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NO. 2.

Original Contributions.

ACUTE ASCENDING PARALYSIS.—LANDRY'S PARALYSIS.

[BY A. MCPHEDRAN, M.B.,

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THE prevalence of this affection in this city during the past winter makes a discussion of it at this time opportune. The occurrence of cases with well-defined symptoms is rare, but there is a fair number in which the paralysis develops irregularly, while otherwise they closely resemble typical cases of Landry's Paralysis, and are doubtless of the same nature. The first case met with was seen with Dr. Powell in 1892, and I reported it at the meeting of the Association of American Physicians of that year. Since then the cases I have seen have been grouped in three several years—two in 1896, both recovering; two in 1904, both fatal; and three this year, one fatal. In the two seen in 1896 the symptoms were identical, and an abstract of the history of one will suffice.

W. C., aged 27, a carpenter, was admitted to Toronto General Hospital, 13th June, 1896. His previous history was good. On May 31st he was out in a heavy rain storm. Next day on rising he felt a "catching" in both legs which gradually grew worse during the day, and he tired easily. On June 2nd, on drawing up the legs there was a catching sensation and pain in the backs of the thighs. He used a stick in walking, and in the afternoon fell forwards in the street, but was able to get home alone. On June 3rd, his arms became weak. He did not sleep well all week, and he was just able to drag himself about. The bowels were constipated. June 8th, speech became affected, the tongue felt thick and swallow-

ing became difficult. He perspired a good deal. The bowels became so loose that he had practically no control over them, but there was no trouble with the urine. He was delirious on the evening of June 12th.

On entering the hospital, June 13th, the following entry was made:—

Pulse—110.

Temperature—99 $\frac{4}{5}$.

Respiration—22.

He can barely raise his head from the pillow. Face is anxious, slightly flushed and he is perspiring. The tongue moves freely but speech is thick. He has good control of linguals and the palate moves freely. On swallowing, solids seem to stick, but he has no difficulty in drinking. Body fairly well nourished. He can barely flex the arms but cannot raise them. Legs straight, looking flacid but healthy. Right foot slightly drooped. Extensor museles of the right thigh respond slightly to irritation. There is no plantar, patellar, or cremasteric reflex, but a slight epigastric reflex. Sphincter ani reflex very slight. Sensation normal. On applying hot water to the back a slight hyperaesthesia in the lumbar region was evident. He had no appetite but he was very thirsty. Bowels open. He was troubled by the collection of mucus in the mouth. Liver enlarged; spleen palpable below the costal margin. Epitrochlear and cervical glands are palpable.

June 19th. He can flex the right arm and then raise it but cannot raise it without flexing. The left arm cannot be raised; raises head better than before; slight movement in both legs, better in the left. There is incontinence of urine. Electrical re-actions normal. Respiration is unaffected, the diaphragm and intercostal museles being quite active.

During the three following days, the trunk museles became so weak that he was unable to make any movement except a slight rotation of the head. The face remained unaffected. Both the diaphragm and intercostals became weak but not completely powerless, so that in inspiration there was slight movement of the epigastrium and some expansion of the chest. Swallowing became very difficult even for liquids, but if taken slowly they did not return through the nose or enter the larynx. His facial expression was very anxious and he realized the gravity of the condition.

June 22nd. He can raise both arms from the bed and also move the toes of both feet slightly, especially the left. Power of grasp increases. Faeces still pass involuntarily.

June 24th. His power of movement of limbs is improving. The sphincter ani has some power, he has control over the bowels. The museles respond to a weak faradic current.

June 25th. He vomited 10 ounces of greenish fluid after taking

some soup which his friends brought him. He felt sick for two or three days.

June 26th. Vomited again at one a.m.

June 29th. Movements of the arms and toes better, some pain on flexing the leg. Sphincter ani almost normal.

July 1st. He moves both feet fairly freely, makes attempts to flex both thighs but cannot raise the knees from the bed. Is able to turn on the side with aid of his hands. There is soreness of all muscles of lower extremities. Superficial reflexes all exaggerated. Sensation normal. No tenderness of skin. Some tenderness of the muscles of the upper extremities but not so marked as in the lower.

July 6th. He can flex the knees slightly and moves the legs a little better.

July 10th. He can raise the head and bend the back fairly well. He can turn on his side and his grasp is stronger.

July 15th. Can flex legs well but patellar reflex is altogether absent as yet.

July 21st. Able to be up and walk across the room. Gait is somewhat shuffling and uncertain. No knee jerk. Muscles are still tender.

July 25th. He left the hospital to-day. Walk was shuffling but is gaining in strength; sleeps and eats well.

It is to be observed that the attack developed gradually; it did so in all the cases I have seen in which recovery took place. Certainly the more acute the onset, the worse the outlook.

CASE 3, seen in 1896, was identical with the case just detailed.

CASE 4. The most marked case seen was that of the son of a physician in this city. S. D., a lad eighteen years of age, was remarkably well developed and in every way was a boy of exceptional character and great promise. He first felt indisposed on Saturday, August 27th, 1904, but did duty at the bank in which he was employed and played cricket in the afternoon. He was not well on Sunday and Monday, but continued his usual duties. On Monday evening, his father, who had returned home after a few days' absence, was struck with his ill appearance. That night he was restless, had some fugitive pain and the skin was very sensitive. A hypodermic of morphine was given. The next day, August 30th, the temperature was 99, pulse normal, there was some vomiting and he had great hyperæsthesia over the lumbar region posteriorly. The right leg was markedly weak.

On the 31st, vomiting had ceased and the hyperæsthesia had shifted to the right iliac region. The right leg was almost completely powerless and there was some weakness in the left. Hands and arms normal. Morning temperature 99. By evening both legs were powerless and the left arm weak. There was retention of urine and the bowels were moved by enema.

September 1st. Both legs were paralysed completely and the left fore arm nearly so but there was fair movement in the arm. Some weakness of the right hand and arm. The trunk muscles weak but respiration was not affected. Temperature 101, pulse 90. By evening the left hand and fore arm were almost powerless, the right somewhat weaker. The intercostal muscles acting, but weak and restricted so that he complained of want of air. Swallowing not affected. Sensation normal and there was no pain. Temperature 103, pulse 90. Blood examination:—Red corpuscles, 4,500,000; Leucocytes, 11,400; Hemoglobin, 95%.

The differential count of the leucocytes showed:—Polymorpho-nuclear, 85; large mono-nuclear, 5; small mono-nuclear, 8½; eosinophiles, 1½.

September 2nd. Morning temperature normal, pulse 80, respiration rapid, shallow and labored. Lower extremities completely paralysed also left upper extremity except shoulder muscles in which there was some power. Right upper extremity weak. Intercostal muscles and diaphragm completely paralysed so that respiration had to be carried on by the muscles of the neck drawing upwards on the sternum. Artificial respiration gave some relief. Oxygen was unpleasant and made the throat sore. The mind was clear. Slight cyanosis. Condition continued much the same until death in the evening. There was no autopsy.

This case presents in a remarkable manner all the symptoms of Landry's Paralysis running an acute course.

A more distressing condition causing death it would be difficult to conceive. The struggle for breath was very great until the desire become lessened by the dulling of the senses by the gradual increase of carbonic acid in the blood. The marked, though short, fever shows that there was acute infection to which it is reasonable to attribute the rapidly ascending paralysis. The pain in the back and the hyperaesthesia make it probable that there was irritation of the posterior roots of the nerves and the slight leucocytosis was due to increase of the polymorpho-nuclear forms and probably caused by the infection.

CASE 5. I had the privilege of seeing this case with Dr. Bowie, to whom I am indebted for the following notes:

Emily M., aged 29, married, one child. Two weeks before this illness was treated successfully for tape-worm. Her illness began December 26th, 1904, with weakness in the legs. She was restless at night and had some pain in the legs but was able to stand next day. On the 29th, there was slight fever, legs quite paralysed, arms weak. The paralysis increased and involved the muscles of respiration. She died January 2nd, 1905.

When I saw her on the 29th, the third day of her illness, it seemed as if the progress of the malady would be rather slow and

the prognosis therefore, was regarded as, at least, not wholly hopeless.

CASE 6. J. McE., age 21, English. He was a shipping clerk in a warehouse and much exposed. His family are rheumatic and of a neurotic tendency. He had scarlet fever when a child but has been well since that time.

On February 1st he felt pain and stiffness in his shoulders and lower limbs, on rising. Within a few days it was so severe that he had to remain in bed. At this time there was marked weakness in lower limbs, especially in the left. On February 7th he noticed that his hands and arms were weak. The weakness gradually increased.

On admission to the hospital on February 12th he was unable to walk except with assistance. There was considerable pain and stiffness in the lower limbs and sacral region. The left patellar reflex was absent, the right was normal. Sensation was not disturbed and electrical re-actions were normal.

The hands showed marked loss of power, especially on flexing the fingers. Pronation and supination of forearm was very weak. Flexion of the forearm is good; also movements of the upper arms and shoulders. Two days after admission, the pain and stiffness in lower limbs disappeared. The left patellar reflex was still absent.

Blood:—Red corpuscles, 4,735,000; white, 8,000; hemoglobin, 95%.

Urine:—Specific gravity 1028, albumen and sugar absent. Microscopical examination showed oxalate crystals and epithelial cells.

One week after admission, the power in the lower limbs was greatly improved. The left patellar reflex was present. The flexor power of the hands was:—Right, 23k°; left, 18k°.

On February 28th, he was able to walk without assistance and was allowed up each day in the ward. The flexor power of the hands gradually increased, and on that day registered:—Right, 28k°; left, 20k°.

On March 15th he could walk quite readily; the power in lower limbs was about normal. The patellar reflexes were slightly exaggerated and the flexor power in right hand was 35k°, and in left 25k°.

The note on March 31st was "both patellar reflexes slightly exaggerated, flexion power in right hand 48k°, and in left hand 37k°."

The return of the knee jerks while the arms were still weak is quite remarkable and shows the localization of the affection.

CASE 7. I saw this case with Dr. A. R. Gordon to whom I am indebted for the following notes:—W., male, aged 21 years.

Occupation clerk. Well developed, of good family and personal history.

February 16th, 1906. Came to office 10 a.m., complaining of weakness in hands and arms, having noticed at noon of the previous day weakness in right hand on attempting to open a door, the left hand showing weakness a short time (an hour or two) later. This condition gradually increased until first seen February 16th, 10 a.m. Face pale and a look of anxiety and ill-feeling. Pulse 54, soft and compressible. Temperature 97.8° F.; respiration 18. Flexors and extensors of fingers and wrist, pronators and supinators and flexors of the forearm, markedly affected, the triceps and muscles of the shoulder girdle moderately so.

Intercostals and other muscles of respiration apparently unaffected. No sensory disturbance, knee-jerk normal, legs unaffected.

February 17th, 10 a.m. Had a restless night, experienced some difficulty in swallowing and in expectorating. Feared to be left alone. Voice weak. Face anxious and pale. Weakness of arms still more marked. Intercostals somewhat involved. Some dyspnoea. Pulse 60, temperature 98° F, respiration 26. Marked feeling of prostration. Superficial reflexes present, legs unaffected, knee-jerks normal. 9 p.m. Weakness in arms more marked. Deglutition more difficult, dyspnoea more marked. Prostration extreme. Some weakness in legs. Pulse 60. Temperature 98.6° F.

February 18th, 10 a.m. Patient brighter, voice stronger, less difficulty in swallowing. Dyspnoea more marked. Intercostals decidedly, and diaphragm somewhat, involved, weakness in abdominal muscles evident; marked weakness in legs, especially in left; knee-jerks absent. Abdominal and cremasteric reflexes present. Bladder and rectum unaffected.

Small area of anaesthesia to the right of the second lumbar vertebra. No other sensory disturbance noticed. Pulse 72. Temperature normal.

4 p.m. Patient fairly bright, deglutition slightly improved, speech fairly good. Some slight power retained in arms. Marked involvement of intercostals and diaphragm. Left leg powerless, some slight movement in the right. Bladder and rectum still unaffected. Cremasteric reflex present. Some tenderness in region of right temporo-maxillary joint. Pulse 78, temperature 99° F.

During the night of the 18th, patient was restless, suffered greatly from dyspnoea, complained of the weight of his arms upon his chest and of the weight of the bed clothes. He died suddenly about midnight. An autopsy was not permitted.

CASE 8. P. D., aged 46. Hotelkeeper. I saw him with Dr. H. Wilberforce Aikins, to whom I am indebted for the notes. He was a large robust man addicted for a year or two to excessive use of alcohol. The symptoms were

pains of a rheumatic type soon followed by weakness in the legs. The paralysis extended upwards in the usual manner and soon involved the arms and the whole of the face, both sides of which became quite powerless. The muscles of mastication were not affected and those of the tongue and pharynx only to a moderate degree. The trunk muscles retained sufficient power to enable him to sit so long as he was quite erect but not if the body deviated from the perpendicular position. The intercostal muscles and diaphragm were affected but retained sufficient power to enable him to breathe without much discomfort. The functions of the bladder and rectum were not affected. The reflexes were all lost. Sensation was normal. The muscles were flaccid but there was little, if any, apparent wasting.

Six weeks later nearly full power returned to the face and to the muscles of speech and swallowing. He was able to make considerable movement of the arms and slight movement of the legs. Knee jerks were still absent.

These cases show not only the symptom-complex but also nearly all the variations met with in the course of acute ascending paralysis as first described by Landry in 1859. The picture presented by a typical case after full development is very striking. There is complete flaccid paralysis of all four extremities, of the trunk muscles, occasionally of the face, usually of the muscles of deglutition and finally of those of respiration to which death is usually due. Sensation is usually unaffected although there may be various paræsthesias such as slight numbness, tingling, areas of hyperæsthesia and pain in the back, severe in some cases, but these disturbances are temporary and the sense of touch remains unaffected. Delirium is rare, consciousness as a rule remaining clear until near death when stupor is caused by the accumulation of carbonic acid in the blood.

The reflexes are lost early, not returning in the fatal cases, and in those recovering, only after the power of the muscles has been well restored.

The bladder and rectum usually escape, but they were involved in three cases of this series, and most markedly in case 2, which ended in recovery.

The course of the disease is usually afebrile but the temperature may be high and toxic in type as in case 4, but the duration of the fever was short in all these cases.

The spleen and lymphatic glands are usually enlarged.

Although there is still much uncertainty as to the pathology of Landry's Paralysis there is scarcely room for doubt that it is due to an acute general infection. This is indicated by its onset with malaise and aching pains, the fever in some cases, and the swollen spleen and lymphatic glands. The occurrence of the fore-

going cases in groups showing an endemic cause lends further support to this view. In the present winter (1906) several other cases occurred in Toronto in the practice of various physicians. I greatly regret that an autopsy was not available in any of my fatal cases.

With the introduction of the Marchi and Nissl methods of staining nerve tissue, much advance has been made in demonstrating the occurrence of definite changes in recent cases to account for the almost uniform course of the symptoms. Among the definite *post mortem* changes found, the most frequent are in the spinal cord, especially in the anterior horns. The vessels of the meninges and cord are usually engorged, frequently with capillary hemorrhages generally in the anterior horns and surrounding white substance, but also occasionally in the posterior root ganglia. In a few cases there is small round cell-infiltration into the walls of the vessels and the perivascular lymph spaces; possibly this would be found more often if the fatal termination were less rapid.

Occasionally, the pathological changes are more severe and widespread, consisting in addition to marked congestion of the cord and meninges and round cell-infiltration of the walls of the vessels and perivascular lymph spaces, of areas of softening in the cord generally limited to the anterior gray substance, the whole constituting a meningo-myelitis.

In a few cases, all that was found was degeneration of the peripheral nerves, but myelin changes in the white substance of the cord as well as of the nerves have been found. One or two cases have been reported of hyaline degeneration and thrombosis of the blood vessels, most frequently in the anterior part of the cord.

BACTERIOLOGY.

Although all these pathological changes can only be adequately accounted for by a bacterial toxine circulating in the blood the most careful search has failed to reveal, in the majority of cases, the existence of micro-organisms in either the tissues or fluids of the body. Farquhar Buzzard (Brain; Spring Number, 1903, Part C.I.), in a valuable paper, collected the records of thirty-eight cases, and in only thirteen of these were micro-organisms found by either staining the tissues or by culture methods; in the remaining twenty-five cases the examinations were negative. In these thirteen cases the micro-organisms found were nearly as various as the cases. In his own case a micrococcus was isolated from the blood, and one indistinguishable from it found in large numbers in the external parts of the spinal dura. Subdural injections into a rabbit of cultures of this coccus produced after some days a rapidly spreading paralysis, and the coccus was obtained from the blood and dura matter. In neither the man nor the rabbit was the micro-

organism found in the nerve tissue or pia-arachnoid, and in both the cerebro-spinal fluid was sterile.

In a remarkable case ending fatally, reported by Gordinier (*Albany Medical Annals*; January, 1904), a careful bacteriological examination gave negative results. The illness began with symptoms of general infection from intestinal origin thirteen days before the onset of the paralytic symptoms which developed rather suddenly and death occurred nine days later from respiratory paralysis. Widespread degeneration of the peripheral neurones was found at the *autopsy*.

In this last case had life been prolonged sufficiently there must have followed marked atrophy as in cases of acute poliomyelitis, a case of which it would doubtless have been regarded. It is a question whether all cases of Landry's Paralysis should not be regarded as identical pathologically with acute poliomyelitis. However, it is remarkable that in the cases of Landry's Paralysis terminating in recovery there is not permanent injury such as paralysis and atrophy. The following case may be quoted to show the close resemblance, if not identical nature, of the two affections. A child, female, aged ten years, presented the symptoms of a moderately acute infection, with the enlarged spleen and lymph glands, followed in a few days with increasing paralysis, first of the legs and then extending to the trunk and arms. When I saw her a few days later all four extremities were completely paralysed; the diaphragm was quite weak but the intercostal muscles were little affected. Swallowing was somewhat difficult. The face was normal. Occuring at a time when a case of Landry's Paralysis was under observation the child's case was regarded as one of the same disease. The subsequent history proved it to be poliomyelitis; when seen some weeks later there was atrophy affecting all four extremities, almost complete of the legs and very marked of the arms, chiefly of the muscles of the shoulder girdle; the trunk muscles recovered fairly well. A year later she was able to sit in a chair and use the arms sufficiently to enable her to take easily managed food, but her power over the legs was limited to a little swinging movement. Had the nerves supplying the diaphragm and intercostal muscles and those of the medulla escaped with less injury in Gordinier's case, so as not to have ended fatally, the ultimate result should have been practically identical with that of this case. The case, at least, shows that it is not always possible to differentiate the two affections.

151 Bloor Street West.

Proceedings of Societies.

PRELIMINARY PROGRAMME OF THE SEVENTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

EXECUTIVE OF THE TORONTO BRANCH BRITISH MEDICAL ASSO- CIATION.

- President.*—IRVING H. CAMERON, M.B., F.R.C.S., L.S.G., and Edin.,
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Vice-President.—ADAM H. WRIGHT, M.D., Toronto.
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- ALLEN BAINES, M.D., ALEXANDER MCPHEDRAN, M.B., RICHARD
ANDREWS REEVE, M.D.

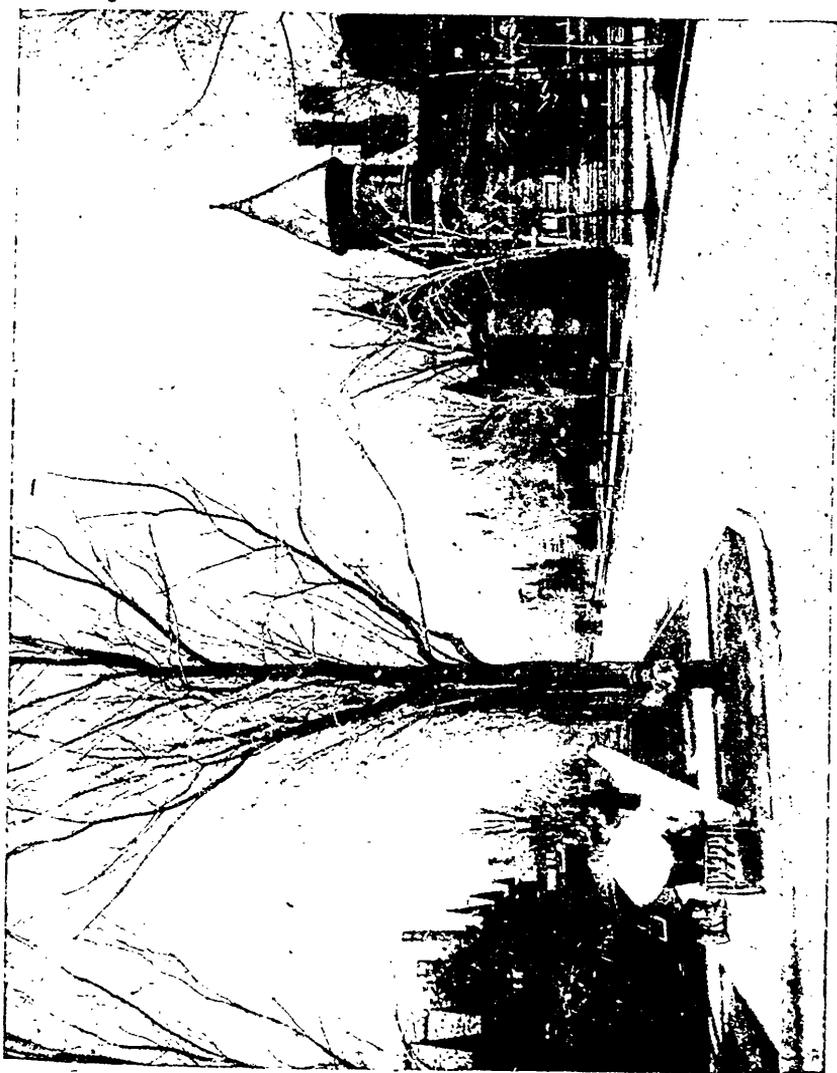
TUESDAY, AUGUST 21st.

PROGRAMME OF MEETING.

- 8.30 a.m. Clinic.
9.30-12.30 a.m. Meetings of Sections.
1.00 p.m. Luncheon for Visiting Ladies.
2.00 p.m. Address of Welcome, Introduction of Guests,
Delegates, etc., and President's Address.
4.30-6.00 p.m. Reception and Garden Party, by His Honor
the Lieutenant-Governor and Mrs. Clarke at Govern-
ment House.
6.30 p.m. President's Dinner.
8.00 p.m. General Meeting.
8.50 p.m. Address on Obstetrics, Dr. W. S. A. Griffith.
9.30 p.m. Reception by the President and Mrs. Reeve in
the University Quadrangle.

WEDNESDAY, AUGUST 22nd.

- 8.30 a.m. Clinic.
9.30-12.30 a.m. Meetings of Sections.
1.00 p.m. Luncheon by invitation of the Dominion
Alliance.
2.30 p.m. Address on Medicine, Sir James Barr, M.D.



ST. GEORGE, STREET, TORONTO.

- 3.30 p.m. Garden Party (for ladies), University Women's Club, at Annesley Hall.
- 4.30 p.m. Garden Parties { Prof. Goldwin Smith.
J. W. Flavclle, Esq., LL.D.
- 8.30 p.m. Address on Surgery, Sir Victor Horsley, F.R.S.
- 9.30 p.m. Reception by the Mayor and the City Council, at the City Hall.

THURSDAY, AUGUST 23rd.

- 8.30 a.m. Clinic
- 8.00 a.m. Ladies Excursion to Niagara Falls.
- 9.30-12.30 a.m. Meetings of Sections.
- 1.30 p.m. Luncheon at the Lakeside Home (limited).
- 2.30 p.m. International Golf Matches at Toronto and Lambton Golf Clubs.
- 7.30 p.m. Annual Dinner.
- 8.00 p.m. Reception for Ladies.

FRIDAY, AUGUST 24th.

- 8.30 a.m. Clinic.
- 9.30-12.30 a.m. Meetings of Sections.
- 1.00 p.m. Luncheon for Visiting Ladies.
- 2.30 p.m. General Meeting.
- 4.30 p.m. Garden Party, E. B. Osler, Esq., M.P.
- 8.30 p.m. Reception by the Royal Canadian Yacht Club at the Island.

SATURDAY, AUGUST 25th.

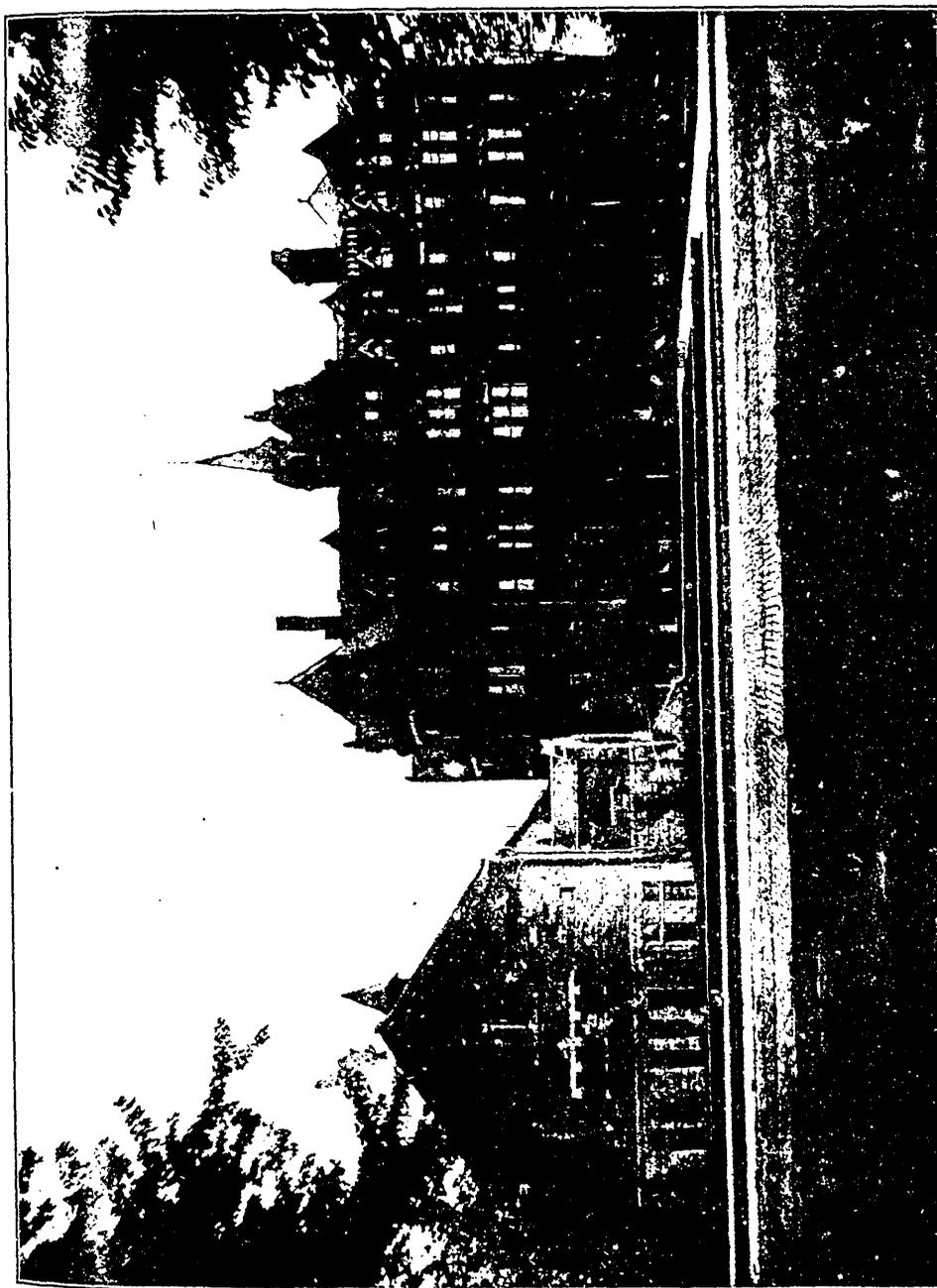
- Excursion to the Niagara Power Company's Works, through the courtesy of Sir Henry M. Pellatt (limited).
- Excursion to Muskoka Lakes (limited).
- Excursion to Lambton Golf Links, through the courtesy of the President, A. W. Austin, Esq. (limited).
- Excursion to Ontario Agricultural College, Guelph (limited).

ADDRESSES.

An Address in **MEDICINE** will be delivered by **SIR JAMES BARR, M.D., F.R.C.P., F.R.S.E.**—Subject: The circulation viewed from the peripheral standpoint.

An Address in **SURGERY** will be delivered by **SIR VICTOR HORSLEY, M.B., F.R.C.S., F.R.S.**—Subject: The Technique of operations on the Central Nervous System.

An Address in **OBSTETRICS** will be delivered by **WALTER SPENCER ANDERSON GRIFFITH, M.D., F.R.C.P.**—Subject: *Not yet announced.*



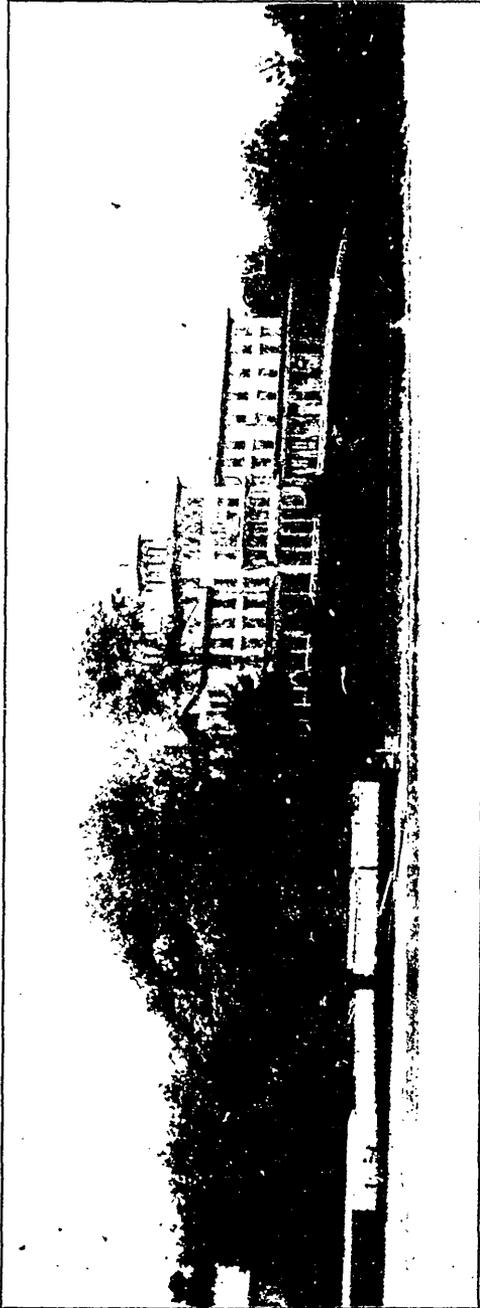
WYCLIFFE COLLEGE, TORONTO.

The order given below will not necessarily be followed in the final programme.

SECTION IN ANATOMY.

The following subjects have been selected for discussion:

- (a) "The structure of the Cardiac Glands of Mammals and their phylogenetic significance, a reply to G. Haane," by Dr. R. R. Bensley, University of Chicago.
- (b) "Reports from the Hull Laboratory of Anatomy, University of Chicago," by Dr. R. R. Bensley, Chicago.
- (c) "The Cytological character of the Cellular Components of the islets of Langerhans," (N. A. Lane), by Dr. R. R. Bensley, Chicago.
- (d) "The Structure of the Lachrymal and Harderian Glands of Mammals," (J. Sundwall), by Dr. R. R. Bensley, Chicago.
- (e) "The anatomical relations and blood supply of the palatine tonsil," by Dr. J. C. Wilson, Chicago.
- (f) "An unusual peritoneal anomaly simulating retro-peritoneal hernia," by Dr. J. C. Wilson, Chicago.
- (g) "On the Chromatin character of certain parietal cells," by Dr. B. C. Harvey, Chicago.
- (h) "On a case of polydactylism in the foot," by Dr. B. C. Harvey, Chicago.
- (i) "A case of innervation of M. rectus lateralis oculi by the N. oculomotorius, with absence of N. abducens," by Dr. B. C. Harvey, Chicago.
- (j) "The development of the stria vascularis," by Dr. C. E. Shambaugh, Chicago.
- (k) "Mucous stains of the Cardiac Glands of the pig," by Dr. R. R. Bensley, Chicago.
- (l) "Preparations of the islets of Langerhans to illustrate the characters of the different kinds of cells composing them," by Dr. R. R. Bensley, Chicago.
- (m) "Sections of the Lachrymal Glands," by Dr. R. R. Bensley, Chicago.
- (n) "A heart in which the single right pulmonary vein opens opposite the septum atriorum which is incomplete posteriorly," by Dr. J. C. Wilson, Chicago.
- (o) "Preparations of the human stomach to illustrate the methods of differentiating the cellular components," by Dr. D. G. Revell, Chicago.
- (p) "The circulation in the labyrinth of the ear in the pig," by Dr. C. E. Shambaugh, Chicago.
- (q) "The development and variation of the nerves of the posterior limb in man," by Prof. C. R. Bardeen, University of Wisconsin.



QUEEN'S ROYAL, NIAGARA-ON-THE-LAKE.

(*r*) "The Arteriae Rectae of the Mammalian Kidney," by Prof. Carl Huber, University of Michigan.

(*s*) "The form of the Uriniferous Tubules of certain of the lower vertebrates," by Prof. C. Huber, University of Michigan.

(*t*) "The Morphology of the Hip-Joint," by Dr. Jenkins, King's College.

(*u*) "The Marginal sinus," by Dr. Jenkins, King's College.

(*v*) "A Symeliam Monser," by Dr. Gladstone, Middlesex Hospital.

Papers have also been promised by Prof. J. Playfair McMurrich, University of Michigan; Dr. Ross E. Harrison, University of Johns Hopkins, Baltimore; Dr. Knowler, Baltimore; Dr. Streeter, Baltimore; Dr. Waterson, Edinburgh University; Dr. Donald Armour, London; Dr. Sanders, London; Dr. Paterson, Liverpool.

SECTION IN DERMATOLOGY.

The following subjects have been selected for discussion:

(*a*) "The Teaching of Dermatology," by Dr. Norman Walker, Edinburgh.

(*b*) "Eczema," to be opened by Dr. A. J. Hall, Sheffield.

(*c*) "Psoriasis and light," by Dr. J. N. Hyde, Chicago.

(*d*) "Errors in the treatment of Cutaneous Cancer," by Dr. A. R. Robinson, New York.

(*e*) "The wrong and right uses of milk in certain diseases of the skin," by Dr. L. D. Buckley, New York.

(*f*) "Dermatitis Vegetans," by Dr. Williams Thomas Corbett, Cleveland.

(*g*) "Multiple and Successive Chancres and Pathology of Syphilitic Infection," by Dr. R. W. Taylor, New York.

(*h*) Lantern slide demonstration, by Dr. J. A. Fordyce, New York.

(*i*) Photographs, by Dr. F. J. Shepherd, Montreal.

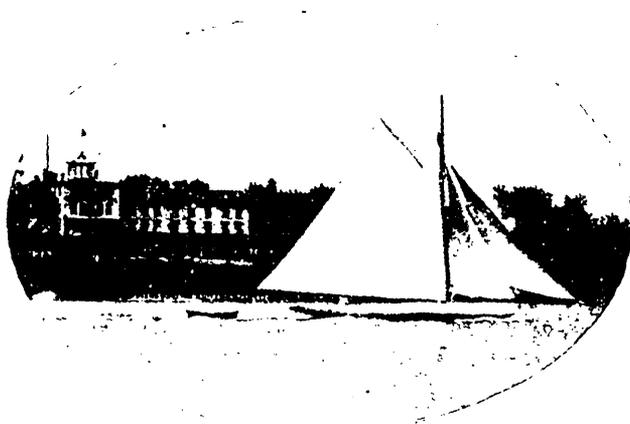
(*j*) Papers will also be given by Dr. Gilchrist, Baltimore; J. C. Johnston, New York; and S. Pollitzer, New York.

SECTION IN LARYNGOLOGY AND OTOTOLOGY.

The following subjects have been selected for discussion.

(*a*) "Operations for the correction of deviations of the Nasal Septum," to be opened by Dr. St. Clair Thomson, London; and followed by Dr. Roe, Rochester; Dr. McDonagh, Toronto; Dr. Freer, Chicago, and others.

(*b*) "On the Laryngeal disturbances produced by Voice Use," to be opened by Dr. Middlemas Hunt, of Liverpool, followed by Dr. Chappell, of New York; Dr. Birkett, of Montreal; Dr. Casselberry, of Chicago, and others.



QUEEN'S ROYAL, FROM NIAGARA RIVER.



A SCENE NEAR NIAGARA-ON-THE-LAKE.

(c) "On the Indications for the Ligation of the Jugular Vein in Otitic Pyæmia," to be opened by Dr. Hugh Jones, Liverpool, and followed by Dr. McKernon, New York, and others.

(d) "On Laryngeal Stenoses in Infants," to be opened by Dr. Logan Turner, Edinburgh, followed by Dr. Ashby, Manchester, and others.

The latter discussion will be before a Session held jointly with the Section on Children's Diseases.

The following Papers have also been offered:

(a) "The Pathogenic Influence of Aural Lesions on Systemic Disease," by Dr. MacCuen Smith, Philadelphia.

(b) "Polypus," by Dr. Eugene Yonge, Manchester.

(c) "To what extent is it advisable to adopt conservative methods in the treatment of Aural Diseases," by Dr. Bacon, New York.

(d) "The value of the Blood-clot as a primary dressing in Mastoid Operations," by Dr. Clarence Blake, Boston.

(e) "Skiagraphy as an aid in the diagnosis of treatment in the diseases of Accessory Sinuses of the nose," with lantern exhibition of negatives, by Dr. Coakley, New York.

(f) "Some Cases of Suppurative Frontal Sinus Disease presenting unusual features," by Dr. Perry Goldsmith, Belleville.

(g) "Abductor Paralysis with a report of two cases," by Dr. George L. Richards, Fall River, Mass.

(h) "Exhibition of specimens, drawings and instruments in connection with the Submucous Resection of the deviated Nasal Septum," by Dr. W. L. Ballenger, Chicago.

(i) The use of the Cold Wire Snare in removing Hypertrophied Tonsils," by Dr. Alice G. Bryant, Boston.

(j) "Thyrotomy and Laryngectomy for malignant disease of the Larynx," by Dr. Chevalier Jackson, Pittsburg.

(k) "A study of the Anatomy of the Accessory Sinuses of the Nose from reconstructions," exhibition of drawings and preparations by Dr. H. W. Loeb, St. Louis.

(l) "The origin of Sputa," by Dr. W. Peyre Porcher, Charleston.

Papers are also expected from Dr. Smurthwaite, Newcastle; Dr. Watson Williams, Dr. Herbert Tilley, and others.

SECTION IN MEDICINE.

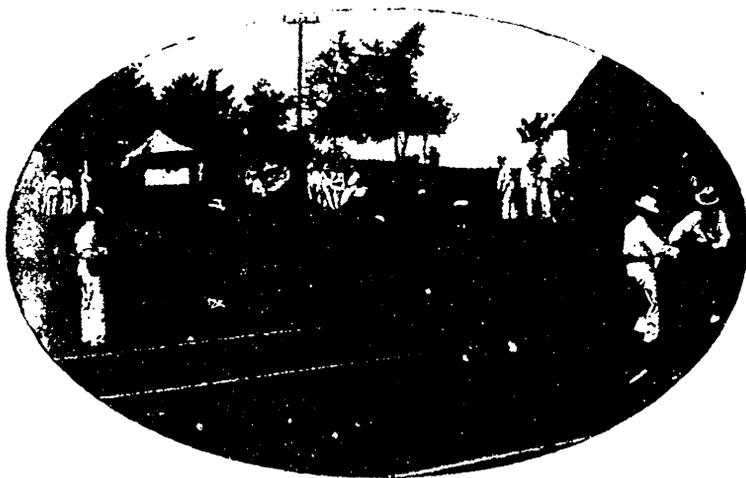
The following subjects have been selected for discussion :

TUESDAY, AUGUST 21.—Discussion: "Blood Pressure in Relation to Disease." The subject will be treated under the following headings:

(a) "Physiological Introduction," by Dr. Percy M. Dawson, Baltimore.



PARK OVERLOOKING LAKE ONTARIO.



BOWLING GREEN.—NIAGARA-ON-THE-LAKE.

(b) "Clinical Methods of Investigating Blood Pressure," by Dr. G. A. Gibson, Edinburgh

(c) "Pathology and Therapeutics of Morbid Blood Pressure," by Sir Wm. Broadbent, London.

(d) "The Relation of Blood Pressure to Arterial Sclerosis," by Prof. Clifford Allbutt, Cambridge. The following will also take part: Dr. J. Mackenzie, Burney; Sir James Barr, Liverpool; and others.

WEDNESDAY, AUGUST 22.—A joint discussion with the Section of Physiology on "Over Nutrition and Under Nutrition, with special reference to Proteid Metabolism," to be opened by Prof. Chittenden, Yale; to be followed by Professor Halliburton, London; Professor Wm. Osler, Oxford; Dr. Otto Folin, Waverley, Mass.; Dr. R. Hutchison, London; and others.

THURSDAY, AUGUST 23.—"Some Aspects of Heart Block," by Professor Wm. Osler, Oxford, Dr. J. Mackenzie, Burnley, Dr. Erlanger, Baltimore, Dr. Aschoff, Freiburg, Dr. W. S. Morrow, Montreal, Dr. G. A. Gibson, Edinburgh, and others.

FRIDAY, AUGUST 24.—Papers.

The following papers have been arranged for:

(a) "Some Clinical Manifestations Visceral and General, of Arterio-sclerosis," by Dr. Alfred Stengel, Philadelphia.

(b) "Paracentesis of the Pericardium; Indications and Methods," by Dr. George Dock, Ann Arbor.

(c) "Gastric Neurasthenia," by Dr. Hugh A. McCallum, London, Ont.

(d) "Syringomyelia, with a Cavity traced from the Sacral Region to the Upper Part of the Internal Capsule," by Dr. W. G. Spiller, Philadelphia.

(e) "The Treatment of Typhoid," by Dr. F. T. Smith, London.

(f) "The Treatment of Typhoid," by Dr. W. B. Thistle, Toronto.

(g) "The Pathology of Neurasthenia," by Dr. T. D. Savill, London.

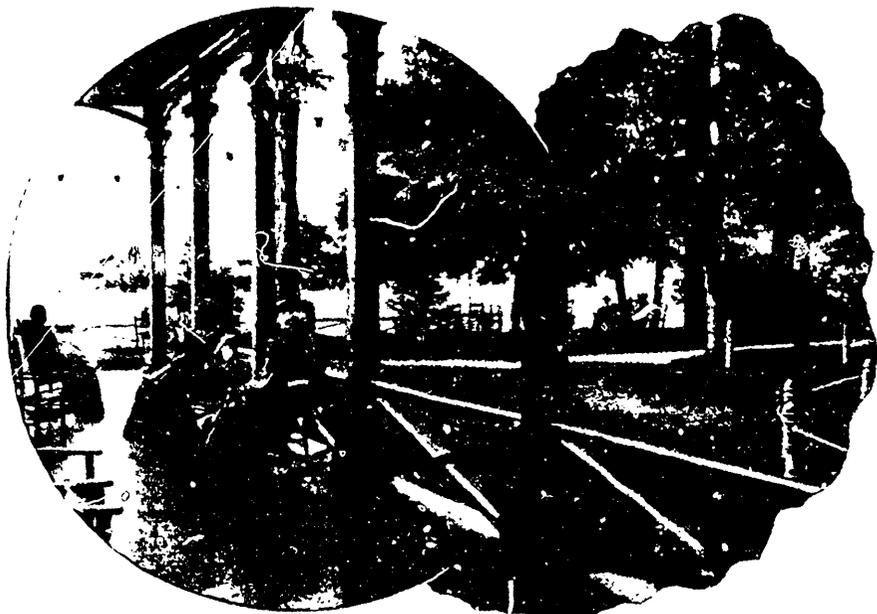
(h) "Amino-acids and Metabolism," by Dr. L. F. Barker, Baltimore.

(i) "Four Cases of Gangrene of the Lung; Operations, Recovery," by Dr. Ridley MacKenzie, Montreal.

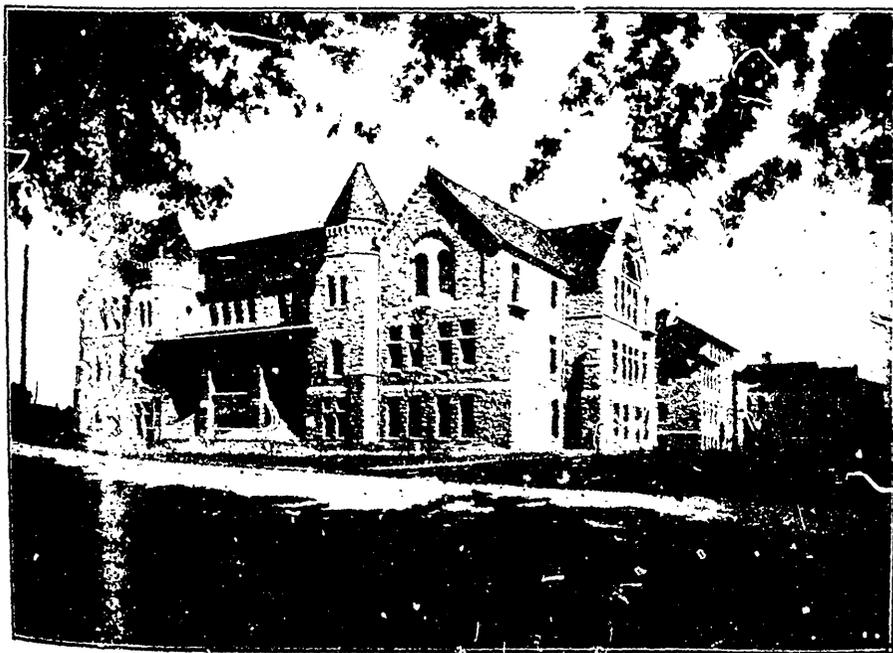
(j) "The Present Status of Military Medical Arrangements in Canada," by Dr. J. T. Fotheringham, Toronto.

(k) "The Treatment of Neurasthenia in General Hospitals," by Dr. D. C. Meyers, Toronto.

(l) "The Effect of Posture upon the Position of the Heart," by Dr. R. D. Rudolf and Dr. S. Cummings, Toronto.



A GLIMPSE OF FORT NIAGARA, N.Y.



QUEEN'S UNIVERSITY, KINGSTON.

(*m*) "The Relation of Gastric Motility to the Process of Digestion," by Dr. Alex. McPhedran, Toronto.

(*n*) "Neurotic Affections of the Respiratory System," by Dr. A. R. Gordon, Toronto.

(*o*) Title not yet announced, paper by Dr. J. J. Putnam, Boston.

SECTION IN OBSTETRICS AND GYNAECOLOGY.

The following subjects have been selected for discussion :

(*a*) "The Changes in Uterine Fibroids after the Menopause, with Special Reference to Operations," to be opened by Dr. C. L. A. Reed, Montreal.

(*b*) "Hyperemesis Gravidarum," to be opened by Dr. J. C. Cameron, Montreal.

(*c*) "The Appendix Vermiformis in Relation to Pelvic Inflammation," to be opened by Dr. T. Arthur Helme.

The following papers are also promised :

(*a*) "The Treatment of Eclampsia," by Dr. D. J. Evans, Montreal.

(*b*) "Indications for Cesarean Section, other than Pelvic Deformities or Tumors," by Dr. H. L. Reddy, Montreal.

(*c*) "Ectopic Gestation," by Dr. J. F. W. Ross, Toronto.

(*d*) "Metrorrhagia from Conditions of Uterus, other than Neoplastic formations," by Dr. Wm. Gardner, and Dr. J. R. Goodall, Montreal.

(*e*) "The Value of Conservative Treatment of the Ovaries in View of the After History of Many Patients," by Dr. Joseph Price, Philadelphia.

(*f*) "The Surgical and Serum Treatment of Puerperal Sepsis," by Dr. Louis S. McMurtry, Louisville.

(*g*) "Uterine Myomata and their degenerative changes," (with Lantern demonstrations), by Thos. S. Cullen, Baltimore.

(*h*) "Concealed Accidental Hemorrhage," by Dr. A. H. Wright, Toronto.

SECTION IN OPHTHALMOLOGY.

The following subjects have been selected for discussion :

TUESDAY, AUGUST 21.—"Rare forms of Choroiditis," to be opened by Mr. J. B. Lawford, London, and followed by Dr. Hill Griffith, Manchester ; Dr. H. Knapp, New York, and Dr. C. Bull, New York.

(*a*) "Recent Cases of Wood Alcohol Poisoning," by Mr. Casey Wood, Chicago.

(*b*) "Trachoma," by Dr. G. S. Ryerson, Toronto.

(*c*) "Peridectomy," by Dr. L. Webster Fox, Philadelphia.



ADMINISTRATION BUILDING, MUSKOKA COTTAGE SANATORIUM,
NEAR GRAVENHURST.
(For incipient cases of tuberculosis, etc.)



ADMINISTRATION BUILDING, TORONTO FREE HOSPITAL FOR
CONSUMPTIVES, ON HUMBER RIVER.
(For advanced cases.)

(d) "Obstruction of Central Retinal Vein," (with lantern demonstrations), by F. H. Verhoeff, Boston.

(e) "Transillumination of the eye with demonstration of the new Ocular Transilluminator, by Dr. H. V. Wurdeman, Milwaukee.

WEDNESDAY, AUGUST 22.—"Sympathetic Ophthalmia," to be opened by Dr. G. H. Burnham, Toronto, and followed by Dr. Charles A. Oliver, Philadelphia; Mr. Arnold Lawson, London, and Dr. J. W. Stirling, Montreal.

(a) "On Sympathetic Degeneration," by Mr. Freeland Fergus, Glasgow.

(b) "Sympathetic Ophthalmia after Mules Operation," by Dr. W. G. M. Byers, Montreal.

(c) "Relation between Muscular Imbalance and Gastric Symptoms," by Dr. Lucien Howe, Buffalo.

(d) "The dependence of Accommodation and Motility on the Refraction of the Eye," by Dr. H. Knapp, New York.

(e) "Influence of defective eyesight on the mental development of children," by Thomas A. Woodruff, Chicago.

THURSDAY, AUGUST 23—"Affections of the Lachrymal Passages," to be opened by Dr. A. B. Osborn, Hamilton, and followed by Dr. S. Risley, Philadelphia, and Dr. Theobald, Baltimore.

(a) "On the Treatment of Lachrymal Stricture," by Mr. Brailey, London.

(b) "On Accommodation after Middle Life and its Practical Importance," by Dr. Eduard Jackson, Denver.

(c) "Tenotomy of the Inferior Oblique as a Remedy for Some Forms of Ocular Deviation," by Dr. Alex. Duane, New York.

(d) "Two cases of orbital Phlegmon simulating a malignant tumor, caused by Disease of the Ethmoid cells," by Dr. Dunbar Roy, Atlanta.

FRIDAY, AUGUST 24.—"Visual Tests for Public Services,"

"Marine and Railroad Services," to be opened by Dr. T. H. Bickerton, Liverpool, Dr. Williams, Boston, followed by Dr. Allport, Chicago.

"Military Services," to be opened by Mr. Arnold Lawson, London.

"On the Work which can be performed by a One Eyed Man," by Mr. Freeland Fergus, Glasgow.

"Plastographic Tests for Binocular Vision," by Mr. Freeland Fergus, Glasgow.

(a) "Dislocation of the eyeball," by Dr. James Moores Bail, St. Louis.

(b) "Fundus Examination before Cataract Extraction," by Dr. J. P. Morton, Hamilton.



ADMINISTRATION BUILDING, MUSKOKA FREE
HOSPITAL FOR CONSUMPTIVES, NEAR
GRAVENHURST.
(For incipient cases.)



LAKEHURST SANATORIUM, OAKVILLE, ONT.

SECTION IN PAEDIATRICS.

The following subjects have been selected for discussion :

(a) "Congenital Pyloric Stenosis," the medical aspect being introduced by Dr. Edmund Cautley, London, and the surgical aspect by Dr. Harold J. Stiles, Edinburgh.

(b) "Pneumococcal Infection," introduced by Dr. Henry Ashby, Manchester.

(c) "Pathology of Pneumococcal Infection," by Dr. Stewart MacDonald, Edinburgh.

(d) "A Symposium on Entero-colitis," under the following headings:

1. "Etiology and Symptoms."
2. "Pathology and Bacteriology."
3. "Diagnosis and Prognosis."
4. "Dietetic Treatment," by Dr. J. L. Morse, Boston.
5. "Medical Treatment," by Dr. Lafetra, New York.

(e) "Rheumatism in Children," introduced by Dr. A. D. Blackader, Montreal.

Among those taking part in the discussion on "Rheumatism in Children" are Dr. E. W. Saunders, St. Louis.

Discussion: "On Laryngeal Stenoses in Infants," to be opened by Dr. Logan Turner, of Edinburgh, followed by Dr. Ashby, of Manchester, and others. *In joint Session with Section in Laryngology and Otology.*

The following papers will be read:

(a) "Prevention of the Acute Intestinal Diseases of Infants during the summer," by Dr. C. G. Kerley, New York.

(b) "A Study of the Absorption of Fats and Carbo-hydrates in Infants," by T. P. Shaw and Dr. L. Guilday, Montreal.

(c) "The Treatment of Tuberculous Abscess," by Dr. C. L. Starr, Toronto.

(d) "Osteogenesis Imperfecta and Allied Conditions," by Drs. Robert W. Lovett and Edward H. Nichols, Boston.

(e) "Spontaneous Haemorrhages in the New Born," by Dr. Allen Baines and H. T. Machell, Toronto.

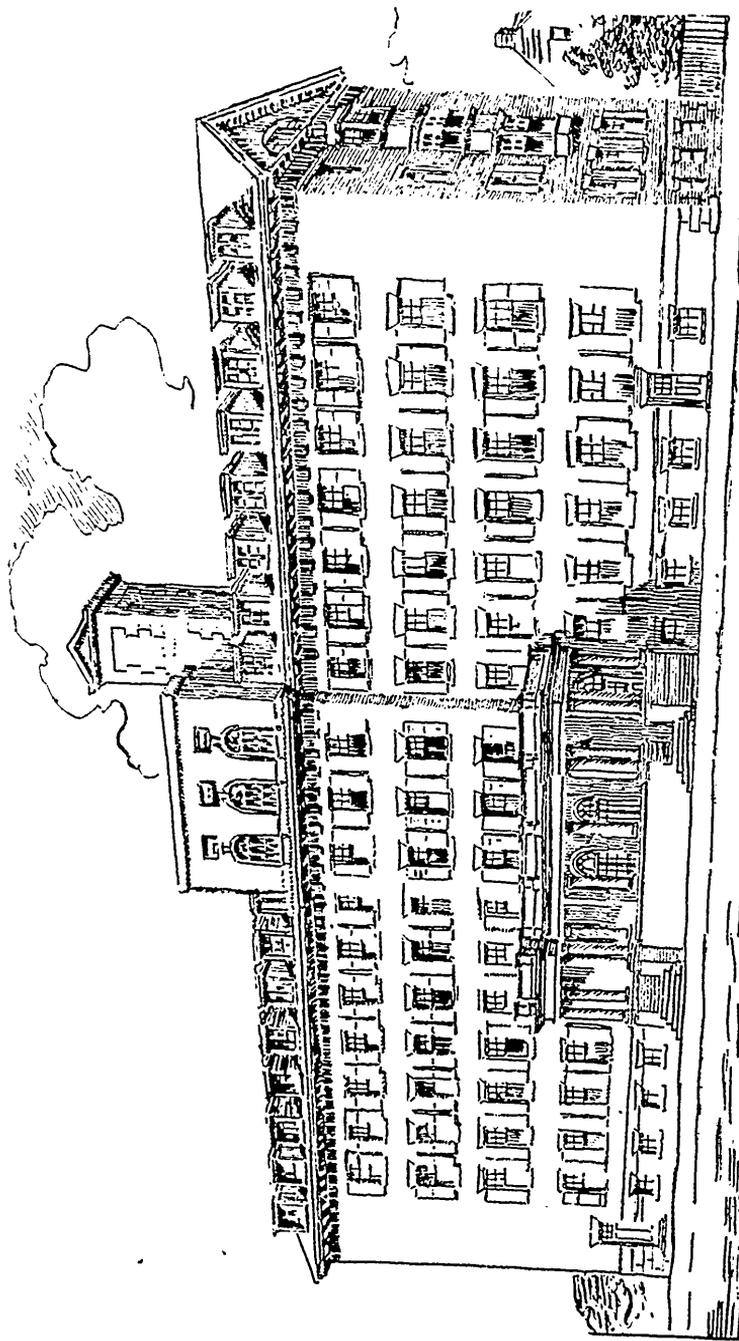
SECTION IN PATHOLOGY AND BACTERIOLOGY.

The following subjects have been selected for discussion:

TUESDAY, AUGUST 21—(a) On "Pathology and Physiology of the Nucleus," to be opened by Professors Adami, Montreal, and A. B. Macallum, Toronto, and followed by Dr. Gustav Mann, Oxford, Prof. E. Wace Carlier, Birmingham, Prof. A. S. F. Grunbaum, Leeds, and Dr. H. E. Roaf, Liverpool

This will be a joint discussion with the Section in Physiology.

(b) "Concerning the Production of Somatogenic Cytotoxins by the Injection of Nucleoproteids," by Richard M. Pearce, and Holmes C. Jackson, Bender Hygienic Laboratory, Albany, N.Y.



NEW NURSES' RESIDENCE, HOSPITAL FOR SICK CHILDREN, COLLEGE STREET, TORONTO.

(c) "An Antitoxin for Poisonous Mushrooms," by Dr. W. W. Ford, Johns Hopkins University, Baltimore.

(d) "The Application of Physical Chemistry to Serum Pathology," by Prof. W. H. Mainwaring, Indiana University.

(e) Dr. Robert Muir, Glasgow, will read a paper (title not received).

(f) "Gastric Erosions," by Dr. F. J. Smith and Dr. Miller, Pathological Department, London Hospital.

(g) "The urinary excretion of Potassium Iodide in various morbid conditions," by Dr. O. J. Kauffmann, Birmingham.

WEDNESDAY, AUGUST 22—(a) On the "Etiology and Life History of Malignant New Growths." To be opened by Prof. H. R. Gaylord, Buffalo; Dr. Clowes, Buffalo; Prof. Gary Calkins, New York; Dr. Ewing, New York, and Dr. Beebe, New York. Prof. G. Sims Woodhead, Cambridge; Prof. A. S. F. Grumbaum, Leeds; Dr. Robert Muir, Glasgow, and others are expected to take part in the discussion.

(b) "Some Results of the Experimental Investigation of Tumors," by Dr. Leo Loeb, Pennsylvania University, Philadelphia.

(c) "Investigation under the Imperial Cancer Research Fund and their Results" (with lantern demonstration), by Dr. E. F. Bashford, London.

(d) "The Leucoblastomata," by Prof. A. S. Warthin, Ann Arbor.

THURSDAY, AUGUST 23—(a) "The Forms of Arterio-sclerosis, their Classification and Experimental Production." To be opened by Prof. W. H. Welch, Johns Hopkins University, Baltimore; Dr. Klotz, Montreal; and Prof. J. J. MacKenzie, Toronto, and followed by Prof. L. Aschoff, Freiburg; Prof. Leith, Birmingham; Prof. Clifford Allbutt, Cambridge; Prof. W. Beattie, Edinburgh and Dr. Robert Muir, Glasgow.

(b) "Fluid Crystals and their Relationship to Arteriosclerosis and other Pathological Conditions," by Prof. Adami, Montreal.

(c) "On the Elastic Tissue of Arteries," by Dr. Miller, Birmingham (communicated by Prof. Leith).

FRIDAY, AUGUST 24—(a) "Pathogenic Protozoa," by Dr. F. W. Mott, F.R.S., London.

(Acute and Chronic Changes in the Nervous System Produced by Trypanosoma Infections).

(b) "The Nature of Spirochaetes and the Prevention and Cure of Relapsing Fever" (with lantern demonstration), by Prof. F. G. Novy, Ann Arbor.

(c) "Spirochaetes and Trypanosomas," by Dr. J. W. W. Stephens, Johnston Laboratory, Liverpool.

(d) "On the Life-History and Cultivations of Certain Pathogenic Protozoa," by Dr. J. Ballah, Montreal.

(e) "The Diagnosis of Cholera Asiatica," by Dr. Armand Ruffer, Ramleh, Egypt.

(f) "A Beri-Beri-like Disease of the Monkey and the Pathological Histology of Beri-Beri," by Prof. R. T. Hewlett, King's College, London, together with Dr. DeKorte, London.

(g) "A Demonstration of Bilharzial Preparations," by Prof. W. St. C. Symmers, Queen's College, Belfast.

(h) "The Virus of Smallpox and Vaccinia," by Dr. DeKorte, London (paper communicated from Prof. Hewlett).

Contributions of great interest on other subjects are promised.

SECTION IN PHYSIOLOGY.

The following papers have been offered for this Section:

(a) "Muscle Proteid Immunity," by Dr. S. P. Beebe, New York.

(b) "The Functions of the Renal Tubules and Glomeruli," by Prof. T. G. Brodie, London.

(c) "Demonstration of the Sphinthariscopes," by Prof. F. Gotch, Oxford.

(d) "Proteid Nomenclature," by Prof. W. D. Halliburton, London.

(e) "Structures and Physiological Functions of Amoeba Proteus," by Prof. C. F. Hodge, Worcester, Mass.

(f) "Differentiation of Contractile Protoplasm," by Prof. C. F. Hodge and M. F. Duncan, Worcester, Mass.

(g) "The Absorption of Proteids from the Intestine," by Prof. W. H. Howell, Baltimore.

(h) "Physiology of Renal Tubules," by Prof. G. C. Huber, Ann Arbor.

(i) "Blood-platelets," by Prof. G. T. Kemp, Champaign, Ill.

(j) "Electrical Excitation of Nerves and Muscles," by Dr. Louis Lapicque, Paris.

(k) "Structure and Functions of Nerve Fibres," by Prof. J. S. MacDonald, Sheffield.

(l) "Experimental Glycosuria," by Prof. J. J. R. MacLeod, Cleveland, Ohio.

(m) "A Plea for Micro-physiology," by Dr. Gustav Mann, Oxford.

(n) "Experimental Glycosuria," by Dr. P. Moore, Dr. M. Eadie, Dr. Spence, and Dr. H. E. Roaf, Liverpool.

(o) "Effect of Ions on Growth and Cell Division," by Prof. B. Moore, Dr. E. Whitley, and Dr. H. E. Roaf, Liverpool.

(p) "The Functional Significance of the Convolutional Pattern in the Primates," by Dr. F. W. Mott, London.

(q) "Chloroform Anaesthesia and a Simple Method of Estimating Chloroform," by Dr. Maurice Nicloux, Paris.

(r) "Lock-jaw," by Prof. C. S. Sherrington and Dr. H. E. Roaf, Liverpool.

(s) "The Causes of Fatigue in Certain Pathological States," by Prof. F. S. Lee, New York.

(t) "The Physiological Action of certain Choline Derivatives," by Dr. Reid Hunt and Dr. R. de M. Taveau, Washington.

(u) "Acapnia as a Factor in Shock," by Prof. Yandell Henderson, Yale, New Haven.

(v) "The Metabolism of Kreatin and Kreatinin," by Dr. Otto Folin, Waverley, Mass.

(w) "The Preservation of Frogs for Physiological Purposes," by Prof. Westley Mills, Montreal.

(x) "A Vago-Oesophageal Reflex," by Dr. S. J. Meltzer, New York.

(y) "The Various forms of the Negative or Physiological Venous Pulse," by Dr. W. S. Morrow, Montreal.

(z) "Chemical Studies on Growth," by Prof. Lafayette B. Mendel, Yale, New Haven.

(z1) "On the Point of Action of Drugs on the Heart," by Dr. A. J. Carlson, Chicago.

Papers are also promised by the following: Dr. P. T. Herring, Edinburgh; Dr. F. G. Hopkins, Cambridge; Dr. Sutherland Simpson, Edinburgh; Prof. Jacques Loeb, Berkeley; and Dr. P. A. Levene, New York.

Discussion: 1. (With Section on Pathology, Tuesday) "On the Physiology and Pathology of the Nucleus."

2. (With Section on Medicine, Wednesday) "Over Nutrition and Under Nutrition, with Special References to Proteid Metabolism in Health and Disease," to be opened by Prof. R. H. Chittenden, New Haven.

SECTION IN PSYCHOLOGY.

The following subjects have been selected for discussion:

TUESDAY, AUGUST 21—(a) "Reflexes among the Insane," by Dr. Daniel Clark, Toronto.

(b) "The New Psychology," by Dr. Schofield, London.

(c) "Cerebral Localization in the Study of Psychiatry," by Dr. C. K. Mills, Philadelphia.

(d) "Etiology of General Paresis," by Dr. A. R. Diefendorf, Connecticut.

(e) Discussion: "General Paresis," introduced by the President, Dr. Julius Mickle, London, and followed by Dr. Joseph

Collies, New York; Dr. Cowles, Boston; Dr. B. Sachs, New York (Pseudo General Paresis).

WEDNESDAY, AUGUST 22—(a) "Methods of Staining the Central Nervous System," by Dr. Turner, Brentwood Asylum.

(b) "Diagnosis and Treatment of Peripheral Nerve Lesions," by Dr. Shirres, McGill University, Montreal.

(c) "Feeble Minded Children," by Dr. Shuttleworth, London.

(d) "Relation of Epilepsy to the Blood and Central Nervous System," by Dr. Turner, Brentwood Asylum.

(e) "Epilepsy Exhibited by Kinetoscope," by Dr. Spratling, Sonvea.

(f) Discussion: "Epilepsy—Psychic Fits," introduced by Dr. Alden Turner, London, Eng., and followed by Dr. Shuttleworth, London, Dr. Spratling, New York, Dr. W. G. Spiller, Philadelphia; Dr. Angell, Rochester.

THURSDAY, AUGUST 23—(a) "Insanity of Inebriety," by Dr. Crothers, Hartford.

(b) "Sterilization of Undesirable Degenerates," by Dr. Rentoul, Liverpool.

(c) "Types of the Devolutional Psychoses," by Dr. Farrar, Baltimore.

(d) "A Comparison of the Cells of the Human Cerebellum in Point of Resistance to Disease," by Dr. E. E. Southard, Harvard University.

(e) Discussion: "Dementia Praecox," introduced by Dr. C. K. Clarke, and followed by Dr. Adolph Meyer, New York; Dr. F. X. Dercum, Philadelphia; Dr. Shuttleworth, London.

FRIDAY, AUGUST 24—(a) "Application of Modern Hospital Methods to the Treatment of Insanity," by Dr. Ryan, Superintendent of Asylum, Kingston.

(b) "Occupation as a Factor in the Treatment of the Insane," by Dr. Mohr, Superintendent of Asylum, Brockville.

(c) "After Treatment of Discharged and Convalescent Cases," by Dr. Dewey, Wauwitosa.

(d) "Mental Processes Produced by Bodily Diseases," by Dr. Savill, London.

(e) "Rational Psycho-Therapeutics," by Prof. Dubois, Berne.

(f) "Discussion: "Mind in Medicine," introduced by Dr. Schofield, London, and followed by Pres. Hall, Clark University, Dr. Cowie, Bournemouth, and Dr. A. E. Macdonald, New York.

In addition others will take part who have not yet formally stated their subjects.

We expect also to have papers by Dr. C. L. Dana, New York; Dr. August Hoch, New York; Dr. Hattie, Halifax; Dr. Burgess, Montreal; Dr. Corning; Dr. Diefendorf; Dr. Hurd, Buffalo, and Dr. Hurd of Baltimore.

SECTION IN STATE MEDICINE.

The following subjects have been selected for discussion:

- (a) "Protection and Control of Milk Supply."
- (b) "Prevention of Tuberculosis."
- (c) "Training and Supervision of Midwives."
- (d) "Notification of Phthisis."
- (e) "Provision and Administration of Isolation Hospitals."
- (f) "Isolation Hospitals and 'return' Cases."
- (g) "Medical inspection of Children attending Elementary Schools."
- (h) "Quarantine and Inspection of Shipping."
- (i) "Medical Examination of Immigrants."
- (j) "Supply of 'Water Gas'" and "Dangers of Carbon Monoxide Poisoning."

The following papers have been promised:

- (a) "The Prevention of Tuberculosis," by Dr. Jas. Roberts, Hamilton.
- (b) "Hygiene of the Home," by Dr. J. J. Cassidy, Toronto.
- (c) "Tuberculosis" (in some phase), by Dr. J. H. Elliott, Gravenhurst.
- (e) "Medical Inspection of Schools," by Dr. Helen MacMurchy, Toronto.
- (e) "Medical Inspection of Schools," Wm. Scott, B.A., Toronto.
- (f) "Gas Supplies, their Dangers, etc.," by A. McGill, B.A., Ottawa.
- (g) "The State Control of Health," Dr. Jennie Drennan, St. Thomas.
- (h) "Artificial Purification of Water Supplies," Dr. W. J. Robinson, Guelph.
- (i) "The Protection and Control of Milk Supplies," Prof. R. Harcourt, Guelph.
- (j) "The Protection and Control of Milk Supplies," Dr. Chas. Harrington, Boston.
- (k) "Water Supplies from the Sanitary Standpoint," Dr. H. W. Hill, Minneapolis.
- (l) (a) "Water Gas Poisoning," (b) "Administration Control of Milk Supply," Prof. John Glaister, Glasgow.

SECTION IN SURGERY.

The following subjects have been selected for discussion:

- (a) "Treatment of Prostatic Hypertrophy," by Dr. Geo. A. Bingham, Toronto; followed by Mr. J. Lynn Thomas, C.B., Cardiff.
- (b) "Treatment of Ascites secondary to Chronic Hepatitis,"

by Mr. Sinclair White, Sheffield; followed by Dr. Stewart, Halifax, and Mr. George Grey Turner, Newcastle-on-Tyne.

(c) "Ulcer of the Duodenum and its surgical Treatment," by Dr. W. J. Mayo, Rochester, Minn.; followed by Mr. George Cooper Franklin, Leicester.

(d) "Treatment of Acute Septic Peritonitis," by Mr. Charles John Bond, Leicester; followed by Dr. William Howitt, Guelph, and Dr. O. M. Jones, Victoria.

Among other subjects which will be discussed are:

(a) "Transplantation of the Ureters in Ectopia Vesicae," by Dr. Geo. A. Peeters, Toronto.

(b) "The Surgery of Banti's diseases," by Dr. Geo. Armstrong, Montreal.

(c) "Intestinal Obstruction in Association with the Vermiform Appendix," by Mr. George Grey Turner, Newcastle-on-Tyne.

(d) "Posture as an Aid in Surgery," by Dr. Murray MacLaren, St. John.

(e) "Injuries to the semilunar Cartilages," by Dr. James Bell, Montreal.

(f) "Appendicitis," (subject to be selected), by Dr. Herbert A. Bruce, Toronto.

(g) Paper—Title to be selected, by Dr. Francis J. Shepherd, Montreal.

(h) "Surgical Treatment of Ulcerative Colitis," by Dr. Ingersoll Ohmstead, Hamilton.

Arrangements are being made for the holding of a Surgical Clinic at which a number of interesting cases will be presented by members of the Association.

SECTION IN THERAPEUTICS.

TUESDAY, AUGUST 21—(a) "The Kidney, its Pharmacology and its Therapeutics," Prof. T. G. Brodie, London.

(b) "The Treatment of Acute Nephritis," Dr. A. O. J. Kelly, Philadelphia; To be discussed by Dr. C. G. Stockton, Buffalo.

(c) "The Treatment of Uraemia," Dr. E. Lefevre, New York; To be discussed by Dr. J. Caven, Toronto.

(d) "The Treatment of Chronic Nephritis," Dr. H. A. Hare, Philadelphia; To be discussed by Dr. Geo. Hodge, London.

WEDNESDAY, AUGUST 22—(a) "Opsonines and Animal Vaccines," Dr. G. W. Ross, London.

(b) "The Action of Drugs in Vascular Hypertension," Dr. T. L. Coley, Philadelphia.

(c) "The Therapeutics of Acute Acquired Insanities," Dr. D. R. Brower Chicago.

(d) "The Respective Spheres of Hygienic and Medicinal

Measures in the Treatment of Pulmonary Tuberculosis," Dr. S. S. Cohen, Philadelphia.

(c) "The Working Bulletin System for the Collective Investigation of the Newer Materia Medica," Dr. F. E. Stewart, West Orange.

THURSDAY, AUGUST 23—Joint Sessions with the Section of Medicine on the Subject of "Heart-Block."

FRIDAY, AUGUST 24—I. "The Value of Alcohol in Treatment," Dr. A. D. Blacader, Montreal; to be discussed by Dr. S. J. Meltzer, New York, Dr. R. C. Cabot, Boston; Prof. G. S. Woodhead, Cambridge, Eng.; Dr. W. H. Moorhouse, London, Ont.

II. The Place of Materia Medica and Therapeutics in the Medical Curriculum.

(a) "The Teaching of Materia Medica and Pharmacology," Prof. J. T. Halsey, Tulane University, New Orleans.

(b) "The Teaching of Therapeutics," Prof. T. McCrae, Johns Hopkins University, Baltimore.

(c) "The Place of Materia Medica and Therapeutics in the Medical Curriculum," Prof. C. R. Marshall, University of St. Andrews.

(d) "The Place of Materia Medica and Therapeutics in the Medical Curriculum," Prof. R. B. Wild, University of Manchester. To be discussed by Prof. Osborne, Yale; Prof. Hatcher, Cornell; Dr. J. M. Anders, Philadelphia.

III. The Need and the Place of Psychic Therapeutics in the Medical Curriculum. By Dr. R. C. Cabot, Boston.

PATHOLOGICAL MUSEUM.

It is proposed that the Pathological Museum should be devoted to the following subjects:

1. Series of gross specimens illustrating the anatomy of disease in special organs.
2. Series of gross specimens illustrating the condition of various organs in the same disease.
3. Gross specimens to illustrate papers in the various sections.
4. Skiagraphic exhibit.
5. Photographs illustrating papers in the various sections.
6. A special exhibition of photographs to illustrate the facies of disease.

Under sections 1, 2, and 3, it is suggested that, as far as possible, preparation by the Kaiserling or other method preserving the natural colour be used.

Under section 1, specimens of the following conditions are especially desired.

- (a) Congenital lesions of the Heart.
- (b) Dissecting Aneurysm and rupture of the Aorta.
- (c) Disease of the Prostate Gland.
- (d) Experimental arteriosclerosis.
- (e) Miscellaneous series.

Under section 4, should members wish to exhibit negatives rather than positives, special arrangements will be made for lighting, but intending exhibitors should notify the Committee of the size of their negatives, so that the necessary frames may be prepared.

Under section 5, the Committee wish to make this exhibit as full and as uniform as possible: It is suggested that the photographs, if possible, be full plate size, eight inches by ten inches. If members have especially interesting photographs in smaller size, the Committee will make arrangements to have uniform enlargements eight inches by ten inches made of the positives, or preferably the negatives, if forwarded to Toronto in good time.

Specimens forwarded by express or quick freight from Great Britain should not be sent later than July 5th if they are to reach Toronto in time to be incorporated in the Museum Catalogue. Members bringing specimens with them should send to the Committee before August 1st the descriptions, so that they may be assigned room and be printed in the Catalogue.

Address communications to the Chairman,

MEDICAL LABORATORIES, TORONTO.

GENERAL INFORMATION.

In the Main Building of the University of Toronto will be found:

1. An elaborate Museum of Exhibits, of Instruments, Drugs, Medical Publications, Foods, etc. Visitors will do well to inspect this exhibit carefully, and it is suggested as a suitable rendezvous.
2. In the exhibit halls will be found an interesting collection of Indian Pictures from the brush of Paul Kane (loaned by E. B. Osler, Esq., M.P.)
3. Adjoining the exhibit an
Information Bureau,
Registration Bureau,
Post Office,
Express and Telegraph offices,
Offices of the General and Honorary Local Secretaries,
and of the Editor of the British Medical Journal.
Ladies' Reception and Writing rooms.
Public Stenographers.
4. A Restaurant (west wing and Dean's Garden).

5. Office of G. H. Webster, general viséing agent for all railroads.

The Toronto Industrial Exhibition opens on Saturday, August 25th, and continues for two weeks. This will afford an unrivalled opportunity to visitors to obtain an idea of Canadian progress in Agriculture, Manufacture, etc.

At the time of the meeting there will be held in Toronto a Tuberculosis exhibit, which visitors will do well to examine.

Members and guests attending with their motor cars will find Garage accommodation at

The Franco-British Motor Garage, the Mutual Street Rink.

The Dominion Automobile Co. (Limited), cor. Bay and Temperance Streets.

The Automobile Supply Co., 24 Temperance Street.

Hyslop Bros., 209 Yonge Street.

EXCURSIONS AND SIDE TRIPS.

Excursion (limited) to Niagara Power Works, Niagara Falls, August 25th.

Excursion to Muskoka (limited), August 25th to 27th.

Excursion to the Ontario Agricultural College, Guelph. (limited), August 25th.

	Distance	Cost (Association Rate One Way)
Quebec to St. John.....	600 miles	\$13.90
Quebec to Halifax	674 "	14.86
Quebec to Sydney	326 "	18.20
Quebec to Saguenay.....	225 "	4.50
Toronto to Muskoka	175 "	7.06
Toronto to Niagara Falls	50 "	2.50
Toronto to 1000 Islands.. ..	216 "	5.95
Toronto to Georgian Bay	150 "	5.10
Toronto to Sault Ste. Marie.....	400 "	11.65
Toronto to Temagami.....	300 "	9.05
Toronto to Kawartha Lake	70 "	3.05
Toronto to Brampton (Dale Estate Rosaries).....	22 "	0.65
Toronto to Couchiching.....	90 "	2.60
Toronto to Vancouver (return <i>via</i> Yellowstone Park if desired).....	2,600 "	67.75

British visitors may visit all other points in Canada at *half the lowest one way first class fare going and returning*. It is not necessary to travel by the same route. The Certificate supplied by the Eastern Canadian Passenger Association and countersigned by the Secretary must always be presented. For the *transcontinental trip* both British, American and Canadian guests should notify the Honorary Local Secretaries, Medical Building, Toronto, at once, and when possible the names of groups that would like to travel together should be supplied. At present the intention is to send groups of from eighteen to twenty-five in a special

sleeper on each of the regular outgoing transcontinental trains, though it is just possible that a special train be sent through as far as Winnipeg and broken up into groups there. Information regarding trips may be obtained from C. B. Foster, District Passenger Agent, C.P.R., 71 Yonge Street, Toronto; J. D. McDonald, G. T. R., Union Station, Toronto; H. F. Chafee, 2 King Street E., Toronto, Richelieu and Ontario Navigation Co; C. H. Nicholson, Northern Navigation Co., Sarnia, Ont.; Wm. Phillips, Canadian Northern Railway Co., King and Toronto Streets, Toronto; W. H. Moore, James Bay Railway Co., King and Toronto Streets, Toronto; N. Weatherston, Intercolonial Railway, 51 King Street E., Toronto.

HINTS TO TRAVELLERS.

Secure berths at the first possible opportunity, do not delay. We cannot too strongly emphasize this matter. Our object is not to secure your attendance (although it is true that the sooner it is known in Toronto, how many members and their families may be expected from the old country the greater will be the opportunity of accommodating and entertaining them suitably), but we emphasize the advice thus, because we know that by the middle of August, the homeward journeying from Europe is in full swing, the steamers are crowded, it is next to impossible to obtain berths at the last moment, and consequently the steamship companies can obtain high prices for the most ordinary accommodation.

If any member is doubtful as to whether at the last moment he will be able to cross, we would still recommend that a berth be secured, to be given up if need be a few weeks before the date of sailing. Speaking from personal experience, we have found the various steamship companies perfectly willing to repay deposits for berths during their busy season, provided the berths be given up in due time to allow other travellers to obtain them.

RAILWAY TRANSPORTATION.

When travelling by night always engage a sleeper as early as possible before starting. A lower berth is more comfortable.

AMOUNT OF LUGGAGE.

For travelling on board ship, it is well to have one commodious trunk, not too high (thirteen inches) to be placed under the berth; for those contemplating but a short visit to Canada, this and a hand bag is sufficient.

The steamship companies carry twenty extra cubic feet of luggage free in the hold for each first cabin passenger. The rail-

way companies throughout North America allow one hundred and fifty pounds (free) for each first class passenger.

We most strongly recommend members visiting Toronto to bring one large trunk rather than a multitude of small traps. The express companies (and the porters at Liverpool on the return voyage) charge by the piece, whatever its size. Bring one trunk and a hand bag; roomy, but not too heavy.

CLOTHING.

The clothing should be much the same as required for a Continental trip. We would point out also the advisability of bringing a dressing gown or capacious ulster. Throughout Canada the tendency is to reduce as much as possible the labor of household service. Thus the bathroom takes the place of the "tub" in the bedroom.

To those coming by the St. Lawrence route and those intending to cross the continent to Vancouver, we would recommend a comfortable cover coat and a suit of thicker underwear, for it may be chilly in the neighborhood of the Straits of Belle Isle, and again when crossing the Rockies. All who cross the Atlantic will find a good travelling ang very comfortable.

MONEY.

The coinage of Canada and the United States is in the form of dollars and cents; £1. = \$4.86; 4 shillings may be regarded as the equivalent of 1 dollar; 1 shilling is the equivalent of 25 cents; 5 pence is the equivalent of 10 cents; 2 1-2 pence is the equivalent of 5 cents; a half-penny is one cent.

Gold coin is not in general circulation in either Canada or the United States. The medium of circulation being bank notes of various denominations, and silver.

It is necessary to caution travellers, that while the currency of the two countries is of identical value, the bills and silver of the United States are not generally accepted in the Dominion and *vice versa*. There is, however, no difficulty in exchanging one for the other at the banks and exchange offices in the larger towns. But, for convenience sake, we would recommend those travelling *via* New York to keep this in mind and not exchange too large an amount of their money into American notes.

CUSTOMS.

The Customs Officials have received instructions from the Commissioners of Customs to facilitate the passing of "usual luggage" with as little delay as possible at Halifax, Quebec and Montreal.

HOTELS OUTSIDE OF TORONTO (PARTIAL LIST).

- Hotels in Quebec: Chateau Frontenac, St. Louis, Victoria.
Hotels in Montreal: Place Viger, Windsor, St. Lawrence Hall, Queen's.
Hotels in Ottawa: The Fussell House, Windsor, Grand Union.
Hotels in Winnipeg: Clarendon, Leland House, Queen's.
Hotels in Halifax: Halifax, Queen's, Waverley.
Hotels in St. John: Royal, Victoria, Dufferin.
Hotels in Sydney: Sydney, Cabot.
Hotels in Kingston: British American, Frontenac, Windsor, Randolph.
Hotels in Muskoka: Royal Muskoka.
Hotels in Penetanguishene and Georgian Bay: The Penetanguishene, Minnecognashene, Sans Souci, Rose Point, Belvidere.
Hotels in Guelph: Royal.
Hotels in Niagara Falls: Clifton House.
Hotels in Niagara on the lake: Queen's Royal.

LIST OF TRAM LINES (STREET CARS) IN TORONTO WITH PLACES OF INTEREST ON EACH.

BELT LINE.—Orthopedic Hospital, Queen's Park and Victoria University, McMaster University, Knox College, City Dairy, Government House, Ontario Society of Artists, Princess Theatre, St. James Cathedral, Allan Gardens.

CHURCH STREET.—Public Library, Metropolitan Church, St. Michael's Cathedral Education Department, Granite Club, Rosedale Golf Grounds, St. Andrew's College (2 miles.)

YONGE STREET.—Union Station, Wharves and Ferries to Island and Yacht Clubs, Bank of Montreal, Board of Trade, Shea's Theatre, Robert Simpson Co., T. Eaton Co., Massey Hall (Shuter St.), Upper Canada College (3 miles), Mount Pleasant Cemetery.

KING STREET EAST.—St. James Cathedral, Don River, Toronto Golf Club, Woodbine Race Course, Hunt Club (4 miles), Dentonia Park Farm (4 miles).

KING STREET WEST.—Mimico Asylum, Old Fort. Massey-Harris Co., Exhibition Grounds, Humber River.

QUEEN STREET WEST.—City Hall, Osgoode Hall, Armouries, Trinity University, Toronto Asylum, Humber River, High Park (South Entrance).

QUEEN STREET EAST.—St. Michael's Hospital.

CARLTON AND COLLEGE EAST.—Allan Gardens, Toronto General Hospital, Woman's Medical College, Isolation Hospital, Goal.

WINCHESTER STREET.—Riverdale Park and Zoo, Cemeteries.

CARLTON AND COLLEGE WEST.—Hospital for Sick Children, Royal Dental College, Queen's Park, Conservatory of Music, Technical School, Parliament Buildings, University of Toronto, Canadian Institute, Grace Hospital, Hospital of St. John the Divine, Western Hospital, High Park (East Section), Toronto Junction, Lambton Golf Grounds.

TO REACH THE ASSOCIATION

Take any of the following cars: College and Yonge St., Bloor and McCaul, or Carlton and College. All other lines will give transfers to one of the above. The fare is 5c. (2 1-2d), for any distance, but the tickets can be purchased from the conductors at the rate of six for 25c. (1 shilling).

Organic Phosphorus in Rachitis, etc.—Dr. F. Feds, Director of the Pediatric Clinic at the Royal University of Naples, Parliamentary Deputy, etc.—I have made use of Phytin and Fortossan in my clinic and among my patients for the treatment of different forms of weak constitution; in particular, rachitis, and athrapsia, in conjunction with iron in the case of anemia, and always followed by a notable amelioration. These preparations of organic phosphorus have proved themselves to be of surprising efficacy in the case of rachitis, and in nervous cases, restoring calm, and arresting disease of the bones. One can administer it to children in all security, and one can expect most happy results, particularly with the tonic efforts which they produce in rachitical paralysis of the lower members.

Apollinaris Water is bottled only at the Spring, Rhenish Prussia, Germany, and only with its own natural gas. It is of recognized purity, leading practitioners and medical journals everywhere testifying to this fact. Professor Virchow says: "Its pleasant taste and its richness in pure carbonic acid favorably distinguish it from all others." Dr. Hermann Weber, F.R.C.P., London, writes: "Apollinaris Water has become the general substitute in all parts of the world, of common, often impure drinking water, and thus a source of incalculable benefit and a pioneer of a useful sanitary and dietetic reform." Apollinaris is not only a pure and refreshing effervescent water, of valuable dietetic qualities, but it also mixes well with wines and spirits. According to the Report of the London *Lancet* on the Apollinaris Spring, the pleasant flavour of Apollinaris is due, in part, to the alkaline carbonates, and in part to the natural state of combination of the mineral ingredients. This report, which gives authoritative analyses of Apollinaris, appeared in the *Lancet* of January 30, 1904. The bottling at the Apollinaris Spring has reached the enormous output of 30,000,000 bottles annually.

The Canadian Journal of Medicine and Surgery

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Dermatology—D. KING SMITH, M.B. Tor., Toronto.

Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., must be in our hands by the first of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the 15th of the preceding month. London, Eng. Repr sentat ve, W. Hamilton Mill, Thanet House, 231 Strand, WC. Agents for Ge many, Saarbach's News Exchange, Mainz, Germany.

VOL. XX.

TORONTO, AUGUST, 1906.

NO. 2.

Editorials.

A SYMPOSIUM OF FRENCH PHYSICIANS ON THE DANGERS FROM THE HYPODERMIC INJECTION OF INSOLUBLE SALTS OF MERCURY.

INTRAMUSCULAR injections are made with the soluble and the insoluble salts of mercury, as well as with mercury itself, in the form of "gray oil."

There are many objections to the hypodermic use of the insol-

uble salts of mercury, for the following accidents may supervene: severe stomatitis, painful swellings at the site of the injections, abscess, pulmonary infarction, and severe mercurialism. Death has also resulted from the intramuscular injections of the insoluble salts of mercury.

At a meeting of the Société Médicale des Hôpitaux, Paris, Jan. 12, 1906, Drs. Le Noir and Camus reported the following case: A syphilitic patient (female), aged 27 years, received from a city practitioner four hypodermic injections of gray oil (7 minims each), an interval of a week intervening between each injection. Soon after receiving the fourth injection she developed ulcerative gingivitis and gangrenous stomatitis, followed by albuminuria and diarrhea. A month after the fourth injection of gray oil had been given death ensued, as the result of mercurial poisoning. The following lesions were discovered at the autopsy—gastro-enteritis and acute nephritis.

In discussing the case, Dr. Brocq, the well-known dermatologist, remarked that this patient had been treated by a city practitioner, that the symptoms of mercurial poisoning had appeared prior to her entering Dr. Le Noir's service, and that it had been impossible to obtain definite information as to the strength of the mercurial preparation used in her case.

Preparations of gray oil vary, according to the physicians who prescribe them. If a well-known formula is employed, and a rigorous technic used, with the ordinary precautions required in hypodermic medication, accidents due to the use of gray oil are rare, ordinarily benign, characterized only by a slight stomatitis. Serious accidents do occur, but only as exceptions to the rule, and in his opinion such accidents should not be permitted to cause the proscription of a method of treatment which is sure, painless, and which, by its mode of administration, renders great services to members of the working classes who are affected with syphilis.

Dr. Balzer thought there must have been an idiosyncrasy in Dr. Le Noir's case; for, even admitting a large proportion of mercury in the gray oil used in this case, this proportion, in view of the small number of hypodermic injections (four), and the small quantity of gray oil injected on each occasion (m. vii.), should not cause lethal effects. In his opinion the treatment of syphilis by injections of gray oil is a marvellous method. Acci-

dents of the kind mentioned have been noticed after all kinds of treatment in which mercury has been used; even after a patient has taken an ordinary purgative dose of calomel. Such accidents are exceptional and should not, therefore, induce us to renounce hypodermic injections of gray oil.

Dr. Thibierge said that the hypodermic injection of gray oil is the best form of antisyphilitic treatment for hospital use. Patients prefer this preparation to the soluble salts of mercury. He gives about 5,000 injections of gray oil every year at the Broca hospital; the only accident ever observed being a slight stomatitis. Precautions should be taken: analysis of the patient's urine and disinfection of the patient's mouth.

Dr. Queyret uses only gray oil in the ambulant treatment of syphilis at the polyclinic of the Cochin-Annex Hospital. He treats, at that hospital, from 5,000 to 7,000 cases every year, and has not observed any serious accidents. It is a perfect treatment for syphilis and should not be discredited.

Dr. Danlos had seen phlegmons and abscesses resulting from the hypodermic injection of insoluble preparations of mercury. Unless in instances in which great haste is required, syphilis can be satisfactorily treated with medicines taken by the mouth.

Dr. Antony knew of some cases in which neuritis had ensued, and others in which phlegmons had occurred after the hypodermic use of insoluble preparations of mercury.

Dr. Thibierge explained that one must distinguish between the various insoluble preparations of mercury used in hypodermic medication. Calomel is an excellent means of treatment; but, when injected hypodermically, calomel is painful and may cause antiseptic suppuration. With gray oil it is quite different, if a rigorous technic is employed. The needle should be plunged deeply into the muscular tissue. Large needles should not be used, as the holes they make are too large, permitting the gray oil to flow back into the subcutaneous cellular tissue.

Dr. Le Gendre thought that injections of the soluble salts of mercury were preferable to the insoluble ones, in cases in which non-syphilitic albuminuria existed in a patient who, for severe symptoms of syphilis, required an immediate mercurial treatment by the hypodermic method.

Dr. Brocq also expressed concurrence in this last view. A

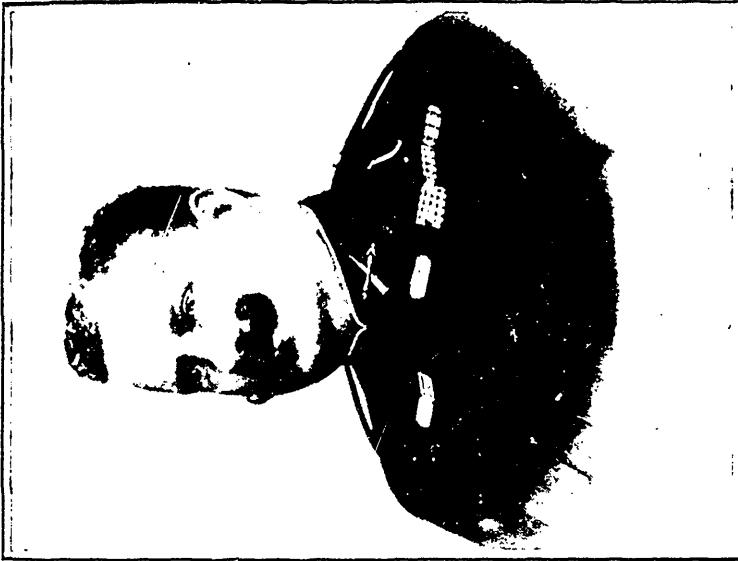
practitioner, when using the soluble salts of mercury, is in a position to stop the hypodermic administration of mercury at the slightest alarm.

In reference to the case reported by Drs. Le Noir and Camus, an interesting observation was made, at the ensuing meeting of the Société Médicale des Hopitaux by Dr. Sicard. This observation referred to a young woman in whom very grave symptoms of mercurial poisoning appeared after she had received four hypodermic injections of gray oil. These injections had been given in classic style, every eight days, and the total dose did not rise above 35-40 centigrammes of metallic mercury. An examination of the patient enabled Dr. Sicard to find that there was a large lump in one of her buttocks. When examined by the X-ray, the seat of this lump proved to be a perfect dermo-muscular remnant of metallic mercury. Surgical removal of the remnant was followed by disappearance of the toxic phenomena complained of, and the patient got well. In reference to this last application of the X-rays, a special correspondent of the *British Medical Journal* at Paris advises (Feb. 3, 1906) "that, if a patient happens to find that he has received too full measure (mercury) he should be examined forthwith by X-rays, and when the mine is located it may be extracted by a surgeon who is not afraid of spoiling his instruments." All of which is quite reassuring; but if, in the presence of severe symptoms of syphilis, the therapeutic effects of mercury can be promptly obtained by the use of a soluble salt of mercury, why not prefer it to an insoluble one?

J. J. C.

THE FIFTEENTH INTERNATIONAL MEDICAL CONGRESS AT LISBON.

THE fifteenth International Medical Congress, held at Lisbon, the capital of Portugal, April 19-26, was attended by about one thousand members. Among the more noted English physicians present were Sir Dyce Duckworth, Sir Thomas Barlow, Dr. Pavy, Dr. Ferrier, Dr. Radcliffe Crocker, Professor J. Moore (Liverpool Cancer Research), Mr. D'Arcy Power, and Mr. C. Riviere. Among the Germans were Professor Waldeyer, Professor Curschmann, Professor Quincke, Dr. Schaudinn, Professor Posner, Professor Unger, Professor Loeffler, and Professor Verworn. From



THEIR MAJESTIES THE KING AND QUEEN OF PORTUGAL, WHO FORMALLY OPENED THE INTERNATIONAL MEDICAL CONGRESS AT LISBON.

France were Professors Cornil and Bouehard, Drs. Blondel, Vaillard, and Josias. Major Charles Richards represented the United States, and from Spain were Drs. Ramon y Cajal and Cortezo. Dr. Pynappel was among the Dutch delegates; Drs. Obersteiner and Müller represented Austria-Hungary. Professor W. Oldwright represented the Province of Ontario (Canada).

The opening meeting of the Congress took place in the hall of the Geographical Society, Lisbon, April 20th, 2 p.m. The *Lancet* says: "Soon his Majesty Dom Carlos was seen walking up the centre of the hall. Three monumental chairs had been placed behind the table on the platform. The King occupied the central chair; on his right sat her Majesty the Queen, and on his left the Queen Mother. The royal party were flanked on the right by the President of the Congress, Councillor Costa Alemão, and on the left by the General Secretary of the Congress, Professor Miguel Bombarda. A few representatives of foreign governments, who happened to be near at hand, were then presented to the King. There then ensued a momentary deep silence and expectancy, which was only broken when the King, in a clear, resonant voice, and speaking the purest French, began his address. The speech, which was a fine effort, was warmly applauded, especially some references to the efforts of the Queen of Portugal to provide means for the struggle against tuberculosis. Addresses were made by Councillor Costa Alemão, who spoke next as President of the Congress, and Professor Miguel Bombarda, as Secretary General of the Congress.

A number of addresses, twenty-four in all, were delivered by representatives of the different nationalities. Thus Professor Waldeyer, Berlin, spoke for Germany; Professor H. Obersteiner for Austria-Hungary; Dr. Dejacq for Belgium; Dr. Richard for the United States; Professor Cornil for France; Sir Dyce Duckworth for Great Britain.

The work of the different sections began on the morning of April 21st, and closed on April 26th. The scientific labors of the Congressists were agreeably diversified by important social events: receptions, garden parties, and a gala bull-fight. The King of Portugal entertained at dinner some two hundred guests. These were the delegates sent by the various governments to the Medical Congress, and the members of the Executive Committee of the



OPENING, CEREMONIES OF THE INTERNATIONAL MEDICAL CONGRESS AT LISBON.

Congress. In the afternoon of Sunday, April 22nd, the members of the Congress enjoyed a truly Portuguese entertainment—a gala bull-fight at Villa-Franca. The King and all the royal family manifested their sympathy for the Congress by honoring with their presence the gala bull-fight given in their honor.

On Monday evening, April 23rd, the Geographical Society of Lisbon gave an entertainment in honor of the Congress, in the same great hall where the opening ceremony had taken place.

On Tuesday evening, April 24th, the King of Portugal gave a garden party in the gardens of Las Necessidades Palace.

On Wednesday evening, April 25th, a great reception was given in the Town Hall of Lisbon.

The formal closure of the Congress took place April 25th, when speeches were made by Professor Müller, of Buda-Pesth, President elect of the Congress, and others.

From a perusal of the reports prepared by the special correspondents of the *Lancet*, the *British Medical Journal*, and *La Presse Medicale*, a reader would conclude that the Lisbon Medical Congress was very pleasant to those who had the happiness to attend it. Much of the success of this Congress was doubtless due to the efforts of the Executive Committee, who had been working for three years in advance; much to the efforts of the King and Queen of Portugal; and very much indeed to the willingness with which the Portuguese physicians gave their time and trouble to render the hours passed by the Congressists in Lisbon as agreeable and instructive as possible. The Portuguese people were also very cordial to the guests who had come from afar to visit their country. In public places, theatres, hotels, restaurants, shops in the streets, they showed great courtesy and eagerness to impart any information required by the visitors.

The work done in the sections will doubtless prove interesting reading. Nothing of a spectacular character was introduced.

The next meeting of the International Medical Congress is to be at Buda-Pesth, Hungary, in 1909.

A strong effort, voiced by Dr. Guiteras, was made to bring it to New York; but the Executive Committee had practically committed itself to accepting the former. The total vote was in favor of Buda-Pesth by a majority of eleven.

A decision was arrived at by the Congress denying the rights

of membership to dentists. A vote was taken as to whether dentists should be admitted or not in future, and it was determined to exclude them. The feeling on this point was decided and strong, the prevalent opinion being, that a medical congress was only for medical men.

J. J. C.

EDITORIAL NOTES.

A Practical Diagnostic Sign of Death.—Dr. Ott, of Lillebonne, France, uses the flame of a candle, a lighted match, or the flame from a piece of burning wood as a means of producing a diagnostic sign of death (*La Presse Médicale*, 14 Avril, 1906). The region selected for the test is the anterior surface of one of the forearms, which can be easily bared and is devoid of hair. The bared arm is extended horizontally, its anterior surface turned towards the ground, at such a distance from the latter that the hand of the operator and the source of heat he carries may be freely moved between the arm of the subject of the test and the ground. Should the wind be blowing at the time, a coat held to windward will be a sufficient screen to enable one to realize the experiment. Everything being ready, the flame of a candle is placed beneath the arm of the subject, the elongated tip of the flame lightly touching the skin. The closest attention should then be paid to the spot touched by the flame. In a few seconds a swelling of the skin appears, and then bursts with a slight noise, which is nearly always audible to the bystanders. This swelling is produced so rapidly that it excites surprise the first time it is observed. Two or more trials are necessary in order to accurately recognize its production. An examination of the burned spot reveals an area about the size of half a dime upon which the epidermis is raised. On the borders of this area the shrivelled remains of the burned epidermis are seen; but no liquid appears, no exudate is produced. If this experiment were tried on the body of a living person a blister containing serum or an eschar would be produced instead of a gaseous vesicle. Dr. Ott affirms that, if this test results in the production of a gaseous vesicle which bursts, the death of the subject tested may be pronounced, for a gaseous vesicle can only be produced after the complete arrest of all circulation.

The Heart of Rameses II.—Dr. Lortet reported to the Academie des Sciences, Paris (*La Presse Médicale*, 14 Avril, 1906) the results of his examination of the contents of four Canopic jars bearing the arms of Rameses II., the Sesostris of the Greeks. These jars were recently purchased by the national museums of the Louvre and were said to contain the viscera of that king. In one of the jar the heart of Sesostris was found, and the following is the result of an examination of it made by Dr. Lortet and his colleagues, Professors Hugonencq, Renault and Rigaud. The organ was transformed into an oval plate, nearly 8 centimetres in length by 4 centimetres in width. The substance of the heart had become hard, and of horny consistency, requiring the use of a saw for section. Fine slices made with a razor showed, on microscopic examination, that the horny substance consisted of well-formed muscular fibres, lying side by side, striated and united at frequent intervals by short branches. This special arrangement of the muscular fibres of the heart not being met with in any muscle of the human economy except in the tongue, and the mummy of Rameses II. which is preserved at Cairo exhibiting that organ, Dr. Lortet declares that without any doubt the substance found in the Canopic jar is really the heart of Sesostris, transformed into a horny substance. The hardening was due to the fact that native sodium carbonate (natron), and various aromatic resinous substances had been used in embalming the heart of the Egyptian king, some 3164 years ago. We understand that there is some question as to whether the heart examined by the French anatomists is that of Rameses II. or not. Goodrich (*"A History of All Nations"*) says: "The reign of Rameses III. (The Great), or Sesostris, a king of the eighteenth dynasty, follows soon after, and is fixed by Manetho's list, as well as by comparison of various monuments, at 1565-1499 B.C. The era of Sesostris, the Egyptian hero, would therefore be 3405-3461 years before our days, instead of 3164 years. There seems to be little doubt, however, that the specimen examined by Professor Lortet and his colleagues belongs to the period of Rameses II., and that it is a heart.

The Physiological Effects of Tea as a Beverage.—The physiological effects of tea are generally attributed to its alkaloid, theine or caffeine, but Sir Lauder Brunton finds that another ele-

ment, as yet undetermined, must also be taken into account in estimating the physiological effects of this beverage. For instance, green tea does not contain more theine than black tea, but its action on the nervous system is more marked, an effect which is not due to its greater richness in tannin. As green tea and black tea are gathered from the same plants, the difference observed in their physiological effects may be due to different methods of preparation. The leaves for green tea are heated or roasted slightly, in shallow pans, over a wood fire, almost immediately after being gathered, after which they are rolled with the hands upon a table to free them from a portion of their moisture, and to twist them, and are then quickly dried. Those intended for black tea are spread out in the air for some time after being gathered, and then tossed about with the hands until they become soft and flaccid, when they are roasted for a few minutes and rolled, and having been exposed to the air for a few hours in a soft and moist state, are finally dried slowly over a charcoal fire. The operation of roasting and rolling is sometimes repeated several times, until the leaves have become of the proper color. On account of their finer aroma and more stimulating properties, the teas of Ceylon and India are preferred to the teas of China. If the infusion is made in two or three minutes, and if the quantity of tea used is moderate, the Cingalese and Indian teas produce no harmful results. However, it must be understood that they contain more tannin than Chinese teas and are therefore less suitable than the latter for the use of persons afflicted with dyspepsia. Well prepared tea is an inoffensive, healthful beverage, but tea rich in tannin gives origin to dyspepsia. The use of green tea produces disorder of the nervous system, but the source of this injury is thought by Sir Lauder Brunton to be due to some other element than theine.

Does the Inhalation of Lime Produce Immunity to Tuberculosis?—In the section of Hygiene and Colonial Medicine at the Lisbon International Congress of Medicine (The *Lancet*, May 19, 1906). Dr. Gaspar Fisac read a paper to show that lime and plaster workers were protected from pulmonary tuberculosis. Many provincial medical men had observed this fact. It would seem that breathing the dust of lime and chalk acted as a preventive; for in the same districts other sections of the population suffered.

as usual from this disease. Councillor Dr. G. Ennes thought the suggestion made was somewhat empirical. No theory had been advanced. Lime dust might have some action, but plaster was quite neutral. Dr. Loeffler inquired whether any experiments had been made with animals. Dr. Fisac replied in the negative; but said that he had made patients breathe a mixture of lime and pulverized plaster, and with good results. It seems very probable, that lime, quicklime or calcium oxide, which rapidly destroys organic matter would inhibit the growth of the bacilli tuberculosis expectorated in a locality where lime was abundant, and that such bacilli would rapidly cease to be infective. Workers in limekilns discharge their duties in the open air; plasterers work in the open air, or else in buildings to which there is a free access of air and in which they are not crowded. The presence of lime in the air they breathe cannot be considered an advantage unless because it necessitates very free ventilation in a building or exposure to the open air. How different the condition of sailors in modern ships! It is said that in the British Navy, between 1883 and 1890, diseases of the lungs increased 60 per cent. Though less exposed to cold and wet than the sailors who had to do with masts, sails and rigging, the influence of lessened exposure to bad weather has been more than counterbalanced by the change in conditions below the decks, the sailors living now in a very crowded condition, in hot, steel ships. The influence of lime in protecting certain tradesmen from tuberculosis seems to be more like a coincidence than a cause.

Therapeutic Advantages of the Hot Bath.—Dr. La Riviere (in *Annales de Physico-therapie*) dilates on the therapeutic advantages of the hot bath. He writes: "The feeling of well-being experienced after a hot bath (99 to 102 degrees F.) is due to an increase in the exhalations from the skin, to the harmonious regulation of the functions of the nervous system, to stimulation of the circulation, and, very often, to revulsion from engorged and atonic viscera. The hot bath tempers cerebro-spinal activity, refreshes the muscles, calms general irritability, brings rest, and gives new strength to the tired limbs. It is an excellent remedy in acute and sub-acute skin diseases, in febrile tendencies (without marked hyperpyrexia), in syphilis, uterine disorders, varicels, phlebitis and hemorrhoids, neurasthenia, hypochondria, convul-

sive seizures, enteritis, enteralgia (nervous colic), dysmenorrhea, habitual diarrhoea, chronic articular rheumatism, arthritis deformans. The contra-indications are plethora, hyperemic tendencies of the nervous centres, and advanced tuberculosis, on account of the danger of hemorrhage.

The Inspection of Meat and Meat Products at Chicago.—

Severe comments have recently appeared in the newspapers of Canada on the meat and meat products of Chicago and it is but fair to reproduce the defence, which appears in the bulletin of the Chicago Department of Health, issued June 9, 1906. It appears that, during seven months, January to July, 1905, inclusive, 453,957 pounds, a monthly average of 64,851 pounds, were destroyed as the outcome of inspections made in the "loop district" of Chicago. These inspections covered all food supplies—meats, fish, poultry, game, oysters, fruits, vegetables, canned goods, etc. During the succeeding period, August, 1905, May, 1906, more drastic inspections were inaugurated by the new Health Commissioner, Dr. Charles T. Whalen. The condemnations amounted to a total of 1,560,474 pounds, a monthly average of 156,047 pounds, or more than twice as much (140.6 per cent.) more than during the earlier period on the same district. These inspections made in "the loop district" would protect the food supplies used by the inhabitants of Chicago. As is well known, however, enormous droves of cattle and hogs are slaughtered and their meat dressed in packing houses situated in the Union Stockyards of Chicago. It appears that the inspection of the Union Stockyards had been suspended for some years prior to August 7, 1905. There can be no doubt that grave abuses, insanitary conditions and practices existed in some, if not all, of these packing houses. In spite of these shortcomings, great quantities of diseased and unwholesome meats, which were packed in them, were afterwards placed on the market throughout the United States and other countries. Sufficient proof of the correctness of this statement is contained in the frank admission of the Chicago Commissioner of Health. He writes: "August 7, 1905, inspection of the Union Stockyards slaughter and packing houses, etc., was ordered to be resumed. This inspection covers meat and meat products exclusively. During the ten months of this service, ended May 31,

1906, an aggregate of 5,164,392 pounds of diseased and unwholesome meat was condemned and destroyed by the meat inspectors of the Department in the Union Stockyards." The Chicago Health Commissioner deserves credit for this curtailment of the privileges of the Chicago meat packers. If a monthly average of 516,439 pounds of diseased and unwholesome meats is now being destroyed in the Union Stockyards at Chicago, it is reasonable to assume that similar, or even larger, average amounts were placed on the market, every month, during the pre-inspection period. Looked at from the standpoint of a fastidious appetite, this is not an agreeable subject for rumination,—but what a tribute it is to the protective powers of the human alimentary canal!

J. J. C.

PERSONALS.

DR. H. A. BRUCE, AND DR. J. J. CASSIDY, of Bloor Street East, have recently made great improvements to their residences.

Dr. D. K. SMITH, of Jarvis Street, has purchased a lot on Wellesley Street, near Yonge Street, and intends building this Autumn.

It is expected that about 300 of the prominent men in the profession from England and the Continent will be in Toronto the latter part of this month to attend the British Medical Association Meeting.

It is with great pleasure that we announce that one of Toronto's most capable physicians, in the person of Dr. Allen Baines, of Bloor Street West, has consented to identify himself with this Journal in the department of Pediatrics.

DR. W. H. B. AIKINS AND DR. H. H. OLDRIGHT, of Toronto, returned a few weeks ago after spending a delightful time at the International Congress at Madrid.—Dr. McPhehlan found that he could not be present at The Congress, but visited Italy instead, spending, on his way home, some weeks in England.

PROFESSOR LODDON resigned the Presidency of Toronto University last month and the Board of Governors are now eagerly looking for a gentleman of scientific attainments to take his place. Their eyes are at present attracted towards the Mother Land, several names having been suggested for the vacancy. Prof. Wm. Osler, of Oxford, has definitely stated that he cannot consider any offer in this direction.

News of the Month.

ONTARIO MEDICAL COUNCIL IN ANNUAL SESSION.

THE Medical Council of the Ontario College of Physicians and Surgeons is in annual session at the Temple Building. Meetings commenced on Tuesday afternoon, July 3rd, and remained in session till Friday, evening, the 6th. The Council dealt with much business of importance. To Dr. W. H. Moorhouse, of London, who represents the Western University, London, on the Council, fell the honor of being President of the Council for the ensuing year. Other officers chosen at the first meeting of the session were as follows: Vice-President, Dr. Spankie, Wolfe Island; Treasurer, Dr. H. Wilberforce Aikens; Registrar, Dr. A. R. Pyne; Counsel, Mr. H. S. Osler; Prosecutor, Mr. Chas. Rose; Auditor, Dr. J. C. Patton; Stenographer, Mr. Angus.

After the election of officers, Dr. A. A. Macdonald, last year's President of the Council, vacated the chair in favor of Dr. Moorhouse, and both the President and Vice-President gave addresses thanking the Council for the honor of election.

The Council met again Wednesday morning at ten o'clock, the new President being in the chair. On motion of Drs. Bray and Macdonald, it was decided to place the name of Dr. William Osler upon the register of the Council, "as a slight recognition of his great ability and the high standard he has attained in his profession."

The Discipline Committee selected for the coming year is composed of Dr. J. L. Bray, Chatham; Dr. J. A. Robertson, Stratford; Dr. G. Henderson, Strathroy, and Dr. J. Lane, Malorytown.

The Council decided to deal with the charges of alleged breach of the Medical Act against Dr. Soper, of Toronto, and Dr. Crichton, of Cobourg. Upon taking up the case of Dr. Soper, it was decided to accept his apologies for his past misconduct, and his undertaking that there would be no recurrence in the future.

The Committee on Legislation reported the recent amendment passed by Parliament enabling the Council to hold professional examinations in London, as well as in Toronto and Kingston. On the advice of Mr. H. S. Osler, K.C., the committee had not pressed for legislation on the question of a legalized tariff, owing to the varying circumstances of practice, but had decided to recommend

the Associations of the territorial districts to frame a tariff suitable to their district for their professional guidance. It had also been decided on the same legal advice not to include in the bill the proposed legislation with reference to actions of malpractice. It was thought that if the bill were passed by the House the utmost that would be granted would be a provision that the amount of the account of the doctor in question should be paid into court in such an action. The amended bill included a clause interpreting the word "medicine" to mean "the art of healing, or attempting to heal disease by advice or any form of treatment."

The case of Dr. L. E. Shepherd, of Toronto, who was struck off the list of licensed physicians some years ago, was again brought up for consideration, but the Council decided not to reinstate him. The Discipline Committee withdrew their recommendation and will make a further investigation. As to Dr. Crichton, the Council removed his name from the list of practitioners.

The Council passed a resolution of regret at the retirement of Dr. C. T. Campbell, of London, who has been appointed Inspector of Post-Offices by the Dominion Government. Dr. Campbell has been a member of the Council for many years. He made an appropriate reply.

Dr. E. Ryan, of Kingston, Ont., suggested that the new building should be of stone, and two storeys only. Its purposes were administrative and not educational. At present it was not necessary to make provision for either library or museum.

After much discussion the entire question of size, shape, site, and plan of the new building was again referred to the Property Committee.

Mr. Frank Darling was appointed architect.

When the Council adjourned at noon the members went over to the Royal Canadian Yacht Club's Island quarters, and took lunch as the guests of the Toronto members.

Sir James Grant, M.D., of Ottawa, who attended the meeting of the Ontario Medical Council, made an important motion, which was adopted by the Council, with a view to preventing the spread of tuberculosis. The resolution was as follows:

"That the Executive of the Government of Ontario be invited by the Council to take into consideration the desirability of appointing medical examiners in the Public Schools in the chief centres of Ontario in order to guard the lives of the rising generation against tuberculosis, inasmuch as such precaution is becoming general in the most progressive countries at the present day."

Sir James said that, in view of the fact that there were 8,000 deaths in Canada annually from the white plague, and that each life was estimated to be worth \$1,000, the importance of some

such move should commend itself to all. Similar action had been taken in a large number of European and United States cities. In his opinion a large proportion of the cases originated in the Public Schools.

The Council adopted the recommendation of the Registration Committee that Messrs. Ardiel and Lyon be refused the privilege of registering as matriculants, under special conditions. These two students served in South Africa during the year that they would otherwise have matriculated. The members thought that enough exceptions under these conditions had already been made.

QUEEN'S UNIVERSITY VISITED BY \$70,000 FIRE.

QUEEN'S Medical College Building, Kingston, was destroyed by fire, July 4th.

The blaze was discovered shortly after seven o'clock, and five minutes later the firemen had streams playing into the burning building, and in an hour had the blaze under control, but the whole interior is a complete loss.

All that was saved was the secretary-treasurer's books.

Valuable medical apparatus and specimens that cannot be replaced all became a prey to the flames.

The building and contents were valued at about \$70,000. There is insurance of \$22,000.

This fire is the first to visit Queen's in its history on the present grounds. Four years ago an extra storey was added to the building at a cost of \$11,000. It was the intention of the faculty to renovate the medical college as soon as the biological building was erected. These plans can be carried out now to a certain extent.

The fire, it is thought, originated from a gas jet kept burning in an oven where paraffine moulds are made.

By the destruction of the College the bacteriological and public health laboratories are wiped out and serious inconvenience will result.

The metal tank containing a number of bodies for dissecting purposes is in the basement, and the fire did not get at it.

Repairs will be started at once, and the college will be ready for the fall opening.

ITEMS OF INTEREST.

Ontario Medical Association.—The Executive Session of the Ontario Medical Association will be held in Toronto on Monday, the 20th of August, at 8 p.m. All members are respectfully requested to attend, in order that the business of the year may be finished, including election of officers for the ensuing term.

The Provincial Board of Health at St. George.—The closing sessions of the third quarterly meeting of the Provincial Board of Health were held in the residence of the chairman, Dr. Kitchen, at St. George. The very elegant hospitality extended to the members and officers of the Board by Dr. and Mrs. Kitchen, July 5th and 6th, will always be gratefully remembered.

The Canadian Medical Association.—The Canadian Medical Association meets on the afternoon of the 20th of August and the forenoon of the 21st, for the discussion of business. The Association will convene in the new Science Building on College St., opposite McCaul, the chief item of business being the report of the Special Committee appointed to consider re-organization. We trust that the members will turn out in full force.

Dermatological Section of the British Medical Association.—The local committee of the Dermatological Section of the British Medical Association desires any Doctor who has any interesting case of skin disease, to communicate with the secretary, Dr. D. King Smith, 311 Jarvis St., as arrangements for the presentation of cases at the clinic will be made by the committee.

A Physician Wanted Immediately.—Just as we go to press we have received word that a physician, preferably one of the Methodist persuasion, is wanted immediately for Georgetown, Ont. It seems that there is a good vacancy there, so that any young, active graduate in medicine desiring to make a change might benefit himself by communicating with the Rev. H. A. Cook, Methodist minister, Georgetown, Ont.

The Provincial Board of Health Entertained at Hamilton.—The Provincial Board of Health were very handsomely entertained by the chairman and members of the Local Board of Health, Hamilton, July 4th and 5th. A portion of the third quarterly meeting of the Provincial Board of Health was held at Hamilton on these dates, in order to enable the members to personally examine the insanitary conditions prevalent in and about Coal Oil Inlet, Hamilton.

To Use Part of Mercer for Care of Aged and Insane Women who are Harmless.—Part of the Mercer Reformatory which was used as a rescue for girls, and since the housing of the inmates in foster homes has been closed, has been converted into a ward for harmlessly insane old women and will supplement the asylums of the Province. There is room for 125 patients, and it will be in charge of Dr. Clark, of the Queen Street West Asylum, from which place the first quota were removed July 4th.

Special Rate to the Coast for Members of the British Medical Association.—Canadian members of the British Medical Association who intend to avail themselves of the special rate, single fare (\$67.25) excursion to the Pacific Coast at the close of the meeting in August, should communicate their intention at once to the General Secretaries, Medical Laboratories, University of Toronto, in order that information may be given to the railways of the probable number for which provision must be made.

The British Medical Association to Build New Premises.—In an editorial on page 86 of the July issue, we stated, by mistake, that the present premises of The British Medical Association, 429 Strand, London, England, were only leased. This we find is an error. As a matter of fact, the Association owns the freehold, and, so much has the business grown, that it is highly probable this autumn that the present building will be razed to the ground and more suitable and commodious premises erected at an outlay of close on £40,000. We make the correction with pleasure.

Appointed Trustees.—The benefactors of the new General Hospital to be erected in connection with the University, held a meeting in the office of Superintendent Dr. J. N. E. Brown at the hospital the first week in July, and chose the following as their representatives on the Board of Trustees on the new institution: J. W. Flavelle and W. E. Rundle to hold office until January 31, 1908; C. D. Massey and H. C. Cox until January 31, 1909, and H. H. Fudger, P. C. Larkin and M. J. Haney until January 31, 1910. Sixty ballots were cast.

Sparkling "Apenta," which has recently been put on the market, is natural Apenta Carbonated, bottled at the Apenta Springs, Budapest, Hungary, and is put up in cases of 50 "Splits"; it is a pleasant and refreshing aperient for morning use. The whole of the Split bottle is usually taken as the morning dose.

House Staff of Toronto General Hospital.—The last meeting the old Board of Trustees of the Toronto General Hospital was held on July 6th. Appointments to the house staff for the next

term were made, the following being chosen: W. F. Lemon, Aymer, Ont., the holder last year of the George Brown memorial scholarship; J. A. Kinneer, Toronto; G. S. Strathy, for the past year house surgeon at the Sick Children's Hospital; C. E. Spence, Toronto; H. Glendinning, Valentine, Ont., and A. W. Beattie, Pond Mill, Ont., a graduate of the Medical College of the Western University, London, and the only outsider who was an applicant.

University Governors Appoint Five Trustees to General Hospital Board.—The Board of Governors of the University of Toronto met for the first time in the senate chamber on June 30th for reorganization purposes. Sixteen members were present. Chief Justice Charles Moss was elected vice-chairman of the Board. The Board exercised its right to the appointment of five trustees to the General Hospital. The appointed are: John Hoskin, LL.D.; Rev. J. A. Macdonald; Prof. James Loudon; Byron E. Walker, LL.D.; W. T. White. An interim executive committee of eight members was appointed. Three minor committees were also appointed each of which will lapse as its work is reported. It was decided that every member of the Board should be notified prior to each session of the Executive Committee. The reason for not making this committee permanent is because of the anticipated absence of several of its members during the next two months.

Distribution of Liege Exhibition Awards.—The Awards to the British Section of the recent Liège Exhibition were distributed on June 13th. The proceedings took place at the Mansion House, and the Lord Mayor, Alderman W. Vaughan Morgan, occupied the chair. Mr. Imre Kiralfy, the British Commissioner-General, read a report upon the Exhibition, and the meeting was subsequently addressed by the Belgian Minister, Count de Lalaing, Sir Albert Rollit, M. Edouard Seve, Sir William Holland, and the Lord Mayor. The diplomas were then presented by Count de Lalaing. A notable feature of the ceremony was the receipt by Burroughs Wellcome & Co., of five awards of Grand Prix, three Diplomas of Honor, three Gold Medals and one Silver Medal.

New University Board.—New University Board of Governors selected by the Ontario Cabinet are as follows: For two years' term—Dr. John Hoskin, K. C., Chairman; Hon. S. H. Blake, K.C.; Sir Mackenzie Bowell, Belleville; James L. Englehart, Petrolia; Rev. Father Teefy; Judge Colin Snider, Hamilton. For four years' term—Byron E. Walker; G. R. R. Cockburn; Chester D. Massey; Rev. D. Bruce Macdonald; W. T. White; E. C. Whitney, Ottawa. For six years' term—Goldwin Smith; Chief Justice Moss; E. B. Osler, M.P.; J. W. Flavell; Rev. J.

A. Macdonald; H. T. Kelly; also the Chancellor of the University, Sir W. R. Meredith, and the President.

Thanks for Many Letters of Congratulation.—Last month we published a special British Medical Association number. We tried to make it as attractive and interesting as possible to our readers. Even such graybeards as Medical editors are only boys grown tall, consequently we were delighted at the scores of kindly letters from "over the hills and far awa" that came pouring into the office. Letters full of words of congratulation and commendation, in which we confess a pardonable pride, and for which we wish to express to one and all our gratefulness, and our lasting appreciation of the kindly thought that prompted the sending of them. (The Editors.)

The American Roentgen Ray Society.—The 7th Annual Meeting of the American Roentgen Ray Society will be held August 29, 30, 31, 1906, at the Cataract and International Hotels, Niagara Falls, N. Y. A large and interesting programme containing the names of the best-known X-ray workers of this country, as well as a number from abroad, has been prepared. An interesting feature of this meeting will be the exhibit of prints and negatives. The railroads have granted a rate of a-fare-and-a-third on the certificate plan. The officers of the Society are: President, Dr. Henry Hulst, Grand Rapids, Mich.; Secretary, Dr. Geo. C. Johnston, Pittsburg, Pa.; Treasurer, Dr. Leavitt E. Custer, Dayton, Ohio; Vice-Presidents, Dr. Russel H. Boggs, Pittsburg, Pa.; Dr. Clarence E. Skinner, New Haven, Conn.; Dr. Ennon G. Williams, Richmond, Va.; Dr. Eugene W. Caldwell, New York, N.Y.

American Orthopedic Association.—The American Orthopedic Association will meet in Toronto on Monday, August 20th, and its members will all be accommodated at the King Edward Hotel, where, also, many of its meetings and some of its social functions will be held. The first meeting for business will be held at twelve o'clock, noon, on Monday, August 20th. Afternoon and evening sessions also will be held for the discussion of scientific papers. On Tuesday there will be meetings at nine-thirty, two-thirty and seven-thirty also for the discussion of papers and presentation of apparatus. On Wednesday morning the Association will meet at nine-thirty at the Toronto Orthopedic Hospital. Most of the prominent men in the profession in America practising orthopedic surgery will read papers and several eminent European surgeons will also be present. Various social functions will be held in honor of the guests. This is the first meeting of the Association held outside of the United States and the president this year, Dr. B. E. McKenzie, is the only surgeon, not a citizen

of the United States, who has occupied the chair. The citizens of Toronto and the profession will no doubt extend a very cordial welcome to the members of the American Orthopedic Association.

Apenta Water (from the Natural Bitter Water Springs near Budapest) is a Natural Aperient Water. What is especially remarkable in Apenta Water is the proportion of the sulphates of soda and magnesia, of which the latter is predominant. It contains also lithium salt. Like other waters of the class known as Hungarian Aperient Waters, Apenta is found at no great depth in the earth, generally about 15 to 20 feet. The chemical composition is due to solution of the chemical salts in the strata through which they flow. Considering how generally Hungarian Aperient Water is prescribed, it will be assuring to medical men to learn authoritatively that the working of the Apenta Springs is carried out not merely on commercial lines, but also in a scientific manner, the Apenta management being under the scientific and hygienic supervision of Prof. Dr. Leo von Liebermann, Royal Councillor, Professor of the Hygienic Institute of the Royal University at Budapest, and formerly Director of the Imperial Chemical Institute. The London *Lancet*, speaking of Apenta, says: "Its composition is constant. The practitioner is thus enabled to prescribe definite quantities for definite results."

Results from Use of Phytin—Dr. G. Schroeder. New medicines and nutritious products for the treatment of pulmonary tuberculosis (*Zeitschrift für Tuberculosis & Heilstätewesen*, t. 7, page 242, 1905). We have obtained good results with a new phosphorus preparation—Phytin. It is a combination of organic phosphorus, perfectly assimilable and non-poisonous. According to the researches of Loewenheim, the preparation has good effects in cases of rachitis, anemia, neurasthenia, general debility, and pulmonary tuberculosis. The dose prescribed is 1 gramme daily. We observed in several cases that the use of Phytin was followed by an amelioration of the appetite, the state of the blood, and a considerable augmentation of weight.