivered to the medical students of the University a series of lectures on "The Doctor in the Courts"—The Doctor as Judge, as Plaintiff, as Defendant, and as Witness. These were received with some approval; and it is perhaps rather a pity that someone has not continued the series. Such lectures should be given by one who is actively engaged in the law—it would be no more absurd for a lawyer who knew surgery only from the books to attempt to teach surgery than for a doctor who had only read about law to try to teach law.

Of course the objection is want of time—and that objection may be valid—but it does seem to me that, considering the enormous importance to the practitioner in medicine of an elementary knowledge, at least, of the law by which he is specially governed, some place might be found for such a study—even if only optional with the student himself.

I cannot but think that the members of the two professions have much in common, much to learn from each other, and should see much of each other. Perhaps some means may be found whereby their intercourse may be increased—it will do both good.

And now I must stop. I fear, as it is, I have talked too long. I conclude by wishing this society and the profession of which its members form a part all the prosperity future years can give. "By their works ye shall know them." The only physician whose name we know in Gospel times was Luke, "the beloved physician." I sincerely hope that all physicians will be called by their patients and the people "beloved," because they have deserved the appellation by their works.

AESCULAPIAN CLUB—PRESIDENT'S ADDRESS—
JANUARY 24th, 1910.

BY GEORGE STERLING RYERSON, M.D.

Gentlemen,—Time-honored custom impels me to address a few words to you as your newly-elected President. I am the more willing to bow to this custom as this is the first meeting of this Club, a club which we believe has a useful function to perform in our civic and professional life. Let me extend to you the right hand of fellowship and bid you welcome.

The founders of this society feel that while we have in our city a splendid organization for the discussion of strictly technical questions, yet there is a want of something, a social and professional centre, where we can meet together and dine together in a friendly and social way, and where we can discuss intelligently matters affecting our profession which do not come within the purview of any section or existing society, where we can listen with profit and pleasure to addresses by gentlemen who may or may not be members of our profession, and where we may be interested and instructed by them in subjects which lie in the borderland between the profession and the public, or which are in the land of pure literature, a land into which we as busy practitioners make rare excursions.

The intensity of the interest we concentrate in our onerous and responsible life-work debars us to some extent from the cultivation of letters, from the discussion of literature, from association with those who make law or literature an occupation, and with those who make the laws which govern our professional and personal interests. We doctors live too much alone. Our work is done alone. Our patients are our principal associates. We live largely with the sick and morbid. Hence we are liable to grow too introspective and sometimes morbid. Such a club as ours should prove to be an antidote. It should also tend to remove misunderstandings and misappreciations from among us. The doctor's isolation breeds envy, jealousy and misunderstanding. We are too apt to draw unfavorable inferences from the superficial observation of a professional brother. We notice his walk, his house, his carriage, dress and expression, and we form erroneous impressions about him. But when we meet him socially and feel the grasp of his hand, the sound of his voice, and ascertain the trend of his mind, the soundness of his judgment, when we talk over the events of the day or the questions

of the hour and hear his laugh, we are able to form a true estimate of his character and to draw closer to him or to hold him in greater esteem. Much harm is done among us by the unwise and often untruthful remarks of patients, especially those made by those who owe us gratitude and an unpaid bill, for there is no hater like the man who is under an obligation. Every sight of his benefactor is to such a man a reproach, and he forthwith girds himself to do him an injury. Ashamed to injure openly, he discovers that the easiest and safest way to hurt him is to misrepresent him to a brother practitioner. "'Tis pity, 'tis true, 'tis true, 'tis pity.'" Let us take the ill said of a brother with the proverbial grain of salt. We may be wrong in our judgment of him and he may err with regard to ourselves.

But enough of moralizing. As Alice tells us:

"The time has come, the walrus said,
To talk of many things,
Of shoes and ships and sealing wax,
Of cabbages and kings."

But while we talk of cabbages and kings we must not forget our patron saint Aesculapius. A legendary being, half god, half man, and closely related to the best families among the gods. It is surprising that so highly connected a gentleman should have condescended to become a doctor, and a general practitioner at that. Perhaps he was not called upon to make physical examinations in those days. We are told that his fees were voluntary gifts. I wonder what his income was? I wonder if all the available corners in Athens were occupied by a doctor and if the university turned out a big grist of M.D.'s every spring? If the medical council examinations were easy or whether the university conferred its own license? Whether the graduates were cooped up in a province of Greece or whether they had national registration? The chief complaint I have against Aesculapius is that he was the father of Hygeia, and hence the step-father of the sanitarians, those gentlemen who from the purest motives and with the best of salaries cut down our business.

We live by disease, which is brought about by conditions of filth and contagion, yet we advise the public to avoid that which brings us bread and butter. Have you ever noticed advertisements put forward by the whiskey men advising the public to beware of drink? Have you seen the advertisements of the tobacco trust warning the public against the use of tobacco? I have not. We are certainly the most unselfish of all God's creatures here below, and we deserve lyres and little golden crowns in the not remote future. It is well for the world, if not for us, that Aesculapius arrived in this vale of tears by the

Caesarean section, for otherwise he would not have arrived at all and the hygienists would have had no existence and no salaries.

We are distinguished among the sons of men by our simplicity and the entire absence of the commercial instinct. Every member of a hospital staff gives at least fifty per cent. of his life work free, gratis and for nothing to the public. Our reward consists of a few suits for malpractice put up by hospital free patients with the gleeful assistance of some enterprising and speculative young lawyer, and in premature old age from overwork, if indeed we do not die from blood poisoning in the meantime. Hospital patients cannot be made to believe that we work for nothing, yet we are held responsible because the hospital board of trustees deny all responsibility. Every hospital surgeon takes his professional life in his hand every time he operates on a free patient. How long is the profession going to bear the burden of hospital work without remuneration? On the continent of Europe the payment of the attendant staff by the State or by the municipality is universal, and even in England the hospital boards are now paying honoraria to the attending staff. It is to be hoped that the Governors of our new two million dollar hospital who are providing so generously for the public have not forgotten to provide for the payment of the medical and surgical staff.

It is our good fortune to have with us to-night as our guest an eminent judge. We welcome him for his own sake and as a representative of the great profession of law. We are accustomed to lay down the law. But our judgments have not the weight of those delivered by the bench. Our client accepts our decisions or not as he chooses. No doubt many of those receiving court sentences would like to be able to exercise their own choice. The judgments of a court are subject to appeal to a higher court. Our clients revise our judgments and often pay for their temerity by appearing at the Highest Court.

We have had in Ontario at least one eminent man who practised both law and medicine, the Hon. Dr. Rolph. The elaboration and multiplication of laws and the refinements of modern medicine would render it difficult to do this now. It would puzzle an acrobat to practise both law and medicine to-day, for while he was jumping the amendments to the Municipal Act he might at the same time be called upon to put in practice the opsonic theory or to decide whether his patient was suffering from the ill effects of the streptococcus or the staphylococcus.

Our present connection with the majesty is either through the interesting relations of the medical student and the police officer or through those eminent gentlemen, the coroners, who

expound the law and do post mortems equally well. Their reading is wide, from Tait on Tapeworms to Byles on Bills. Is it to be wondered at that among coroners are to be found the brightest ornaments of the profession?

The field of literature has also been cultivated by medical men. We have had a long line of writers in general literature from Smollett to Conan Doyle. Each has in his own way adorned both literature and medicine. Smollett is not much read nowadays. Since the publication of "Three Weeks" he is not considered sufficiently stimulating. Of medical litterateurs, Oliver Wendell Holmes is *facile princeps*. His *Autocrat* and his *Poet at the Breakfast Table* have charmed and delighted two generations. Nothing in the language compares with its quaint humor, its shrewd common sense, and its varied knowledge of human nature. Wier Mitchell has a large circle of admirers and readers of his delightful stories. That great, big-hearted general practitioner of medicine and worthy knight of the pen, Sir Conan Doyle, has created the imperishable character, Sherlock Holmes. Modelled on the great Edinburgh surgeon, Joseph Bell, Sherlock Holmes' thrilling career of adventure has been followed with breathless interest by a host of readers in many languages the world over. Great was the rejoicing when it was discovered that he was really not dead, but only in hiding, for the character is so well drawn that he appears like a living personality. Our own William Osler has been doing a little general literature notwithstanding his sixty years. If he is not shortly anesthetized we may hope for more and equally charming sketches from his graceful and facile pen. Last, but not least, let us reverently and lovingly recall to mind the sweet singer of the Habitant, William Henry Drummond. Take him for all in all he was a man. Genial, whole-souled, the creator of a new phase of poetry, his memory will live long in the hearts and minds of his countrymen. Of him it can be said, as of Ole Docteur Fiset:

"Let her rain or snow, all he want to know
Is jus' if anywan's feelin' sick,
For Dr. Fiset's de ole fashion kin',
Doin' good was de only ting on hees min',
So he got no use for politique.

"But it's the sam', alway, lak' dat ev'ry day,
He never spare hese'f pour nos autres,
He don't mak' moche monee, Docteur Fiset,
An' offen de only ting he was get
Is de prayer of poor man, an' wan bag of oat."

Finally, let me say that this Club is a society of friends. "All men," said Socrates, "have different objects of ambition, horses, dogs, money, honors, as the case may be, but for my part I would rather have a good friend than all put together." "As to the value of other things," says Cicero, "most men differ; concerning friendship, all have the same opinion. What can be more foolish when men are possessed of great influence by their power, wealth and resources to procure other things which are to be bought with money, horses, slaves, rich apparel, costly vases, and not procure friends, the fairest and most valuable furniture of life."

In the choice of the members of this Club we have exercised the greatest care so that all shall be congenial and that we shall dwell together in harmony. It is human to err, so let us bear in mind the advice of Marcus Aurelius, "When thou wishest to delight thyself, think of the virtues of those who live with thee, for instance, the activity of one, the modesty of another, the liberality of a third, and some other good quality of a fourth. For nothing delights so much as the example of the virtues, when they are exhibited in the morals of those who live with us. Wherefore we must keep them before us."

We are members of a great and noble profession. We are honestly and unselfishly striving for the advancement of science and for protection of the health of our fellow-citizens. Let us always bear in mind that in so doing we are working for Canada, the land in which we live, the land of a great present and of a greater future, the land of the snow and the sunshine, the land of flowers and of fruit, the land which to us is home. Can we not say with the Canadian poet, Roberts:

"O strong hearts guarding the birthright of our glory.

Worth your best blood this heritage that ye guard.

Those mighty streams resplendent with our story,

These iron coasts by rage of sea unjarred—

What fields of peace these bulwarks well secure?

What vales of plenty those calm floods supply?

Shall not our love this rough, sweet land make sure,

Her bounds preserve inviolate, though we die.

O strong hearts of the North,

Let flame your loyalty forth,

And put the craven and base to an open shame

Till earth shall know the Child of Nations by her Name."

POST-GRADUATE STUDY IN EDINBURGH.

By E. NEWTON DRIER, M.D., F.R.C.S. (Ed.),
Vancouver, B.C.

Few medical centres have special facilities for post-graduate study, and the busy practitioner, who has only at the most a few weeks for recreation and study, finds that much of his time is lost. In most schools the clinical work occupies only a part of the day; the remainder must be occupied in some other way. If the city offers many attractions, natural, historical or otherwise, then so much the better, as the idle hours may be more pleasantly whiled away.

It is not the purpose of this paper to compare the facilities in Edinburgh with those of other European cities, but to endeavor to show what the visitor may expect in Edinburgh. This famous school, like many others, devotes most of its time to the undergraduate, and a few weeks only, during the summer vacation, to post-graduate instruction.

During the past summer a course was given from August 30th to September 25th, comprising:

1st. A general course, fee \$25.00.

2nd. A surgical course, including Operative Surgery, Surgical Pathology, Surgical Anatomy, Surgical X-rays, fee \$50.00 for entire course.

3rd. Special classes, fee \$5.00 each, in the following subjects: Bacteriology, Blood, Ear and Throat, Ophthalmoscopy, Gynecology, Histology, X-rays, Errors of Refraction.

The clinics were given by the staffs of the Royal Infirmary and Royal Hospital for Sick Children. Of special interest are those by Mr. Stiles, Surgeon to Children's Hospital; Byron Bramwell, of the Royal Infirmary, on Neurology; Dr. Norman Walker, on Dermatology; Drs. G. McKay and W. G. Syme, on the Eye; Stewart Fowler, on Infant Feeding, and Major Marshall, on Tropical Medicine. Messrs. Thomson and Miles gave an excellent course on Operative Surgery; Mr. Henry Wade a popular course on Surgical Pathology, using the museum of the Royal College of Surgeons for purposes of instruction. A very interesting course is given by Dr. Dawson Turner on X-rays, radium, and treatment by Ions.

These courses are very popular, as judged by the fact that they are filled weeks before starting. Among those taking them last year were twelve Americans. In addition to these courses

a series of classes were held throughout August, upon methods of diagnosis.

Post-graduate study in Edinburgh is still in its infancy, but even so is better in the writer's opinion than in most English-speaking countries. New interest is being aroused in the post-graduate and new efforts are being made for his benefit. To this end Dr. G. A. Gibson has interested some of his friends and already has several thousand pounds sterling for the equipment of a laboratory for post-graduate men. Full information concerning these courses may be obtained by writing Mr. John Stirton, Secretary Post-Graduate Course, University Buildings, Edinburgh.

In addition to these special post-graduate courses, during August and September, the practitioner may attend for a nominal charge (ten dollars for three months) any of the numerous daily, operating, ward, and theatre clinics, as well as the large out-patient department of the Royal Infirmary (900 beds), the largest in Great Britain; and also the Royal Hospital for Sick Children (ten dollars for three months). In the afternoons the pathological museums of Edinburgh University and the Royal College of Surgeons are free from two to four. They are well catalogued and arranged, and contain many specimens, old and historical, as well as more recent. The visitor should not fail to spend some time here daily throughout his stay. Anatomical material may be had for a small fee, and special work followed in the laboratories, so that no part of the time need be wasted.

As a medical and educational centre Edinburgh needs no words of praise from the writer. As a maker of great men she is the peeress of them all. One has only to think of Burns, Scott, Stevenson, Carlyle, Darwin, Syme, Simpson, Lister, Macewen, and a score of younger men who have already become famous as teachers in medicine and surgery. We have in Edinburgh now such men as Stiles, a brilliant operator, a sound teacher, and a genial good fellow. He is recognized as an authority on the breast, and produces a valuable translation of Kocher's famous work on surgery. Mr. Alexis Thomson, in association with Mr. Miles, has written one of the most valued text-books on surgery in the English language or any other. His communication on Neurofibromatosis should be in every surgeon's library. He is an able operator and teacher and well deserving of the post to which he has so recently risen—that resigned through ill-health by the much-beloved and famous Professor Chiene. It has been said of the latter that he was one of the men who could make the "indelible impression." There

are many in Edinburgh University who are doing this in the present as others have in the past. The work of Professor Caird is much admired, and his teaching typical of the canny Scot whose work is based at every step on sound anatomical and surgical principles, lacking much that is evident in some more faddy and less careful thinkers of other cities. Sound, practical, thorough teaching has always been the predominant feature of Scottish universities, and Edinburgh is no exception.

In medicine all are familiar with Byrom Bramwell's "Clinical Studies." He is too well known as an able teacher to be praised in this place. As another instance of the canny Scot, we have the original of Sherlock Holmes, in Prof. Bell of the Royal College. His pupil, Conan Doyle, has perhaps not greatly overdrawn the hero of his famous stories.

The writer owes a debt of gratitude for the valued instruction by Mr. Wallace of the Royal Infirmary. Mr. Cotterill is without a peer as a ward clinician, and proof of this is shown by the crowded chairs and breathless attention during one of his ward clinics. Space will not permit mentioning all the good teachers of Edinburgh, but we must not close without referring to Dr. Gibson, one of the instructors of internal medicine, and well known as an editor and author of several valuable works. He is the post-graduates' friend and is beloved by his undergraduates and confreres.

Edinburgh offers many attractions for our hours of play. Historical interest attaches to almost every house. As in the making of great men, so in the making of history, this grand old city has no equal. From ancient Holyrood, the castles, the ruined abbeys, the old Chapel of Queen Margaret, and hundreds of other places of interest, one learns the lessons of the glorious past. Many visits may be made to places of great interest in the immediate vicinity, such as Melrose Abbey; Abbotsford, the home of Sir Walter Scott; Roslin Chapel, the most richly carved and most beautiful of the ancient chapels in Europe; St. Andrew's, with its famous university, golf links, ruins of a grand old abbey, and the ruined castle, with its famous "bottle dungeon."

Months may be spent in visiting these scenes of intense historical interest without becoming wearied. Prince's Street in Edinburgh is acknowledged to be the most beautiful street in the world. So that from an aesthetic as well as from an educational and historical standpoint the subject of our discourse, *grand old Edinburgh*, surely offers sufficient inducements to tempt us to begin our European visit in this famous and delightful city.

Selected Articles.

OBSTETRICS, GYNECOLOGY, AND ABDOMINAL SURGERY.*

BY ADAM H. WRIGHT, B.A., M.D., M.R.C.S. (ENG.), TORONTO,
CANADA.

Professor of Obstetrics, University of Toronto.

Obstetrics as a science and art has a fairly definite entity, and includes the management of pregnancy, labor, and the puerperal state. Gynecology cannot be so easily defined, because many gynecologists practise also abdominal surgery. The tendency in certain quarters is to include abdominal and pelvic surgery under general surgery, and, it may be, that the pure gynecologist will soon pass out of existence. In any case, however, those who pay special attention to midwifery and diseases of women will always take a deep interest in abdominal surgery, which is accomplishing brilliant results.

The whole world is at present much interested in acute "septic peritonitis." Many of you will remember a paper on that subject by Dr. James F. W. Ross, two years ago, at Montreal; many of you will also remember another paper read by Dr. George Bingham, last year, at the meeting of the Saskatchewan Medical Association. Dr. Deaver, of Philadelphia, read a paper on the same subject at the last meeting of the Ontario Medical Association held in Toronto June 7 of this year. The opinions expressed by Dr. Bingham and others who took part in the discussion will form the text for a few remarks in this paper. One of the interesting features was the marked differences in the opinions expressed. To speak briefly, there were practically two groups. Those in one party recommended small incisions, no irrigation, free drainage, Fowler's position, no administration of opium. The others recommended large incisions, thorough irrigation, no drainage (complete closure), recumbent posture, deep narcotism.

Let us consider the matter from the standpoint of the obstetrician, the gynecologist, and the general practitioner. Why are the differences in opinion so marked? Which set of men are

* Opening address at the Section in Obstetrics and Gynecology, delivered at the meeting of the Canadian Medical Association, Winnipeg, August 23, 1909.

right, and which are wrong? We have to say in this connection that many of the discussions on this and cognate subjects that have taken place in recent years have been neither temperate nor dignified; and the Toronto discussion was no better than the average in that regard.

One should suppose that the results obtained would aid us much in reaching a decision. Both parties, however, claim success, and report a large percentage of recoveries. Under such circumstances it would seem fair to conclude that both parties are right in part at least. If the exponents of the two widely different methods consulted and discussed matters in a friendly way, it seems probable that they might learn much from each other. It seems unfortunate that the champions on one side so frequently endeavor to prove that those on the other side are entirely wrong.

In commenting on the points raised and the opinions expressed I shall refer chiefly to irrigation, drainage, the position of the patient, and the administration of morphine. No special reference will be made to elimination, administration of hot salt solutions, silver solutions, calomel, strychnine, sera, etc., although they are, of course, very important.

Irrigation.—One can say, probably, without fear of contradiction, that irrigation has to some extent gone out of fashion. Many surgeons do not now wash out an empyema. Many gynecologists do not now wash out a pelvic abscess. Where there is free drainage in such cases irrigation is not required. From this point of view it seems fair to assume that, if we could have free drainage in cases of peritonitis, irrigation would not be required, and therefore should not be done. From another point of view, it seems at least equally fair to assume that drainage is not always required, because a large proportion of patients recover after irrigation without drainage. Such being the case, we surely must admit that thorough irrigation, as carried out by Ross and others, is beneficial in some cases at least. Would it not be better, then, to try to discover why and when it is beneficial instead of endeavoring to prove that it is always wrong?

A certain well-known surgeon of Toronto published a report of a case of general septic peritonitis, following perforation of the bowel in typhoid fever, in which the patient's life was saved by operation seven years ago. It seems somewhat remarkable that while in that case he "flushed out the peritoneal cavity with hot salt solution," with apparently good effect, he should now conclude that such irrigation is never justifiable.

It will, of course, be admitted that the layer of endothelial cells lining the peritoneum is very important as a defence against the entrance of septic organisms, and that injury or destruction of these cells is dangerous in a high degree. Do the men who (quite correctly) attach so much importance to this fact, think a hot salt solution in itself will destroy, or even injure these cells? Surely it has been demonstrated that it will not.

It is presumed that irrigation is decidedly dangerous in certain cases of more or less circumscribed septic peritonitis because of the possibility, or probability, of disseminating the poison. This is true especially in certain cases of appendicitis, a fact which even the most ardent irrigationists are rapidly learning.

Drainage.—The present methods of promoting free drainage from the peritoneal cavity are a wondrous improvement on those employed a few years ago. The evidence as to the remarkably good results following these improved methods is so strong that we can scarcely refuse to accept it. The good effects of the Fowler position in connection therewith are generally recognized. Large tubes are introduced into the lower part of the abdomen and drainage through these is assisted by the sitting position of the patient.

The methods employed are not yet perfect, however, and the results of drainage in some cases are sadly disappointing. Such being the case, is it not reasonable to suppose that irrigation before drainage might sometimes be beneficial? Take, for instance, perforation of the stomach or bowel, with sudden out-pour of septic matter sometimes in large amounts. Let us ask those who favor drainage alone why they think that any attempt to wash out some of this deleterious matter is always harmful? The answer is that some surgeons in Toronto and other places have got better results from drainage alone. Supposing that to be true, is it not well to consider it possible that careful irrigation before drainage may accomplish good in some cases? We need not now consider the objections raised to drainage in septic peritonitis because of discomforts to the patients, prolonged recovery, dangers from new wounds, etc., although we may acknowledge that such objections are legitimate.

The importance of drainage has always been appreciated by the obstetrician. Drainage from the uterus after labor has always been more or less encouraged; but the advantages of the recumbent posture have been overestimated; and the drainage has often been faulty where free discharges from the uterus and vagina were urgently needed. For several years the tendency has been to lose our high respect for the flat on the back position,

and give our patients greater freedom as to their movements in bed.

Fowler's Position.—The object of placing a patient suffering from septic peritonitis in the semi-sitting position is to cause the exudates to gravitate from the dangerous upper zone to the safer lower zone in the pelvic region. It is somewhat surprising to find a gynecologist, who has had large experience in the treatment of pus collections in the pelvis, make the statement that all zones are equally bad. Surely it has been demonstrated that a sub-phrenic abscess is ten times over more dangerous than a collection of pus in the lowest portion of the peritoneal cavity.

Let us consider the effects of drainage from the uterus in cases of puerperal saprophytic infection. Clinically we find a foul discharge from the uterus due to decomposition of dead tissues such as portions of placenta and membranes. For many years it has been deemed important to clear out the decomposing debris from the uterine cavity. In connection therewith curettement and irrigation have been more or less popular. Many now think that the dangers connected with these procedures are serious. As before mentioned, we rely greatly on drainage. Many of us thought that we might use Fowler's position with much benefit. As a consequence our custom now is to place the patient in the sitting position when the discharges become offensive. Fortunately, if we can place the patient in the proper position, no complications such as occur in septic peritonitis, will prevent drainage.

It unfortunately happens that Fowler's position is so uncomfortable as to become impossible for some patients. Without discussing the various modifications of the position, I may say that I prefer the method employed by Miss Lash in her Cottage Hospital, Toronto. The head of the bed is elevated fifteen to twenty inches. The patient is allowed to bear part of the weight of her body on the feet, which are implanted on a pillow or cushion resting on the foot of the bed. If the patient gets tired she is fastened to the headboard in the ordinary way; in some cases she is fastened to the headboard in such a way as to give partial support while she bears part of the weight of her body on her feet. It will be noticed that in these two modifications the patient is lying on her back instead of sitting or half sitting up, and, as a rule, she is perfectly comfortable. In several cases of sapremia occurring in Toronto, drainage by this position, and eliminative treatment by the administration of calomel and Epsom salts, without any intrauterine douching or scraping, have cured the patients.

The Administration of Morphine.—The history of this old drug is interesting. It has probably been blessed and cursed to a greater extent than any other drug in the pharmacopeia. Smellie, in discussing shock occurring in certain obstetrical emergencies, including hemorrhages during pregnancy, one hundred and fifty years ago said: "Above all things opium must be administered to procure rest." Forty to fifty years ago Alonzo Clark and Fordyce Barker, of New York, two of the ablest and most conscientious clinicians that this continent has produced, treated and cured patients suffering from septic peritonitis by the administration of very large doses of opium or morphine. About twenty-two years ago Lawson Tait objected absolutely to the use of opium in large or small doses. The general adoption of his views, especially on this continent, was remarkable, and the ardor of some of his disciples was almost sublime. In the year 1890 a discussion took place in a medical society, composed of specialists, in the United States, on the surgical conception of peritonitis. One of the debaters designated a man who administered opium as an opium idiot. Another referred to Dr. Clark's "opium habit," and the "follies and evils of his teaching," in a most contemptuous manner. Let us not imitate these methods of discussion in this association.

We are told that morphine masks symptoms, causes intestinal paresis and limits leucocytosis. Such statements are worthy of careful consideration, but cannot now be discussed in detail. Allow me, however, to make a few observations from the other side. Morphine, by relieving pain in the early stages of peritonitis, may throw the careless observer off his guard, but will not hide the symptoms from the careful clinician. However, it will answer our purpose at present to say: If you fear this "masking," wait until you have made your diagnosis before administering morphine. Morphine retards to some extent the action of the bowels; but many of us think that it does not cause paresis, or even constipation, which cannot be overcome by cathartics. Sepsis alone causes incurable paresis. Many of us do not think that morphine limits leucocytosis in septic conditions. In fact we think it often aids that process.

We all know that morphine is a dangerous medicine if not used with discretion. We are exceedingly loth to prescribe it for headache, neuralgia, dysmenorrhea, etc. We believe, however, that morphine is one of the best remedies for shock due to injury, and collapse due to hemorrhage. The surgeons who are now substituting morphine for strychnine in the treatment of these conditions are probably right.

When administering morphine in various obstetrical and gynecological emergencies we wish to stop pain. As to that I have frequently expressed the opinion during the last twenty years that it did not appear to me either scientific, practical, or humane, to withhold morphine from a woman suffering agony from intra-abdominal inflammation, because it may "mask symptoms." But morphine accomplishes something far more important than the mere relief of suffering. It produces that condition of repose and quietude of the nervous and circulatory systems which we desire above all things when the machinery within the body is going all wrong. It quiets those nerve centres, which, like so many specks of dynamite, are causing a vicious circle of explosions within the body in cases of toxemia and septic inflammation. To produce such effects, *i.e.*, to paralyze the superactive nerve centres that are doing the mischief, large doses are required. One-eighth or one-quarter of a grain of morphine, even when given hypodermically, will be quite useless for the conditions referred to in this paper. In fact such doses sometimes do more harm than good.

Bingham told you at Regina that "if one were restricted to one single measure in the treatment of spreading sepsis it would appear that rest would be the paramount remedy." Ross told you at Montreal that he obtains rest by the administration of opium. Let me quote from his paper: "In all cases of acute general septic peritonitis, after operation I use *opium in very large quantities until the respirations are reduced to about ten per minute.*" One important point here is that the majority of surgeons who object to opium never gave these large doses, never saw anybody else give them, and think the method so absurd as to be unworthy of investigation or consideration. I hope I may be pardoned for saying that such men are not qualified to discuss intelligently the "opium treatment."

Let us in conclusion reconsider some of the main points at issue, recapitulate to some extent, and choose the best from the good work done by men who differ materially in their opinions and methods.

Irrigation is useful in so far as it washes out cavities containing putrid or septic matter, but it causes more or less shock, especially in peritoneal and uterine cavities. Let us endeavor to ascertain, when it is advisable, how it can be carried out most safely, and how its evil effects can be best counteracted.

Drainage is useful in its place. We all appreciate that fact. Let us still study the subject, and endeavor to learn the best methods of procedure. Would it not be better, however, to

combine irrigation with drainage in cases of rupture of the stomach and bowel?

Fowler's position is satisfactory to most of those who have adopted it as a good method of promoting drainage; but we should employ means to make it effective, and, at the same time make the patient comfortable.

If morphine is a good medicine for shock, would it not be well, as a matter of routine, to administer it after every irrigation of the uterine and peritoneal cavities, after every difficult labor, and after every difficult operation?

And now a few words of a personal nature. I thank the officers of the Association for the honor conferred on me through the invitation to deliver the address in this section. I have referred to points of great interest to both general practitioners and specialists. I have spoken about the opinions of some surgeons (not as a rule giving names) of my own city with a certain amount of frankness, because they are personal friends who are not likely to misunderstand me. I do not pretend to speak with any authority. I am not a master among my fellows. I am a student only. My opinions on some points are not definite, while those on other points are quite decided. I am continuously looking for new light on all things, however, and I feel that my views of to-day may be changed to-morrow. I should like to see friendship and good-will existing between the members of our profession. May we endeavor to sink self, work together, and learn from each other. Let us be a united body, charitable, tolerant, and broad. If we act on these lines we should make our profession grand in the highest sense of the word, and we shall be doing our duty to our fellow-creatures, and to our God.—*New York Medical Journal*.

30 East Gerrard Street.

RADIUM AS A SPECIFIC IN GIANT CELL SARCOMA.*

BY ROBERT ABBE, M.D., NEW YORK.

A sense of justice to a new subject has led me, from time to time, to present to this Society unusual cases of disease under the treatment of radium, so that fair judgment may be formed of the condition before, during, and after treatment. In that spirit also I would present for discussion some evidences of its intrinsic value in one group of cases representing a disease which permits of exact study, namely giant cell sarcoma, and demonstrates a specific action which has not been elsewhere spoken of.

CASE I.—In January, 1904, a lad of 17 years came to me with a soft tumor of his left lower jaw, of rapid growth, for it had been noticed only two months, and was thought by him to be an inflamed tooth. At that time, nearly six years since, I showed him at this society, with the desire that we should watch the change of the growth, as I hoped radium would affect it. The left lower jaw showed a soft tumor bulging the chin and lip forward, with the canine and two incisor teeth, which were loosely imbedded in it. Under the tongue the growth projected on the floor of the mouth, and rose half way up the teeth, where it had a fungating ulcerated area, purple and bleeding. The palpation by a finger within and without the growth was almost as soft as fluid. The bone had been wholly absorbed except a narrow strip on its lower margin which held the jaw ends together. There were two enlarged lymphatics beneath the angle of the jaw along the carotid. The growth was the size of a large English walnut.

Without previous experience with radium in this form of tumor, or with any recorded case in literature, I ventured an experiment with the inside growth by pressing a glass tube against it, with 150 milligrams strongest Curie radium (300,000). This I repeated for from twenty minutes to one hour for eight days. Then I saw a shrinkage of the mass, and of the fungous ulcer, which became pink and small. On the fortieth day the ulcer was healed and the inner side of the tumor hard and flat.

At four weeks the shrinking was progressing. Then I passed a knife into the tumor between the gum and lip. It entered as if the tumor were soft mush. It bled heavily, and I slipped the

* Read at a meeting of the Practitioners' Society, December 3, 1900.

glass radium tube into the midst of it. On twelve occasions afterwards this tube was left in the tumor for two or three hours each.

At six weeks the tumor still measured three centimeters thick, $2\frac{1}{2}$ vertically and 5 cm. along the bone, but was shrinking. At each treatment the knife cut tougher tissue and gave less bleeding. At six weeks ossification had begun throughout the tumor, as felt by gritty points as the knife cut it.

At the tenth to twelfth week a sharp radium reaction set in, which caused me some alarm. The hot skin was fixed to the area of the tumor by cellulitis, which was only controlled by lead and opium lotion, but in a week this was gone.

All treatment was stopped from that day. The teeth became solidly fixed in place. The soft growth rapidly ossified throughout. Then the ossific tumor shrank. The strangest thing of all is that each year has seen a continued reduction in the bone, so that now the jaw seems normal except that it is slightly thicker than on the opposite side.

It will be proper here to note this extraordinary retrograde of the tumor tissue, which is not at all like a destruction by caustics, but an effect of specific radiumization alone.

CASE IV.—Epulis, Giant Cell. Dr. R. observed a red, spongy growth on his upper gum between the incisor and canine. It bled at touch. His dentist cut it away and applied the galvanic cautery. In three weeks it reformed. Then it was excised, under cocaine, as far into the gum as possible. It was now more vascular and bled at the slightest touch. The microscopic diagnosis by Dr. Wood was epulis with giant cells. Examination showed a spongy, red growth, showing in front and behind on the gum between the teeth, about the size of a pea. Sucking or the use of a tooth brush caused bleeding.

In June, 1907, I applied 20 mgr. pure radium bromide to the growth, for ten minutes, twice.

In November, five months later, it was normal inside, and a little pink spot showed on the outside. Again I applied the same radium fifteen minutes, and some weeks afterwards another fifteen minutes, which rendered the gum normal. After two and a half years the part is still normal.

CASE XI.—Giant Cell Sarcoma of the Sternum. A man of 59 years had a growing tumor of the breast bone for one year, though he had pain prior to that. It hurt him on jarring, so that he had to give up golf and move slowly. His physician gave him large doses of iodide of potassium, which produced no change.

In June, 1909, he was brought to me by Dr. Newton of Montclair. I found a large, expanding tumor four inches wide by six long, from the top of the sternum downward. It was soft, elastic and crackled in a small part of its surface under finger pressure, though two-thirds of its surface was soft.

I made a slight cut in the skin at two places and applied a small steel cylinder with saw-teeth edge, with which I punched out a cylinder of the tumor. The instrument went through the fibrous capsule, replacing the bone, and sank toward the sternum three inches before reaching the inner wall. Thus the sternum had been expanded by the rapidly growing sarcoma from a normal half-inch to three inches thick, and all bone was wanting except some trifling surface pieces, like eggshell.

Into those punched-out holes, and others made later, I sank several strong radium tubes and left them *in situ*, on three occasions, total 28 hours, in June. The pathological report was Giant Cell Sarcoma. At each withdrawal of the punch blood spouted out almost as if from an aneurysm.

I did not see the patient from June to October—four months. He had had a good summer. The tumors were reduced in size, and had a uniformly harder surface and no crackling. Again I punched this growth to introduce my radium and found it paler, firmer, and bleeding but little. The depth was now two inches where it had been three. The deep aspect of the tumor wall was also harder, as in front.

In October I gave it, by design, a very severe radiumization. At three points introduced a tube of 100 mgr. (300,000, Curie), and two of 20 mgr. pure German. each. These I left *in situ* 53 hours; (the longest exposure I had ever ventured) and advised no more treatment for six months.

Six weeks have passed, and we see to-night a flattening of the lower half, almost normal, and a slight dermatitis which has come from the outward radiations, to the under side of the skin.

If one may predict, we may expect to see a subsidence progress throughout the mass, with ossification and final shrinkage to normal in a few months without further treatment.

This review of a group of cases of one type of malignant cell growth, all showing peculiar, I may say unique, retrograde changes, tending always to return to the normal, gives a demonstration of the efficacy of radium, as clear to the clinical student as a demonstration of Euclid on a classroom blackboard.

* * * * *

We have, then, to face a pathological and surgical problem which needs explanation. Why should an overgrown mass of a

certain group of cells of the body, like these marrow cells, grow riotously and constitute a tumor which absorbs healthy structures opposing its expansion and destroy the body in a manner justifying its name "malignant?" And, again, when the powerful Becquerel rays emitted from radium penetrate the mass, why should the retrograde of all malignant cells proceed with orderly retreat, until the tumor has entirely gone? Or, again, how shall we explain the reassembling of original cells out of the mass, so as to shape the parts like the jaw bone, the roof of the mouth, the humerus, etc., so that the appearance and function are restored?

It is a bold speculation that permits one to venture in this field of biology when master minds admit ignorance of what constitutes the vital force which energizes each cell, and constitutes life as a whole. Yet we may be permitted to suggest that there are already known definite facts as to the nature of the rays, that they are electrons emitted with tremendous force, traveling in straight undeviating lines, each carrying an electric charge, if, indeed, they are not themselves electricity; speeding at 70,000 miles a second; retarded by dense objects, like masses of lead or steel, or bone or stone, only to escape beyond and resume their travels into space. It is recognized that radioactivity exists everywhere, but it is only when we concentrate it in our powerful little tubes that we can study definite effects.

The alpha, beta, and gamma rays have different electric charges, and different effects. The alpha are suppressed entirely in the glass tube.

The beta, carrying negative currents, escape feebly, and the gamma, carrying its own electricity, penetrate everything. Is it not conceivable that the riotous overgrowth of cells constituting a tumor may be due to a loss of equilibrium in the balance of electric forces sustaining the normal cell growth, and that the supply of one needed element—possibly positive electricity, possibly negative—will restore the balance, and enable the cells to resume their orderly growth.

This theory may encourage us to think further in that field, but it is purely "audacious and speculative," as Crookes says.

Huxley said "theories help us to bear our ignorance of facts," but conversely we may say *facts are the foundation of theories.*

The surgical estimate of giant cell sarcoma is one of a varied degree of malignancy. Wide removal of the apparent disease is undoubtedly more often curative than in other type of actively growing tumors.

The summary of operative results given in a paper read before this society four years ago by Dr. McCosh (*Annals of Surgery*, August, 1904) admirably showed the relative virulence and results to be expected. He rightly says that malignancy cannot be judged from the pathological report, as tumors of apparently similar structure vary. Of a number of operations on giant cell tumors, he cites cases of lower jaw in which he excised half the lower jaw in two, and one-third in another. In the upper jaw he excised half the jaw once. He advises resection in long bones only when the growth is well encapsulated, but thinks amputation better in nearly all cases. In two cases of sarcoma of the thigh of this type he disarticulated at the hip. In two of the leg, he amputated in the mid-thigh. This reflects the general consensus of opinion on the operative attitude of surgery.

In the group of cases just narrated it would have been necessary to resect one-third or one-half of the lower jaw in three, and half the upper jaw in two, while the case of the boy with involvement of both upper jaws would have been hopeless.

The more grave case also of the extension and highly vascular sternal tumor would have given the patient a fatal hemorrhage if any attempt had been made to remove it, and it, at the best, could not have been extirpated entirely.

My conviction is that every case of myeloid sarcoma should be given treatment by radium before any operation, and that we may expect many cures.—*Medical Record*.

VARICOCELE.*

BY D'ARCY POWER, F.R.C.S.,
Surgeon to St. Bartholomew's Hospital.

When you have to do the operation, just remember some details about it. First of all, you prepare the patient in such a way that no irritation of the skin is caused; you must bear in mind all the time that the skin here is very delicate, and you must not set up eczema or dermatitis by your preliminary treatment. I would rather the patient were washed on the operating-table with ether soap and biniodide lotion, and at once proceed to operate, rather than prepare the skin overnight, and pack him up, with the subsequent risk of chafing. You want a good assistant, who should devote himself to nothing except keeping the vas deferens away from the vessels which you are going to tie. He has enough to do if he holds the scrotum up with the index fingers and thumbs of his two hands, and is sure he has got the pampiniform plexus just underneath the skin, and that the vas is below his fingers. He makes the skin quite tense, and when he has done that, you incise between the two fingers, *i.e.*, $1\frac{1}{2}$ inches. Cut down through skin, and then through fascia, three or four or five layers, as the case may be, until you come down to the veins themselves. The mistake is to try to pass the needle under the pampiniform plexus before you come down to it. This plexus lies in several layers of fascia, and you must divide each if you are going to get the best results; go right down until the veins shine out as black things; and even then there is another layer of fascia which you can divide. So the essence of the operation is freeing and seeing the pampiniform plexus. And do not let your assistant move his fingers, otherwise the vas deferens will slip up, and you will almost certainly tie the vas with the veins. Remember that the veins lie packed together in little packets. Take an aneurysm needle, pass it beneath the packet of veins which you have freed. It is a proof that you have freed them sufficiently if you have to use no force to pass your aneurysm needle. If the needle will not pass freely underneath the veins, or if you have to cut down upon the end of it you have not divided all your fascia. Better it is to take your needle out again, take up your scalpel and forceps again, and go on cutting through the fascia until you can pass your needle readily, than

* Abstract of a lecture delivered at St. Bartholomew's Hospital, on Oct. 27th, 1909.

to force the aneurysm needle through tough fascia. When you pass your needle under the veins, you should be able to move it to-and-fro at least an inch, so that there is an inch of that plexus exposed in the wound. Pass a double ligature through the eye of the needle, withdraw your needle—and your ligature will be of catgut for choice; then tie the pampiniform plexus in two places, where you have freed it, that is to say, an inch apart. The parts are many, and you must get your knot tied into the veins, slowly, evenly and securely. When you have the ligatures tied, put a pair of pressure forceps above and below each. It happens to even the best of us that when we think we have securely tied a ligature, it slips off; therefore you must have your pressure forceps to pull upon the ends if this accident should happen. Cut out a piece of the veins between the two ligatures, generally about half an inch. You want to leave a fair piece of vein between the end of the ligature and the point where you divide; otherwise the ligature will certainly come off, and if it does, it is a disaster, as far as that particular case is concerned. There is certain to be much bleeding from the ends of the veins. A good varicocele operation is bloodless from beginning to end, and that is a very important factor in the subsequent repair. If you are at all careless or rough you are certain to have a hæmatoma. You have two ends of divided veins, and the first thing which strikes you when you divide them is: "I have certainly got that vas after all." But it is not. When you look at the veins they are so thickened, and the walls are so thick that unless you cut sections and microscope them, you cannot tell the vas from veins. These thickened veins nearly always stand out. Take the two ends of the catgut ligature, and tie them together, so that you bring the ends of the veins into apposition. There must be a lump; you cannot help it. It is of no use trying to get them into exact apposition. Then bring the skin edges of the wound together; you need not trouble about the fasciæ, and be very careful that the skin edges are not turned in. The proper way to get them into apposition is for your assistant to let go the scrotum which he has been holding all this time, put a blunt hook on either side, and pull the ends tight. Then you can easily sew the edges. It is better not to use a continuous suture, use three or four interrupted sutures of fine catgut. If you get everything quite dry the subsequent dressing should be collodion and wool. In about seven or eight days' time the patient can go out; there is no reason to keep him in bed after taking the stitches out.—*Medical Press and Circular.*

Progress of Medical Science.

MEDICINE.

IN CHARGE OF W. H. B. AIKINS, F. A. CLARKSON, AND BREFNEY O'REILLY.

Treatment of Ankylosis with Fibrolysin.

The generally good results obtained from the use of fibrolysin led K. Knotz to try the drug in ankylosed joints secondary to rheumatic affections. The patients received no other treatment except hygienic and dietetic measures and warm sulphur baths, with, later, active and passive movements. Several patients felt slightly exhausted on the day of injection, but objective symptoms were not found. The single dose was 2.3 Cc. subcutaneously; in one case 6.9 Cc. and the following day 4.6 Cc. were given without untoward effects. The largest total amount was 117.3 Cc. One patient, aged thirteen, received 41.4 Cc., and another, aged seventy, received 20.7 Cc. Both were suffering from pronounced vitium cordis. The only disagreeable symptom resulting was a slight inflammatory reaction at the site of injection, which rapidly disappeared with moist dressings. The results in general were very good, especially where the ankylosis was due to the presence of extra-articular connective tissue. Less improvement was seen in the presence of pus and where the etiology of the joint condition was gonorrhoea. It is also probable that with actual ossification little good will result from the use of fibrolysin.—*Med. Klinik.*

The Use of Skin Varnishes.

The practice of incorporating drugs to be used upon the skin dates from antiquity, and has been handed down from generation to generation, despite very obvious disadvantages. The treated parts must be covered with gauze and bandages, which absorb a large portion of the ointment and make the patient very uncomfortable, particularly during the summer. In addition, many salves have a tendency to become rancid, though the use of vaseline or lanoline as base is now quite general.

Many attempts have been made to incorporate the active drugs in some more convenient vehicle which would not soil the clothes or necessitate the use of expensive and cumbersome dressings. Powders may simply be dusted on the skin, but there

is no permanent effect or penetration. The same objection applies to suspensions in watery fluid, the so-called lotions. A more ideal menstruum is collodion or traumaticin, which will evaporate to a firm skin after applied, thus leaving the incorporated drug intimately in contact with the skin. There are, however, quite a number of disadvantages. Thus, both solutions will not readily adhere to moist surfaces, and, if once applied, cannot be easily removed before the upper layer of the epidermis has desquamated. The skin also cracks very easily where there is much flexion and extension, as over the elbows, and the free edge may irritate the skin still more.

Many drugs can be applied to the skin in alcoholic solution, or, better still, dissolved in tincture of benzoin. The large group of tars are best diluted with alcohol. Anthrasol, a purified tar preparation, can be applied as such, while tumenol, an excellent antipruritic, is dissolved in an equal part of alcohol, ether, and water.

According to Dr. Herman Klotz, one of the most easily applied and valuable drugs in dermatology is ichthyol. If applied upon the skin as 25 to 50 per cent. watery solution, it will rapidly dry to an elastic pellicle, which will not crack over the joints, and which can easily be washed off with soap and water when desired. There is absolutely no soiling of the clothes, and no dressing is necessary where drying is retarded owing to much secretion, as a layer of cotton or some indifferent dusting powder may be used.

Ichthyol, applied in this way, is useful in a large number of morbid conditions of the skin, particularly where there is an inflammatory reaction. Its use in erysipelas is too well known to require comment. Dermatitis due to drugs, particularly that resulting from contact with poison ivy, is certainly much more easily and efficiently treated by the ichthyol varnish than by the disagreeable and unhandy wet dressings still described in most text-books. Ichthyol is also indicated in burns of the first and second degree, and in chilblains, but burns of the third degree more properly belong to the surgeon. Among the acute exanthemata, smallpox and scarlet fever have been treated with ichthyol with the best results, and the non-toxic character of the drug allows it to be applied over large areas.

Many indications will be found for the use of the ichthyol varnish in skin diseases proper, where the process is chiefly an inflammatory one. In urticaria, the itching is controlled, though the actual cause of the condition will also require treatment. In eczema, on the other hand, ichthyol will actually cure, provided

the strength of the varnish be properly adjusted. The most suitable are the erythematous types, though the vesicular and papular subacute forms will also be benefited. Where there is much secretion it is best first to use an astringent, such as Burow's solution. In chronic eczema, ichthyol is of less service.

Dr. Charles T. Dade, of the Vanderbilt Clinic, has discovered that the action of chrysarobin may be mitigated by adding ichthyol. The usual chloroform solution of chrysarobin may be applied, to be followed by a 50 per cent. ichthyol solution. In this way no dermatitis will result and the linen will not be soiled. It is thus possible to apply chrysarobin to the scalp, perineum and other parts of the body, where its use was formerly contraindicated.

Other drugs which can be applied in the form of varnish are eugallol, dissolved in acetone, in place of pyrogallol, and euresol and colloidal sulphur. Solutions containing gelatine have not attained much popularity, with the exception of Unna's zinc gelatine, which is extensively used in the treatment of ulcers of the leg.

Eulatin in Pertussis.

The treatment of whooping-cough is usually directed either against (1) the causative micro-organism, (2) the catarrhal condition, or (3) the neurosis which is an element of the disease. Julius Baedeker (*Therap. Monats.*, September, 1909) finds that eulatin, a compound of amido-benzoic and bromo-benzoic acid with antipyrin, is of use in each of these three directions. The antipyrin acts upon the specific organism, benzoic acid is the expectorant, and the bromide combats the neurosis. Eulatin is a whitish powder of slightly acid, not unpleasant taste, and can be obtained in the form of tablets. Baedeker has given eulatin in 25 cases during a three months' epidemic of whooping-cough. He finds that it can be given in larger doses than have been previously recommended; children of 4 years received 12 tablets, each containing 0.25 gram, daily; children of 1½ years from 6 to 10 tablets. Eulatin is absolutely unirritating to the stomach, and in no case did it cause loss of appetite or diarrhoea. None of the 25 cases failed to show some improvement, the effect being the more marked the earlier in the disease the treatment was begun. In 17 cases eulatin alone was given; in the other 8 a narcotic was given, but usually only once in twenty-four hours. **Care was taken that the air in the room should be moist and fresh.** A result of the drug which was invariably observed was a striking diminution and often a complete cessation of the

vomiting; 20 of the children never vomited after the completion of the first few days of eulatin treatment, although 15 of them on other treatment had suffered from more or less severe vomiting. In one case of a child 4 years old, twenty-eight paroxysms of coughing, twenty-one of them accompanied by vomiting, had occurred on the day before eulatin was first given; three days later there were only twelve paroxysms and no vomiting. Another case described is that of a rickety child 1½ years old with bronchopneumonia. Eulatin treatment was begun eight days after she first came under observation, when she was having about fifteen paroxysms of coughing a day and the temperature on the day before had been 38.6° C. From the first day of the administration of eulatin the child remained free from fever; after six days she was having ten paroxysmal attacks daily, but no vomiting; eulatin was now discontinued for three days, owing to a mistake on the part of the mother, and the child became perceptibly worse, with twenty paroxysmal attacks in the twenty-four hours, fifteen accompanied by vomiting. Under eulatin the number of attacks quickly diminished, and the vomiting ceased. The author's opinion is that the doctor who gives eulatin in whooping-cough may count upon the disease running a favorable course and ending in a comparatively speedy recovery.—*British Med. Jour.*

Antithyroidin in Exophthalmic Goiter.

Despite the many favorable cases of Basedow's disease treated with antithyroidin that have been published during the last years, some authors are still skeptical or speak of undesirable effects. F. Rosenberger has analyzed a few of these cases, and finds that in almost every instance the drug has not been given the proper way. In a case under his own care there was a very rapid diminution of heart dulness, despite severe bodily exertion. At present the apex beat is in the fifth space in the mammillary line, and the systolic murmur is much fainter. The heart-beats dropped from 100 to 84. The exophthalmos, though still present, is much less pronounced, while the struma did not decrease in size, and the lymph-nodes even became a little larger. The patient is increasing in weight, and her mental state is all that can be desired. Whenever there is slight indisposition, she actually asks for the drug. The dosage was six times 5 drops daily, increased every three days up to 60 drops, and then every two days up to 90 drops. After two days of rest, the amount was slowly decreased. No other precautions were taken, except that a purely vegetable diet was ordered.—*Zentralbl. f. inn. Med.*

PEDIATRICS.

IN CHARGE OF ALLEN BAINES AND W. J. GREIG.

Position and Work of the American Pediatric Society toward Public Questions. Presidential Address by T. M. Rotch, Boston.

Laws are in existence that forbid the employment of children under a certain age in factories, but in spite of these laws the children are employed. The reasons given for this, are: 1st—False statements as to age given by parents and others. 2nd—In many cases there is absolutely no record as to when the child was born. Therefore some other standard than age should be used to decide when a child was fit for work. Even though the age were known, children differed very much in their ability to work at the same age. Height and weight could not be depended on as a standard for this same reason. The method advocated by the author depends on the development of the osseous system of the child. Like the steel frame of a building, when the osseous system is strong and well developed, the resisting power of the child is greater. The *anatomic index* is the name given to this system and is based on a study of the epiphyses of the joints. The wrist joint can be taken as a type of the other joints. The development of the osseous centres of the carpal bones and the epiphysis of the radius ulna is the index.

This method could be used at all ages, and by it could be determined when a child was ready to enter kindergarten, or enter a grade in the school, what strain in athletics he would be able to endure, and finally what forms of labor he was able to perform. This left the test of ability of the child to do work entirely in the hands of the physician.

Dr. Rotch showed a series of pictures of the development of the wrist and how certain pictures corresponded to the kindergarten age, some to the school age, some to the athletic age. This is a very suggestive and valuable paper.

Cerebral Hemorrhage at Birth with Operation. (Dr. Numan of New York.) Read at American Pediatric Association.

The child, delivered by forceps, was born asphyxiated and with difficulty resuscitated, but became of good color. The same evening there was found a facial palsy of the left side, the left arm was rigid and the hand was flexed at the wrist. Left leg rigid and knee jerk exaggerated. Convulsive movements of the

upper part of the body were present. Operation was decided on and performed by Dr. Taylor. No improvement followed and the child died one hour later. Post-mortem showed that, in addition to the clot removed at operation, there was an extension of it along the fissure of Sylvius.

Dr. Holt said that when one saw these children when 10 or 12 months old one felt justified in doing anything. But the difficulties of diagnosis were extremely great. In the first place all these hemorrhages were extensive and one could not be sure at operation that all the clots had been removed. The bulging of the fontanelle was the best single symptom in diagnosis. No importance could be attached to the bloody fluid in lumbar puncture. They should have localized symptoms, but when rigidity and convulsions were present they were very much in the dark.

Still's Disease. Report of two cases, by Hingston, of Montreal. (*Archives*, June, 1909.)

This disease was first described by Geo. F. Still, of Great Ormond Street Hospital, in 1896. The characteristics given by him are—a chronic progressive enlargement of the joints, associated with general enlargement of the glands and an enlargement of the spleen. Begins most frequently between the first and second dentition and is most common in girls. May begin with a high fever, but it is generally insidious. A slight stiffness is followed by a firm fibrous fusiform enlargement of the joint. This enlargement is a general thickening of the tissues around the joint and no bony changes. Tenderness and redness may be present, but no suppuration. Limitation of movement is marked and severe pain is caused by any attempt to exceed this limitation. Joints most frequently affected are the knees, wrists and those of the cervical spine, and then in order of frequency the ankles, elbows and fingers. Muscular wasting follows.

The most distinctive points are the splenic and lymphatic enlargements. The glands chiefly affected are the supra-trochlear and those of the axilla and neck. The glands do not mat together, are not tender, and do not suppurate.

The children are usually poorly developed. According to Still's original paper, the prognosis is bad, but lately he has modified this opinion and reports complete cures if treatment is instituted early enough. Etiology is obscure, but general opinion is that there is an infection by some specific micro-organism. Treatment consists in hygienic measures, hot baths, arsenic, massage and forcible movement of the joints.

Inoculative Tuberculosis following Ritual Circumcision. (Section of Pediatrics, N. Y. Academy of Med.) By Dr. Sara-Welt-Kakels.

A six-months-old child was circumcised by an elderly man, who sucked the wound in the orthodox fashion. Four weeks later there was an inguinal glandular swelling. When fluctuation occurred it was aspirated. Von Pirquet was positive and tubercle bacilli were found in the aspirated fluid.

Dr. Koplik said that these cases generally developed tuberculosis later on and died.

Adenoids and Nocturnal Enuresis. By Leonard Williams. (*British Journal of Children's Diseases*, June, 1909).

The author believes that, instead of one being the cause of the other, they are associated states, both due to a thyroid insufficiency. His success in treatment along this line has been marked. Children treated successfully for enuresis with thyroid extract had a subnormal temperature during the treatment. In myxoedema this depressed temperature is a marked feature. An argument which tends to show that in nocturnal enuresis there is a certain amount of thyroid inadequacy. Another point is that the majority of the children with this affection were under-sized and when given thyroid extract in small doses immediately began to put on flesh. In adults one of the uses of the extract is to reduce the flesh, therefore he argues that there is an insufficiency in both cases. In children the extract has the effect of fixing the calcium salts in the body. Another argument refers to the high-arched palate. This is acknowledged to be present sometimes in children who have a thyroid inadequacy, and the author believes it to be due to defective fixing of the lime salts in the body. The dental caries in these cases he also believes to be due to the same cause.

Another symptom sometimes seen is "the eyebrow sign," viz., deficiency of the eyebrow over its outer third.

Conclusion.—Where the eyebrow sign is present, look out for other confirmatory signs of insufficiency, viz., urinary precipitancy, subnormal temperature. Gothic palate, carious teeth, urticaria, mental and physical lethargy, adenoids.

A warning is given that in every case in which the drug had been taken for over a month a nasal catarrh developed. He considers this a sign of thyroid excess (the sudden development of a catarrh of unusual severity and confined to the nose), and an indication to stop the treatment in the meantime.

Recent Findings Regarding the Disturbing Elements in Milk for Infants. F. C. Neff, Kansas City, in *Journal of Amer. Med. Assoc.*, Dec. 18, 1909.

The 1909 edition of Holt's *Pediatrics* and the last edition of Still's "Diseases of Children" in Britain give no evidence of any change in the commonly accepted opinion that it is the excess and inadaptability of the casein and the low percentage of fat that causes the chief difficulty in milk administration.

Recent studies in Germany place the responsibility on the salts, sugars, and in some cases the fats of the milk. The important salts are the sodium, potassium, calcium and magnesium chlorides, which are $3\frac{1}{2}$ times as abundant as in human milk and sometimes act as a direct poison to the child, even when reduced to the same or a lower percentage than in human milk.

Sugar Disturbance.—It is described as a sugar intoxication, and depends on the presence in the food of the sugar of cow's milk. Infants suffering from the various stages of intestinal and nutritional disturbance leading up to marasmus are the most susceptible to sugar intoxication, and an elevated temperature results if they are fed on sugar alone or on milk containing sugar. When the sugar is eliminated the fever disappears. (This refers, as I understand it, to the sugar of cow's milk.)

W. J. G.

Editorials.

METHODS OF TEACHING IN MEDICAL COLLEGES.

We publish in this issue an interesting letter respecting methods in the teaching of medical students. The Dean of the Medical Faculty of the University of Toronto is very deeply interested in this subject, and is carefully studying the situation. In his report to the Board of Governors he states that the candidates for the final examinations, during the last two years especially, were not properly qualified or "equipped," and that better methods of teaching were necessary. These facts are generally known, and the Dean, who has done admirable work since his appointment, has acted wisely in stating honestly and frankly the naked truth, unpleasant though it may be. When the Faculty, or at least the majority of its members, thoroughly appreciate that the teaching is defective there is reason to hope that a remedy will be found. Fortunately, for reasons which need not now be mentioned, such matters can be discussed in an impersonal way without any of the bitterness that, through partyism, has sometimes appeared in the past.

There is at the present time an able staff of teachers in the Medical Faculty of the University, and yet results at examinations have been growing worse from year to year for some time—more than two years. Several years ago the majority of the Faculty thought that too much time was given to purely didactic teaching; and, therefore, the numbers of didactic lectures were materially reduced. Notwithstanding such reductions, results grew worse. This was noticed by many who were watching carefully for at least ten years, but was not generally appreciated until quite recently. A further reduction was made for this session. If results are again bad at next examination it may be deemed advisable to abolish didactic teaching entirely. If, after the didactic teaching is abolished, or curtailed as much as pos-

sible, the results are still bad, the Dean may then conclude that investigations in other directions will be necessary.

The Faculty cannot fix things with mathematical precision. It is difficult to decide on the proper distribution of purely didactic and clinical teaching. Indeed, we scarcely know what a purely didactic lecture is. If, as some appear to suppose, it is simply the reading of an essay on a certain subject exactly like a chapter in a student's text-book, we quite agree with those who think that such a deliverance is of little or no value. We supposed that didactic lectures of that sort had gone out of fashion. Many, we hope, most of didactic lectures, as now delivered are largely clinical and demonstrative in character. We regret to say at the same time that bedside instruction is frequently largely didactic in character. We hope, however, that too much attention will not be devoted to this small portion of a very complex question. For the time being it may be well to agree with the Dean as to "purely didactic teaching." Many members of the Faculty think, and have thought for more than fifteen years, that there are other defective methods of far more importance than poor didactic teaching. We regret to say that the situation, so far as good medical teaching in Ontario is concerned, is *very, very serious*—even worse than the Dean's statement would indicate.

BRAIN TUMORS AND OPTIC NEURITIS.

Although we have made great progress in the diagnosis of intra-cranial lesions during the last decade, there is much more for us to learn; so that a recent contribution by Paton (Brain, 1909, No. 125), dealing more particularly with ophthalmoscopy as applied to nearly 400 cases in Queen's Square Hospital, London, the results being in every case checked off either by the surgeon or the pathologist, is peculiarly welcome. This is perhaps the first sustained effort in this direction, and the conclusions are exceedingly helpful.

Briefly summed up, Paton has found that precentral tumors always show a considerable amount of optic neuritis, postcentral a moderate amount, and often for a short time only. Severe neuritis is also found in tumors of the optic thalamus and midbrain, and of a less grave character in cerebellar and temporosphenoidal lesions. Subcortical tumors, on the other hand, have a mild neuritis, and this in only 50 per cent. of cases.

He finds any conclusions based on the eye affected very untrustworthy, the neuritis being just as often as pronounced on the affected side as on the uninjured. Neither does the pathological nature of the neoplasm play any part in the subsequent neuritis.

There are two regions of the brain in which new growths are fairly common without causing any lesions in the eye—the pons and the white matter of the cerebrum. Sometimes we may find optic atrophy without preceding edema, if the neoplasm exerts constant pressure upon the optic nerves or upon the chiasms.

F. A. C.

NEW GENERAL HOSPITAL IN TORONTO.

Since the grounds for the new hospital have been cleared we have realized the fact that the Board of Trustees have secured a property admirably adapted for their purposes. We are told that in the early spring the erection of the new hospital will be commenced. The Board of Trustees have taken great interest, and have expended much time and labor over the preparation of the plans for the various buildings to be erected. They have obtained the best available information calculated to add to the completeness of what they hope will be the finest institution of its kind on the continent. Mr. J. W. Flavelle, Chairman of the Board; Mr. P. C. Larkin, Vice-Chairman, and Mr. W. E. Rundle, Chairman of the Finance Committee, paid a second visit to Montreal January 2nd and spent a day in going over for a second time the Royal Victoria Hospital with a view to perfect their plans. We are told by the *Toronto News* that it is estimated that the buildings alone will cost \$1,800,000.

While in Montreal these gentlemen were the guests of Mr. James Ross, who is taking a very deep interest in Toronto's new hospital scheme. Mr. Ross is well known in Ontario. It is generally recognized that he thoroughly understands hospital building. It is only a few years since Mr. Ross presented to his native town of Lindsay one of the most beautiful and complete hospitals in North America. Mr. Ross accompanied the Toronto trustees when they were making their examination of the internal arrangements of the Royal Victoria Hospital, and rendered them every assistance in his power.

**THE INTERNATIONAL AMERICAN CONGRESS OF
MEDICINE AND HYGIENE, BUENOS AIRES,
ARGENTINE REPUBLIC, MAY 25th, 1910.**

The International American Congress of Medicine and Hygiene of 1910, in commemoration of the first centenary of the May revolution of 1810, under the patronage of His Excellency, the President of the Argentine Republic, will be held May 25th in Buenos Aires, Argentine Republic.

In order to facilitate the contribution of papers and exhibits from the United States, there has been appointed by the President of the Congress, Dr. Eliseo Cantôu, and the Minister of the Argentine Republic at Washington, a committee of propaganda, of which Dr. Charles H. Frazier, Philadelphia, Pa., is Chairman, and Dr. Alfred Reginald Allen, Philadelphia, Pa., is Secretary.

The Congress has been divided into nine sections, each section being represented in the United States by its chairman in this Committee of Propaganda as follows:

Section 1—Biological and Fundamental Matters, Dr. W. H. Howell, Chairman, Baltimore, Md.

Section 2—Medicine and Its Clinics, Dr. George Dock, Chairman, New Orleans, La.

Section 3—Surgery and Its Clinics, Dr. John M. T. Finney, Chairman, Baltimore, Md.

Section 4—Public Hygiene, Dr. Alexander C. Abbott, Chairman, Philadelphia, Pa.

Section 5—Pharmacy and Chemistry, Dr. David L. Edsall, Chairman, Philadelphia, Pa.

Section 6—Sanitary Technology, Dr. W. P. Mason. Chairman, Troy, New York.

Section 7—Veterinary Police, Dr. Samuel H. Gilliland, Chairman, Marietta, Pa.

Section 8—Dental Pathology, Dr. George V. I. Brown, Chairman, Milwaukee, Wis.

Section 9—Exhibition of Hygiene—Dr. Alexander C. Abbott. Chairman, Philadelphia, Pa.

It will not be necessary for one contributing a paper or exhibit to the Congress to be present in person. Arrangements will be made to have contributions suitably presented in the absence of the author.

The official languages of the Congress will be Spanish and English.

Members of the following professions are eligible to present papers or exhibits: Medicine, Pharmacy, Chemistry, Dentistry, Veterinary Medicine, Engineering and Architecture.

Papers may be sent direct to the Chairman of the particular section for which they are intended or to Dr. Alfred Reginald Allen, Secretary, 111 South 21st Street, Philadelphia, Pa.

NOTES.

Promotion of Dr. Oscar Klotz.

We learn from the *Montreal Medical Journal* that Dr. Oscar Klotz, Assistant Pathologist at the Royal Victoria Hospital, Montreal, and Lecturer in Pathology in the Medical Faculty of McGill University, has been appointed Professor of Pathology in Pittsburg University. He left Montreal about New Year's to take charge of his new department. Dr. Klotz is well known in Toronto, where he received his medical education, and graduated M.B. from the University of Toronto in 1902.

We are told that both the Medical Faculty and the Hospital authorities made special efforts to keep Dr. Klotz in Montreal, but the importance of the position was too strong an inducement. Dr. Klotz will have, in connection with his new position, supervision of the pathological department of eight hospitals, all of which are connected with the University of Pittsburg.

After graduating, he was engaged in post-graduate work in Europe for some time. He settled in Montreal about six years ago, and has accomplished during those years much admirable work in original research in the Royal Victoria Hospital and at McGill.

We offer our sincere congratulations to Dr. Klotz. We have no doubt whatever that if he retains his health and strength his career in the future will be a brilliant one.

The Third International Congress of Physiotherapy will be held in Paris, March 29 to April 2, 1910, under the presidency of Professor Landouzy, Dean of the Faculty of Medicine of Paris, and the secretaryship of M. Vaquez. An exposition of everything appertaining to physiotherapy will be held in conjunction with the Congress. Correspondence should be addressed to M. Vaquez, Secrétaire Général, 27 rue du Général-Foy, Paris.

Toronto Hospital for Consumptives.

The fifth annual meeting of the Board of Trustees of the Toronto Free Hospital for Consumptives and King Edward Sanitarium, was held January 3rd. Dr. W. J. Dobbie, the physician-in-chief, in his report announces that during the past year 347 patients in advanced stages of tuberculosis had been treated at these institutions. Since the Toronto Free Hospital was opened in 1904, 818 patients have been treated in that institution; in addition 147 patients have been treated in the King Edward Sanitarium since it was opened in 1907, and with the extensions made within the last year to these institutions on the banks of the Humber, the former can now accommodate 100 patients and the latter 40.

Mr. W. J. Gage, President of the Board of Trade, Toronto, and President of the Board of Trustees of the Toronto Free Hospital and the King Edward Sanitarium, has offered to the University of Toronto five scholarships of \$100 each, and some gold and silver medals to be competed for by fourth and fifth year students of the Medical Faculty. The scholarships and medals are to be given for research work in early diagnosis and treatment of tuberculosis. All students competing in these examinations will be required to spend at least one week in the Free Hospital for Consumptives, Muskoka, where clinics will be given by the physicians in charge. Students will also be expected to do a certain amount of work in the well-equipped laboratory of that institution.

LABORATORY METHODS TO THE EXCLUSION OF CLINICAL INVESTIGATION.

I speak as a laboratory man, that the tendency of modern times has been to depend entirely too much on laboratory methods to the exclusion of clinical investigation. We have been taught that whatever tubercle bacilli are found in the sputum that this enables us to make an early diagnosis of pulmonary tuberculosis. I have seen many cases of incipient tuberculosis in which there were absolutely no tubercle bacilli discovered in the sputum! We must bear in mind that the tubercle bacilli are not ordinarily found in the sputum until the disease has reached the point where there is destruction of lung tissue; it may be the third stage, where cavities have formed from the breaking down of the caseous material and discharge of these masses into the bronchi, and their subsequent expectoration. Of course our ability to find the tubercle bacilli depends entirely upon their presence in the sputum, and it is perfectly possible in the early stages of pulmonary tuberculosis, when the diagnosis is most important, if we rely solely upon laboratory methods, we may be utterly unable to make the diagnosis. There may have occurred no breaking down of lung tissue, no discharge of tubercle bacilli, but physical examination of the patient's chest will always enable us, even in the early stages of the disease, in the majority of instances, to make a correct diagnosis, particularly if we consider carefully the history of the case. When we have established the diagnosis by clinical means, we will find our conclusions will be confirmed more often than not by laboratory methods.

I do not mean to underestimate laboratory diagnosis, because it occupies an important place in medical investigation, but what I say is—without fear of contradiction, because I think I have had sufficient personal experience to know—that we are not justified in turning over specimens of sputum, urine, blood and other secretions to the laboratory, where the work is done usually by inexperienced men, and expect them to make a diagnosis which we as clinicians are unable to do. I must insist that the clinical study which we take up here is of much more value to the advanced student and the average doctor than the oftentimes useless examinations of sputum for tubercle bacilli when the organisms are present in the lung but are not being discharged.

—Dr. H. M. Goodman in *International Clinics*.

Personals.

Dr. William J. Clark, 867 College Street, has recovered from an attack of acute appendicitis. Appendicectomy was performed January 21.

Dr. George McDonagh, of Toronto, had a slight attack of pneumonia in Goderich during Christmas week. He returned to Toronto January 16.

Dr. Orlando Orr had an attack of inflammation in the eye on account of which he was confined to his house for two weeks, from Jan. 10 to 24.

Dr. Mortimer Haight, of New Durham, Ont., returned to Canada in the latter part of December, after having spent about two years in Great Britain, Paris and Vienna.

Dr. D. King Smith was the guest of the Chicago Dermatological Society at the clinic of the American Dermatological Association, held at Chicago, December 29th, 1909.

Dr. Andrew MacPhail, of Montreal, came to Toronto on the morning of Jan. 20 and delivered an address at 1 o'clock that day before the Empire Club. On the following evening he dined at the Faculty Union, and met the President of the University, the Dean of the Medical Faculty, certain professors of the University, and some officers of the Canadian Medical Association, the hosts of the evening being Drs. Fotheringham and F. N. G. Starr.

Obituary.

JAMES M. COCHRANE, M.D.

We regret to announce the death of Dr. J. M. Cochrane, in London, England, where he has resided since 1890. He graduated from the University of Toronto in 1884, following which he was on the Resident Staff of the Toronto General Hospital. In 1885 he held the position of Resident Physician to the City Hospital, Hamilton, and became a licentiate of the Royal College of Physicians in 1890. He had a large and influential practice in London.

*Feb 17 5***UZZIEL OGDEN, M.D.**

Dr. Uzziel Ogden died at his home in Rosedale, Toronto, January 4th, aged 82. He was born in the Township of Toronto and studied medicine under Dr. John Rolph. He was licensed to practise by the Upper Canada Medical Board in 1849, and

**THE LATE DR. UZZIEL OGDEN**

received the degree of M.D. from the Victoria University in 1855. He commenced to practise in Toronto in 1852, and commenced to lecture in the Toronto School of Medicine in January, 1853. He held the chair of Materia Medica and Therapeutics from this time until 1870, when he was transferred to the chair of Obstetrics and Gynecology. At the time of the re-establishment

of the Medical Faculty of the University of Toronto in 1887 he was asked to take either Obstetrics or Gynecology. He chose the latter, and was Professor of Gynecology from 1887 to 1903. He had then completed fifty years as a teacher of medicine, and decided to give up active college work. He tendered his resignation to the University authorities, but continued to do private practice for a couple of years longer.

In his younger days Dr. Ogden was considered somewhat delicate. Since he commenced practice, however, in 1849 he did an immense amount of work for about fifty-five years thereafter. As a lecturer he shone especially as a teacher of midwifery, being undoubtedly one of the best on the continent.

He established in January, 1876, the medical journal which is now called THE CANADIAN PRACTITIONER AND REVIEW, and was its editor-in-chief for a number of years.

At a meeting of the Medical Faculty of the University of Toronto held February 6th the following resolution was passed unanimously: "In view of the announcement recently made of the resignation by Dr. Uzziel Ogden, after fifty years of continuous medical teaching, of the Chair of Gynecology in this University, this Faculty deems it fitting to commemorate in perpetuity upon its minutes the interesting fact of this unusually long period of active service in the cause of medical education. And, although during the greater part of this time Dr. Ogden was a teacher in the Toronto School of Medicine (whose career was, for the most part, closely identified with this University), yet for the last seventeen years his labors have been expended solely within these halls, and it affords the members of this faculty much pleasure to record their deep appreciation of his indefatigable industry and untiring zeal in the discharge of the duties of his chair. They owe him, also, a debt of gratitude for his solicitous care and skilful management of the affairs of the Faculty during his occupancy for three years of the office of Dean, the notable progress of the Faculty during which period he may perhaps regard as a satisfactory reward for his labor of love. While Dr. Uzziel Ogden's immediate connection with this University was through the Chair of Gynecology, yet in view of the fact that a majority of his recent colleagues had been in the past students of his in the department of Midwifery and Materia Medica and Therapeutics, it is not inappropriate, in testimony of his versatility and attainments, to make mention here of his well-recognized success as a lecturer and teacher in these branches also. To impart many of the facts and theories of medical science to successive generations of students for half

a century, and to impress upon them the indelible, though unconscious, stamp of high example in life and character, is an opportunity for usefulness and a sphere of influence vouchsafed to few, and in saying 'farewell' to Professor Uzziel Ogden, his colleagues in the Faculty of Medicine of the University of Toronto extend to him their heartiest congratulations upon the attainment of his jubilee, their sincere appreciation of his faithful service, their kind remembrances of his comradeship and leadership, their deep sense of his high example, and their earnest hope that his great improvement in health may long continue, so that his days of the lengthening shadows may be passed in well-earned rest, peacefulness and happiness."

GAWN SHAW CLELAND.

Dr. G. S. Cleland died at his residence, 331 Broadview Avenue, January 3rd, 1910. He received his medical education in the Toronto School of Medicine, and graduated M.B. from the University of Toronto in 1882. After graduating he spent one year as house physician in the Toronto General Hospital. In the latter part of 1883 he commenced practice in Riverdale, Toronto. He soon acquired a large practice and worked early and late in the interests of his patients. He was one of the finest examples of an honest and noble physician that Canada has produced.

The *Toronto Globe* told much truth in a few words in the following sentence: "He was loved and respected by all his patients and the whole community of Riverdale, and indeed was looked upon throughout the district as another Dr. McClure."

One of Dr. Cleland's colleagues of the Woman's Medical College has sent us the following communication, which we are very glad to publish:

"Everyone who knew the late Dr. Cleland will hear with deep regret of his death in the prime of life from that insidious foe which spares no class, age or profession—tuberculosis. He was modest and unassuming in his manner, but under that quiet and unobtrusive exterior there was much real ability. Sound professional knowledge and no small share of that kindness of heart which adds withal a charm that doubles the influence and value of knowledge and ability. Dr. Cleland practised in the east end of the city of Toronto, and while he will long be remembered there, it is perhaps only just to add that he will longest be remembered by his old students at the Woman's Medical College, now scattered all over the world. His subject there was

Anatomy, and it was often remarked that it was almost unknown for a student from the Woman's Medical to fail in that subject. Dr. Cleland was master of it and never at a loss in the lecture-room, no matter what question might suddenly arise. His gentle and quiet manner allowed the most diffident student to gain confidence, and his devotion to his work was a real inspiration to his class. *Requiescat in pace.*

JAMES HENRY RICHARDSON, M.D., M.R.C.S. Eng.

Dr. J. H. Richardson died at his residence, 36 St. Joseph Street, Toronto, January 15, aged 87. Dr. Richardson began his medical studies in 1847 with Dr. Rolph, then living in Rochester, N.Y., and remained with him two years. He returned to Toronto in 1843 and attended the first course of lectures delivered by the Medical Faculty of King's College. In 1844 he went to England and spent three full sessions in attendance at Guy's Hospital. He spent the summer of 1847 in Paris, where he worked in various hospitals and attended certain lectures. After receiving the diploma of the Royal College of Surgeons in 1847, he returned to Toronto and commenced practice. In 1848 he became M.B., King's College. In 1850 he was appointed Professor of Anatomy in the Medical Department of the University of Toronto, and held that position until the medical department was abolished in 1853. Some years later he became Professor of Anatomy in the Toronto School of Medicine, and in 1887 became Professor of Anatomy in the re-established Medical Faculty of the University of Toronto. He resigned from this position in 1898, and was made a meritorious professor. He was a member of the Senate of the University of Toronto for many years. He always took a great interest in outdoor sports and military matters. He was for many years surgeon of the Field Artillery and afterwards surgeon of the 10th Royal Regiment.

Dr. Richardson was chiefly known to the profession of Canada as an able surgeon and a singularly efficient teacher of anatomy. He was both loved and respected by all his student classes. In the year 1903 Dr. Richardson was entertained at a large banquet in Toronto by medical friends from all parts of Canada and the United States. The following quotations appear on the menu card in connection with the toast to the guest: "A man with whom we have often fished and conversed, whose experience, learning, wit and cheerfulness made his company to be esteemed one of the delights of mankind; this man was also a

most dear lover and frequent practiser of the art of angling, of which he would say: 'Twas an employment for his idle time which was not idly spent, a rest to his mind, a cheerer to his spirits, a diversion of sadness, a calmer to unquiet thoughts, a moderator of passions, a procurer of contentedness, and that it begat habits of peace in those that profest and practic'd it.' "

We understand that the late Dr. Cleland, whose untimely death we announce in this issue, was the first to suggest that the graduates should present a portrait of Dr. Richardson to the University at this banquet. One of the most interesting events of the evening was the unveiling of the portrait by Dr. Cleland, and in doing so he referred briefly but in warm terms to the distinguished services rendered to the University by Dr. Richardson.

After the unveiling of the portrait, Professor W. H. Ellis, on behalf of the old pupils, presented the following address:

*To James Henry Richardson, Esquire, M.D., F.R.C.S. (Eng.),
a meritorious Professor of Anatomy in the University of
Toronto:*

SIR,—We, your old students, have been desirous of expressing in some suitable way our respect for you as a teacher and our devotion for you as a friend, the respect and affection which you inspired in us as under-graduates, and which the experience of later years has only served to increase. To fulfill this purpose we have thought that we could do no better than to present your portrait to the University with which from its earliest years you have been so closely identified, whose cause you have so loyally defended, and whose reputation you have so signally advanced.

For nearly half a century you have labored in the cause of medical education with unwearied patience and with ungrudging devotion. We wish to assure you that your labor has not been in vain.

To the foundations laid by you and by your colleagues of the Toronto School of Medicine the University of Toronto owes in no small measure the success of her Medical Faculty, and we, your scholars, owe to you our thanks for sound teaching and kindly help for high ideals and a worthy example, a debt which we can never repay, but which we are proud to acknowledge.

We feel, therefore, that the building which is about to become the home of the Medical Faculty of the University of Toronto should have no fitter ornament to decorate its walls than the portrait of one who has so many claims upon the grateful memories of its graduates. It is our great privilege in making this offering to have the opportunity of testifying at the same

time our loyalty to our Alma Mater and our love for her distinguished son.

We beg to sign ourselves, on behalf of the subscribers, your grateful pupils and faithful friends.

(Signed) JOSEPH BASCOM, etc.

Dr. Richardson retained his physical vigor and brain power until a short time before his death. He was jail surgeon from 1858 until 1909.

One of the most interesting incidents in his life was his work in connection with the choice of Canada's national emblem. At a meeting of citizens of Toronto which was held to arrange for the entertaining of the Prince of Wales, now King Edward VII., on the occasion of his visit to Toronto in 1860, it was upon the motion of Dr. Richardson that maple leaves were adopted as the chief decoration. From that came the adoption of the maple leaf as Canada's national emblem.

DR. J. H. RICHARDSON.

An appreciation by John Hunter, M.B., Toronto.

Other, and more competent, pens will write the biography of the late Dr. Richardson, but none can exhaust the rich veins that intersected each other throughout the length and breadth of so great a life. Standing by the bier of such men as the late Drs. Richardson and Ogden, who could help regretting, not only the death of these men, but the loss of so much knowledge, experience and skill? With the exception of what they were able to impart to others, all the rich storehouse of knowledge, experience and skill they were able to garner during their long life, passed into oblivion at their death. Against this loss stands the fact that most of man's knowledge, experience and skill has only a transitory value. In the earlier days of pioneer life in Ontario, knowledge, experience and skill in "breaking in" of oxen, in the use of the axe, scythe, cradle and flail were exceedingly valuable assets to the farmer, but with the advent of horses, traction engines, self-binders, steam threshers, the former knowledge, experience and skill became quite valueless. A great part of the physiology, pharmacology, etiology and pathology of Dr. Richardson's earlier years is now but the "flotsam and jetsam" of medical literature.

If much of our knowledge, experience and skill is of so ephemeral a character, what gives immortality to any man? Is it not that complex, synthetic aggregation called character? Age or disease plays havoc with every other human attribute, but David's virtues are just as inspiring, and his vices as abhorrent to-day as when he sat on Israel's throne. It was Dr. Richardson's character that elicited the cordial welcome that always greeted him on entering any medical assembly. In his case, heredity, culture and environment, furnished the factors that a masterful will succeeded in moulding into an exceptionally strong, virile character, the outstanding features of which were keenness of intellect, integrity, and a high sense of honor. All his students, and those who enjoyed social intercourse with him, can bear ample testimony to the greatness of his intellectual attainments. No one could impeach his integrity with impunity. Away back in the "seventies" an attempt was made to remove him from his position as jail surgeon and put a political favorite in his place. He had filled the position so efficiently that he felt confident he could not be truthfully assailed, so lost no time in letting his political masters know that his position was impregnable. It was the injustice of the act, not the pecuniary loss, that appealed to him most strongly. He was not disturbed. His sense of honor made him a most valiant defender of scientific medicine. At a meeting of the Ontario Medical Association in the "eighties" the reader of a paper made some favorable allusions to the virtues of homeopathy. Dr. Richardson rushed onto the platform and gave a most scathing denunciation of homeopathy. A host of readers will recall his address on Christian Science. The incisive irony used in the paraphrasing of Mrs. Mary Baker Eddy's quasi-scientific utterances was thoroughly enjoyed by the audience.

The late Dr. Richardson "rang true" to the highest ideals in moral and medical ethics, and in regard to both of these it can be justly said of him. "he fought the good fight; he finished the course; he kept the faith," and in the hearts of his students and friends his memory will be long encircled in a halo of honor.

Dr. Garnet Patrick Hydman, youngest son of the late Dr. Hydman, of Exeter, Ont., died at Minot, S. Dakota, Nov. 24th, 1909.

Dr. Jno. Emil Traub, formerly a resident of Ontario, died at New York December 25, 1909.

Correspondence.

MEDICAL TEACHING AT THE UNIVERSITY OF TORONTO.

Editor of CANADIAN PRACTITIONER:

In looking over a short extract from the Dean's Report of the Medical Faculty of Toronto University, some things specially attracted my attention—I was sorry, although not surprised to see them. (See Page 21 of Report of Governors up to June 30th, 1909.)

1. He speaks of some methods of teaching requiring improvement.

2. Of poor results having been shown for "*two years*" past, at the examinations of the University and of the Medical Council. He candidly admits "*that on the admission of our teachers students were not properly equipped*" for their examinations. The Dean also says that the students were not altogether to blame, and that "*better methods*" of teaching are a necessity "*in some departments.*" This is a candid and honorable admission to make.

3. It is further said, that the general feeling of the Faculty of Medicine is that far too much time is given to purely didactic teaching, leaving but little time for reading and physical exercise.

4. He also says that juniors occupy to a considerable extent and in some cases, "*in two or three teaching Departments*" positions of responsibility. "Experience tells us that it is difficult for such teachers to keep up enthusiasm in all branches." "*This, I think, should, as far as possible be avoided.*"

The writer of this letter would say here, that only men of *known* experience should occupy any positions whatever, where this is absolutely essential, to secure even a moderate degree of success.

It is not my special business to comment on these brief allusions to matters, in which changes or improvements are suggested, but, being much interested in sound medical education in every department, and in all our medical colleges, I think it both right and friendly to address you, an old and successful medical teacher, and, while not reflecting on anyone, to give you my thoughts regarding matters of great importance not only to the medical colleges, but to the entire profession, and, above all, to the public, who are chiefly concerned, as they should be, in

everything connected with the professional teaching of the men who are to be their medical advisers in the immediate future.

As to the point first mentioned in the extract, it needs no remark, as the writer simply says that improved methods of teaching are needed.

As to No. 2, *re* examinations, this points to something—or perhaps I should say—to many things very defective, some in the students, many in the methods. I hope for the sake of the University's credit, that no such things may ever again be possible. But the only way to bring this about is, for all the students to work harder, and for the teachers to bring greater ability, and more zeal and energy to bear upon their teaching. Several of the examiners spoke to me at the time when the examinations referred to took place, and all of these said that large numbers of the candidates were *very deficient* in the *most simple treatment of cases at the bedside, including both the diagnosis and prognosis*. If these two bad years lead to great changes for the better, they will prove blessings to the University and to the public.

As to No. 3, it strikes me strongly, that the Faculty has fallen into one of the most egregious errors in holding the view they do, in regard to the value of didactic teaching. The writer who did a good share of very hard work during his whole student life, can assert to-day, that his opinion was *then*, and is *now*, that really good didactic teaching is the backbone of a thoroughly sound medical education, bearing the same relation to this, which the vertebral column bears to the rest of the body, round which it is all built.

When students hear a really good lecture, well prepared and well delivered by a teacher of admitted ability, it interests them throughout, whatever be its subject. They are powerfully drawn to their books as only a teacher of true genius for teaching can draw them, and as a matter of course, they read all within their reach on the topic. Whether the lecture has been on a medical, surgical or any professional matter of practical value, it prepares them to profit by every reference made to it by clinical teachers who subsequently take it up in a hospital ward. Without having received such didactic instruction as that I have referred to, clinical teaching is in the very nature of things very largely time wasted. But to those who have had that instruction beforehand, clinical lectures, conscientiously prepared and well delivered, are worth their weight in gold to all good students.

May not the large percentage of rejections the Dean speaks of during two years have been largely due to *the defects, the im-*

perfect character, and the too great brevity to which the didactic courses have been and are still being reduced? For one, and only one of very many I believe this to be the true explanation of the results complained of, which, it is to be hoped, will never be repeated.

As to No. 4. it is doubtless a most serious mistake to appoint juniors to positions as clinical teachers in practical subjects, for unless men have had a good deal of experience in general practice of their own, for a considerable time, as well as the hospital advantages of their college days, they cannot be expected to hold the attention, much less to enthuse their classes.

Yours very sincerely,

A STRONG ADVOCATE, IN THE INTERESTS OF THE ENTIRE PROFESSION,
AND OF THE PUBLIC, OF GOOD, ABLE, SOUND, *Practical Medical
Education.*

Book Reviews.

DISEASES OF THE NOSE, THROAT AND EAR. By William Lincoln Ballenger, M.D., Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons, University of Illinois; Fellow of the American Laryngological Association, etc., etc. Second edition. 491 engravings and 17 plates. Lea & Febiger, Philadelphia and New York. 1909.

While the first edition of this work was both comprehensive and elaborate, the second edition, thoroughly revised, and much of it rewritten, far surpasses it in completeness. The author has spared no pains in its preparation, and, having examined a vast amount of new material, he has incorporated all that he deemed worthily available within the pages of the new book, bringing the medical and surgical treatment of diseases of the nose, throat and ear down to the most recent date.

Upon the subject of sub-mucous secretion, he gives new engravings and new descriptions, coupled with a strong advocacy of its more general adoption in practice. At the same time he wisely describes, giving illustrations, many of the other modern methods of operation, and advocates some of them as more suitable than the sub-mucous resection for the treatment of certain types of deviation of the septum.

The surgery of the accessory sinuses also comes in for a full share of attention, several new methods of treatment, together with new illustrations, being given.

Diseased tonsils have likewise a new chapter written upon them. On this subject the writer's views are most advanced. With all the breadth of a cosmopolitan, he describes other methods of operation and treatment, while he pins his faith to the one of complete tonsillectomy, removing not only the tonsil in its entirety, but the capsule also, as the only surgical method to be adopted, whether the patient be a child or an adult.

It is a serious question whether such an advanced view, accepted though it is by many, should receive the universal application which the author advocates. Many writers of experience still believe that the normal tonsil has a distinct function to perform in the animal economy, the proof being the gradual development of the tonsil, followed by its gradual recession during the early years of life. There may be no question about the advisability of removing the entire tonsil in the adult, after its physiological function has ceased to operate and the tonsil has

become diseased; but during childhood the condition is entirely different. In the large majority of cases in which the tonsil becomes enlarged in a child it is simply a matter of hypertrophy of normal tissue; and it may well be asked if careful reduction by surgical methods to a normal size may not be better for the individual and possibly for the progeny, that may follow after, than complete extirpation of the overgrown body?

The elaboration of that part of the work devoted to the ear marks a distinct advancement. The functional tests of the labyrinth are fully described and illustrated, while many other points in connection with ear disease are treated with the most careful consideration.

Ballenger's new book, taken in all its departments, is without doubt one of the best upon the triple subject that has ever been issued by the press. Complete in all its details, widely and freely illustrated, it indicates the enthusiastic hand of a master—and yet the enthusiasm of a man who has breadth of vision. While adhering closely to certain lines of treatment, which in his hands have proved eminently successful, he is broad enough to see that the end is not yet; but that each successful effort, be it small or great, is simply a stepping stone toward higher things.

P. B.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE. By Arthur R. Edwards, A.M., M.D.; Professor of the Principles and Practice of Clinical Medicine, and Dean of the Faculty in the Northwestern University Medical School, Chicago; Attending Physician to Mercy, Wesley Hospitals, etc. Second and thoroughly revised edition. Illustrated with 100 engravings and 21 plates. Published by Lea & Febiger, New York and Philadelphia. 1909.

We have read with the greatest interest Dr. Edward's excellent production, and find it a thorough and exact treatise on the subject of medicine. It has been brought up to date in the most careful manner, nothing of practical value being omitted. We note with pleasure that the sections on treatment have received their full share of notice, the methods adopted being eminently practical; tables of differential diagnosis will also be found of great value, as also will the many excellent illustrations, charts and colored plates. The section devoted to the nervous system is most complete and clear, spinal and cerebral localization being especially well described. We beg to offer the suggestion that

this treatise be added to the list of those recommended by the Ontario Medical Council, and also to congratulate the author on the second edition of his work.

PULMONARY TUBERCULOSIS AND SANITORIUM TREATMENT. A record of ten years' observation and work in open-air sanatoria. By C. Muthu, M.D., M.R.C.S., Associate of King's College, London; Physician, Mendip Hills Sanatorium, Wells, Somerset; late Physician, Inglewood Sanatorium, Isle of Wight. London: Bailliere, Tindall & Cox, 8 Henrietta St., Covent Garden.

Numerous work of somewhat similar title have appeared during the last six months, but this we consider the best of the lot. Written in clear and concise English, this excellent monograph will be found of great help to everyone who has to treat those unfortunates afflicted with the great white plague. Although Dr. Muthu speaks in most hopeful terms of the open-air treatment of tuberculosis, and quotes statistics perhaps better than we can get in Canada, yet he is not so enthusiastic as to forget the fact that a certain number of patients will die in spite of all we can do for them. Altogether a sane and helpful summary of this very important subject.

THE MORPHIA HABIT AND ITS VOLUNTARY RENUNCIATION (a personal relation of a suppression after twenty-five years' addiction), with notes and additional cases. By Oscar Jennings, M.D. (Paris), Fellow of the Royal Society of Medicine. London: Bailliere, Tindall & Cox, 8 Henrietta St. Paris: Brennano, 37 Avenue de l'Opera.

Dr. Jennings' long experience in this particular branch of medicine has made his method of treatment famous in England and on the Continent, where there are many who can testify to its efficiency. The cases he reports in this work of 500 pages are certainly very interesting and conclusive, and are of inestimable value to any practitioner who is called upon to treat one of these afflicted *habitues*. The method he advocates is entirely rational and physiological.

Selections.

The Jonnesco Method of Anesthetization.

In the editorial article entitled "A Proposed Revival of Spinal Anesthetization," published in our issue for December 11th, we took a conservative attitude, because, whatever our impression was, we did not think it fair to our distinguished visitor to condemn his method of anesthetization without ample warrant in facts. The facts have not been slow in showing themselves, and they only confirm the feeling of distrust which we entertained when the article mentioned was prepared. We have now no hesitation in saying that it would be injudicious to substitute spinal anesthetization for the commoner methods of securing general anesthesia—that is to say, in the generality of cases.

In two out of three cases related by our London correspondent in the *Journal* for December 18th, the result may, we think, be fairly called unsatisfactory. In one of them, says our correspondent, "the skin incision was quite unfelt, as was the division of the epigastric aponeurosis, but as soon as an attempt was made to withdraw the omentum and stomach (the case was one of cancer of the stomach) the patient groaned and said he felt 'as if his insides were being pulled out.'" In another case, one of chronic suppuration in the mastoid antrum, "upon incising the periosteum some pain was complained of, and, as this persisted at each attempt, a second injection was given. This, however, failed to have the desired effect, and the operation had to be completed under general anesthesia."

In this issue of the *Journal* we publish two articles relating to Professor Jonnesco's recent demonstrations in New York. One of them is by Dr. Virgil P. Gibney, of the Hospital for the Relief of the Ruptured and Crippled, and the other is by Dr. Aspinwall Judd, in which he reports the four cases of operation under stovaine and strychnine anesthesia performed in Dr. Robert T. Morris' service in the New York Post-Graduate Medical School and Hospital. It will be noticed that Dr. Gibney's cases showed more favorably than the others for the Jonnesco procedure, but we cannot overlook the fact that Dr. Gibney says: "Personally, however, I should hesitate a long while before I allowed any high injection of any solution into my spinal canal. The vascular supply within the canal is too rich, and the danger of hemorrhage induced thereby sufficiently

great, to make me prefer local anesthesia or anesthesia through the respiratory tract."

"The operation in the first case," says Dr. Judd, "lasted more than thirty-five minutes, the time allotted by Professor Jonnesco in which to do efficient work under his method of anesthesia. The patient was excitable and expected pain, but without question a considerable proportion of his pain was very real." "In the third case," says Dr. Judd, "we certainly had a very narrow escape from respiratory failure, and only careful nursing and prompt and frequent stimulation subsequent to the operation averted a fatal issue." "Note the delirium," he significantly adds.

"While the use of stovaine and strychnine anesthesia in competent hands and in selected cases," says Dr. Judd, in conclusion, "unquestionably has its advantages over the general forms of anesthesia still at the present time we are not convinced of its efficiency in general use. Administered in the upper portion of the spinal cord, if we can draw conclusions from the one case mentioned, its dangers far exceed those of the older methods." However, Dr. Morris has a good word to say for the Jonnesco method. In a note dated December 17th, which he has been kind enough to send us, he says: "It is my own impression, as you state in the editorial, that the strong point in Jonnesco's work is the skill which he has developed in the practical application of previous known methods. There are a good many patients for whom spinal anesthesia will probably be desirable—for instance, alcoholics, drug habitués, patients who have had previous operations and who have a peculiar hatred for even the odor of anesthetics, patients in whom vomiting after operation might endanger some kinds of suturing or might cause hemorrhage from tension on the suture, as in some kinds of bowel surgery. There are some cases of advanced diseases of the heart and lungs in which the stovaine method would be desirable. Feeble old men who are to be subjected to operation for removal of the prostate or stone in the bladder, I think, will do better as a rule under stovaine anesthesia."

Professor Jonnesco has given a demonstration in Philadelphia under the auspices of Dr. Edward Martin. Kindly responding to a letter of inquiry of ours, Dr. Martin says: "I am in thorough accord with the editorial clipping which you sent (from the *New York Medical Journal* for December 11th). . . . He (Professor Jonnesco) injected three cases in our surgical clinic. The third was for breast amputation. The

patient narrowly escaped death, artificial respiration being required. This in the early stages of the operation. Later, ether had to be given to control pain. There has been one death here at the hands of an imitator. One case of partial paralysis in the Philadelphia Hospital resulting from this method of anesthesia as practised by a Philadelphia surgeon."

It will be seen that the observers whom we have here cited concede Professor Jonnesco's great skill in technique. Doubtless also they would agree as to his exceptional judgment in adjusting the doses of stovaine and strychnine. Moreover, they all seem disposed to say the best that can be said of his method of anesthetization. From the sum of their testimony, however, we must condemn the method as a routine procedure, though we admit its usefulness under certain special conditions.—Editorial in N. Y. Med. Journal.

Fellows claims that the following will give immediate relief and cure all forms of eezema:

Lac Sulphuris	ʒij
Zinci Oxidi.....	ʒi
Ichthyoli	ʒss.
Mentholis	grn. xxx
Petrolati	ʒiv

M. Sig.: Thoroughly rub in each night after washing with sulphur soap or some germicidal soap.—*Charlotte Med. Jour.*

Barber's Itch Ointment.

The following is said to be effective:

Creolin-Pearson	fl. ʒj.
Hydrargyri Oleatis	
Zinc Oxidi	aa ʒiv.
Acidi Salicylici	ʒj.
Petrolati	ʒiss.

—*Pacific Pharmacist.*

Miscellaneous.

Borderland Cases of Insanity.

Of course it is so obvious as to require but little emphasis to state that insanity is treated now with far greater intelligence than was formerly the case. As a matter of fact, mental disorders were treated not only with an absolute lack of intelligence, but with a considerable amount of brutality. A new era in the treatment of the insane was inaugurated by Pinel in France, Elizabeth Fry in England, and Rush and Miss Dorothy Dix in this country. To Miss Dix is chiefly due the honor of first organizing institutions for the insane and of releasing many patients from madhouses and from the strong rooms of poor-houses and from private homes. Dr. Carlos F. MacDonald is mainly responsible for the State Care Act of 1889, and was a pioneer in the most modern methods of treating insanity. There is little doubt that progress has been made in recent years in regarding insanity from a more rational standpoint, although it must still be confessed that even the most advanced psychiatrists of the present day are to a great extent groping in the dark. That is to say that there are many obscure points which require illuminating. Light is breaking in slowly but surely, and it would seem as if the day is coming when our conceptions of insanity will be established upon a thoroughly sound and comprehensible basis. Of the present time it might not be mis-stating the case, perhaps, if it were said that it is a transition period. Ideas exist in abundance, but as yet they have not been really grasped. The German school is in the front rank from the psychological point of view, and Kraepelin is its chief prophet. As Adolph Meyer points out in the New York State Hospital's Bulletin, published in September, Kraepelin has shaken the very foundations of the old structures, and, in the opinion of Meyer, the director of the psychiatric clinic of Munich is to be thanked for the fundamental shaking up of tradition, and for the declaration of independence and of the right of seeing things according to their medical importance. American alienists are following in his wake, so far as grouping insanity under headings which commend themselves to their good sense and best judgment is concerned, rather than by classing cases under a set form.

Throughout the civilized world there is a tendency on the part of the medical profession to pay far more attention than

has up to the present time been the case, to what are known as borderland cases of insanity. In many large hospitals, wards are set aside in which to place patients who have exhibited mental idiosyncrasies which seem to indicate that they are fit subjects for trained observation. While, however, all are agreed that wise foresight is being shown in watching borderland cases, the question at once arises, What is a borderland case? Meyer answers, "Any case that can be benefited by hospital treatment." This answer is scarcely sufficiently definite, and A. W. Ferris, writing also in the State Hospital's Bulletin, amplifies it as follows: "Any case in which symptoms of commencing mental trouble have been noticed, and which should have a psychiatrist's care. Within the area of the borderland we must include psychasthenia, with its impulsions, obsessions, doubts, phobias, anguish, agitation, delirium of touch; and for practical purposes, we must include all psychoses in their incipiency; we must include psychopathic exaltation and psychopathic depression; constitutional inferiority; disorders in the train of thought, disorders of volition, of the emotions, of memory, of attention, and of personality, whenever such disorders are more than transient." This description is fairly comprehensive, and Ferris advises parents and teachers who detect in a child under their care any such symptoms, or an adult who suffers from the like, to consult a psychiatrist without loss of time.

In 1908, New York State amended the Insanity Law, and threw open her thirteen civil State hospitals for the reception, without commitment and on their own application, of patients whose minds are not so impaired as to render them incapable of forming a rational judgment. It is stated that since the change in the statute, comparatively few voluntary patients have taken advantage of the opportunity to enter the State hospitals, Ferris being of the opinion that the small number is due apparently to want of information or apathy of the general practitioner; to the idea persistent among the laity that real insanity is always marked by violence, and to the feeling that possibly recoverable cases of mental disorder should be kept at home, the hospital being regarded by some citizens as merely a receptacle for the desperate or hopeless cases. There is yet another reason which carries some weight with a large number of people, namely, the slur that is cast upon an individual and even upon his family and relations by the mere suspicion of insanity. This feeling may be due to ignorance or to a faulty comprehension of the matter, but it undoubtedly exists and must be reckoned with.—
Editorial in *N. Y. Med. Record*.

Treatment of Disease—The Few Great Drugs.

Osler says that from the day the student enters the hospital until graduation he should study under skilled supervision the action of the few great drugs. Which are they? The author does not give his list, but quotes a story told of James Jackson; when asked which he considered the greatest drugs, his reply was: "Opium, mercury, antimony, and Jesuit's bark; they were those of my teacher, Jacob Holyoke." "Yes," replied his interlocutor, "and they were those of Holyoke's master, James Douglas, in the early part of the eighteenth century."

The author tells us that his list is a much longer one. It is his belief that the student should follow most carefully the action of those drugs the pharmacology of which he has worked out in the laboratory. He should be sent out from the hospital knowing thoroughly how to administer ether and chloroform. He should know how to handle the various preparations of opium. Each ward should have its little case with the various preparations of the ten or twelve drugs, and when the teacher talks about them he should be able to show the preparations. He should study with special care the action of digitalis on the circulation in cases of heart disease. He should know its literature, from Withering to Cushney. It should be taken as the typical drug for the study of the history of therapeutics—the popular phase, as illustrated by the old woman who with it cured the Principal of Brasenose; the empirical stage, introduced by Withering in his splendid contribution, a model of careful clinical work of which every senior student should know; and the last stage, the scientific study of the drug, which he will already have made in the pharmacological laboratory. He should day after day personally give a syphilitic baby inunctions of mercury; he should give deep injections of calomel; and he should learn the history of the drug from Paracelsus to Fournier. He should know everything relating to the iodides and the bromides, and should present definite reports on cases in which he has used them. He must know the use of the important purgatives, and he should have a thorough acquaintance with all forms of enemata. He should know cinchona historically, its derivatives chemically, and its action practically. He should study the action of the nitrites with the blood-pressure apparatus, and he should over and over again have tested for himself the action, or the absence of action, of strychnine, alcohol and other drugs supposed to have a stimulating action on the heart and blood-vessels. While the author would, on the one hand, imbue him with the firmest faith in a few drugs, "the friends he has and

their adoption tried," on the other hand he would encourage him in a keenly skeptical attitude toward the Pharmacopœia as a whole, ever remembering Benjamin Franklin's shrewd remark that "he is the best doctor who knows the worthlessness of most medicines." We may well say this is a heavy contract and one which it is impossible to carry out. Perhaps it is with our present arrangements, but this is the sort of work which the medical student has a right to expect, and this is what we shall be able to give him when in his senior years we give up lecturing him to death, and when we stop trying to teach him too many subjects.—Abstract from *Therapeutic Gazette*.—B. M. J.

In his last book, "La Chemise," Anatole France has some sly hits at the medical profession. King Christophe V. complained of loss of appetite, pains in the loins, weight in the stomach, shortness of breath and palpitations of the heart, headache, giddiness, cramp—in short, of all the ailments catalogued in quack advertisements and Christian Science "testimonies of healing." Naturally, his two chief physicians, Dr. Saumon and Professor Machellier, made the diagnosis of "neurasthenia." The condition is described by one learned leech with judicious vagueness as an "imperfectly defined morbid entity." The other discourses on it in more eloquent, if not more enlightening, fashion, as a "veritable pathological Proteus, who, like the Old Man of the Sea, transforms itself ceaselessly in the grasp of the practitioner and assumes the most grotesque and terrifying appearances: by turns the vampire of a gastric ulcer or the snake of a nephritis, suddenly it displays the yellow face of jaundice, shows the hectic cheeks of tuberculosis, or twines strangling hands which would make one believe that it has hypertrophied the heart; at last it presents the spectre of all the ills that afflict the human body, till, yielding to medical art and owning itself beaten, it flies away in its proper figure of ape of diseases." Saumon was handsome and popular with women; he recognized aristocracy even in a cæcum and a peritoneum, and was careful in his regard of the social distances which separated one uterus from another. Machellier, short and stout, was copious in speech. He and his professional brother hated each other; but having noticed that in fighting they destroyed each other, they affected a perfect understanding and a full agreement in opinion; one had no sooner expressed an opinion than the other made it his own. Although having a

mutual contempt for each other's intelligence, one was not afraid to borrow the other's opinion, "knowing that there was no risk in doing so, and that they would neither gain nor lose by the exchange, as it was only medical opinions that were in question; so they agreed on a course of treatment for the King, but the unfortunate monarch got steadily worse. His courtiers urged him to call in Dr. Rodrique, whose fame extended over the whole world. He charged fees of an amount that made millionaires recognize his merit. His brethren, whatever they thought inwardly of his knowledge and character, spoke with respect of a man who raised the medical fee to a height till then unknown. Many praised his methods, and professed to be able to apply them at a lower figure. Dr. Rodrique excluded the products of the laboratory and of the pharmacy from his therapeutic armament, and his methods of treatment had a disconcerting eccentricity and inimitable singularities. An instance of this forms the plot of the story. The King is unwilling to call him in, for, as he sagely observes, he knows that his official doctors do nothing, but he does not know what Rodrique is capable of doing. Nevertheless, after much intrigue and diplomacy he is induced to send for Rodrique, whose prescription is that His Majesty shall wear the shirt of a happy man next his skin, so that his dry integument may absorb the particles of happiness exhaled by the sudoriparous glands of the happy man. With some difficulty the King is got to consent to submit to this treatment; then the difficulty is to find a happy man. When found at last, he has no shirt!—*British Med. Jour.*

The Canadian Medical Exchange wishes us to say that this season of the year is probably the best of any for physicians desiring to sell their practices, to offer them, as the Exchange has a great many more bona fide buyers registered with them, who are looking for a location, than they have practices to offer, and Dr. Hamill, who has conducted this important department of medical affairs for many years, would be glad to have the opportunity of opening up negotiations with physicians desiring to sell. The list of his offers will be found in the advertising columns of this journal, the complexion of which changes each month. The address is 75 Yonge St., Toronto.