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EDITORIAL

VACCINATION AND ANTIVACCINATION.

Quite recently we were favored with a reprint of the trial of a Dr. Carlo Ruata, of Perouse, Italy. The small pamphlet is being distributed in the interests of those opposed to vaccination. To those who are ignorant of medical literature and science, the statements of Dr. Ruata might carry some weight. Quite recently the people of Toronto and Ontario were deluged with similar arguments.

In the first place Dr. Ruata was tried before a magistrate. In his own defence he submitted many statements in justification for his stand against the law demanding vaccination. It is well to note that these statements were not challenged at the trial by competent expert medical evidence.

In the hurried glance we have been able to give to this pamphlet, which is in French, we have detected a number of statements that could be disputed. There is given a resolution passed at a meeting of the Academy of Medicine of Perouse, condemning vaccination. Before that could be admitted as having any weight one would have to know who were present, how many, and the circumstances under which the meeting of the academy was held. It is an easy matter to get a snatch opinion.

The magistrate acquitted Dr. Ruata, and praises his defence; but here, again, one must know what were the qualifications of the magistrate to weigh Dr. Ruata's arguments, and come to a sound conclusion as to their accuracy or otherwise. The words of the magistrate might be of no value if one knew all the facts.

Let us quote one sentence: "The triangular base on which vaccination has been reared with the hysterical woman of Constantinople, the milkmaid of Berkley, and the empirical Jenner. The medical men and the men of science were not invited to deliberate on the case." Such a statement may mislead the ignorant, but it will find no place in the minds of those who know the history of vaccination.

The trust in isolation is put forward as the proper method of fighting smallpox. But smallpox is very contagious and spreads rapidly, and would soon attack those who are detailed to care for the sick. They in turn would go down, and require others to wait on them. This would continue to go on until the community has a protected people. Men of the widest experience know that this plan has always failed.

The pamphlet contends that such diseases as consumption, nephritis, etc., etc., may be given through vaccination. It was possible in the days of arm to arm vaccination, though there is no proof of such occurring; but it is absolutely impossible by the use of calf lymph. Such literature as this can do much harm.

THE ONTARIO MEDICAL ASSOCIATION.

In another part of this issue we publish the provisional programme of the Ontario Medical Association. We are not called upon to argue claims of this Association to support of the medical practitioners of this province. All we feel we need say is to urge upon a large number to be present, and make the annual meeting for 1920 the best in its history. We are sure that no one who attends would say that he was disappointed.

COMBATING VENEREAL DISEASE.

The first Municipal Committee of the Canadian National Council for Combating Venereal Diseases was organized in Toronto on March 24th, with the following officers: Patron, His Worship, Mayor Church; Hon. President, Mr. Justice Hodgins; President, Dr. F. W. Marlow; Vice-Presidents, Mr. A. E. Smythe, Dr. C. J. O. Hastings, Mrs. L. A. Hamilton, Rev. L. Minehan, and Mr. C. F. Paul; Hon. Treasurer, Dr. Albert H. Abbott; Secretary, Dr. H. C. Cruikshank; Members of the Executive, Mrs. Sidney Small, Mrs. A. D. Fisher, Dr. R. R. McClenahan, Dr. Gordon Bates, Miss F. E. Brown, Major Fred Smith, and Miss Pearce.

Mr. Justice Riddell, the National President, presiding at the meeting of this the first Municipal Committee to be organized in Canada, called attention to the seriousness of the Venereal Disease problem, and asked the co-operation of all Toronto citizens in the work of the National Council in Toronto.

The formation of the Toronto Committee was coincident with the showing of "The End of the Road", a remarkable film-drama which is being shown throughout Canada under the auspices of the Canadian National Council for Combating Venereal Diseases. During five days' showing of this film in Toronto about 17,000 people attended meetings staged by the National Council at which the film was shown. National

Council speakers appeared at each meeting and gave short addresses of an educational character, in the course of which the opportunity was taken of briefly outlining the general scheme in which the Dominion and Provincial Governments are combining to deal with the venereal disease problem in Canada. The first result of this propaganda work has been an increase in the number of venereally infected persons applying for treatment to both private physicians and clinics.

The National Council will first undertake to do general educational work of this type in order that people generally may become aware of the seriousness of venereal diseases as a public health problem, and in order to help render the Government treatment-schemes in various parts of the country effective. With this end in view it has been felt that as many persons as possible should become actual members of the organization. A two-dollar membership fee has therefore been established, and local committees are being formed in many cities throughout the country. Members of these committees will be kept supplied with up-to-date literature on the subject, and will be expected to do their part locally in the fight against venereal diseases.

It should be understood that the work of the Canadian National Council for Combating Venereal Diseases is not only propaganda. It is felt by the National Council Executive that as regards this particular problem their first duty is to inform the public as to existing conditions. This must have the effect of helping in the success of the various treatment-schemes being undertaken by provincial health departments. The broader educational and social aspects of venereal diseases will be dealt with as the National Council is put on a better organized basis, and when a sufficient headquarters-staff has been secured.

HERNIA ACROSS THE LESSER SAC OF THE PERITONEUM.

Pringle (*Glasgow Medical Journal*) states that these herniae may be divided into two main types, viz.: (1) Hernia through the foramen of Winslow, and (2) hernia through an abnormal opening. The abnormal opening may be situated: (a) in the mesocolon, in which case it would appear to be most frequently placed within the vascular arch of the middle and left colic arteries, or (b) the opening may be in some part of the omentum. If the bowel passes beneath the colic arch it may (a) remain in the lesser sac and present either above or below the stomach, or (b) may escape again into the general peritoneal sac above the stomach, "gastro-hepatic" type, or below the stomach, "gastro-colic" type. In the majority of cases of hernia through the foramen of Winslow that are recorded, a comparatively short length of bowel was herniated. The large herniae seem to have presented beneath the gastro-hepatic omentum, and in Treves' case the cecum and vermiform appendix burst through that structure.

ORIGINAL CONTRIBUTIONS

AMONG MY BOOKS

By the Honourable William Renwick Riddell, LL.D., Etc.,
Justice of the Supreme Court of Ontario.

A short time ago laid up a victim to the universal enemy, commonly called the "Flu", I was for some weeks kept in the house; browsing around in my library, I came across some books of no great value, indeed, but of some interest to medical men, and I determined to place them where they might conceivably prove of benefit to some one. Therefore, I ask the Academy of Medicine to accept them.

I.

The first I mention is "The Art of Surgery", by Daniel Turner,¹ M.D., of the College of Physicians in London, 6th Edition, Rivington's, London, 1742.

Daniel Turner was born in London, 1667, and began his professional life as a surgeon and a member of the Barber-Surgeons' Company—the title of the Company is interesting and a little historical sketch may not be out of place.

Until well after the Conquest the practice in England, of medicine and surgery, outside of the "wise woman", was mainly in the hands of the clergy; but in 1163 the Council of Tours forbade the shedding of blood by monk or priest and this, of course, prohibited surgical operations. Then the barbers, who had very generally acted as assistants, dressers, etc. to the clergy secured a practical monopoly of surgery—at least most of the bleeding, a very important part of the surgeon's practice. They marked their shop with a pole wrapped with a white fillet and a red one, indicating the bandage before and after the blood letting,² and a basin to receive the blood; sometimes also they placed a bottle of blood in the window. The Barbers received a charter from Edward IV. in 1461, and became "The Mystery of the Barbers of London". But there grew up outside of this profession a body of men practising surgery, who, at some time before 1540, formed a "Company" called "The Surgeons of London" without charter or other incorporation. The members of these two companies went on side by side having "more commonly the daily exercise and experience of the science of surgery than was, had or used within other parts of the Realm," until 1540. Whether because the King, "Bluff King Hal" or Henry VIII, was himself the most notable exponent of the radical treatment for marital infidelity or for some other cause, Parlia-

ment in 1540 united these two companies into "The Masters or Governors of the Mystery or Commonalty of Barbers and Surgeons of London" and gave to the new Company the bodies of four felons every year "for their future and better knowledge, instruction, insight, learning and experience in the . . . Science or Faculty of Surgery": those "using barbery or shaving" were not to occupy "any surgery, letting of blood, or any other thing belonging to surgery; drawing of teeth only except"; and those using "the Mystery or Art of Surgery" were not to "occupy or exercise the feat or craft of barbery or shaving"—this was to prevent the spread of "the pestilence, great pox and other contagious disorders".³

This was the body of which Dr. Turner became a member; and he was one of the surgeons, being admitted as such. The surgeon was, at that time, of a distinctly lower grade in the profession than the physician—he could sue for his fees as an attorney could, while the physician could not, as a barrister could not—these members of the higher branch of the professions had to rely upon a honorarium, not recoverable by law. Turner desired to join the higher branch, and, in 1711, he was allowed to retire from the Barber Surgeon's Company on paying a fine of £50; and the same year he became a Licentiate of the College of Physicians.

Before the time of the much married Henry VIII, there was no regulation of physicians. "Common artificers as smiths, weavers and women boldly and accustomedly took upon them great cures and things of great difficulty in which they partly used sorcery and witchcraft, partly applied such medicines to the disease as were noxious and nothing meet therefor, to the high displeasure of God, great infamy to the Faculty and grievous hurt, damage and destruction to many of the King's liege people". In 1511, Parliament forbade anyone within London or within seven miles thereof to practise or occupy as a physician or surgeon without a licence from the Bishop of London or the Dean of St. Paul's, who were to call on four "Doctors of Physick" to examine the physicians, and, for surgery, other expert persons in that Faculty.⁴ This did not prove wholly satisfactory, and in 1515, King Henry granted a charter to Thomas Linacre and others for a "Fellowship" or "Commonalty" of the Faculty of Physick. In 1522 Parliament confirmed the Charter and called the corporation the "Commonalty and Fellowship of the Faculty of Physick", directed the six persons named in the Charter to select two other members and so form "eight Elects", and enacted that no one should practise Physick in England without being examined by the President and three of the Elects (except graduates of Oxford and Cambridge).⁵ In 1540, all such licentiates were authorized to practise surgery "forasmuch as the Science of Physick doth comprehend, include

and contain the knowledge of surgery as a special member and part of the same".⁶ In Queen Mary's time, in 1553, the body had the name "College or Commonalty of the Faculty of Physick of London";⁷ and this was the official name in Turner's time.⁸ Turner became a Licentiate of this College, published many treatises on his science—one on Diseases of the Skin contains the treatment of shingles by blood from the tail of a black cat.⁹ He attacked Dr. Thomas Dover's (of Dover's Powder fame) mercurial treatment of the Morbus Gallicus, and gives an instance of half a pound of mercury found on post-mortem in the intestines of an unfortunate treated by Dover's method.

"The Art of Surgery" was first published about 1721; my edition, the 6th, in 1742.¹⁰ The title page has the Hippocratic Aphorism (in Greek) "Life is short; Art, long; Opportunity, fleet; Experiment, difficult". The work itself is of most value for the cases reported: it is full of "detersives," "sarcotics," "epulotics", etc., the terminology of the day; he especially praises his own Ceratum de Lapide Calaminari.

R

Butiri Rec. mense maij collect. et sine sale praep

Cerae Citrin. optime defæcat a lb. iiss

Ol. oliv. rec. et purif.lb iv

Lapid. Calumin. select. (non rubri aut lateritii coloris) subtilis-
sime trit. et cribat.

Liquescant Cera cum Butiro in vasculo idoneo lento igne, una cum oleo et liquefacta colentur per pannum cannabinum in vas alterum, statim- que insperge Pulverem, gradatim continuo agitando mixturam e fundo vasis donec frigescere incipiat et Pulvis prae pondere suo, non amplius subsidere possit"¹¹ (I invite you to translate).

This remedy is for the fourth intention¹² of ulcers; and, as the treatment of ulcers furnishes as good an example as any of the highly artificial science and art of the times, I shall give a short description—as a sample of the contents of the book.

The ulcer, Greek *helkos*, Latin *ulcus*, is defined as "the wound, a solution of the Continuum in any part of the body. . . occasioned by some sharp Humour¹³ eating into and corrupting the Frame or Texture thereof, which said Humour does in a manner as essentially difference¹⁴ the ulcer as the inflicting instrument the wound". The kind of humour determines the ulcer as sanious, sordid, purulent, depascent, serpiginous, fungous, ulcer with hair and fluxion, putrid, pestilential, venereal; the form or position determined it as sinuous, fistulous, varicous, round, regular, even, jagged, superficial or profound, and its age as recent or

mild, old or rebellious—these stubborn or rebellious ulcers being often called cacoethic or sometimes Chironian “from Chiron, the Centaur, son of Saturn who, like to be surprised in adultery by his wife, transformed himself . . . into a horse, upon which his paramour. . . brought forth a kind of monster, having the upper part man and the rest an horse. . . he was a most excellent physician and surgeon . . . and for the cure of rebellious sores or ulcers, when they had tried all others, they were forced to be beholden to Chiron—and thus you have the poets’ ground for calling stubborn ulcers by the name Chironian”.

“In the cure of ulcers. . . there are many intentions”, but these in general reduce to four,” Digestion, Mundification or Deterision. Incarnation and Cicatrization”, “Digestion” here means the production of healthy pus, “laudable pus” as it was called in my student days; and the best treatment was with the “old medicament of the Terebinth, cum ovi vitello with or with Basilicon” (a very favourite ointment so called for its supposed Royal or Kingly virtues, or “Praecipit, Rub.” (Mercuric oxide, Hg O.)

When the Ichor or Sanies is “concocted,¹⁵ and turned into pus or matter, “the notes¹⁶ of which being good and laudable . . . the ulcer is then said to be digested, being the first step to healing . . . after this we come to mundify or cleanse which by the artist is named Deterging”. If the precipitate is rightly used there will scarcely be need of any other Detergent; but, if not, different simples are suggested. Then comes Incarnation: and “without this orderly way taken, there can be no such thing as obtaining the end you aim at, for he that goeth about to *incarn* before he *mundifies* or *detergeth* either before he *digests* is like the builder who pretends to raise a superstructure without a foundation or to lay such foundation at the housetop”.

Incarnation is “engendering good flesh to repair the substance lost”—and many are the sarcotics¹⁷ recommended for the purpose ranging from aloes through barley meal to yellow basilicon. Care must be taken that “Art taking the place of Nature” is hindered from over acting her part and so producing a sarcoma—to prevent which “’tis the surgeon’s office to overlook her and, when he sees it necessary, oblige her to cease by sprinkling some more desiccation powder upon the new-raised flesh or a pledget armed with some proper epulotic,¹⁸ such as Lapis Calaminaris, Cerussa (white lead), or “without vanity I may say beyond them all my Ceratum de Lapide Calaminari”; and he gives the lovely prescription.

It never occurred to any surgeon of this time that an ulcer or wound would or could heal of itself if let alone.

Turner gives a full and fairly accurate account of the fractures and the existing method of treating them—he seems just to have missed the extension pulley. Perfectly conscious of the necessity of the “reposition of the fractured parts and their retention, when replaced, till Nature, by the intervention of a callus has cemented their extremities”; and of extension in reducing the fracture; using the fracture box, “in which the leg is placed with the two sides or wings to be let down at pleasure by their hinges as does the foot-board”; and where he had a compound fracture, with a large wound on the gastrocnemius, employing a box with a double bottom, the upper slung on tapes which could be drawn up by means of a pulley above; recognizing the “great difficulty . . . to maintain such a uniform extension that the ends of the bone may lie in a direct line the one to the other whilst the . . . callus is forming and becoming ossify’d”; and the extreme importance of keeping a due extension “to avoid shortening and lameness”—still he has no mechanical means of extension.

Turner’s work is full of instructive cases—by some thought to be its greatest value—and of sound, common sense directions. Leaving aside his fondness for topical applications and the usual obsession as to the value of bleeding,¹⁹ his practice would stand comparison with modern ways.

While it is probable that the practising surgeon would find most interest in the very many well reported cases, to an amateur like myself there are more interesting features. One is the *Tabula Aetiologica* or dictionary of technical terms and their origin. Many words are given, most of which are still with us, but some are outworn—no one uses the “*Aegyptiacum*, an ointment prepared of verdi-grease, honey and vinegar”, or the “*Linimentum Arcae*” for wounds; no one believes in Von Helmont’s *Archaeus*, whom he set up as a “vice god to superintend the animal Fabric or Oeconomy thereof”, and our “bilious juice” is not guilty of assation or adustion; no one says “*Bregma*” when he means *sinciput* or “*cardiac*” for “*cordial*” (perhaps few even say “*cordial*” as applied to a draught, at least since the celebrated 16th); the surgeon no longer knows “*catagmatics*”, medicines to promote a callus, being content to rely upon the old *vis medicatrix naturae* and few could define “*ecpiesma*”, “*fotus*”, “*saburra*”, the physiologist knows nothing of *crasis*, “the temper of the blood peculiar to each constitution”, and would not know what was meant by the “*Emporium*”; while he is well acquainted with the *Parotids*, he would hesitate to call them “*Emunctories of the Brain*”—the anatomist does not often, if at all, speak of *Ginglymus*, the physician is ignorant of *labrisulcium*. The druggist does not keep Mith-

ridate or Venetian treacle;²⁰ but "Zongiva" of the modern drug store had its prototype in the Gingilavium, a lotion for the gums, "when affected with the scurvy or putrifaction therein"—pyorrhoea was still far in the future; the druggist would not know how to make anything "pulticular", or a "stagma", or a "vehiculum".²¹

To those who think there is no new thing under the sun the definition of aminealcule may appeal—"a living creature so exceedingly minute or small as to escape the naked sight and discoverable only by help of glasses. These are by some, now-a-days, deemed not only the original of ourselves but of *our diseases also*".²²

The other matter of most interest to the amateur is the "postcripta", added when the sheets were in the press. This contains an abstract of Dr. Freind's History of Physic. Dr. John Freind, the first real English historian of medicine was born 1675; he took his degrees in Arts and Medicine in Oxford, became a F.R.S. and a Fellow of the College of Physicians. He got mixed up with Bishop Atterbury's treason and was sent by Sir Robert Walpole to the Tower; his release gives us one of the most striking stories in the history of the profession. Dr. Richard Mead, born 1673, was educated in medicine at the University of Utrecht under the celebrated Archild Pitcairn and took his M.D., at Padua; he also became a F.R.S. and, after receiving his M.D. from Oxford, became a Fellow of the College of Physicians on the same day in 1716 as Freind. He had already (1702) written the work by which, perhaps, he is best known, "A Mechanical Account of Poisons".²³ He and Freind were great personal friends, both fine Latinists, both inveterate authors, both devoted to their profession—but they disagreed on almost every conceivable subject. While both were, at first, of the Iatro-mechanical or Iatro-mathematical school, they both made wide divagations from its precepts; Mead was a thorough Whig and Freind a fierce Tory, and they were rival practitioners.

Walpole sent for Mead to attend him, Mead refused to prescribe for him until Freind should be released, and he was set free.

The history of Physick was Freind's principal work and it was addressed to Mead.

Turner's abstract is short; amongst other things he says that Freind "proposes bleeding in all inflammatory fevers, whether erysipelatous, variolous, morbillous, bilious, scarlatine, etc., in whatever stage of the disease when the symptoms run high or affect the head, breast, or other parts with intense pain", and that "traverse section of the arteries, especially behind the ears and afterwards cauterizing the same for defluxions and other diseases of the head" was recommended by the celebrated Paulus of Aegina (circ. A. D. 625-690). I must now leave Dr. Turner²⁴.

II.

Dr. John Hancocke; Febrifugum Magnum of Common Water—the best Cure for Fevers and probably for the Plague, London, 1723.

John Hancocke, D.D., Rector of St. Margaret's, Lothbury, London, Prebendary of Canterbury and Chaplain to his Grace, the Duke of Bedford, discovered that in common water, whether "pump or well or river water so it be clear and sweet" there was the great desideratum of Archibald Pitcairne, "a medicine to be desired which will speedily remove the rarecence of the blood and reduce its motion without evil symptoms following." He published his discovery in a little book which I now give to the Academy. I have recently given some account²⁵ of the Reverend Doctor's theory and practice, and I do not here repeat it.

III.

We now reach a work which is still believed in, and looked upon as a very oracle—"Buchan's Domestic Medicine". William Buchan was a Roxburghshire man, who, as a boy, set up in his native village, Ancram, as a doctor. He was sent to Edinburgh to study for the ministry but preferred the study of medicine. He took out his degree of M.D. and practised for a time in Yorkshire, then he returned to Edinburgh where he secured a large practice. He was a Fellow of the Royal College of Physicians, Edinburgh, and there he published in 1769 the first edition of his famous Domestic Medicine—the first work of the kind in the British Isles. This has seen very many editions, 19 in the author's lifetime, and has been translated into most of the modern civilized languages. Disappointed in his hope of succeeding John Gregory in the Chair of Medicine at Edinburgh, he removed to London, where he acquired a good practice which he held till his death in 1805.

My edition is the 14th and was printed at Boston, 1793, by Joseph Bumstead. Dr. Buchan complains that, although his book was never intended to supersede the use of a physician, the "jealousies and fears of the Faculty have prompted many of them to treat this work in a manner altogether unbecoming the professors of a liberal science . . ."; and "this illiberal treatment of the Faculty is not the only thing of which the author has cause to complain. By some of them his book has been served up mangled and mutilated . . . purchasers are misled." In his Preface to this edition he says that the book has produced effects beyond his expectations—"many of the most hurtful prejudices which seemed to be quite unsurmountable have, in a great measure, yielded to better information. Of this a stronger instance cannot be given than the inoculation for the small pox. Few mothers, some years ago, would submit to have

their children inoculated even by the hand of a physician; yet nothing is more certain than that of late many of them have performed this operation with their own hands and . . . there is little reason to doubt that the practice will become general. Whenever this shall be the case, more lives will be saved by inoculation alone than are at present by all the endeavours of the Faculty." (It will be remembered that Edward Jenner first vaccinated from cow pox in 1796 and published his first work on vaccination in 1798).

Buchan was not only not a quack, he was much in advance of the body of the profession in many ways. He strikes the key note of his treatise in the introduction. After noting the well-known saying of Dr. John Arbuthnot, the celebrated wit and physician, and himself a pioneer "that by diet alone all the intentions of medicine may be answered",²⁶ he says, "No doubt a great many of them may, but there are other things besides diet which ought by us means to be neglected. Many hurtful and destructive prejudices with regard to the treatment of the sick still prevail . . . To guard . . . against these prejudices and to instil . . . some just ideas of the importance of proper food, fresh air, cleanliness and other regimen necessary in disease, would be a great work and productive of many happy consequences. A proper regimen in most diseases is equal to medicine, and in many of them it is greatly superior."

Probably the most useful and certainly the most modern part of the work is Part I, "Of the General Causes of Disease". Beginning with the child and saying that "almost half of the children born in Great Britain die under 12 years of age" he lays down most sensible rules for the care of children, clothing—he ridicules and condemns the tight and thick swaddling band; "a child should have no more clothes than are necessary to keep it warm and they should be easy for its body"; food—"it is strange how people came to think that the first thing given to a child should be drugs", "wines are universally mixed with the first food of children, "some parents teach their children to guzzle ale and other fermented liquor . . . such a practice cannot fail to do mischief. All strong liquor are hurtful to children . . . Milk water, buttermilk, or whey are the most proper for children to drink." The food should not be sweetened to entice them to eat more than they should.²⁷ Tight lacing for child or adult is deprecated—"the human shape does not solely depend upon the whalebone and bend leather".²⁸ Exercise, in sane ways, is also insisted upon. He is the first, so far as I know, to recommend golf. He says "Golf is a diversion very common in North Britain. It is well calculated for exercising the body and may always be taken in such moderation as neither to overheat nor fatigue. It has greatly the preference

over cricket, tennis or any of those games which cannot be played without violence". So say we all of us, but some would object to calling golf a diversion, when it is really a religious exercise.

Dr. Buchan then considers the causes of disease in various classes of the community. His practice is sound; if his ætiology is at fault, it is the fault of his time. He thinks erysipelas and the iliac passion (which we call appendicitis) due to drinking cold water when the body is warm, wet feet and like causes—but it was only yesterday that pneumonia was considered due to the like causes; putrid and malignant fevers were due to want of cleanliness, and, "if dirty people can not be removed as a common nuisance, they ought, at least, to be avoided as infectious." Buchan is wholly right when he says "Nothing is more apt to convey infection than the excrements of the diseased," though he may be wrong in his reason, that "it tends to pollute the air." He is an ardent advocate of cleanliness of body, dwelling and environment.

His remarks on infection are equally sane, if equally unscientific—as are those on the passions, dwellings, etc.

He passes on to treat of disease and, first, of fevers because "more than one half of mankind are said to perish by fevers." Agues are occasioned "by effluvia from putrid, stagnating water", and are treated by purging and the Peruvian Bark. "Many dirty things are extolled for the cure of intermitting fevers, as spiders, cobwebs, snuffing of candles, etc.," but "their very nastiness is sufficient to set them aside"—a modern touch! and the only patient whom Buchan lost in an intermittent fever "killed himself by drinking strong liquor which some person had persuaded him would prove an infallible remedy."²⁹

For acute continual fever (a somewhat generic name) with a hard, full, quick pulse, "bleeding is of the greatest importance . . . if the fever should increase . . . there will be a necessity for repeating it a second and, perhaps, a third, or even a fourth time . . . at a distance of 12, 18 or 24 hours from each other." Pleurisy also calls for "a large quantity of blood let at once in the beginning of the attack . . . 12 or 14 ounces as soon as it is certain that the patient has pleurisy"—in Peripneumony or Inflammation of the Lungs, "if the patient does not spit, he must be bled according as his strength will permit": "blistering plasters have generally a good effect in this disease and should be applied pretty freely."

Consumption, then a much more general term than it afterwards became,³⁰ was treated by diet, horse back exercise and change of air. "Some extraordinary cures in consumption cases have been performed by women's milk³¹ . . . some prefer buttermilk . . . cow's milk . . . though it

be not so easily digested as that of asses or mares . . . may be rendered lighter by . . . barley water . . . If it should, notwithstanding, prove heavy on the stomach, a small quantity of brandy or rum, with a little sugar, may be added, which will render it both more light and nourishing" For nervous fever, blistering plasters and cordial liquors are the chief things to be depended on and also for miliary fevers; for putrid fever, Peruvian Bark. Bark is useful too in small pox and the patient should be kept cool and easy with a change of linen every day, acid drink and little food. Inoculation is strongly urged—vaccination was not yet.

Measles is treated like small pox, but bleeding is commonly necessary, especially where the fever runs high. Scarlet fever needs no medicine as a rule. In erysipelas "much mischief is often done by medicine, especially by external applications". And so the doctor goes through the catalogue of diseases, he warns against mercury, except in the Lues. Then he takes up surgery, wounds, bruises, ulcers, fractures, etc., and finishes with an excellent chapter on cold bathing and mineral waters.

He adds an appendix of simples and medicines, quoting Bacon's sage apothegm *Medicamentorum varietas ignorantiae filia est*, multiplicity of medicines is the daughter of ignorance, but gives a lost list of balsams, boluses, cataplasms and sinapisms, cylsters, collyria, confections, conserves, decoction, draughts, electuaries, emulsions, extracts, fomentations, gargles, infusions, juleps (mint julep not among them) mixtures, ointments, liniments, cerates, pills, plasters, powders, syrups, tinctures, elixirs, vinegars, waters, distilled simple or spirituous, wheys, and wines.

IV.

Hecker's Epidemics of the Middle Ages.

Just. Friedrich Karl Hecker was born 1795, the son of A. F. Hecker, Professor in the Medical Faculty of the University at Berlin—Frederick William's University—the son also adopted medicine as his profession and himself became a professor in the same University. He especially established himself in the estimation of the profession in his own and foreign lands, by his historical writings, a field in which his father had adventured but with less marked success. Before long he acquired the reputation of being the most learned of medical historians in Germany, though he is "often too verbose, and may be called the romancer among medical historians." In 1832, he published a small treatise on the "Schwarze Tod." (Black Death. This was followed by one on the "Tanzmuth" (Dancing Mania), and in 1834, by one on the "Englische Schweiss" ("English Sweat" i.e., "Sweating Sickness", attributed to the English on the same principle, that the French and Neapolitans got the credit for *Morbus Gallicus* and *Mal de Naples*, the Germans for German Measles, and the Spaniards for Spanish Flu).

The treatise on the Black Death was translated into English by Dr. Benjamin Guy Babington, who had studied at Guy's and at Cambridge, where he graduated M.D., 1830, becoming a Fellow of the College of Physicians the following year. His edition was a 12 mo. published at London, 1833, under the title "The Black Death in the Fourteenth Century". This work suggested to Dr. Simpson of Edinburgh, the idea of collecting material for a history of leprosy in the British Isles during the Middle Ages. Dr. Simpson published the result of his researches in the Edinburgh Medical and Surgical Journal.

The "Tanzmuth" was also translated by Dr. Babington³³, as was the "Englische Schweiss." The Sydenham Society desiring to publish the three in one volume, Dr. Babington took charge of the publication, and this volume is the result—1846. The editor prefixes Hecker's address to the Physicians of Germany, which had been written before the "Englische Schweiss"; and which, as the editor truly says, "forms an appropriate substitute for an author's general preface to the whole volume". What is more important, he gives in one appendix copious extracts from the celebrated Lr. John Caius' "Boke or Counseill against the Disease commonly called the Sweate or Sweatyng Sicknesse", published in London, 1552, of which only two copies were known to exist, one at the British Museum and the other in the library of the College of Physicians.

To the treatise on the "Black Death," every word of which will well repay persual, the author adds the Song of the Flagellants, who were called into existence by this Plague, and the examination at Strasbourg of the Jews accused of poisoning the wells—an ever-recurring calumny—of course, there were confessions and of course these confessions were false. The "Tanzmuth" describes the extraordinary mania which followed the Black Death almost immediately in Germany—the dance of St. John or of St. Vitus; it spread over the Netherlands and Alsace. It was akin to the Tarantism of Italy, and its victims exhibited strange vagaries—more modern times have seen somewhat similar phenomena, the French Convulsionnaires and the Jumpers. The editor adds a valuable account of such convulsive diseases in certain parts of Scotland and Wales, and the religious enthusiasm of Virginia, Kentucky and Tennessee about the beginning of the 19th century.

The "Englische Schweiss", a violent inflammatory fever with painful oppression at the stomach, headache, lethargic stupor and fetid general perspiration, began in England in 1485—similar outbreaks were found in various parts of Europe in 1506, 1517, 1528, 1551, while the "Picardy Sweat," *Suette des Picards*, *Suette Militaire*, was endemic for more than a century in Picardy and other parts of France. This the author considers a completely exanthematous form of rheumatic fever.

Caius' "Boke or Counsell" is worthy of a careful perusal even now. He compares this disease with that described by Thucydides, and gives a full and careful description of the symptoms,³⁵ pain in the back or shoulder, arm or leg, "grief" in the liver and stomach, pain in the head and madness of the same, "passion" of the heart, marvelous heaviness and desire to sleep and, alas, "Laste foloweth the short abidinge, a certain token of the disease to be in the spirites". Prophylactics advised are, first, diet, following the example of Socrates who by diet escaped the sore pestilence at Athens, "helthfull meates, holsomly kylled, swetly saved and well prepared in rostying, sething, baking, etc., bred of swet corne well levened and well baked the drinke of swete malte and good water kyndly brued without other drosse nowe a daies used; no wine. . . ." and, above all, food "litle and good". Fruits are recommended, pure air is a necessity, but again "Abstinence in eating and drinking litle . . . and seldom." And when attacked with the disease "seke you out a good Phisicien and knowen to have skille and be at least as good to your bodies as you are to your hosen and shoes for the well making or mending whereof I doubt not you wil diligently searche out who is knowen to be the best hosier or shoemaker in the place where you dwelle." All are warned against "Simple women, carpenters, pewterers, brasiers, sopeball-sellers, pulthers, hostellers, painters, apotecaries (other than for their drogges) avaunters themselves to come from Pole, Constantinople, Italic, Almaine, Spaine, Fraunce, Greece and Turkie, Inde, Egipt or Jury, from the service of Emperours, Kinges and quienes, promising helpe of al diseases, yea incurable, with one or two drinckes, by waters six monthes in continualle distillinge, by *Aurum potabile* or *quintessence*, by drynckes of great and high prices, as though thei were made of the sunne, moone, or sterres, by blessinges and Blowinges, Hipocriticalle prayenges and foolish smokynge of shirts, smockes, and kerchieffes with suche others their phantasies and mockeryes, meaninge nothinge els but to abuse your light believe and scorne you behind your backes with their medicines (so filthie that I am ashamed to name them) for your single wit and simple belief in trusting them most whiche you know not at all and understand least; like to them whiche thinke farre foules have faire fethers althoughe thei be never so evel favoured and foule, as though there could not be so conning an Englishman as a foolish running stranger (of others I speake not) or so perfect helth by honest learning as by deceitfull ignorance For in the erreure of these unlerned, reasteth the losse of your honest estimation, diere bloudde, precious spirites, and swiete lyfe, the thing of most estimation and price in this worlde next unto the immortal soule". And so we leave honest John Caius, who did not suffer quacks gladly.³⁶

¹He is not to be confused with another Dr. Daniel Turner who received the degree of M.D., *causa honoris*, from Yale in 1720. He had given liberally to the College and the letters M.D. were facetiously said to indicate *multum donavit*.

It may be somewhat difficult to explain why, when an honorary doctorate is to be given by a University, the LL.D. is generally selected. There have been exceptions e.g. President Eliot of Harvard, was given the degree of M.D., *causa honoris*, by his University in acknowledgment of his deep interest in medical education, and in 1905, our own University of Toronto, gave (*cujus pars minima fui*) to Lleyellys Barker the degree of M.D. *causa honoris*—in his case M.D. indicated *maxime dignus*.

²The striped pole of our modern tonsorial artists is the present representation of the pole with clean and bloody bandages; but bleeding by the barber except of the pocket is no longer evidence of skill.

³The language of the Act (1540) 32 Henry VIII has been quoted.

The Barber-Surgeons' Company continued until 1745, when the Barbers and the Surgeons were separated as of June 24, 1745; and such of the members as had been admitted as surgeons became a new company under the name of "Master, Governors and Commonalty of the Art and Science of Surgeons of London"—the Barbers were to have a company of their own, i.e., "The Master, Governor and Commonalty of the Mystery of Barbers of London" to "occupy the feat or craft of barbering or shaving" and to draw teeth. 28 George II. C. 15. In 1800 the Surgeons received the name of "The Royal College of Surgeons in London", and in 1843 this was changed to the Royal College of Surgeons of England".

⁴I use the words of Act (1511) 3 Henry VIII, C. 11.

⁵The Statute recites the Charter in Latin, (1522) 14, 15 Henry VIII. C. 5.

⁶(1540) 32 Henry VIII, C. 40.

⁷(1553) 1 Mar., St. 2, V. 9.

⁸It was the Medical Act of 1851, 21, 22, Vic., C. 90 which first officially used the term Royal College of Physicians of London; the Act of 1860, 23, 24 Vic., C. 66 confirmed the name.

⁹See an account of Turner in the D.N.B., Vol. 57, pp. 332,333.

¹⁰The D.N.B. gives the date of the Sixth Edition as 1741, but the imprint on my copy is plain, MDCCLXII.

¹¹Take

Fresh May butter prepared without salt	
Yellow wax well refined, of each	2. ½ lb
Fresh refined olive oil	4 lb
Lapis calaminaris, select, not red or brick-colour, ground fine and sifted.	2 lb. 10 oz.

Melt the wax with the butter in a vessel over a gentle fire along with the oil; when liquidified strain through a linen cloth into another vessel, and at once sprinkle in the powder gradually, keeping the mixture constantly stirred up from the bottom until it begins to stiffen and the powder is no longer able to sink by its own weight. ("cannabinum" is properly "hempen" but it was very generally used in the sense "linen" as here).

¹²"Intention" properly means the aim or purpose of a healing process i.e., the plan or method of treatment—it is the mediaeval Latin *curiationis intentio*, a translation of Galen's "ho tes iaseos skopos".

But it was often used in the sense of the treatment itself—e.g., in the cure of ulcers there were four intentions i.e. four treatments. Healing "by the first intention" or "by the second intention" is not yet obsolete.

¹³"Humour" means "fluid".

¹⁴"Difference" our "differentiate" a comparatively modern word: the first instance of its use given by the New English Dictionary is by DeQuincey in 1853. It was brought into common scientific use by the biologists.

¹⁵"Concocted" and "digested" were practically synonymous terms.

¹⁶Characteristics—a use of the word "note" "very common from circ. 1575 to 1690 and again in recent use from circ. 1865."

¹⁷Flesh makers.

¹⁸Having the power to cicatrize—the Lapis Calaminaris was the official epulotic cerate.

¹⁹“Having reduced your fracture, unless you had bled your patient before, it is very expedient that you take off such a quantity as the age and other circumstances may allow whereby to lessen the afflux of Humour, and keep under the symptomatic Fever, usually consequent upon these accidents, and more especially in some morbid or diseased habits; also those fractures which are attended with great confusion.”

The persistence of the practice of bleeding is one of the mysteries of the profession; a little over half a century ago bleeding was resorted to on all occasions—popular literature was full of such statements as “Fortunately a surgeon was near and by prompt and copious bleeding saved this valuable life.” In the *Canada Lancet* for January, 1891, I have an article, Medical Slander Case Eight-five Years Ago, describing an action by a medical man who had drawn five quarts of blood from a young girl; this was sworn to as good practice.

My old preceptor, Dr. Richard Hare Clark, who has as much to do as any single agency in causing the abandonment of bleeding in Ontario (Upper Canada), retained the practice himself in certain cases of insanity. A generation which retains a firm belief in the effectiveness of limejuice as a preventive of scurvy cannot throw stones at past generations for their belief in bleeding as the universal remedy. It is not yet generally known that Scott, the Antarctic explorer and hero, died of scurvy not of hunger.

²⁰In a paper in the *New York Medical Journal* for September 27, 1919, I have the following note on this celebrated medicine which may be of interest.

“I had written a full note on this remedy, but finding the following in a popular magazine, I copy it as sufficiently full and accurate:

“Mithradatum was the name of the great antidote of Roman Pharmacy. It had from forty to fifty vegetable ingredients, few of which had any real medicinal value except opium, and these drugs were blended with honey. It remained for Nero's physician, Andromachus, to put the finishing touches to this wonderful compound. Andromachus added viper's flesh to the formula and called his new compound Theriaca. He wrote many verses dedicated to Nero, describing this medicine, and claiming virtues for it. . . . Evidently he believed that he had created in this one compound a veritable pharmaceutical monopoly. Galen, one of the fathers of medicine, went even further. He recommended it as a cure for all poisons, bites, headaches, vertigo, deafness, epilepsy, apoplexy, dimness of sight, loss of voice, asthma, coughs, spitting of blood, tightness of breath, colic, the iliac passion ((appendicitis), jaundice, hardening of the spleen, stone, fevers, dropsy, leprosy, melancholy, all pestilences, etc. As Galen's writings dominated medical thought for one thousand five hundred years, it is not surprising that this advertisement made Mithradatum, or Theriaca, a valued remedy. Every physician of note for centuries afterwards claimed some improvement of the original formula.” It was called Mithridate (or Methridate) from being supposed to be based upon the medicines which Mithridate VI. the celebrated King of Epirus, took as a prophylactic against poison. Some of the modifications or improvements of this original medicine were sufficiently extraordinary; one very famous physician, Pietro Andrea Mattioli (Mathi-olus), of Florence, 1501-1577, put six score, 120, ingredients in his elixir. It was called *Theriaca* or *Theriac* from the Greek *Ther* or *Therion*, a wild beast, as it was considered a specific against poisonous bites of beasts and serpents, and from its great improver, *Theriaca Andromachi*. Through a corruption of the old French it became known in English as *Treacle*—from its supposed place of manufacture it was called *Theriaca Venetiana* or *Venice Treacle* (See “The Sister Profession,” *Canadian Journal of Medicine and Surgery*, July, 1912).

Complaints were always being made that the real Venice Treacle was not supplied by the apothecaries, the fact seeming to be that every physician, surgeon and apothecary made a nauseous mixture after his own formula and called it Venice Treacle, a species of fraud unknown to our own modern druggists, who never palm off something “just as good.”

²¹Perhaps, the “vehiculum” may come into fashion again—it is “any liquor in which to dissolve a Bolus for its easier and cleaner conveyance to the stomach.”

²²In the *New York Medical Journal* of June 1, 1912, appears the following letter:

"ANOTHER EARLY BACTERIOLOGIST; WHO WAS HE?"

Toronto, May 14, 1912.

To the Editor,—In a little duodecimo volume printed in Paris, 1797, and entitled *La Cacomontade ou Histoire politique et philosophique de mal de Naples*, par Simon Nicolas Henri Linguet, are to be found several hits at medical men. Among them is the one cited below. Can you, or any of your readers, inform me who was that charlatan, who, so much in advance of his times, taught the microbic theory of disease (including le mal de Naples)?

William Renwick Riddell.

After giving (page 12) "the complete theory of the disease developed by one of its best historians . . . clear, concise, intelligible," the author proceeds: "Charlatans have sometimes taken the trouble, however, to give another theory. For example, a celebrated one appeared in Paris in 1727. He asserted that all human infirmities, including that we are now occupied with, are produced by little animals which introduce themselves into the blood. According to his system, what is called a remedy, is a mixture of other little animals, irreconcilable enemies of the former. These make a vigorous attack upon their adversaries.

Accordingly the body of a sick man is a field of battle; there prodigies of valor are performed. Fever leads there her light squadrons; cacomontade her coagulating infantry. Soon is seen arriving the Faculty, heavily armed, with battalions of quinquina or mercury. The Faculty deploy in succession the different corps of that redoubtable militia. The fight is long sustained with vigor, until the animalcules of quinquina conquer those of fever, or the corrosive mites are driven from the field by the metallic insects—unless, indeed, the field of battle itself overwhelmed by such terrible efforts sinks exhausted to the ground, swallowing up with it conquerors and conquered—and that is what generally happens.

If that idea is not true, it is at all events comforting.

But the gravity of the doctors has proscribed it. Annoyed at seeing themselves reduced by this theory to be nothing more than colonels of a regiment of rhubarb or senna, they have laid violent hands upon all these little armies which are given to them to lead. They have preferred to remain generals of certain blind corpuses, rather than be commanders of legions, numerous and alive. They have preferred to leave to chance the restoration of harmony in the humors by the use of material instruments rather than to bring these into good order by the use of troops, active and well disciplined. Is that not to prefer inaction to movement, death to life—just as the current reproach goes?"

²³I shall some day give my copy to the Academy of Medicine if desired. Mead deserves to be remembered as the author of the first quarantine regulations in England, beginning the battle of Hastings—Charles J. He had the most lucrative practice of the day running to £7,000 per annum. He was the second owner of the famous gold headed cane of John Radcliffe which passed to Mead, Askew, Pitcairn and Baillie and was deposited on the death of the last named, in 1823, in the Library of the College of Physicians in London (I have a small book concerning the gold headed cane which must some day go to the Academy).

²⁴My copy is in two volumes. It has a fine portrait of the author and seems to have been owned by William Deacon in 1745 as his name appears written on the title page.

²⁵*The New York Medical Journal*, September 27, 1919—I present a reprint to the Academy.

²⁶While the science of Dietetics may be modern, the art is as old as sentient humanity. The ancient Greeks were experts, everyone will remember Socrates' discussion, and the Romans, the gladiator trainees, were noted; and even among the English-speaking it is not a thing of yesterday. In the *Dietetic and Hygienic Journal* (New York) for August, 1913, I gave an account of the dietetical system of John Arches, Chymical Physician in ordinary to King Charles II, 1671. I present a copy to the Academy.

²⁷He has nothing against the very modern theory that sugar is the best food for young children—it used to ruin their teeth in my time—but his objection to sweetening is that it leads to eating too much.

²⁸Stays made of bend leather were at that time “worn by all the women of lower station in many parts of England” (Buchan’s note).

²⁹It evidently did—the patient had no more intermittent fever.

³⁰In a note to my article on Dr. John Hancocke’s Book (see note 20 supra)—I say:

“The name consumption was applied in recent years to pulmonary consumption, phthisis pulmonalis—it has been only within the last half century or so that the name tuberculosis has acquired any vogue—within fifty years I recall my preceptor, Dr. William Wade, exciting derision in some older members of the profession by using the term tuberculosis after his return from St. Thomas’s, London. In the seventeenth and eighteenth centuries the word consumption had a very large meaning—it may interest some at the present time to read the definition about the time of Hancocke. William Salmon (1644-1713), perhaps the most prolific medical writer in the latter part of the seventeenth and the early part of the eighteenth centuries, the author of *The New London Dispensary*, (1678) published a work called *The Practice of Physic* (1707). In that work, which had a wide circulation, and which was in reality but a translation into English of Sydenham’s *Processus Integri*, four species of consumption are described. The first is that “which is called in Latin, *Atrophia aut Consumptio*; in English a *consumption, pining or wasting of the whole body . . . which is without any ulceration of the lungs*”; the second “is called in Latin *Phthisis*, and *Viceratio vel Ulcus Pulmonis, An Ulcer of the Lungs*; by reason of which the whole body wastes also and consumes”; the third “is called in Latin, *Hectica . . . an Hectick or melting Consumption, which by continual preternatural heat, melts away, as it were, and so consumes the whole body*”; the fourth “is called in Latin, *Consumptio Symptomata*, a symptomatic Consumption, or that which proceeds from other other disease.”

³¹The well-known John Wesley, in his “Primitive Physic and Natural Method of Curing Most Disease”, says of consumption in its last stage “suck a healthy woman daily, this cured my father.” See my article “Wesley’s System of Medicine” N.Y. *Medical Journal* for January 10, 1914. I present a reprint of it:

Buchan says, “It is better if the patient can suck it from the breast than to drink it afterwards.”

³²The quotation is from Dr. Handerson’s exceedingly valuable edition of Baas’ *Outlines of the History of Medicine*, New York, 1889, p. 660. “Romancer” rather refers to manner than to matter; I have found Hecker on the whole very accurate.,

³³Babington was a man of very varied attainments; he was a good chemist and paid much attention to animal chemistry. He was the inventor of the term “liquor sanguinis”. He was a physician of great skill and had a remarkable faculty of languages, translating into English the Tamil-Latin Grammar of Beschius and other works. He was born 1794 in Guy’s Hospital, where his father was resident apothecary and died 1866.

³⁴John Caius (Kay or Kaye) was one of the most remarkable men of any age. Born at Norwich in 1510, he became a student of Gonville Hall in the University of Cambridge, and thoroughly mastered Latin and Greek. He became principal of Fiswick’s Hostel and Fellow of Gonville; after taking his M.A. he went to the Continent and studied at Padua under Montanus and Vesalius, becoming M.D., in 1541. He also lectured in Greek at that University. He made a tour through Europe collecting MSS. of Hippocrates and Galen and in 1544 returned to England where he lectured on Anatomy in London for twenty years. He became a Fellow of the College of Physicians and was one of its best known members, being President nine times. In 1557 his old Hall was refounded, endowed by him and became Gonville and Caius College, and in 1559, after receiving a degree of M.D. from his University, Caius became its Master. He had trouble with the authorities—he could not change his religion so quickly as some on the accession of Queen Eliabeth—and he died in London in 1572. He wrote over seventy works, generally medical, 16 original works, 7 versions from the Greek into Latin, 10 commentaries and edited many texts.

³⁵"Grief" then was used of bodily as well as of mental suffering. "Passion" had its etymological meaning "suffering of pain"—the word in that sense in now limited to the Passion of Christ. "Bred," as a spelling for "bread," was almost extinct but it was still occasionally used as were "brede," "breid," etc. "Simple women" are not artless unsophisticated women, nor even unlearned women, but women of low rank as in the phrase "gentle and simple". "Pulsters" are poulterers (not given in this sense by Murray's New English Dictionary): "hostellers" are innkeepers not hostlers; "Almaine" is Germany; "Aurum potable", potable gold was gold in a minute state of sub-division in some volatite oil once the alchemists' cure all; "light believe" is credulity; "dier" is "dear" in the early West Saxon form; "farre" is a misprint for "faire" or "fayre".

³⁶Some other books I take pleasure in giving to the Academy at this time, do not seem to care for any extended comment.

V. Dr. William A. Hammond: Disease of the Nervous System, New York, 1871, was given me by my old friend Dr. George Waters of Cobourg after a hard fought legal battle, with insanity as the battle ground. Hammond had some reputation in his day, he had a chair at Bellevue and his lectures were well attended. He wrote in a literary style and, indeed, did not confine himself to writing on medical subjects; his novels gave to many all the knowledge they ever had of clairvoyance and the virtues of nitrite of amyl.

VI. Dr. James J. Walsh's Old Time Makers of Medicine, New York, 1911. Dr. Walsh, Professor in Fordham University School of Medicine, gives a most interesting account of some of the schools and some of the worthies of the past.

VII. Dr. James G. Mumford, Surgical Memoirs, New York, 1908. The Instructor in Surgery of Harvard Medical School gives a narrative of Surgery from Hippocrates to Lister, and adds a number of papers of varying importance and interest.

VIII. Prof. Alexander Bain's Mind and Body.

IX. Dr. S. Squire Sprigge's Medicine and the Public, reprinted for the most part from the "Lancet", of which Dr. Sprigge was the editor. This book contains a satisfactory account of the status, etc., of the profession in the British Isles since the Medical Act of 1858.

X. Havelock Ellis' Man and Woman.

XI-XIII Legal Medicine by Charles Meymott Tidy of the London Hospital, one of the best of the manuals on this subject.

XIV Ella Hill Burton Rodger's Aberdeen Doctors, a narrative of a medical school which was long in receiving due recognition.

XV Sleep and Sleeplessness by Hayden Brown, L. R. C. P., and S. E., F. R. S. M., etc.

XVI Dr Stillman's Life Insurance Examiner

XVII Proceedings of Insurance Association, 1880.

PROSTATIC SURGERY

ARTHUR H. BOGART, M.D., F.A.C.S. BROOKLYN, NEW YORK

From the Long Island Medical Journal

The development of the surgery of the prostrate gland covers a period of about twenty years. Previous to that time, patients suffering from prostatic obstructions were instructed to take up a catheter life and were informed that nothing could be done for them in a surgical way. During this period, however, various operative procedures for the relief of these patients were devised and practised from time to time, among which may be mentioned vesectomy, castration and the Bottini

operation, the object of the two former procedures being to produce atrophy of the gland and of the latter to burn a passage through it and thus relieve the obstruction. Each of these operations claimed a certain degree of popularity for a time, but they were finally abandoned when it was realized that nothing short of complete removal of the gland would effect a cure. Moreover, it was found that the mortality following the Bottini operation was fully as great as that following prostatectomy, and that the mortality in most cases was due to infection.

When it had been conceded that the only practical method of relief was through the complete removal of the gland, the profession became divided into two schools, one school advocating the suprapubic and the other the perineal route. It is not our purpose at this time to discuss the advantages or disadvantages of either of these operations. It would seem, however, that the suprapubic operation, done in two stages, is the one of choice with most operators today.

The writer has been in a position to observe the gradual development of prostatic surgery almost from the beginning.

In the beginning the results from prostatectomy were not all that could be wished, but as a result of the persistent efforts of those especially interested in this work, prostatic surgery has developed to such an extent that it is recognized as one of the greatest achievements of modern surgery.

In the course of time it became our duty (in connection with our other work) to assume the responsibility of some of these cases. We have removed the prostate both by the perineal and by the suprapubic route and have obtained excellent results with both methods.

Before taking up the subject of hypertrophied prostate, it may not be amiss for the writer to briefly review the anatomy of the normal gland.

Gray says that "the prostate gland is a pale, firm, partially glandular and partially muscular body, placed immediately below the neck of the bladder and about the commencement of the urethra in the male.

"The gland does not completely surround the first portion of the urethra, but the complete ring is formed by the prostatic muscle which is continuous with the compressor urethrae muscle.

"The sheath of the prostate is derived from the rectovesical fascia. The veins lie in the layers of the sheath and are separated from the prostatic capsule proper by a layer of this sheath.

"Within the prostatic sheath is the true or proper capsule of the prostate. The true capsule is a continuous investment from the entrance of the urethra to the triangular ligament below.

"The arteries supplying the prostate are derived from the internal pudic, inferior vesical and middle hemorrhoidal.

"The veins form a plexus around the sides and base of the gland between the layers of the facial sheath. They receive the dorsal vein of the penis and terminate in the internal iliac vein.

"The nerves are derived from the hypogastric plexus. Normally the prostate is extravescical."

Many theories have been advanced concerning the pathology of prostatic obstruction. In general, three forms are recognized—the glandular, fibromuscular, and inflammatory, to which we shall add, for the purposes of this paper, those cases due to malignant growths, which constitute, according to Young, from 15 to 25 per cent. of the whole.

After a study of 100 cases of enucleated prostates, Young came to the following conclusions regarding the pathology:

"Prostatic hypertrophy is of neoplastic nature, and in most cases of an adenomatous or fibromyoadenomatous form. Pure myomata and fibromata are occasionally seen. The characteristic lesion of the hypertrophy is the formation of spheroidal tumors which arise in the central group of glands. The primary activity is in the epithelium of the acini. Chronic prostatitis may produce obstruction similar to true hypertrophy but does not lead to a true hypertrophy of the gland. Cancer rarely begins as a benign hypertrophy."

It is the gradual development of these spheroidal growth within the gland substance which produces the enlargement and consequent obstruction. These growths develop for the most part along the sides of the urethra, and by their encroachment upon it cause distortion in many forms. The two lateral and the median globes are the ones most frequently involved. When the growth extends into the bladder, the vesical sphincter is pushed aside, as it were, and is outside of the growth."

The diagnosis of prostatic obstruction requires no special skill on the part of the physician, provided a reasonable amount of care is taken in getting the history and in making the examination. This condition occurs in most cases in patients past fifty, who first complain of frequency of urination and difficulty in starting the stream. The symptoms are usually most marked at night and are probably due to congestion due to the recumbent position. With such a history, an examination of the prostate should be made. Usually, the gland will be found enlarged and projecting into the rectum. In other cases the enlargement may be into the bladder, in the form of a middle lobe. The diagnosis in such cases must necessarily depend upon the use of the cysto-

scope. By rectal examination we may determine whether we are dealing with a glandular hypertrophy, a fibrous one, or, in some cases, with an obstruction due to the presence of malignant disease. In the first instance one would expect to find the gland very much enlarged and soft to the feel; in the second, it should not appear so large, and should be firm in consistence. In cases of malignancy the nodular feel of the gland would lead one to suspect its true nature. Moreover, cancer is more likely to be found in patients under 60 years of age, and when the symptoms have been rapid in onset, covering a period of little more than one year. In other words, patients with long histories of frequency of urination, etc., are the least likely to have cancer of the prostate. A positive diagnosis of cancer of the prostate, however, is seldom made, particularly in the early stages of the disease, without the use of the microscope.

Many surgeons are opposed to the use of the cystoscope for diagnostic purposes in these cases, because of the danger of too frequent instrumentation causing infection or of adding to an already-existing one. We feel that any unnecessary traumatism is to be avoided, particularly in cases with fever and which shows signs of infection. As a matter of fact, we have considered this a diagnostic procedure hardly necessary, for the reason that all or most of the information to be obtained can be secured by the preliminary operation of cystotomy.

By the use of the catheter it is possible to determine the degree of obstruction and the amount of residual urine which are present.

Residual urine marks the second stage of the condition and the appearance of bladder insufficiency, in which the bladder is unable to overcome the obstruction to a sufficient degree to completely empty itself which it is usually able to do in the first stage of the disease.

Before introducing the catheter the patient should be instructed to empty the bladder as completely as possible, and it goes without saying that all catheterizations should be done with the greatest care in order to avoid infection, for what has already been said with respect to the use of the cystoscope applies with equal force to the question of catheterization. The fact that a patient has been catheterizing himself for a period of ten or more years with an unsterilized instrument and saliva as a lubricant should by no means warrant the physician in relaxing his efforts in the least to avoid infection if it does not already exist.

Examination of the catheterized urine aids as an index of the stage to which the condition has progressed with regard to the question of infection and the probable amount of bladder, ureter and kidney involvement due to back pressure.

The second stage, or period of retention, may last for a considerable time, until finally it becomes almost complete: the bladder becomes enormously distended and there is an involuntary escape of urine from time to time, due to relaxation of the sphincter muscle of the overdistended bladder.

If relief be not obtained at this time the patient passes into the third, or terminal stage of chronic prostatitis, the result of overdistension of the bladder and back pressure on the ureters and kidneys.

In this stage the bladder may, and frequently does, hold two or even three pints of urine, palpation shows the presence of a fluctuating tumor above the pubis, and the patient complains of dribbling of urine, but maintains that he is still able to pass his water, but this is, in reality, nothing more than the overflow.

The constant distension of the bladder is sooner or later followed by constitutional disturbances and at this period the back pressure from the bladder results in the filling of the pelvis of the kidneys with a quantity of stagnating urine, to which microorganisms are added, with the consequent setting up of an inflammation in the tubules and parenchyma of the kidneys.

When the inflammatory conditions have reached this point there is beginning absorption of toxic material from the kidneys and the bladder which should be eliminated by the kidneys were they in condition of functionate properly.

As a result of the absorption of these poisons, which are normally eliminated, digestive disturbances ensue, with emaciation, slight fever, a dry, coated tongue and a drowsy mental condition, which is recognized as urosepsis.

It is in this condition, with acute retention added, that many patients come for relief. Nevertheless, if one has a proper conception of the condition with which he is dealing, the outlook may not be so bad even in these cases.

The general practitioner who first sees the case of prostatic hypertrophy, with retention, should recognize the fact that upon him, to a considerable extent, the final result depends, and he should govern himself accordingly. It is hardly fair to charge surgery with all the blame for failure in cases which have been improperly managed from the start. It devolves upon the family physician to meet what seems to the writer to be perhaps the greatest emergency in these cases, namely, the period of acute retention. With this stage of the condition safely passed over and the patient made comfortable, one is in position to take stock and

size up the situation, as it were, and determine what shall be the future course of treatment of the case.

Given, then, a case of prostatic hypertrophy with obstructive symptoms, what is the best advice to give the patient with our present knowledge of this disease? Shall he be advised to take up a catheter life, or submit to an operation with the hope of achieving a permanent cure? In other words, the question is, what are his chances with operation and without operation?

The writer shall not attempt to answer these questions but shall quote from a paper by Squier on "The Vital Statistics of Prostatectomy." The conclusions which he drew from a study of the question were that: "Fifty per cent. of unoperated cases will die within five years from the onset of obstructive symptoms where catheter life is not necessary. The beginning of catheter life shortens this expectation of life almost 50 per cent. (two years and eight months) and increases the mortality to 66 2-3 per cent. within the shortened period."

The average length of life of carcinoma cases in this study made by Squier was thirteen months from the onset of symptoms when not subjected to operation.

Of 10 cases of carcinoma operated upon in this series, the average duration of life was two years; and one patient lived for a period of five years.

Recurrence was the rule in all cases, but operation was attended with a sufficient amount of comfort to the patient in each case as to make it justifiable.

Of 100 patients operated upon for benign hypertrophy, 87 were alive and completely relieved from obstructive symptoms, at periods ranging from one to four years.

Morton, in 1914, made the following statement: "The mortality today of all cases of prostatectomy in a large hospital where one has to take everything that comes, many of them being cases treated on the outside, or neglected and sent in to die, as well as those which we are able to select and operate before going into the second or third stages, is about 10 per cent. In the selected cases the mortality rate is very much lower and may fairly be estimated at 5 per cent. It must be considered that we are not operating on young and vigorous subjects, but on old and feeble men."

Other surgeons have been able to report long series of cases operated upon with a much lower mortality than those which have been quoted. For example, Young, in 1908, gave his mortality as 2-8/10 per cent. Few, however, have attained the same degree of efficiency that he has.

From what the writer has been able to gather from the writings of others and from his own experience, it would seem that it can be stated with reasonable certainty that the average prostatic has about ninety chances of recovery from operation with the expectation of permanent relief from obstructive symptoms, provided the surgeon has mastered the fundamental principles involved and is prepared to carry them into execution.

It has gradually come to be recognized that, in order to obtain the best results, a period of preliminary treatment is necessary in most cases to restore the patient to the best physical condition possible before undertaking the major operation of removing the gland. It, therefore, follows that prostatectomy should not be considered as an emergency operation. At least, this is the position which is now taken by the most successful operators and the one which we have adopted, with the result that our success has been much greater than it was before we accepted this view.

The average prostatic by the time he reaches the hospital cannot, as a rule, be considered a good surgical risk. He is probably suffering with arterio-sclerosis, emphysema or cardiac disease, and, usually, there is more or less involvement of the kidneys present. The outlook for the successful outcome of any operation when conditions such as these obtain cannot be considered brilliant, and, therefore, the question at once arises, can these conditions be improved sufficiently to render the operative procedure successful? The consensus of opinion is that they can be improved to an extent sufficient to make the operation much less dangerous.

When called to see a case of acute retention, the average physician will probably first have recourse to the use of the catheter, to be followed, if unsuccessful, by aspiration of the bladder above the pubes. In the passing of a catheter in these cases it should be distinctly remembered that the tissues under the conditions which obtain at this are extremely soft and friable and that if too much force be applied in the wrong direction, it is most likely to result in a false passage with disastrous results, for when the element of infection is added to the already-existing grave condition, the final result, as we have good reason to know, is frequently serious. The writer is constrained to make this observation because of the fact that in about one-half of the cases on arriving at the hospital the patients show evidence of too vigorous attempts at catheterization. In fact, the writer is in doubt if it is good judgment to use a metal catheter in any of these cases except with the utmost caution. He would much rather instruct his house surgeon to aspirate the bladder

in any case in which he failed to catheterize a patient than to order him to use a metal catheter, for the reason that he believes less damage is likely to result. Many good surgeons advise the use of a moderate sized trocar which may be thrust into the bladder above the pubes, either with or without local anesthesia, as the case demands. The trocar having been introduced into the bladder, a small catheter may be passed through it and the trocar withdrawn, thus providing permanent drainage and obviating the necessity of repeated aspirations.

Another danger which should be avoided at this time, and which is well recognized by all urologists, is that of completely emptying the bladder at one sitting. This applies especially to those cases where there is a considerable amount of residual urine present and where the patient has not been in the habit of using a catheter. It is claimed that the immediate result of withdrawing all the urine at one sitting, in many cases, is to throw the kidneys into a state of acute congestion, and if they are already partially disabled, the sudden change may bring on an acute nephritis and anuria. For this reason, it is the practice of many urologists in cases of this kind to empty the bladder gradually so that after the course of several days the bladder is completely emptied of the residual urine.

Personally, the writer has not seen any disastrous results from the complete emptying of the bladder at one sitting. Nevertheless, the danger is undoubtedly a real one and should be avoided whenever possible.

It may be that, within a reasonable time after catheterization, the congestion may subside sufficiently to allow the patient to pass his urine and to continue to do so for some time, but this is the exception and should not be depended upon. If the patient has been in the habit of catheterizing himself, he may be able to do so after the attack has passed. Or, if he is unable to catheterize himself, shall the physician continue to do it for him from time to time in the hope that the condition may clear up to an extent such as to enable the patient to take care of himself? Even this may happen, but would it be advisable to follow this plan? Probably not, if the statistics which have been quoted are correct and are to be taken as a criterion.

This brings us to the subject of operative treatment, which apparently offers the best hope of permanent relief.

There are three well recognized methods of attacking an hypertrophied prostate today—First, the operation of Young, in which he is able to expose the gland and remove it by the guidance of sight; second, the blind enucleation by the perineal route; and third, the suprapubic

operation done in two stages, which, as has been stated, is perhaps the most popular procedure at the present time.

It would seem, however, that, in Young's hands, his is the ideal method, and yet it has not been widely adopted, probably because few have been able to master the details of the operation as thoroughly as he. This holds true of many operations: the originator seems to be able to obtain better results than those who attempt to follow in his footsteps.

Perhaps one-third of the cases which have been operated upon by the writer have been done by the perineal route, without exposure of the gland, entire dependence being placed upon the sense of touch for guidance. This has always been found to be a comparatively simple procedure, particularly where one is dealing with the adenomatous type of gland, most of which can be enucleated in five or ten minutes' time; and were it not for certain complications, he would prefer to use this method as a routine procedure, provided it were possible to satisfactorily carry out the preliminary treatment in these cases.

One of the most serious complications following perineal prosta-tectomy is hemorrhage, which sometimes follows any operation for the removal of the prostate, as any one who has had much experience with this line of work will testify. In the perineal cases, after removal of the gland, a drainage tube is inserted into the bladder and gauze packed around it to control hemorrhage, of which there is always more or less. Unfortunately, however, this is not always successful, for the reason that, in packing the cavity, one finds little resistance above to pack against, and frequently hemorrhage takes place into the bladder, which becomes filled with clots. This causes a great deal of pain and trouble; and if the hemorrhage is not controlled it sometimes causes the death of the patient. Incontinence of urine also follows the perineal operation in some cases. It is claimed, however, that this condition should not occur if the operation is properly done; that is, without laceration of the neck of the bladder. The writer has had one case in his experience in which incontinence occurred, but not to any great extent.

Again, in the perineal operation, one may overlook the presence of a stone in the bladder, or fail to remove a median lobe, which may be the chief cause of the trouble. If one is able to introduce the finger and sweep it around the neck of the bladder, there should be very little danger of overlooking anything of this character.

The perineal operation certainly has some advantages, among which might be mentioned its simplicity, the better drainage which is possible with this method, and, perhaps, the greater comfort experienced by the patient. Moreover, it is claimed by those who use it that the mor-

tality is much less than by the suprapubic route; and were it not for the uncertainty concerning hemorrhage, we would be inclined to use it more frequently. No surgeon has any excuse in these days for losing a patient from hemorrhage, unless he unwittingly operates upon a bleeder, and, for this reason principally, we prefer to use the other route where there is more certainty of obtaining complete hemostasis by means which shall be mentioned later.

The plan that we have adopted in treating these cases after admission to the service, which is based partially upon our knowledge, as acquired by reading the literature on the subject and partially as the result of experience, may be briefly outlined as follows:

If the patient has been traumatized by attempts at catheterization on the outside, we rarely attempt anything further in that direction, but proceed to a suprapubic cystotomy at once, sometimes with and sometimes without the use of a general anesthetic, depending upon the condition and the temperament of the patient. Frequently we do the complete operation with local anesthesia; at other times a moderate amount of anesthetic is necessary. The choice of the anesthetic depends upon the anesthetist rather than upon the anesthetic. In the hands of a good anesthetist gas-oxygen is ideal, but if the anesthetic is given by an amateur we prefer ether by the drop method because we feel that it is much safer.

In doing this preliminary operation it is important that the peritoneum should be wiped back from the bladder and the opening made as far from the urethra as possible for the reason that it is found that wounds of the bladder in this region heal much more rapidly than those placed lower down. The bladder having been opened, one may explore and remove stones if they be present.

The next step consists in providing for drainage. Every one who has had experience well knows that a suprapubic wound, unless drainage can be controlled, is a very disagreeable proposition, not only from the standpoint of the patient, but also from the standpoint of those who are to take care of him. Moreover, he is liable to be neglected and to be found lying in a wet bed for a considerable part of the time; and this, sooner or later, is certain to result in a sore back, to say nothing of the more serious complications which may result.

We, therefore, try to make these patients as independent as possible by the use of the Pezzer catheter, which is placed in the bladder and secured by a purse-string suture of chromic gut. The other layers of fascia and skin are accurately sutured around this until we have a water-tight drainage tube, which may be connected to a bottle by the

side of the bed. In this way it is possible to keep the patient dry and comfortable during the period between this and the next, or major, operation of removing the gland. During this interval, which lasts anywhere from ten days to two weeks or more, every effort is made to build up the patient and get him in as good a condition as possible. He is made to drink plenty of water (eight ounces every two hours) and is given such other attention as may be indicated. In the meantime, the renal output is watched and the efficiency of the kidneys tested.

It not infrequently happens that the reaction from this first and comparatively simple operation is greater than that following the actual removal of the gland, thus showing that by this preliminary period of treatment we are able to raise the resistance of the patient.

One of the complications of prostatectomy, as we have seen it, has been sloughing of the suprapubic wound, due to infection, probably the result of being bathed continually with foul urine. This condition is much less frequently seen when we have been able to close the wound and obtain proper drainage. Moreover, when the wound is re-opened for the purpose of removing the gland, the granulation tissue which has formed is much more resistant to sloughing and infection than if it were a recent wound, so that the preliminary operation done after the method described is another safeguard against infection.

In a short time after the preliminary operation one is able to tell quite accurately whether or not the patient will be able to stand the next operation. If there is a favorable reaction following the preliminary operation within the course of three or four days, it is reasonable to assume that in due course the patient will be in condition to withstand the operation of removing the gland.

The technic of suprapubic prostatectomy varies with different operators. For instance, Crile and Lower insist upon the use of scopolamin and morphin, infiltration of the tissues, including the neck of the bladder and prostate, with novocain solution, gas-oxygen anesthesia and other characteristic refinements, and conclude by saying that "At the close of the operation the color of the patient will be good, the pulse and respiration will not be increased; in fact, may be lower than before the operation. The patient will rest comfortably, will be free from nausea and mucus, can take water early and an uninterrupted convalescence may be looked for." But all of this may be said of any prostatectomy, provided the patient is a reasonably good subject, has been properly prepared, has good anesthesia, and the operation is not prolonged and the patient not allowed to bleed.

Other men ignore entirely the rules laid down by Crile and Lower and describe, with great detail, their method of enucleating the prostate, not forgetting to mention the deftness with which they are able to introduce the finger between the true and the false capsule, thus avoiding the plexus of veins and subsequent hemorrhage, whereas in reality after the finger has broken through the mucous membrane, it naturally falls into a line of cleavage which it is not easy to avoid, and some of them bleed and some do not.

While on the subject of hemorrhage it may of interest to state that for a time nothing was said by anybody on the question of hemorrhage, but, sooner or later, articles dealing with the various methods of checking hemorrhage following protatectomy began to appear, indicating that there were at least a few who lacked the necessary skill to avoid the venous plexus.

Some cases of prostatectomy do bleed and it is important that the bleeding may be checked before the patient leaves the table or the result may be disastrous. Fortunately, we now have at our disposal methods whereby bleeding may be effectually controlled.

The operation of prostatectomy is a blind procedure, except when it is done after the method of Young. It depends exclusively upon the sense of touch. With the patient anesthetized by any method of choice (depending upon the anesthetist rather than upon the anesthetic), and with the usual preparation which should include irrigation of the rectum, the left thigh is flexed and the index finger of the left hand introduced into the rectum, in order to steady the prostate and push it up into the bladder, where it may be more readily reached by the forefinger of the right hand, which is introduced through the suprapubic wound. Care should be taken to insert the forefinger sufficiently far within the urethra to avoid possible injury, to the internal sprinctor and the neck of the bladder, in this position it breaks through the mucous membrane of the roof of the urethra and soon enters the point of cleavage between the two capsules. Personally, the writer has been able to find but one such point, and that without difficulty. The finger is then carried around from side to side and the gland shelled out, sometimes in one piece, but more often in several pieces. If there are any stones present they are removed. The next step consists in cleaning the bladder of clots and checking hemorrhage. In our earlier cases we used packing for this purpose, but were never satisfied with it, for the reason that it frequently failed to check the bleeding and because we felt that it led to infection and it was at times difficult to remove the packing. We now use the Hagner bag for the control of the bleeding with great satisfaction. In

order to introduce the bag a sound is passed through the urethra and its beak brought out of the suprapubic wound, and the tube of the bag is then slipped over it. The sound is then withdrawn and the bag brought down into the cavity from which the prostate has been removed. It is then inflated and traction made upon it sufficiently to check the hemorrhage. The traction is maintained by fastening the tube of the bag to the thigh by adhesive straps. This pressure of the bag is usually continued for a period of twenty-four hours. At the end of this time it is deflated and allowed to remain in the bladder for another twenty-four hours before it is finally removed. The purpose of this is to check any further bleeding which might take place, but this is the exception rather than the rule.

In addition to checking bleeding, the bag draws down the neck of the bladder into the cavity which is left after the prostate is removed. It also serves to approximate the two ends of the severed urethra and in this way healing of the parts is promoted.

After being certain that the bleeding has been checked, the bladder is again washed out so as to free it from any clots which have formed. After this has been done the piece of stout silk which had been attached to the base of the bag for the purpose of removing it, is brought out through the suprapubic wound. A Pezzer catheter is then introduced and the suprapubic wound, including the bladder, is closed round it as closely as possible. This allows sufficient room for the removal of the bag, and it is astonishing to note how little room this requires. Two sutures of silkworm gut are then added, to be used as described later.

This completes the operation. The actual removal of the gland consumes from five to ten minutes; the introduction of the bag, checking hemorrhage and closing the suprapubic wound consumes perhaps fifteen minutes more. Some cases show very little signs of hemorrhage at the conclusion of the operation, but it is our routine to always insert the bag for the reason that some cases bleed later.

If the operation is performed with a reasonable amount of dexterity, the shock will not be great and the condition of the patient will be quite as good at the termination of the operation as it was at the beginning. Whatever may happen to the patient will make its appearance later, and not at the time of operation. It should, however, always be borne in mind that there is but one throw of the dice in these cases and the indications are to remove the gland, check the hemorrhage and avoid infection. It is a bad thing to find it necessary to return a patient to the operating room and give him a second anesthetic to stop the bleeding. It may be the means of turning the scale against him.

At the end of forty-eight hours the bag is removed and the Pezzer catheter again introduced. The two silkworm sutures mentioned above are tied about it. This prevents leakage and thus serves to keep the patient practically dry while he remains in bed, or up to the time the catheter is removed, a period of about ten days. In this way the patient is rendered practically independent of the attentions of orderlies. This has been one of the objects which we have aimed at, and the writer believes it has contributed very much to the success which has attended cases which have recently come under our care.

It is of the greatest importance that the surgeon should personally take pains to follow up and direct all the dressings and after-treatment of these patients. It should be remembered that these are orderly cases and that however efficient the nursing staff may be the tendency is to avoid this character of work as much as possible. So that, in order to attain the best results, it behooves the surgeon to accord this class of cases his personal attention.

On an average the patient begins to urinate at the end of about ten days. There is very little urine passed at first, but the quantity gradually increases, until at the end of about three weeks' time the patient is able to pass his urine freely, the suprapubic wound closes and no instrumentation is used, nor is there necessity for any. Stricture does not develop in these cases.

The after-treatment is of the utmost importance. The patient should be encouraged to drink large quantities of water. This is one of the first things overlooked by the nurses and by the house staff. An order will be written "Nothing by mouth," and this will hold good for at least twenty-four hours unless it is discovered and corrected. It is a frequent occurrence to find the patients in these and other cases with a dry and parched tongue begging for water; and there is absolutely no reason why they should not have it except the order "Nothing by mouth"

It is our practice to get the patient up on a back rest as soon as possible. This is easily done if drainage has been provided for as already outlined. In fact, the patient may be gotten out of bed with the end of the drainage tube placed in a bottle which is attached to the leg of the patient.

Following the removal of the drainage tube there is a period during which urine escapes, but by this time the patient is up and about and more or less able to take care of himself. This state of affairs lasts but a short time, when the wound closes and the patient is capable of passing his urine voluntarily.

Perhaps one third of our work has been done by the perineal and two thirds by the suprapubic route. We have obtained good results by

both methods, but have come to look upon the latter as the safer procedure. It has been our experience to see many of the complications following these cases among which may be mentioned, hemorrhage, infection of the suprapubic wound, orchitis, epididymitis, delirium, incontinence of urine, stone in the bladder, and finally a gradual wasting away of the patient, probably the result of urosepsis.

Some of these complications we believe, can be avoided at the present time. For example, hemorrhage should not occur, and incontinence does not follow the suprapubic operation. Stone in the bladder following prostatectomy occurs most frequently in connection with an alkaline urine, but if steps are taken to keep the urine acid this complication may be avoided; and the writer believes that the danger of infection can be reduced to the minimum by the two stage operation.

In conclusion the writer would offer one suggestion, and that is, the General Practitioner use every precaution to avoid traumatism and infection in his attempts to meet what seems to us the only emergency in prostatic surgery, namely acute retention.

COMBATING VENEREAL DISEASES

Mr. Justice Riddell at the recent meeting of the local branch for the Combating of Venereal Diseases said:

"This subject is not a palatable or delightful one but the seriousness of the situation must be faced. We may not find it as pleasant to speak of the cesspool and the scavenger as of the rose garden, and yet the former may be more important than the latter.

"Half a million Canadians are infected with the most serious form of this disease, and in Toronto alone there are at least 40,000 cases. The terrible extent of these infections is not generally known, as delicacy has forbidden the discussion of them in public, and those who suffer do not disclose their disease willingly.

"It has long been cast up to governments as a reproach that in case of a disease attacking animals, the utmost care and attention was at once paid to them, but when human beings were attacked, little if any attention was paid."

The president stated that the Dominion Government had now set aside \$200,000 to fight this scourge.

"We intend educating the people along these lines," he continued. "We shall try to do all possible to prevent infection and to cure it when unhappily incurred. We wish to co-operate with all organizations which have the same end in view."

PERSONAL AND NEWS ITEMS

Ottawa is to have a new maternity hospital. It is to be built by the Salvation Army at a cost of \$125,000, and will be completed and ready for occupation by the end of November. The decision of the Salvation Army to erect a new hospital in the capital was reached at a recent meeting held in Toronto.

Parents of school children in East Orange, N. J., claimed victory in their "vaccination strike." The children were refused admission to the schools after their parents had declined to have them inoculated against smallpox. It is reported that the ban will be lifted.

Work has been started on the 1,000,000 franc maternity hospital at Chalon Sur Marne, France, the funds for which were raised by the Society of Friends' unit of the Red Cross. Some of the money came from the sale of supplies to the inhabitants at cost, and some from donations direct by English Quaker girls who have been participating in work they describe as "a venture in International Friendship."

Dr. Harvey Cushing, of Boston, has been selected to prepare a biography of the late Sir William Osler.

A University of Toronto graduate, Dr. James C. Beatty, has been appointed pathologist of the Regina General Hospital. The hospital board has ratified an agreement with the former Toronto man by which he is to receive a salary amounting to a maximum of \$6,000 per annum, and an excess of all profits over \$5,000.

Dr. E. C. Barnes, assistant medical superintendent at the Homewood Sanitarium, has accepted the important office of medical superintendent of the hospital for mental diseases at Selkirk, Manitoba, and will take over his new duties on May 1. He has been at the Homewood for the past 15 years and is considered one of the most efficient mental disease physicians in the country.

Mrs. Baker, wife of Dr. Herbert Baker, of 606 Spadina Ave., Toronto, died on 8th April, 1920.

Dr. Helen MacMurchy of Toronto, will take active charge of the division of Child Welfare of the Federal Department of Health in Ottawa.

Too many teeth are being pulled, said Dr. V. P. Fuqua, President of the Chicago Dental Society, at a meeting of the Illinois Dental Society. "We are fast becoming a nation of dental cripples," he said. "It's on account of the X-ray. The X-ray is adjustable. You can read anything into it. People get an X-ray taken and rush down to have their

teeth pulled. "Too much reliance is placed upon physician's diagnosis. The physician says: 'Go, get your teeth pulled; your lumbago is caused by the toothache,' and the patient rushes and does as he is told."

Dr. Metherell, of Burlington, was charged with performing a criminal operation at Burlington on March 28th, 1919, on Theresa Kew, of Brantford, who died a few days after. Many witnesses were called for the defence. After being out about twenty minutes the jury brought in a verdict of not guilty. The case was tried at Milton on March 30th.

After being out forty minutes the jury returned a verdict of "Not guilty" in the case of Dr. Russell Parr, former C.E.F. Medical Officer, who was jointly charged with Daniel T. Booth, paymaster, with conspiring with others to defraud the Dominion Government out of \$2,500.

Dr. Caulfeild wishes to announce to the profession that he will confine his practice to office appointments, outside consultation, and attendance upon acute and chronic pulmonary diseases. To correlate with this, his work in the research division of the Connaught Antitoxin Laboratories, University of Toronto, will deal with the investigation of the problems of immunity and sensitization presented by acute and chronic lesions of the respiratory system, such as the pneumonias, tuberculosis, bronchitis, asthma and hay fever.

The latest development in connection with the popular interest in psychic phenomena is the founding of a college which will shortly be opened to students and enquirers. Instructors have been already engaged. The number of members is to be limited for the first year to 500, and the aim will be to demonstrate that life continues after death.

The attention which has been given to the teeth of the public school children has been the means of greatly improving the health of the pupils of Toronto. The importance of caring for the teeth is shown by the fact that 56,000 men who were rejected because of poor teeth were rendered fit for military service by the aid of dentistry.

The Board of Pensions Commissioners is closing up the local office in Kingston on April 30th. It has decided to close up all small offices, and medically examine pensioners at various centres throughout the Province by means of a Travelling Medical Board. The Province is divided up into small sections, with a large town as a centre, and the pensioners living in that section will be brought into the small centre at a time when the travelling board is sitting. This will mean a considerable saving in administration expenses, for instead of providing for several fares from one point to another, there will be only the two fares of the doctors comprising the travelling board.

The local branch of the Association for the fighting of venereal diseases held its meeting recently. Justice W. R. Riddell presided. The following officers were elected: Patron, His Worship, the Mayor; Hon. President, Mr. Justice Hodgins; President, Col. (Dr.) Marlow; Vice-Presidents, Mr. H. Smythe, Dr. Hastings, M.O.H.; Mrs. L. A. Hamilton, Rev. Father Minehan, Mr. C. F. Paul; Secretary, Dr. H. C. Cruickshank; Treasurer, Dr. A. H. Abbott. Executive—Mrs. Sidney Small, Mrs. A. D. Fisher, Dr. R. R. McClenhan, Dr. Gordon Bates, Miss F. E. Brown, Major Fred Smith, of the Y.M.C.A.; Miss Pearce, of the Y.M.C.A.; a representative of the W.C.T.U., the Salvation Army and Labor.

Dr. Edna N. Guest wishes to announce to the profession that she is resuming practice at 467 Spadina Ave., Toronto, and is devoting her attention to Gynecology and obstetrics.

A number of nations are taking active steps to prevent the spread of typhus fever in Europe, and its extension to America. Dr. Rupert Blue has left Washington to attend conferences in Europe for this purpose. It is held that the danger is very great.

The Sisters Misericordia have bought two large residences, Nos. 550 and 556, Jarvis Street, Toronto, and purpose using them for maternity hospital purposes.

Dr. James Markoe, a well-known surgeon of New York, was shot and killed in St. George's Church, New York, while engaged in the act of taking up the offering. His assailant told the police that he had recently escaped from an asylum.

OBITUARY

IN MEMORIAM

SIR WILLIAM OSLER, BART., M.D., F.R.S., F.R.C.P.

REGIUS PROFESSOR OF MEDICINE, OXFORD, AND
HONORARY FELLOW OF THE ACADEMY OF MEDICINE,
TORONTO, ETC.

The Fellows of the Academy of Medicine, Toronto at the stated meeting held on 3rd February, 1920, desire to place themselves on record as follows, and order that this resolution be spread upon the minutes, and an engrossed copy sent to Lady Osler:

When the message was sent around the world that Sir William Osler, Bart., was dead, the medical profession felt that it had lost its

most brilliant member, that the domain of letters had been robbed of one of its most fascinating writers, that science had been deprived of a devoted investigator, that humanity had been bereft of a noble advocate, and that the cause of truth had been shorn of a great light. In a very special sense the medical profession of Canada, and particularly the Fellows of the Academy of Medicine, Toronto, mourn his loss; but with profound gratitude revere his memory. Of him each Fellow can say with Tennyson:

Whereof the man, that with me trod
This planet, was a noble type.

Sir William Osler's career was a signally distinguished one. For the long period of forty-five years, in the Universities of McGill, Pennsylvania, Johns Hopkins, and Oxford, he enjoyed the unique reputation of being one of the most successful of all teachers of medicine. His writings were more widely read than those of any other medical author, and are admitted to possess a charm all their own. He was a Fellow of many learned societies, in all of which he was much esteemed, and frequently filled the highest offices in their gift. At least seventeen of the great universities of Europe, Britain, Canada, and the United States vied with each other in laureating him by making him the recipient of their honorary degrees. The splendid faculties which nature gave him, he cultivated with such assiduity that he had long been regarded as one of the world's leading scholars; yet he was so unassuming as to appear unconscious of his own greatness. In his character there was a peculiar charm that drew all men to him, and the word gentleman was written on his unembarrassed brow. His love for medical students and young physicians, his devotion to their interests and his helpful efforts therewith were remarkable. His methods of entering into each individual life, not simply as a professor, but as a gracious friend, were singularly kind and wise. The good he accomplished thereby can never be told, but the number of boys and men in Canada, the United States and Great Britain who have received assistance from him is very large, and all such recipients who are now alive will ever hold his name in reverence. With malice toward none, with charity for all, with firmness in the right, he lived a supremely useful life, and died as one of the world's greatest benefactors.

To Lady Osler, the Fellows of the Academy of Medicine, Toronto, extend their sincere sympathy in the great sorrow caused by the death of her distinguished husband. It is the earnest prayer of all that the God in whom he placed such implicit trust will be her support and comfort in her time of trial and sorrow. The Fellows would respectfully

seek to mitigate that sorrow by offering the thought that his name shall ever rank with the greatest master in medicine. A nobler monument no man can have. He gave his great talents to the alleviation of suffering and the elevation of humanity,

And, to add greater honours to his age
Than man could give him, he died fearing God.

IN MEMORY OF DR. H. J. HAMILTON

At the stated meeting of the Academy of Medicine, Toronto, held on the 2nd of March, 1920, the Fellows adopted the following resolution regarding the death of the late Dr. Herbert James Hamilton; and ordered the same to be spread upon the minutes.

Once more death has entered our Academy circle and has removed from our midst an esteemed colleague and friend. The late Dr. Herbert James Hamilton was an ardent worker in the interest of the Academy of Medicine, Toronto. His active hand touched upon many phases of its growth and development, and his mind was much occupied with thoughts for the advancement of its usefulness. He had held at different times the offices of Vice-President, President, Honorary Secretary, Member of Council, Trustee, Member of the Executive Committee, Member of the Library Committee, Chairman of the Publication Committee, and member of a number of special committees. In all these directions his work was very practical and valuable.

He was a very active member of the Toronto Medical Society, one of the bodies that entered into the formation of the Academy of Medicine. When it was much in need of financial assistance, his efforts in raising the required funds were timely and effective. He held the high office of President in that Society, and did much toward bringing about the union of the society with others, thereby making the formation of the Academy of Medicine a possibility.

In the Ontario Medical Association he also played an active and important role, and, in recognition of this was chosen to occupy the Presidency.

By his death, while still in his professional prime, his friends, his city, his patients, and the societies of which he was a member, sustained a heavy loss. The Academy of Medicine recognizes this loss in a very special sense, and desires to place itself on record in words of high appreciation of his valuable services in its behalf, and of his fine qualities as a Co-worker and Companion. In the words of Bailey, the Fellows say of him: "He most lives who thinks most, feels the noblest, acts the best."

 J. E. KIDD, M.D.

Dr. J. E. Kidd, M.D., of Dundas and Maitland Streets, London, Ontario, died in Victoria Hospital in that city, on 21st March, of injuries sustained when his motor car was struck by a Grand Trunk freight train at Maitland Street crossing. Dr. Kidd was responding to an emergency summons when the accident occurred, and he suffered fractures of both hips in addition to severe internal injuries. His condition showed little change until the day previous to his demise, when it was reported at Victoria Hospital that he evinced a slight improvement. Later, however, complications developed and his death followed at ten o'clock next morning. Dr. Kidd, who was born in Perth County, near Mitchell, lived when a lad near Toronto, but studied medicine at Western University here, graduating in 1909. He spent a year in St. Joseph's Hospital, London, as a house surgeon and afterwards commenced private practice in Wyoming, Ont. He remained there nine years, until his removal to London to take over the office and practice of the late Dr. Norman H. Beal. He is survived by his widow and three children.

 A. J. MACKENZIE, M.D.

Dr. A. J. MacKenzie, dean of the medical department of the University of Oregon and a surgeon of national reputation, died on March 16th of heart disease superinduced by influenza. He was sixty years old and is survived by two daughters and two sons. Dr. MacKenzie is credited with having developed nerve grafting. He was born at Cumberland House, Manitoba, and was a graduate of McGill University, Montreal, and the Royal College of Physicians and Surgeons, Edinburgh, Scotland.

 WALTER ROSS, M.D., C.A.M.C.

Dr. W. Ross died in Ottawa on 6th February, 1920. He was a graduate of Manitoba Medical College in 1909. He saw active service during the war, as a medical officer during the Somme Campaign. He also served in the military hospitals at Shorncliffe, Buxton, and Liverpool.

 HARRY GOVE

Dr. Gove died at his home in St. Andrews, New Brunswick, on 27th January, 1920.

 W. J. WEEKS, M. D.

Dr. Weekes died at his home in Ottawa on 22nd February, of heart disease, at the age of eighty years.

BOOK REVIEWS

INDIGESTION

Dr. G. Herschell's Text Book of Indigestion revised and rewritten by Adolphe Abrahams, O.B.E., M.D., M.R.C.P., Assistant Physician to Westminster Hospital, etc. Fourth Edition. London, 41 and 43 Maddox Street: Edward Arnold, 1920. Price 10s. 6d.

This is a new edition of an excellent work. Few books were more highly esteemed than was the one by the late Dr. George Herschell on indigestion. The new edition brings the book up to date. It is one of the very best works on the subject of indigestion in the English language and should be read and carefully studied by all. There is no weak feature in the work, but we would say that it is specially strong in the matter of therapeutics. We wish for this book a wide circulation.

INTERNATIONAL CLINICS

A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Laryngology, Hygiene, and other topics of interest to the students and practitioners, by leading members of the Medical Profession throughout the world, edited by H. R. M. Landis, with the assistance of a number of noted medical authors. Vol. I, thirtieth series. 1920. Philadelphia and London: J. B. Lippincott and Company, 1920. Price per volume \$2.25, or \$9.00 per year. Charles Roberts, Unity Building, Montreal, Canadian Agent.

There are articles on Clinics, Medicine, Neurology, Paediatrics, Obstetrics, Surgery. The volume is well illustrated, and the clinics and articles are all interesting and useful. This is a very good number in a long series of excellent volumes. This number will well repay a careful reading.

MEDICINE

The Sciences of to-day, methods, results and hypotheses by Dr. G. H. Roger, Dean of the Faculty of Medicine of Paris. Paris: Masson and Company, editors. Library of the Academy of Medicine, 120 Boulevard Saint-Germain. 1920. Price 10 Fr. net.

This is a scientific treatise on the subject of medicine. The author discusses such problems as Preliminary Views, The Means of Studying Pathology, The Evolution of Medical Sciences, The Causes of Diseases, Chemical Agents and Intoxication, Animal Agents, Infectious Agents, Animal Parasites, General Etiology of the Infections, The Pathology of Infectious Diseases, Auto-intoxications, Morbid Sympathies, Heredity, Morbid Reactions, The Problem of Immunity, The Evolution of Pathology, Methods of Diagnosis, and Basis of Therapeutics. The book is a splendid one.

PHYSIOLOGY.

Physiology by Maurice Arthus, correspondent of the National Academy of Medicine, Professor of Physiology at the Faculty of Medicine of Lausanne. Vol 8vo. pages 480. Editors' Masson and Company, Paris; Price 10 Fr. net.

This is one of the volumes of the series called "Sciences of To-day." The collection is a very fine one, and is sure to find its way into many libraries. An examination of the contents of this book makes it clear that the author approaches his subject in a scientific way. The first part deals with observations, the second part with experiments, the third takes up pathological facts, and the fourth discusses results and hypotheses. The book is written in a charming style that makes the reader forget he is studying a scientific work.

SYPHILIS AND GONORRHOEA

To-day's World Problem in Disease Prevention, by John H. Stokes, A.B., M.D., Chief of the Section Dermatology and Syphilology, The Mayo Clinic, Rochester, Minn.

This very valuable review of the many problems connected with the prevention of syphilis and gonorrhoea has been reprinted by the Ontario Government and sent free of charge to the medical profession of Ontario. It is to be hoped that this pamphlet will be carefully studied. The author is a firm advocate of public control of these diseases by reporting them and insisting upon their treatment.

MISCELLANEOUS

FORTIETH ANNUAL MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

Toronto, May 25th, 26th, 27th and 28th, 1920.

According to the preliminary programme now announced by the Committee in charge, the Fortieth Annual Meeting of the Ontario Medical Association, which is to be held in Toronto during the dates of May 25th, 26th, 27th and 28th, 1920, bids fair to excel in point of interest and instruction previous gatherings of the Association.

During the past two months the members of the Programme Committee have been assiduously endeavouring to secure the co-operation both at home and from abroad, of outstanding members of the profession to take part in the scientific programme.

In referring to the list of speakers and their subjects, elsewhere to be found in our columns, it will be readily recognized that an exceptionally well balanced programme is assured.

Now that the medical profession is largely rehabilitated following the past five years of greatly depleted ranks at home, the Ontario Medical Association will undoubtedly have a most enthusiastic and representative gathering at its Fortieth Annual Meeting.

SECTION OF OBSTETRICS AND GYNAECOLOGY

PRELIMINARY ANNOUNCEMENT FOR FORTIETH ANNUAL MEETING.

Dr. THOS. S. Cullen, Baltimore, Professor of Gynaecology, Johns Hopkins: Distribution of Adenomyomata containing Uterine Mucosa.

Dr. B. P. Watson, Toronto: Induction of Labour.

Dr. E. K. Cullen, Detroit. Title to be announced.

Dr. W. W. Lailey, Toronto: Complement Fixation Test (in Gonorrhoea in Female).

Dr. G. G. Copeland, Toronto: The value of Rectal Examinations in Obstetrics.

Dr. C. J. Currie, Toronto: Post Partum Temperatures.

SECTION OF MEDICINE

Dr. E. C. Rosenow, Mayo Foundation, Rochester: Studies on Influenza.

Dr. A. W. George, Asst. Instructor, Department of Roentgenology, Tuft's College Medical School, Boston: X-Ray as an Aid in the Interpretation of Symptoms referable to the Biliary System.

Dr. Chas. F. Martin, Prof. of Clinical Medicine, McGill University: Psychiatry, from the Standpoint of the General Practitioner.

Dr. J. W. Crane, Dept. of Pharmacology, Western University, London: Dietetic Treatment of Infections.

Dr. A. H. Caulfield, Clinician to Department of Medicine, Toronto University and Dr. G. E. Richards, Radiologist, Toronto General Hospital: A comparison between the interpretation of the Findings in Chronic Pulmonary Lesions in Clinical and Stereo-Roentgenographic examination.

Dr. J. G. Fitzgerald, Professor of Hygiene, University of Toronto: Analysis of Diphtheria Deaths in Toronto.

Dr. George Pirie, Assoc. Attending Physician, Hospital for Sick Children, Toronto: Vomiting and Constipation in Infancy.

Dr. Jabez H. Elliott, Physician Chest Clinic, St. Michael's Hospital, Assistant Physician, Chest Clinic, Hospital for Sick Children, Toronto: Pregnancy a Menace to the Tubercular Mother.

Dr. Norman B. Gwyn, Clinician to Department of Medicine, Toronto University: Clinical Side of Empyema in Influenza.

Dr. W. R. Campbell, Clinician to Department of Medicine, Toronto University: Renal Functional Tests for the General Practitioner.

Dr. E. A. Morgan, Assoc. Attending Physician, Hospital for Sick Children, Toronto: Diarrhoea in Infancy (general management and treatment).

Dr. N. M. Keith, Clinician to Department of Medicine, University of Toronto: The Treatment of Renal Disease in regard to the Newer Functional Tests.

Dr. G. A. Davis, Toronto: Interval Methods of Feeding.

Dr. D. King Smith, Department of Dermatology, Toronto General Hospital, and Dr. Emerson Trow, Asst. in Clinic of Diseases of Skin, Toronto General Hospital, and Dr. H. A. Dickson, Clinical Assistant Department of Skin, Toronto General Hospital: Presentation of some interesting cases of Diseases of the Skin.

Dr. C. H. Robson, Anaesthetist, Hospital for Sick Children, Toronto; Intratracheal Anaesthesia (with exhibition of apparatus).

Dr. R. D. Defries, Department of Hygiene, University of Toronto: Viability of the Vaccine Virus.

SECTION OF SURGERY

Dr. George D. Stewart, Professor of Surgery, University and Bellevue Hospital Medical College, New York; The Gastric Hypermotility associated with Diseases of the Gall Bladder, Duodenum and Appendix.

Dr. N. W. Percy, Associate Professor of Clinical Surgery, McGill University, Montreal: Technique of the Transfusion of Whole Blood and its value in association with surgical procedures in the treatment of pernicious and other anemias.

Dr. Edward B. Archibald, Lecturer in Clinical Surgery, McGill University, Montreal: Pancreatitis.

Dr. James Masson, Mayo Clinic, Rochester, Minn.: Subject to be announced.

Dr. Emerson Hodgins, London, Ont.: Tumors of the Brain.

Dr. Wallace Scott, Toronto: Fractures of the Skull (their diagnosis and treatment).

Dr. John H. Parry, Hamilton: Surgical Treatment of Empyema.

Dr. S. M. Hay, Toronto: Diagnosis of some Common, Acute Abdominal Conditions.

Dr. E. Stanley Ryerson, Toronto: Relation of Pathological Conditions of the Gall Bladder to Treatment.

Dr. D. E. Mundell, Kingston: Tendon Transplantation.

Dr. W. H. Harris, Toronto: Conditions simulating Gastric Ulcer.

Dr. Roscoe Graham, Toronto: Significance of Pain in the right Iliac Fossae.

Dr. Ed. D. Robertson, Toronto: Treatment of Ununited Fractures.

Dr. Robert McComb, Toronto: Perineal Postatectomy.

ONTARIO'S VITAL STATISTICS

According to the statistics of the provincial board of health there was a most unfavorable comparison of March, 1920 and 1919, in regard to the prevalence and ravages of disease. The following is the comparative table:

	March, 1920	
	Cases	Deaths
Smallpox.....	446	7
Scarlet Fever	560	29
Diphtheria..	451	56
Measles	1256	23
Whooping Cough	136	31
Typhoid	27	7
Tuberculosis	213	173
Cerebro-spin. men.	1	1
Influenza	3053	502
Ac. influ. pneumonia .....	.....	232
Ac. prim. pneumonia .....	.....	602
Total	6143	1663

	March, 1919	
	Cases	Deaths
Smallpox.....	39	1
Scarlet Fever	445	10
Diphtheria..	413	48
Measles	39	0
Whooping Cough	69	4
Typhoid	13	3
Tuberculosis	242	196
Infantile Paralysis.. ..	18	12
Influenza ....	.....	.....
Ac. influ. pneumonia .....	.....	703
Ac. prim. pneumonia .....	.....	.....
Total	1278	977

The 703 deaths from influenza and pneumonia in March, 1919, was the sixth month of the epidemic, which was disappearing from the province.

Venereal diseases reported in March, 1920, totaled 143, against 284 for March of last year. It is quite apparent, says the department, many cases are not reported by the physicians as required by the regulations.

The most gratifying feature regarding the health of the province, says the report, is the marked decrease in cases and deaths of influenza and pneumonia for the month of March compared with the previous month. During February we had 2315 deaths reported, and for March, 1336, a reduction of 57 per cent. Should this rate of decrease continue, which is most likely, the duration of the epidemic will be much shorter, with a greatly reduced death rate than the province experienced in the first outbreak, in 1918, when 5623 deaths were recorded in the first two months.

Smallpox, that has been prevalent in many localities in the province since November last, is abating. During the five months there have been 5078 cases reported, with 24 deaths. Of this number, the city of Toronto contributed no less than 2872 cases, or 54 per cent. of the whole.

Diphtheria shows a decrease from 636 cases and 70 deaths in January, and 551 cases and 84 deaths in February, to 451 cases and 56 deaths in March, or death rate of 12.1 in 100. Scarlet fever shows a reduction of 80 cases compared with February last.

Smallpox cases for week ending March 27, 1920, number 77.

TWENTY-FIVE YEARS OF DIPHTHERIA ANTI-TOXIN

It was before the Rome Congress in 1894 that Roux presented the case for diphtheria antitoxin so thoroughly that it was at once accepted by authorities throughout the world. Before the serum era the mortality from the disease varied from 50 to 100 per 100,000 inhabitants. Since that period the figure has been less than 20, and often less than 10, says the Medical Record. The hospital mortality throughout the world now runs from 10 to 15 per cent. of those stricken.

During the five years of warfare the number of soldiers attacked by the disease was about 30,000 in all the hospitals, and the total number of deaths about 600, or 2 per cent. Before the use of antitoxin Paris lost from 14 to 45 inhabitants weekly from the disease. She now loses, and has for many years, from 2 to 13 a week; or, in other words, the former minimum has become the maximum. Indeed, for the past ten years the maximum has not exceeded 7 weekly. Naturally during the

Whatever Individual Thought May Be

on the general merits of coffee as a table beverage for all the family—

Individual observation inevitably leads to the conclusions that among adults, coffee does sometimes re-act harmfully; and that with children, coffee is indeed a dangerous servant.

Where coffee is contraindicated, a safe and satisfying alternative is found in

INSTANT POSTUM

The agreeable coffee-like flavor conveys no sense of loss from taste; the absence of coffee alkaloids, insures freedom from ill results; and its composition from different parts of wheat, roasted with molasses, naturally provides some nourishing value.

Users of Postum Are Its Best Advocates
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Samples of Instant Postum, Grape-Nuts, and Post Toasties, for personal and clinical examination, will be sent on request to any physician who has not received them.

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Windsor, Ontario

25 years the population has increased notably, no account being taken of this fact in the statistics.

No one to-day can doubt that diphtheria antitoxin has made good. The enormous number of repeated serum injections of all kinds made during the war has brought home the fact that the dangers have been grossly exaggerated.

TORONTO STATISTICS

Increases in the number of cases of diphtheria, scarlet fever, measles, tuberculosis and mumps, as compared with February, are shown in the report of the Department of Public Health for March. Smallpox shows a distinct decrease, only 127 cases being reported, as compared with 248 in February.

Sixty-nine cases of tuberculosis are reported, while there were only nine last month, but the difference is explained as due to failure to get complete returns last month owing to the pressure of work on the department and doctors during the influenza epidemic.

Comparative figures are:

	March 1920	Feb. 1920
Diphtheria.....	204	159
Scarlet Fever	216	152
Typhoid	1	2
Measles	449	222
Smallpox	127	248
Tuberculosis.. ..	69	9
Chicken-pox.. ..	65	51
Whooping cough	32	34
Mumps	274	241

During the month there were 1,363 births, 838 deaths and 466 marriages.

MEDICAL PREPARATIONS

PRESCRIPTION 1920

The Davis & Lawrence Company, of Montreal and New York, offer their New Preparation of the Hypophosphite Salts which is being supplied under the agreeable and ethical name of "Prescription 1920".



Super Quality!

PLAYERS

NAVY CUT CIGARETTES

"Beautifully cool
and sweet smoking"

18¢ per package
two for 35¢

Enjoy them to-day



"Prescription 1920" is supplied in two forms "With Sugar" (The usual Syrup of Hypophosphites) and "Without Sugar" (The latter for use in cases, such as diabetes, where sugar is contra-indicated).

Without doubt, these preparations which represent an advance in hypophosphite medication, will be found of much service to the profession.

"Prescription 1920" will be mainly prescribed, under the following headings, "Influenza and Pneumonia", "Nervous Diseases", "Pulmonary Diseases", "Cutaneous Disorders", "General Debility", and "The Child".

To acquaint the physicians of Canada with "Prescription 1920" a sample of each form, "With Sugar" and "Without Sugar", has been sent to every doctor in the Dominion and stocks of the preparation have been placed in the leading stores in practically every town, so that doctors may now prescribe same with confidence that their prescription can be filled without delay.

Any physician who has not received these samples can obtain same by notifying the Davis & Lawrence Company 356 St. Antoine St., Montreal, P.Q.

PREPARE THE BABIES FOR HOT WEATHER

During the month of June it is not a bad plan for the physician to take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effects of the diarrheal disorders of the heated term.

Careful attention to feeding is, of course, a *sine qua non* and the details of the infant's nourishment should be carefully investigated and regulated. But this is not all. Many bottle-fed babies are below standard from a hematologic standpoint. The marasmic anemic baby deserves special attention in the way of building up and restoring a circulating fluid which is deficient in red cells and hemoglobin. In the entire *Materia Medica* there can be found no direct hematic quite as suitable for infants and young children as Pepto-Mangan (Gude). In addition to its distinctly pleasant taste, this hemic tonic is entirely devoid of irritant properties and never disturbs the digestion of the most feeble infant. Being free from astringent action, it does not induce constipation. A few weeks' treatment with appropriate doses of Pepto-Mangan very frequently establishes sufficient resisting power to enable the baby to pass through the hot summer without serious trouble, gastro-intestinal or otherwise.