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CANADA
MEDICAL RECORD

DECEMBER, 1902.

Original Communications.

RETROSPECT OF LARYNGOLOGY.

Under charge of GEORGE T. ROSS, M.D., D.C.L., Lecturer on Laryngology and Rhinology, Medical Faculty University of Bishop's College.

SURGICAL TREATMENT OF PURULENT ETHMOIDITIS.

One of the most complete and most exhaustive studies ever published on this subject is given by Guisez, in the August number of "Annales de l'Oreille, de Larynx and du Nez" (Paris). He carefully defines all the relations which the cells bear to neighbouring sinuses, and vascular connections. He shows the advantages and disadvantages of different methods of treatment, quoting many European as well as American authors for illustration, and finishes by giving the technique of cases operated on with results of treatment.

LOCAL APPLICATION OF HEROIN HYDROCHLORIDE.

Rosenberg (Berlin) discusses the local application of heroin hydrochloride in the larynx and the objections to its topical use which some writers have made. He says, if the quantity used in this way is not greater than the dose usually prescribed internally, no harm can follow, and this quantity is generally more than is required in the larynx for beneficial effect to follow. The author uses a 1 to 40 watery solution, 0.2 cm containing 0.005 heroin, corresponding to the customary dose. Being absorbed as readily by the larynx and trachea, as by the stomach, the effect is twofold, viz: cough allaying and analgesic, by reducing both central and peripheral irritability. If this solution be sprayed on the posterior laryngeal wall, the most sensitive cough locality in the larynx, in a case of tuberculosis of this organ, the relief is often

good for the entire night, being in this way of great service to cases where the exhausting night cough is very weakening to the patient. In the dysphagia of these patients heroin is useful. It should be continued for some time, as the effect seems cumulative, the pains being only relieved for a few hours at first, but later remaining absent the entire day. Altogether, it is regarded as one more efficient remedy in cases of tubercular laryngitis as well as those of irritable larynx from other causes.

CONSTITUTIONAL MANIFESTATIONS DUE TO INFECTIOUS PROCESSES IN THE ADENOID TISSUE OF CHILDREN.

Kyle (Phila.) shows that this source of disease in children is often overlooked. Modern thought inclines to the belief that many constitutional diseases owe their origin to microbic development in the lymphoid tissues of the upper respiratory tract. Many physicians heretofore opposed removal of adenoids unless they occluded the tube or interfered with nasal respiration, but experience has shown that even a small mass of lymphoid tissue may act as an infective centre setting up recurrent attacks of fever until removed. Otitis media is well known to be due sometimes to this cause.

AURAL BOUGIES.

Richards calls attention to the usefulness of these, especially in children who are attacked with earache. They are made the size of a quill, and half an inch long. Any medication can be incorporated, but particularly carbolic acid, opium, cocaine, atropine, etc., in suitable doses.

DISTURBANCE OF MUSCULAR ACTION OF NOSE BY PARAFFIN INJECTION.

Alter calls attention to this accident in a case of his, where a natural nasal breather was changed into a mouth breather by the paraffin operation, to correct saddle nose. It was found the injected paraffin obstructed free muscular contraction and relaxation so that the alae nasi were collapsed during inspiration. To obviate this accident it is suggested that an assistant should place a thumb in each nostril, making counter pressure on the outside with the index fingers until the nose had been moulded into the desired shape, when the muscles affected would not be encroached upon.

THE USE OF SUPRARENAL GLAND IN DISEASES OF THE NOSE
AND THROAT.

Kyle notes that occasionally disastrous results were obtained from a comparatively diluted solution of adrenalin chloride, possibly attributable to changes in the drug brought about by acid secretions. For operative work he employs solutions of one to a thousand or two thousand; for the relief of local congestion one to ten thousand. In the latter case a pledget of cotton is soaked and left in the nostril for ten minutes. He has also noticed a marked secondary congestion after its use. Congestion has even been made worse after the application of this drug. He regards it as a more powerful vaso-constrictor than cocaine, and does not recommend its use in operations, as it is likely to be followed by severe hemorrhage. He has also seen sloughing follow its use, and has had an unfavorable experience with it in hay fever.

SIMPLE METHOD OF CULTIVATING DIPHTHERIA
BACILLI (BAYNE).

Take an egg and boil until hard. With sterilized forceps break gently into the air sack and peel off the shell and membrane immediately beneath it, leaving enough of the same to protect the culture. Now make a swab from the throat and gently smear on the surface of the egg under that part of the shell which is left. Then take an ordinary cup and pass through a flame very rapidly several times to sterilize. Place the egg in the cup with the broken end down and leave by a stove twelve hours. By this method is gotten an almost pure culture of diphtheria bacillus in from eight to twelve hours, this organism growing more rapidly than others usually present.

MALARIA ON THE WEST COAST OF AFRICA.

By C. A. FORTIN, M.D.C.M. (BISHOP'S 1897), SURGEON R.
M.S. ORISSA, H. M. TRANSPORT NO. 18.

It has been my privilege, during the last year, to make several voyages to the west coast of Africa, and as little is known of this rapidly growing part of Africa, perhaps a few personal observations as to the health question may prove

interesting. Of late years, quite a "gold boom" has been in operation. Naturally, as in all other "gold booms," there has been a great rush to these parts of men of all stations of life, and many have left their bones there, as a monument to the unhealthy state of the country. For years the west coast has been called the "white man's grave," and to some extent the cognomen is a correct one, but, on careful investigation, one finds that the climate is not so bad as it is made out to be.

As the country is being developed, an increasing band of traders, miners, planters, etc., are populating the various settlements. This noticeable increase in the European population has called the attention of the scientific medical world to the great mortality due to the ravages of the malarial bacillus.

Recent investigations have led to a great following of the "mosquito theory," and every possible effort is being made to exterminate the pest.

All possible praise is due to those scientific men who have worked so patiently and endured so many hardships to prove that the mosquito is an important factor in the causation of malaria.

There can be no possible doubt as to the correctness of the "mosquito theory," but in this, as in many other important theories, too much stress is laid upon one point. The mosquito may be, and undoubtedly is, an important factor, but it is not the *only* factor in the etiology of malaria.

The climate itself, the diet, the isolation and associations of the resident on the west coast, are in my humble opinion the predominant factors.

To better understand the effect of these factors, let me briefly explain what they are:

I. *The climate* is very peculiar. The day during the dry season can be roughly divided into four stages:

(a). 6 a.m. to 11 a.m.—Here you have a clear healthy atmosphere with the temperature gradually increasing from 60° F. to 90° F.

(b). 11 *a.m.* to 4 *p.m.*.—This is the time of the day when the sun's rays beat down most heavily. The temperature gradually increases to about 110° F., reaching its height at about 1 p.m. The atmosphere is stifling; there is not a breath of air, and even in the shade one experiences a horrible sense of a heavy weight pressing upon the chest.

Gradually the temperature begins to fall, and at 4 p.m. we find the thermometer registering about 85° F.

(c) 4 *p.m.* to 12 *p.m.*.—The air gradually becomes cooler, gentle breezes spring up, and by degrees a sense of well-being begins to steal over the body. As darkness comes on, however, a peculiar, moist swampy kind of a scent seems to pervade the atmosphere.

Then comes the mosquito, sand-fly and other irritating insects that the flesh is heir to, and, unless carefully surrounded with nettings, one's life becomes a burden.

(d) 12 *p.m.* to 6 *a.m.*.—Here we find the state of the weather most undecided. Generally at about 2 to 3 a.m., a cold breeze springs up and the temperature may fall as low as 40° F. This cold spell is often the cause of very serious results for the following reason: When a man retires, say at 11 or 12 p.m., he requires a minimum of clothing. This generally consists of a pajama suit and a sheet. With the loss of consciousness, the sheet is often cast off, and when the cold breeze comes it has full play upon an unprotected body with open pores, and hence causes a chill.

In a large majority of cases the exposed part is either the abdomen or chest, and I have seen several cases of pneumonia and dysentery all attributable to this cause.

At sunrise a thick fog or mist arises from the numerous swamps and lagoons and hangs over the land until the more powerful rays of the rising sun dissipate it.

These are, roughly speaking, the four different stages of the climatic changes during the 24 hours.

The country as a whole, along the coast is mostly swampy and low-lying.

Long lagoons or inland seas traverse the coast for

miles, opening occasionally into the sea. These to a slight extent feel the effect of the tides, but in a large number of cases, the water in them is stagnant, the bed muddy and lined on either side with thick jungle and assume the general characteristics of swamps.

This stagnant water has the effect of rendering the atmosphere very humid, and when the hot rays of the sun beat down upon it, the vapour given off can be likened to that experienced whilst taking a steam bath.

This leads on to the question of *Diet*. Necessarily, fresh meat will not keep in this kind of temperature.

I have seen the meat of a freshly killed bullock become tainted and covered with a greenish mould within four hours after dressing!

This being the case, canned meats have to be resorted to. With all due respect to the various canning manufactories, it is a well-known fact that canned meats lose a great deal of their virtue in the process of canning.

Resource is made, therefore, to the native chicken and duck, both very diminutive affairs. A well-known coast saying is—that a man gets such a surfeit of chicken on the west coast that he is unable to look a hen in the face on his return to England. Fish, of course, can be obtained in abundance, and forms a staple dish.

Not only is there a scarcity of meat foods, but there is also a scarcity of vegetables. Strange as it may seem, no vegetable will grow on this coast, except in a very few places. Hence, such commodities as potatoes, onions, etc., have to be imported.

The substitute used is rice, the food of the native.

To simplify matters, I will give a brief *résumé* of the bill of fare of an ordinary coaster, not, of course, taking into consideration the fare of those who have the good fortune to be stationed in seaport towns:—

Native fowl, goat, bullock or sheep, canned meats and fresh fish.

Rice, yams and Indian corn.

Fruits in fair abundance, i.e., bananas, pines, cocoanuts,

limes, oranges, etc. As can be seen, the coaster has not very much of a variety to choose from.

The excessive heat has the effect of causing loss of appetite and taste, and the surrounding unsanitary state of the native villages and the peculiar smell of the natives themselves, all assist the heat in its deleterious effects.

This loss of appetite, etc., leads on naturally to one of the most important questions to be debated, i.e., the resort to the taking of stimulants.

The drink question has been mentioned by a good many writers, who have reported upon the health question of the west coast. Not many months ago a well-known investigator raised a furore of condemnation amongst past and present coasters, by saying that "a majority of the deaths were due to whiskey fever." Whilst this was rather a sweeping statement to make, still it contained more truth than the coasters would like to admit. The favourite appetizer is the "Gin Cocktail," This is a decoction made from gin, bitters, egg, sugar and lime juice, well beaten up with a swizzle stick. It is a very good and harmless drink when taken in moderation, but how many are moderate?

III. The *Isolation Question* should now be considered: The coaster is generally situated in a district, with only the companionship of the native. In some cases there are one or two other factories in the place, and the white population may reach the number of three or four. There is therefore, no amusement, and, after the strangeness of the situation wears away, a sense of complete isolation from the outside world begins to steal over the white coaster. The climate is very depressing; he begins to brood after the business cares of the day are over. His mind naturally reverts to the unhealthy state of the country, and he wonders if he will survive to reach home again.

Finally, to buoy up his spirits he will take a cocktail and perchance repeat the dose several times before the meal. Should friends visit him, it is worse, for then the usual allowance is bound to be increased.

This goes on from day to day ; therefore, can anybody gainsay the fact that this habit alone will not tend in time to underminé the system ? Not that I advocate total abstinence, far from it, for in that part of the world a certain amount of stimulation is required for the debilitated system. If greater attempts were made to moderate the amount of alcholic stimulants taken, I feel confident that the death-rate would rapidly decrease.

Thus we have, then, very briefly considered three important factors which play a most important part in the etiology of malaria.

From personal observations, I would advise the following preventatives for malaria :

I. Better sanitation in the towns and villages.

II. Traders to supply their clerks with better food and ice machines (of which there are very many good ones on the market).

III. A shorter service on the coast. The Government only demand a 12 months' stay on the coast, which is quite sufficient.

IV. More medical men to be sent out, and when a clerk by force of circumstances is situated at some distance from medical advice, he should be supplied with a specially prepared medicine chest and explained the use of the various drugs.

V. Each resident to take at least three grains of quinine twice a week, and no more.

These suggestions are only a few of many that could be given, but these are essential.

With care and attention to the ordinary rules of general health, I do not see why life at the west coast of Africa should not be as healthy as life in England itself. The high death-rate on the coast is more noticeable, naturally, on account of the smallness of the population. If the mortality rate were considered pro rata to population, I fancy that of England would take the lead.

Another great and very important evil which affects

the coaster is the prevalence of syphilis, gonorrhœa and other genital troubles, too numerous to mention.

Veneral disease is as often the cause of the breakdown of the coaster as malaria, and taken together are, of course, often attended by fatal results.

But this complaint cannot be laid down to the effects of the climate, but must be considered as a legacy left to the coast by the early *white* settlers.

The great idea of the coaster is to get acclimatized. I hardly think this is possible, for the natives themselves suffer from malaria. Strange as it may seem, those who suffer more severely are those who belong to the civilized and educated class. Those men and women assume European habits and vices, and hence the climate seems to have more effect on them than upon the crude article. These few brief remarks on west coast life may be of interest to a few of your readers and may cause some interest to be raised in this long-forgotten part of our British domain. In conclusion I may say that, during the last few years, many of our young Canadian doctors have made voyages down to this coast, and from all sides I have heard nothing but praise for their skill and particular knowledge of the various cases they have had under their care. By small successes like these, people in various parts of the world will soon begin to realize that even from *frozen Canada* can knowledge be disseminated.

C. A. FORTIN, M.D., C.M., Bishop's, L.R.C.P.
and S. Ed., L.F.P. and S., Glasgow, Surgeon
H.M. Transport "Orissa," No. 18,

Bermuda, W. I. December 6, 1902.

ANNUAL DINNER OF THE GRADUATES AND UNDER-GRADUATES OF THE FACULTIES OF MEDICINE AND DENTISTRY, UNIVERSITY OF BISHOP'S COLLEGE.

Bishop's College Medical graduates and Medical students were the first in Montreal to break away from the beer and cheese stage, when the Freshman treated their Seniors, and thus ingratiated themselves into their favour.

At the Windsor Hotel, many years ago, they asserted their right to sit down and enjoy a good dinner with a feast of reason and a flow of soul thrown in. Year after year it has been continued, and other Medical Schools, Bishop's senior in age, have taken their place in the line. Nearly all have been successful functions—a few may not have been so successful as was wished, but this was the exception. But of all the dinners bearing Bishop's name, the one which took place on the 6th November last, at the Place Viger Hotel, at which Medical and Dental Students attended, bears the palm. One hundred and eleven guests sat down, and some eminent men were there, among them the Hon. J. Israel Tarte, whose bright and witty speech showed that loss of office had not dampened him in the least. Mr. James Francum, 1903, occupied the chair, having the Dean, Dr. F. W. Campbell on his right and Mr. Tarte on his left. After dinner the usual toast list was gone through with.

Since the affiliation of the Dental College, of the Province of Quebec, with Bishop's, the Medicals have had the assistance of its Dental Graduates and Students at these annual functions. The number thus present at this function was large, and the flags of the two departments decorated the Dining Hall.

To the toast of the Dean and Professors, Dr. W. H. Drummond, Professor of Medical Jurisprudence, responded as follows:—

Since the inception of this Faculty, the relations between teachers and students have always been of the most cordial and friendly character, and to-day sees us more loyal each to the other than ever before in the history of the University.

It is true that among Medical Faculties, our children, comparatively speaking, have not been very numerous, but those who have been born to us are good children and have never yet brought the blush of shame to the face of the old mother, and, though far scattered, many of them may be, yet we feel that to-night they are with us in heart and spirit, rejoicing that the traditions of Bishop's are still as they have ever been, spotless and unsullied.

We welcome to our halls of learning all who come to us in the right spirit, and we are glad to train in our Universities, and return well equipped to their own countries, those who hail from other lands beyond the Can-

adian borders; we greet them as brothers and children of one common mother, for that is the true University spirit. Often when reading the calendars of our Canadian Colleges, have I been deeply pained by noticing the large numbers of Canadian born young men who have been obliged to forsake, in most cases, forever, the land of their birth and affinity to acquire abroad the competence denied them at home. It is very mete to recite proudly, as we often do, the magnificent successes of an Osler or a Casey Wood, but why have we not been able to keep these men at home in their own country? Have we such abundance of the great in medicine that we can spare such giants? This continual sacrifice of our best and brightest to help in building up the institutions of a rival people has always rankled in my Canadian breast. Only a few months ago you probably read in the Press, that of some thirty graduates in science of a well-known Canadian School, all with the exception of one or two passed over to the United States, and, when attending last spring the convocation of an Ontario University, I learned that the chief prize winners had already received appointments among our cousins of the Great Republic; in fact, the American College representative who selected the flower of the graduating class was actually there on the spot to personally escort his captives to their future homes on the other side of the line, much after the manner of days gone by, when the New England horse trader used to pick and choose our Canadian ponies, till to-day there is hardly a specimen of the breed left in the Province of Quebec.

I do not for a moment blame our ambitious young countrymen for wishing to better themselves in the world; for self-preservation is a law in itself, but it is galling to think that the bright Canadian College-bred lad, who to-night sings "The Maple Leaf Forever," may in a week or two expand his lungs with "The Star Spangled Banner." However, I believe a better day has dawned for us in Canada. Students of the times, as Medical students ought to be, must realize that we are now in an era of extraordinary prosperity, and that the country which to-day possesses a population of six millions will in ten years number over ten millions. The opening up of our immense waterways, the multiplying of railway lines, the manufacturing of the natural products with which the

Almighty has so amply endowed us, the stimulation under proper laws of our native industries, will have the effect of creating employment for every graduate of our Canadian Universities, and I am sanguine enough to believe that the time is not far distant when the condition of the past will be reversed, and American physicians will gravitate towards this country as naturally as many Canadians at the present day gravitate towards the United States.

When I consider the practically limitless possibilities of Canada, surely it is reasonable for me to predict that very soon this country will be able to levy an export duty on our boys and girls, and the measure of that duty will be the ability of Canada to provide for her children employment and remuneration sufficient to enable those sons and daughters to live out their natural lives on their own soil.

Sink provincialism, the warring and clashing of creeds, avoid secret societies, which are the bane of modern college life, do everything to develop our national resources, learn how the strength of our neighbours has been acquired, and profit by that knowledge. Remember, Resemble, Persevere, and under God you need have no fear for the future.

To the toast of "Our Guests," Dr. W. Grant Stewart responded, as follows:—

Mr. Chairman and Gentlemen:

The onerous but pleasant duty of proposing the toast to our guests devolves upon me. I would the task had fallen on more worthy shoulders. After-dinner speakers like poets are born, not made, but I am sure they will accept the will for the deed. In the far west, better known as the wild and woolly west, stands a little church, unpretentious in appearance, claiming no architectural charms, plain without, and if possible more plain within. The seats few and far between, because the worshippers are like the seats, few in number. The aesthetic part of the service has not been neglected, for away in one corner stands an ancient organ, in keeping with the surroundings of the church. Above, hung upon the bare wall, is a placard, on which is printed in large bold letters, the following polite request:

"Please don't shoot the organist; he is doing his best." The moral of the story I leave to my hearers.

During the past summer, as you all know, London was a mecca for all tourists, and every one who could, bent his steps thitherward, I among the number.

I reached London the evening before the operation on the King.

What a wonderful sight it presented with its teeming crowds! Here were to be seen all sorts and conditions of men. The ubiquitous American, the sturdy colonial, the canny Scot, the true-hearted Irishman, the bareheaded, bowlegged, barefooted Figi Islander, the pigtailed Chinamen, princes from far off India with wealth beyond the dreams of avarice, civilians and soldiers, princes and paupers, a motley crowd indeed full of eager expectation. For were they not here to witness one of the greatest pageants of ancient and modern times?

When the news came out that there was to be no coronation, that the King had been operated on, and that instead of witnessing the Coronation it might be a funeral, the gloom and sorrow and disappointment was great indeed. The old adage was never more forcibly demonstrated, that "man proposes, God disposes."

But, as the reports became more reassuring day by day, the tension gave way, and joy followed sorrow, and laughter followed tears.

London witnessed at this time many stirring events; one of the most interesting to us from Canada was the Review of the Colonial troops.

As I stood on Constitution Hill and witnessed the march past of 2,000 troops from all the colonies, a thrill of patriotism and pride welled through me; a feeling which only those who have experienced can appreciate. An object lesson of the unity and strength of a great empire, an empire on which the sun never sets.

And as I on the succeeding day stood on the Mall and witnessed the Queen, beautiful, majestic, every inch a queen as she drove past, accompanied by the Royal family, and followed by Lord Roberts and 2,000 Indian troops in their gorgeous and picturesque uniforms, their stately military bearing, my enthusiasm again reached the bursting point, and I was proud that I was the son of an Empire that was able to rule by love such a great country as India, and that these same soldiers were happy to do honour to their King, and if need be to lay down their lives in the service of the Empire and be reckoned amongst the soldiers of the King.

But of all the stirring events I saw, none perhaps impressed me like the great banquet held in the Hotel Cecil on Dominion Day, to drink health and continued prosperity to Canada, the gem of the colonies.

Never in my life has it been my good fortune to sit down amongst such a distinguished company. Dukes, Lords, Earls, Generals, Admirals, Captains, Politicians, Authors, Artists, Lawyers, Doctors, Bishops, men great in position, great in wealth, great in science and intellect, Lord Strachona full of years and honour presided.

There were many great speeches, but without exception the grandest after-dinner speech I ever listened to was delivered by one of the guests of the evening, Sir Wilfrid Laurier, the premier of Canada, the silver-tongued orator. In an address full of flowing sentences, rounded periods, elegant diction and beauty of thought, he held his audience spellbound.

He described this Canada of ours in flowing terms, and like Nicodemus of old he invited our English guests to come and see.

Come in the leafy month of June, when the country is in beautiful verdure clad; stay and see the fields of golden grain in the far west. Stay a little longer and view the glorious tints of autumn.

Stay on and see Canada in winter, the ground clad in snow-white garb, the rivers and lakes bound in ice, the keen frosty air reverberating with the merry jingle of the sleigh-bells, and the shouts of the merry skater and snowshoer, and when the day has waned see the night, the blue vault of heaven lit up with myriads of stars and the moon shedding a pale light over the scene; turning the darkness of night into the brightness almost of noonday.

And, as Agrippa exclaimed as he listened to the eloquence of Paul, "almost thou persuadest me to be a Christian," so every Englishman said in his inmost soul, "almost thou persuadest me to be a Canadian."

Then followed such a burst of cheering and enthusiasm, as I had never before heard.

Such, indeed, was the speech of a man, born an after-dinner speaker, and what would I not give to have such a gift, but this is a digression.

I am not here as an emissary of Sir Wilfrid's, nor has the Government subsidized me to gain votes for the next

election. Neither do I ask you to follow the proverbial man from Cook's.

I am sure I voice the sentiments of the Faculty, and give expression to the feelings of the students of Bishop's College when I bid our guests welcome.

Coel mille faithe, a hundred thousand times welcome.

If there is one thing more than another for which Bishop's is noted, it is her hospitality.

Our guests are our friends, and as Sir John Lubbock beautifully puts it in his "Pleasures of Life," "if we choose our friends for what they are, and not for what they have, and if we deserve so great a blessing, then are they always with us, preserved in absence and even after death in the amber of memory."

We are glad to have our guests with us; we want them to hear of our success, to know of our aspirations; we want them to see the Faculty, to meet our genial Dean, whom we all love and admire for his kindness of heart and his sound judgment and wise counsels.

"And still we gaze and still our wonder grows;
That one small head should carry all he knows."

Our wish is that he may be long spared to occupy his present position.

We want our guests to meet our students, of whom we are proud and before whom we are striving to lay down high ideals of practice.

I think we can say we are rivals of no Institution. We are co-workers in the earnest field of practical and scientific medicine.

Not all of us can claim Bishop's as our Alma Mater. Many of us are proud to claim old McGill as our kind good mother. And, although we teach in Bishop's, we have not forgotten the old love; we could not if we would, and we would not if we could.

We, all of us, are delighted at her ever-growing success. And I am quite sure she in her turn is glad to see her sons carrying on the good work she so ably began.

To our confrères in the profession, we extend a hearty welcome; a fellow feeling makes us wondrous kind; we all belong to a profession whose creed is wide as humanity itself. The portals of the temple of Esculapius are shut to no creed, to no nationality; of all the professions there is none more liberal, and perhaps there is no more beautiful type of man than the general practitioner of high purpose and lofty ideals. No more beautiful compendium of

what the profession has done, what it is doing, and what it aims to do is there than that scholarly address of Osler's—Chauvinism in Medicine—the most practical sermon I have ever heard. It converted me so to speak, for my sympathies are much widened ever since I heard it. This address I would like to see put into the hands of every one of the men graduating from our school.

There is one of our guests whom I have always looked upon as an example of the courtly physician. We, to-day, lack much of the grace and true culture of the older generation of physicians. This is an age of rush in every thing, and we do not take time to cultivate the aesthetic side of our nature. There is one who exhibits the *suaviter in modo* and *fortiter in re* in a marked degree. He is an old friend of Bishop's, a tried friend, and after all there is nothing better than the old friends. I think it is Shakespeare who says:—

“Old books, old wines,
“Old friends, old times.”

I refer to my—to our distinguished friend, Sir Wm. Hingston, and I am sure we feel honoured at having him with us to-night.

And now, I turn to our clerical friends. I have always had a warm spot for the clergy. A son of the manse myself, it has been as it were bred in the bone.

Religion and medicine should ever go hand in hand, and it is mete that we and the clergy should be good friends; whether it be the pious curé who faces the dangers of a stormy winter's night to give consolation to the dying and a word of friendly solace to the living, or the earnest minister, who, though poor in filthy lucre, is rich in grace and truth; we respect them all; they deserve our co-operation and esteem.

I do not know the learned principal of Bishop's College well enough to know whether he practices, but I do know he can preach, for we heard him deliver one of the finest after-dinner speeches that we have ever heard at the Faculty dinners. If he practices as well as he preaches, which I am sure he does, then he is a good man indeed. We are pleased to see him amongst us to-night, and I am quite sure he will be much pleased with what he sees and hears to-night, as no one at this board has more the welfare of the Faculty at heart than he; we feel he is the right man in the right place.

At the Annual Dinner of the British Medical Association in Manchester, there was a toast to the Clergy. The proposer told an amusing story about a man who frequently inbibed, and one day, when partly under the influence, he met the parish priest, and he unburdened his mind. He said that he had lived in the world for 65 years and he was still unable to make up his mind as to which was right—a good Catholic or a good Protestant. The old priest immediately replied: "Faith and sure you won't be in the nixt world sixty-foive minutes before you will know which is roight."

We are all much pleased to have our worthy Mayor with us to-night; we congratulate him on the able way in which he is conducting the civic chair. He is with us to-night, not only as representative of the city, but as an enthusiastic worker of the Western Hospital, and we know he is deeply interested in the welfare and success of Bishop's College.

While he is here, we would take the opportunity of bringing to his attention the question of the Civic Hospital, one of the most crying needs of our great city. If the members of the Council were all like-minded with him this question would soon be settled.

It is a great pity that all social and religious differences could not be set aside in a matter like this, which appeals to the common good of all.

Now, gentlemen, drink with me to the health of our guests. Let us "welcome the coming, speed the parting guest."

Mr. W. W. Kelly, from Jamaica, a fourth year student of Bishop's Faculty of Medicine, proposed the toast of "Sister Universities," by the following speech:—

Mr. President and Gentlemen:—

When the Committee selected me for the task of proposing this most important toast of "Sister Universities," I assure you I felt deeply honoured. On thinking over a possible reason for their selection, I came to the conclusion that it was because I am an Irishman, and as such supposed to be endowed with the gift of the gab. But, gentlemen, there are exceptions to every rule, and I have the misfortune to be one of those exceptions.

However, like every one who has a speech to make and who has had lots of notice thereof, I immediately set about hunting for ideas, for something to say, but my search was fruitless, and I vainly sought for inspiration.

I was at a loss to understand this for some time until I made a startling discovery, which fully explained the futility of my efforts.

It was this, that such a toast at such a dinner needed no talking on my part, for *it spoke for itself!*

And is this not so gentlemen? I firmly believe yes, for such a toast, without any additionally flowery eloquence, to my mind speaks in no uncertain voice of all that stands for friendship, good fellowship and unity. Yes, unity, that magic word which is to play such an important part, not so much in these rolling, rollicking, students days, but in the great future to which we all look forward.

We students, like the general run of the Medical profession, are, I think, too much inclined to develop into a lamentable spirit of Chauvinism, against which Dr. Wm. Osler (whom Dr. Grant Stewart has so eloquently quoted to-night), in his annual address at the recent meeting of the Canadian Medical Association, so strongly warned the profession.

With us, this Chauvinism takes the form of imagining that our University is the only one which ought to exist, and that though, by some unfortunate mistake, other institutions similar to our own are to be found, yet ours is the only one competent to turn out good men.

Gentlemen, pride in one's own University, pride in its professors, pride in the graduates which our College turns out, is only right and just, and we should be less than human, nay, wanting in a just and proper *esprit de corps*, if we failed to cultivate and cherish such sentiments as these; but surely there is a wider sentiment, aye, and a wider yet which should animate us! I should like to divide this relationship into three circles.

In the first I would place the spirit of which I have already spoken, viz., that personal pride in our Alma Mater, that anxiety for her success, pride in the advantages which she offers, and in the successes of our fellow graduates. The next is a wider one, and one into which all of us here to-night may enter—it is the pride we should feel as Canadians and Canadian graduates in the medical schools of this broad Dominion, pride in the men which these schools turn out; and the history of this Continent, at least, shews us that we have just cause for pride.

But, gentlemen, there is a wider circle yet, and one that absolutely puts all Chauvinism and provincialism in the background; I refer to the common heritage we all possess, irrespective of school or country, of language, of customs, the great heritage of a common cult, a common profession, whose history is universal, whose literature is common to us all, whose members are governed by one common Code of ethics, which knows no special religion and no politics in the performance of its duty.

The time will soon come when we shall all have to take our places in the firing line and fill the gaps which the ravages of death have left in the ranks of those physicians whose lives stand for integrity and loyalty to the cause. It is then that we shall realize the full meaning of the term unity, when all distinction as to school and country shall be placed aside, not so much in these great University centres, but in the "far-off" to which 90 per cent. of us must go.

Then we shall have no University to guide and protect us, no professor to whom we can go in a case of questionable diagnosis, but when we must stand shoulder to shoulder, the one helping the other, guided and animated by what, gentlemen?—by the membership of a common cult, a cult, the result of whose teachings the evidences of whose example and the spirit of whose laws have made the music of the world.

We have with us to-night representatives from the Universities of Laval, Trinity, McGill, Queen's and Toronto. In verity are we in good company. It would have been a pleasure to me to have spent some time in particularizing the many almost personal ties which compel us to delight in honouring them to-night, but the hour is late and you are all anxious to get to bed. I should have liked, for instance, to have spoken of Queen's, enlarging upon the tie that unites us in the person of Dr. J. V. Anglin, one of her distinguished sons.

Then of Laval, that great French Canadian University with whom our relations have always been so felicitous; of Trinity, in truth our sister University representing in the Province of Ontario, as we do in the Province of Québec, the interests of the Church of England in Canada, but like ourselves open to all irrespective of creed or colour,—to Jew and Gentile, Chinamen and even Irishmen, if they

will conform to their stand, and, of course, pay their fees. And then we have McGill; why, gentlemen, I could speak all night of McGill, flesh of whose womb we are and bone of whose bone. Yes, flesh of whose womb, and our worthy Dean and Sir Wm. Hingston and Dr. Perrigo, and one or two others who were present at that accouchement are with us to-night. Judging from the writings of Dr. Campbell, the delivery was not an entirely normal one, no simple left occipito anterior, but a case of anesthesia and the forceps. But, thanks to such able obstetricians, we were not still-born!!

And, finally, we have Toronto. When I speak of Toronto University I am reminded of the man who, when asked if he could speak German, said no, but that he had slept in the room with one. Well, we don't belong to 'Varsity, but we take dinner with her representative every year, and that is the next best thing.

As I said before, I should have been happy to have dilated upon these pleasant themes, but the time will not permit it.

It, therefore, only remains for me to extend to you on behalf of my fellow students and the Faculty a hearty welcome, to express our pleasure at this meeting, and our regret that such gatherings are not more frequent.

Unfortunately, owing to the paucity of our numbers and to the fact of being isolated from our sister Faculties, we are unable to meet you all in that friendly strife of sport which does so much towards cementing the friendship of sister Colleges, but the large Freshmen class of this year leads us to believe that the time is not far distant when we will, as a Faculty, be able to carry the purple and white into your intercollegiate contests.

In the meantime, we would ask you to believe the sincerity of our welcome, and charge you each to carry back to your respective Universities the right good hand of fellowship which we extend to you to-night, and we would ask you to express to them our sincerest wishes for their future success, and the pleasure we feel in the anticipation of another jovial meeting next year.

Gentlemen, I give you "The Sister Universities."

Selected Articles.

CAN WE BY MODERN METHODS ANTICIPATE IMPENDING ATTACKS OF PUERPERAL ECLAMPSIA?*

By J. L. ROTHROCK, M. D., ST. PAUL.

There is perhaps no complication in obstetrical practice which is the occasion of so much anxiety as puerperal eclampsia.

Insidious in its onset, presenting no marked nor characteristic premonitory symptoms, too often the busy practitioner, who, it must be confessed, seldom pays much attention to his expectant patient until called to her in labour, is taken by surprise, and finds himself wholly unprepared to meet such a grave emergency.

Eclampsia is variously estimated to occur in 1 in 150 to 1 in 400 cases of labour. It is more common in large cities than in small towns and rural districts. According to statistics it is more common in Russia than other portions of Europe.

Race too seems to have some influence. My own observation among Russian Jews in American cities leads me to believe that it is of less common occurrence among them than Americans.

Eclampsia is said to be unknown among American Indians, as also may be said of other savage tribes, it being a disease exclusively confined to civilized peoples.

In the entire field of medicine there is probably no disease which has been the subject of so much investigation in recent years as puerperal eclampsia, and as yet we are in absolute ignorance of its cause.

We shall pass over the various theories which have been proposed from time to time and which are no longer regarded as tenable.

At present two theories demand special consideration. One that eclamptic attacks are uremic and occur in patients with pre-existing nephritis. Those who contest this theory assert that eclampsia may occur in patients whose kidneys show no evidence of pre-existing nephritis. On the other hand it is a common clinical observation, that patients with marked nephritis if they become pregnant rarely are the subject of eclampsia. In further proof that eclampsia is not a pure uremia, certain char-

*Read before the 34th annual meeting of the Minnesota State Medical Society, Minneapolis, June 18, 1902.

acteristic changes in the liver and blood, which, as we shall see later, are almost constantly present in eclampsia, are wanting in ordinary cases of uremia. The theory of uremia presupposes a pre-existing nephritis as the primary condition while the pathologic-anatomic findings in cases of eclampsia make it reasonably certain that the kidney lesions are in general secondary.

The theory of uremia has at present but few supporters especially when generally applied to cases of eclampsia, but there are some who still believe it applicable to certain cases.

The other theory and the one which to-day finds most adherents is that of auto-intoxication, which signifies that during pregnancy under certain conditions poisons are elaborated and may by accumulation, circulating in the blood, reach such a degree of concentration as to produce the characteristic eclamptic seizures by their action on the nerve centres.

The recent experiments of Blunibreich and Zuntz (1) have shown that during pregnancy a considerable increase in the excitability of the nerve centres takes place, rendering them peculiarly responsive to any form of stimulus, which may in part explain the unusual tendency to eclamptic attacks at this time.

The theory of auto-intoxication had its inception in the teachings of Bouchard some years ago.

Bouchard had determined that the urine in health was extremely poisonous to lower animals when injected into the circulation.

Laulanie and Chambrelent (2) conducted a series of experiments in eclamptic patients and found that the urine was much less poisonous than of normal pregnant women.

They also conducted experiments to determine the relative toxicity of the blood serum of eclamptic women and found that the blood serum of such women was far more toxic than in health. They further determined by their experiments that the degree of toxicity of the blood serum of eclamptics was in direct proportion to the diminished toxicity of the urine. They, therefore, interpreted these findings as proof of the accumulation of poisons in the blood of eclamptics, and a corresponding diminution of elimination of the poisons by the kidneys. These experiments have in the main been confirmed by Ludwig and Savor (3), while Volhard's (4) experiments gave results directly antagonistic.

Recently Schumacher's (5) has thoroughly gone over the ground in an exhaustive series of experiments, and

concludes that both the blood serum and the urine of the normal as well as the eclamptic patient while poisonous are constantly changing, being subject to wide variations in the degree of their toxicity, and that it is by no means certain that the toxic agent, which produces results on experimental animals, is the same which causes eclampsia. The nature of the poison has given rise to much speculation. Early investigators believed it to be ammonium carbonate, the result of a splitting up of urea in the blood. Others have advanced the theory that the poison was a retained constituent of the urine, kreatin or kreatinin. Masin (6), by an elaborate series of experiments, attempted to show that it was carbonic acid, a product of intermediary metabolism, while Poehl attributed the eclamptic seizures to leucomain poisoning, basing his conclusions on the increase of leucomains in the urine of eclamptics.

Recently, Albert (7) has advanced the theory that the poison has a bacterial origin, from a latent infectious endometritis existing during pregnancy. Most of the supporters of the auto-intoxication theory regard the poison as the product of intermediary metabolism of the liver, while others (Fehling) look upon the fetus as being the source of the poison. While each of these theories has arguments in its favour, neither the nature of the poison nor its source are known. The pathologic anatomic findings in patients dead of eclampsia furnish perhaps the strongest proof of the chemotoxic theory. Schmorl (8), who has made an exhaustive examination of the bodies in 73 patients dead of eclampsia found changes in the kidneys in all but one, consisting of cloudy swelling, fatty degeneration and desquamation of the renal epithelium, with frequently but not constantly epithelial necrosis. In addition, thrombi were found in the glomeruli and in the small veins and arteries. The liver also was quite constantly involved, presenting in 71 of 73 cases examined hemorrhagic and anemic necrosis and in the two cases in which these changes were not found, there were present fresh thrombi in the portal vein. Similar changes were found in the brain and lungs, and in the heart fatty and parenchymatous degeneration was common. Schmorl interprets these changes in the different organs as complicated necrotic processes secondary to the thromboses.

The recent experiments of Kohlman (9), and Dienst (10), have shown that there is an increase of fibrin in the blood of an eclamptic.

Volhard, who has confirmed these experiments, attributes this rather to an increase in the fibrin ferment

than an actual increase of the fibrin in the blood, and that this explains the multiple thromboses which are so constantly present in the organs of those dead of eclampsia. Having thus briefly stated the more recent views on the nature and etiology of eclampsia, let us consider what means we have at our disposal to determine that an attack of eclampsia is approaching.

The discovery of albuminuria in a large proportion of cases of eclampsia early called attention to the importance of urinalysis in pregnant women. Albuminuria is almost constant in eclampsia, if not before, certainly during the attack. Olshausen, from a series of 200 cases of eclampsia occurring in his own clinic and a like number from the clinic of Gusserow, found albuminuria present in 98 per cent. of the cases. Zweifel in a series of 129 cases never failed to find albumin in the urine. Its almost constant presence renders it a sign of considerable importance, a danger signal which should not be passed unheeded. In recent years there has been a tendency to attach less importance to the presence of albumin in the urine of pregnant women, from the clinical observation that many patients with albuminuria go through labour with no eclamptic manifestations. The significance of albuminuria in the light of the recent investigations of Schmorl is of vast importance as indicating either very serious renal changes of a character which are constantly present in eclampsia or chronic nephritis. On the other hand, from our present knowledge it is evident that while the search for albumin in the urine is a very important procedure in all cases, it does not give us sufficient information of the patient's condition. For example, we may have very marked renal insufficiency before the appearance of albumin, while in the presence of the most pronounced albuminuria the eliminative power of the kidney may be perfectly maintained. It is to the urine that we must still look for signs of threatening eclampsia, since it has been pretty definitely determined that the eliminative power of the kidney bears some relation to the probability of eclamptic seizures.

Recently, we have added to our hitherto known methods of determining the eliminate activity of the kidney, a new one based on the molecular concentration of the urine as ascertained by determining its freezing point. This method, which was first applied to the blood by Richter and Roth (11), and later to the urine by Koranyi (12), and Lindemann (13), has been found a valuable aid in determining the functioning power of the kidneys. Schroeder (14) has recently made application of this

method for the determination of renal activity in pregnant women and from a series of 111 cases examined, he arrives at the following conclusion:

In chronic interstitial nephritis during pregnancy the molecular concentration of the urine is very low, in labour it falls enormously, and in the puerperium it again ascends.

In many cases of nephritis of pregnancy before labour the urine maintains a fairly good degree of concentration and only shortly before or during labour does it fall and again rise in the puerperium. According to Koranyi a beginning rise in the molecular concentration is a favourable prognostic sign. Should an eclamptic attack occur, the molecular concentration of the urine at once sinks very low. Schroeder concludes from these experiments that the lowering of the molecular concentration of the urine may be accepted as indicating renal insufficiency which may be followed by eclampsia during labour or in the puerperium.

In these experiments Schroeder found that the amount of albumin present bears no relation to the molecular concentration of the urine, and that frequently in the absence of albuminuria the determination of the freezing point showed almost absolute renal insufficiency.

Schroeder also conducted experiments for the determination of the freezing point of the blood, and in two cases of eclampsia with low molecular concentration of the urine, there was an enormously high pathological concentration of the blood.

He also conducted a series of experiments for the determination of the degree of blood pressure in pregnant women, and found, that while it is slightly increased just before and during labour, its only value is in differentiating cases of chronic interstitial nephritis, in which the blood pressure is invariably greatly increased.

Very closely related to the determination of the freezing point is the specific gravity of the urine, which Schumacher regards as one of the most important indices of renal sufficiency. A careful examination of Schroeder's tables, however, shows in certain cases a wide variation between the molecular concentration as estimated by determination of the freezing point and the specific gravity, though in many cases there does seem to be a close relation.

For several years I have insisted upon the importance of the quantitative estimation of the urea in the urine of the pregnant women, as forming an index to the degree of renal sufficiency and during that time I have repeatedly

made the observation that the quantity of urea eliminated bears absolutely no relation to the degree of albuminuria. Frequently, in very highly albuminous urine, the quantity of urea will be quite up to normal, while urine entirely free from albumin may show the presence of very little urea.

In all cases in which the urea was diminished the specific gravity was reduced, but the relative proportions were not maintained. In cases of renal insufficiency the quantity of urea eliminated at different times varies greatly, so that it is absolutely necessary to estimate from a specimen taken from a twenty-four hours' collection.

Very frequently it has been possible to predict impending trouble, which sooner or later was confirmed by the appearance of albumin in the urine and in one case under my observation an attack of eclampsia followed. It is true, as has been argued of the value of this method, that many patients in whom in the latter weeks of pregnancy a marked diminution of the elimination of urea takes place, pass through labour without eclampsia, without even so much as dietetic treatment, but we never know how narrowly such patients escape. Among other methods of determining the renal sufficiency which have been proposed may be mentioned the phloridzin test, which, so far as I am aware, has never been applied to pregnant women. Recently, Olivier (15) conducted a series of experiments for the determination of renal sufficiency by the administration of methylene blue. In five cases of eclampsia the elimination was defective in all but one. In this patient the elimination was perfectly regular, but the symptoms were far more severe and it terminated fatally. Olivier concludes that renal or hepatic insufficiency is not inevitably necessary to the production of auto-intoxication, but that with an over-production of toxins, in spite of a normal elimination, the accumulation necessary for the production of eclampsia may take place.

In order that any of these tests may have clinical value, they must form a part of routine practice. It is highly essential that the urine of pregnant women be examined frequently during the latter months of pregnancy. During the latter weeks of pregnancy weekly examinations should be made, or even more frequently should a suspicious specimen be received. I am satisfied that if such examinations were made in all cases as suggested, only in the most exceptional instances would we fail to anticipate threatened eclampsia. The more weighty argument in favour of routine examinations of the urine in all cases is that with the early recogni-

tion of the first sign of renal insufficiency, the patient may be placed on prophylactic treatment, and the attack, if not absolutely averted, may be so modified that the patient may be safely carried through it. Furthermore, being in anticipation of an attack, prompt and active treatment could at once be instituted and the convulsions be brought under control, for all authorities agree that with each succeeding convulsion the prognosis becomes more grave.

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HOW TO MAKE CONFINEMENT EASY.

(By M. Shellenberg, M. D., Philadelphia.

The medical practitioner should look into the future in treating the girls who are growing up, and correct errors in the method of living, dress and exercise. He must warn the mother against allowing her daughter to indulge in habits which injure the health and especially anything likely to cause weakness or disease in the pelvis. The prevention of pelvic congestion by the use of warm undergarments, especially during menstruation, the forbiddance of heavy lifting or long standing, which tend to cause uterine displacements; the avoidance of constipation, a fruitful source of trouble in producing congestion, stagnation and debilitation in the venous supply of the pelvic organs; prevention of the habitual retention of urine, which weakens the bladder and presses the uterus backwards; avoidance of climbing stairs of high city buildings, both at home and at school; excess of sedentary habits, with lack of good muscular exercise; the use of ill-applied or tightly laced dresses, all fall to doctor's practice. A good, well fitting, easy corset is far superior to the custom of tying heavy skirts tightly about the waist;

to drag down the abdomen, displacing all organs beneath it.

The bearing of these points upon future parturition are rarely considered by the woman or her parents, and frequently neglected by the family physician. Diet in pregnancy is important to consider. The prospective mother is now eating for two persons instead of one. The child must be made from the constituents of the mother's food, and by controlling this we control the condition of the child's body at birth. The head and bones of a child shape themselves to the parturient passage, if they be soft and cartilaginous, while delay and distress to the mother occurs where the bones of the child have become so far ossified as to make them but slightly yielding.

The idea of keeping the fetus small by starving the mother during pregnancy has been tried from time to time, but it must be remembered that the fetus acts as a true parasite and takes good care of itself and its own nutrition without any regard to the results to the mother. It is well known that well nourished children are frequently born of women suffering from advanced disease and much emaciated. Bedone reports on the difference between the fetal and maternal blood in cases of anemia during pregnancy. He reports nine cases, in one of which the red corpuscles in the fetal blood were over 4,000,000,000 as compared with 928,000 in the maternal blood. In another case there were 5,800,000 fetal blood as compared with 600,000 in the maternal blood. From this data this authority concludes that extremely anemic women may bear healthy children.

The food eaten by the mother during gestation can be regulated as easily as a person can be fattened or reduced in adipose tissue. Those foods which contain large quantities of earthy phosphates should not be permitted. The patient should use starchy foods, as white bread, potatoes, with vegetables, and especially fruits. The latter acting in a twofold manner, the bowels free, causing a solution of the earthy salts of other articles of diet carrying them off by the kidneys. A softer, more cartilaginous condition of the bones of the new-born infant will result when the mother eats largely of acid fruits during pregnancy. Prochownik has prepared a diet for women with narrow pelvis or with whom dystosia has been due to the size of the fetus. It consists in giving, during the last three months of pregnancy, roast and boiled meats without sauces, fresh green vegetables, salads, cheese, butter in small quantity. With the prejudice against water, shared by all Continental writers, he forbids its use and gives light wine instead. No sugar, but saccharin is given,

while potatoes, soups, farinaceous foods and beer are prohibited. A German physician has, according to the *Medical Age*, tried this method during the last two years, and asserts "that the children come into the world small and thin, and depleted of fatty tissue. The passage of the pelvic strait is easily accomplished, always more easily than in ordinary conditions. The method is applicable in three classes of cases: First, in those of narrow pelvis, in which this effect is not inordinately accentuated, if this be so, premature delivery is the only resource. Secondly, in cases in which the dystosia has previously been due to the excessive dimensions of the fetus. Thirdly, in cases of primiparae of over thirty years of age.

"The regimen is one which it is claimed can be tried without danger to the mother, and the ulterior development of the child goes on normally and without prejudice."

After birth change the diet of the mother to the varieties of food previously prohibited, which will supply bone-making material through her milk to the nursing infant. Pelvic trouble of all kinds must be carefully looked after and corrected, especially inflammatory conditions. Occasionally, pelvic inflammation producing pain upon digital examination will exist for several months during gestation and continuing even after labour is over.

Give local treatment to a pregnant woman, and immense relief follows thereby. These applications may be used from the beginning of pregnancy to the day for parturition without injury if carefully and judiciously administered. The occurrence of varicose veins in the lower limbs or vulva is a sign of pressure by the gravid uterus upon the veins of the pelvis, demanding correction.

An antiseptic wool tampon in the vagina, renewed every three to five days, is excellent here, acting as an elastic cushion for the heavy uterus to rest upon, taking the pressure from the veins. The dorsal position is also of assistance to relieve this condition. Baths and vaginal injections at all times are excellent. Occasional vaginal douches, particularly if made antiseptic by some of the weaker germicides, tend to keep the genitals in a healthy state of tonicity and to prevent the entrance of germs.

In the last week of pregnancy, hot hip baths, enemata, vaginal douches, and hot wet cloths, and in the earliest stage of labour, relax the perineal and sphincter muscles, allowing an easy passage of the fetus. Nothing will make flaccid the perineal tissues and relax the sphincters of uterus, anus and vagina so satisfactorily as heat and moisture. But the water must be hot for use in the hip bath, injection, or by means of saturated cloths to peri-

neum. A temperature of 118° F. must be continued for a long time. In cases of uterine inertia the hot douche stimulates muscular contractions of the uterus as well as to relax the tissues below.

Contractions of the uterus are stimulated by the presence of the examining fingers in the vagina, but as frequent examinations are both dangerous and unpleasant, the hand should be placed in position only after a thorough antiseptic cleansing.

The physician should learn the position of the child before labour begins, if possible, and if a breech or lateral presentation occur it should be changed to a head presentation. Perform cephalic version, if possible, two weeks before expected labour. It is done by the patient lying on her back with her knees and thighs flexed, while rotary passages are made by the hands of the physician on the abdomen in such a manner as to press the child's head into the pelvis and bring the limbs uppermost. The genu-pectoral position during this manoeuvre will materially assist in its success.

The clothing of both bed and patient should receive the doctor's attention. It is unnecessary to say they should be clean. Any old cloths, possibly loaded with germs, will not do. Under the bed sheet should be spread a sheet of rubber or common table oilcloth, to protect the bedding beneath. The patient should wear a warm undervest and clean nightdress, neatly and smoothly folded or rolled up almost to the armpits; a roll of cloths or towels placed in the hollow of the back to prevent the clothing working downward, and also to prevent blood or other discharges working upward. Have her put on a clean wrapper, to be taken off after the labour is over. Such preparation will save much discomfort during and after parturition.

Lister was the pioneer in demonstrating the arrest of pus formation building on the work of Pasteur, while Surgery has taught obstetrics the sterilization of instruments as well as the ways of preventing sepsis. No greater advance was ever made than the introduction of asepsis, and antiseptics applied to obstetric work has proven the physical redemption of thousands of parturient women. Even if the accoucheur has large experience and great skill, and yet does not render himself, the nurse, and his patient aseptic, he fails in the most vulnerable point. The high degree of antisepsis of the surgery of the abdomen should be the type of cleanliness for the obstetrician.

All prolonged or difficult and especially operative labours should be treated with the greatest care, for fresh abrasions and deep lacerations seem to reach septic germs.

The hand of the physician and of the nurse should not ever touch the genitalia without having been carefully washed at the moment. The unsterilized hand is unfit for obstetrics.

In Europe there has been recently inaugurated training schools for midwives, but the sacredness and responsibility of obstetric work makes the idea of giving it to midwives most repellent to an American. In these days when such noble and inspiring effort is being made to elevate the standard of qualification in medicine, why should this branch be degraded? This midwife *débris* should be suppressed. Even in such a city as Baltimore, with more than 600 doctors, there are 75 midwives who attend relatively a very large proportion of the labour cases. With the raising of the standard of medical education in this country in the interest of the people, why should the poor and ignorant be left to the mercy of the untutored midwives? Especially when now the young doctors, infinitely better qualified, are longing for practical opportunities in obstetric work.

If the amniotic fluid be lost before labour begins, or should the pains stop after the fluid is discharged, restoration of parturient contractions is in order. Dry births, with their attendant misery and suspense to the mother and danger to the child, might be obviated if the physician be enterprising enough to assist nature to throw off the child, owing to a lack of tonicity in the muscular structures of the mother. This is done by gently kneading the abdomen to incite uterine contractions with one hand, at the same time dilating the os by the fingers of the other hand to secure both contractions and an open passage-way for the child.

Nature often produces by reflex action by more or less severe vomiting, having the effect of relaxing the parturient canal and materially assisting in delivery. Janvier suggests that emesis can be induced by having the patient drink large quantities of luke warm water, which is easily thrown off by the stomach producing general muscular relaxation.

Chloroform as a relaxant is used largely abroad, but not so extensively in this country, to secure a partial immunity from the agony of uterine contractions. In small doses it has seldom proved harmful; given with a free hand it causes a lessening or even a cessation of pains and thus prolongs the labour beyond a normal duration. Given in short inhalations at the time of severest pains it is one of the most valuable agents we have in securing

easy parturition, and will not tend to produce post partum hemorrhage unless used after the uterus is emptied of the greater part of its contents.

Occasionally in prolonged labour, where the strength of the patient has given out and the pains have ceased altogether, a large hypodermic injection of morphine temporarily checks the labour and gives the patient rest and sleep, lasting from one to several hours. On awakening the pains start with renewed vigour and the patient is in a much better condition.

Cocaine has been recommended for lessening the pain from the intense pressure and stretching exerted upon the vagina, vulva, and perineum. Introduced in cocoa butter suppositories, or wrapped in a small pledget of cotton, about the time the head impinges upon the perineal tissues it has received favourable reports; slowly dissolving it spreads itself over the mucous membrane of the pelvic outlet, producing an anesthetic effect which lasts about an hour. If there be a lack of the natural lubricating discharges, the cocoa butter suppositories are best, otherwise the cocaine applied on cotton, or even on the ends of the fingers, answers every purpose and is more convenient. I have been told many times that the patient dreaded most the last, severe, expulsive pains; and the immunity from suffering offered by this simple procedure has been very gratifying to both patient and physician. The danger of absorption has not been reported.

The umbilical cord should not be cut at once, for after expulsion of the child more blood is pumped into the babe than returns to the mother. Wait until pulsation has nearly or entirely ceased. This secures a greater supply of blood for the child and reduces the size of the placenta.

Squeezing of the uterus, as though it were an orange, through the abdominal walls is excellent to stimulate contraction so that the secundines can be expressed entire, without any traction upon the cord. Traction delays delivery by pulling the flat surface of the placenta to the mouth of the womb instead of the edge of the rolled up placenta. This procedure of expression empties the uterus of all the clots and *débris*, and leaves it in a condition for the continuance of gentle tonic contraction, less exposed to spasmodic after-contractions.

This tonic contraction of the uterus after labour not only rids many after pains, but frees the organ from clots, and danger of sepsis is obviated, and the uterus is in a better condition for involution. For a large and flabby uterus, give small doses of ergot or viburnum four or five times daily for several days or even weeks.

Ergot in labour has become much restricted in late years. It often does as much harm as good, and produces much suffering by its cramping, spasmodic contractions. It tends to contract only the middle or lower portion of the uterus, hindering expulsion. Far better in the majority of cases is friction or massage of the abdomen above the uterus. Future experiences will probably demonstrate that it is superfluous and oftentimes dangerous in securing easy parturition. Quinine is a better oxytocic, producing a more natural, intermittent contraction than ergot. But remember, nature intended parturition to be a physiological process; hence, interfere as little as the case permits. —*Medical Times*.

INSOMNIA.

BY DR. FRANCIS CROSSON, ALBUQUERQUE, N. M.

Along with the heat and rush of modern industrial development have come new and strange manifestations of disease not heretofore common in medical and surgical practice. Among these there is perhaps none more frequently encountered to-day by the average practitioner than insomnia. It is not always an easy matter to get behind the cause or causes responsible for the production of this condition; nor need its presence be invariably attributable to pathological factors per se. A form of insomnia now commonly met with can be traced to a purely psychological cause, and the presence of a disease is not necessarily a concomitant. I have had many such cases,—patients refusing to sleep upon retiring. Instead of immediately relaxing mind and body, the mental clock is wound up, so to speak, and free and unrestrained vent given to the thoughts, which are permitted to run wild, traversing in mental introspection a vast field, and reviewing an enormous number and variety of subjects, that pass with marvellous rapidity before the mental inspection of the patient. In a very short time this habit becomes fixed. The sufferer makes an effort to overcome the growing and stubborn condition, but the habit is not easily uprooted when once it has taken seed and arrived at the stage of fruition. Try as he will, the victim of this condition will find himself or herself powerless, after a short time, to make any headway against this growing insomnia habit. The mind will seek almost unconsciously in the stillness of the night subjects and distractions of one kind or another to fasten its wild riot upon. The senses become

more and more active and alert, until in a spirit of despair the patient suffers himself to relapse into a state of complete wakefulness, accompanied by the peculiar nervous phenomena of this condition, when he or she lies with more or less philosophic resignation upon the sleepless couch, awaiting with anxious expectation the advent of a new-born day. With the approach of dawn, in most cases, a slight feeling of drowsiness occurs, the result, perhaps, of complete physical and mental exhaustion. But, unfortunately for the insomnia victim, this is a poor time to secure the much-needed sleep,—the myriad noises of the day begin now, and increase in volume and variety, until the culmination is reached in the nerve-racking hubbub of our modern large towns and cities.

In attempting to treat successfully such cases as these, certain essentials are obviously required, among the more prominent of which may be mentioned isolation and sequestration from noises of all kinds, complete mental and physical relaxation from business cares, and last, but not least important, the employment of a safe and reliable medicine to produce sleep. The number of drugs employed for such purpose is legion, but few of these are devoid of harm and influence upon the future of the patient, and still fewer are in any sense either efficient or reliable. Like the average medical man, I presume I have run the gamut of many of the more conspicuous hypnotics that have been in use and have enjoyed prominence during the last twelve or fifteen years. Few men to-day care to tamper with the old combinations of chloral, and the bromides, while opium and its alkaloids prove of service only in the case of certain persons, and then only in the hands of judicious and wise doctors. The later coal tar products, while they doubtless served a useful purpose in their earlier career, have been found wanting in many essentials, have never been entirely devoid of direct danger and certain unpleasant sequelæ. About nine months ago I had on my hands three cases of a rather severe type of insomnia. In looking about for a prop to help carry these sufferers along, I decided to try hedonal, about which I had read some very excellent clinical reports recorded by men of standing and note in Germany. I set about the use of this preparation with all the preconceived pessimism which comes with years of therapeutical experimentation. To eliminate any doubt as to its value, the tests made by me were severe and sufficiently varied in character to satisfy my mind in all essentials. Now, after nine months

of careful observation on the action of hedonal, I am prepared to testify to its usefulness in the simpler forms of insomnia, especially those of physical origin. In the insomnia of advanced tuberculosis it has likewise proved of great value in my hands, securing to the sufferer calm and restful sleep night after night, for weeks and months, without harmful results.

The cases in which I employed hedonal embrace dipsomania, morphinomania, pulmonary and laryngeal tuberculosis, tubercular empyema, acute follicular tonsillitis, pleuritis, hallucinations following ovariectomy, neurasthenia following excessive mental work and severe physical strain. The variety of conditions in which I have resorted to hedonal has been sufficient to enable me to draw some general conclusions in regard to this new chemical compound.

1. I have found it safe to administer hedonal in all the above diseases, night after night, or in some instances upon alternate nights. In my hands its use has not been attended with unpleasant consequences, except in one instance, a gastritis lasting five or six days; but as this patient had been taking heroic doses of heroin prior to my employment of hedonal, I am not entirely satisfied that the stomach disturbance was not as much due to the use of heroin as it was to hedonal.

2. I have not found any indications of cardiac depression following doses of forty grains of hedonal.

3. It seems to be entirely devoid of cumulative effect, and is apparently rapidly eliminated from the system.

4. It produces sleep a few moments after administration, and the number of hours of sleep can in most instances be regulated by the dosage. I have employed hedonal in fifteen grain doses for forty to fifty consecutive nights, without the slightest deleterious effect upon any of the vital organs or functions. I have made, while using this drug, frequent analyses of the urine, but have failed to find any evil influence upon the function of the kidneys. Hedonal can be discontinued at any time. It creates no habit nor the necessity for any other hypnôtic to take its place.—*Occidental Medical Times.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine
University of Bishop's College; Physician Western Hospital.

THE ETIOLOGY OF ACUTE DYSENTERY IN THE UNITED STATES.

The problem of the authors has been to determine by comparative study whether the organisms described by the various observers (Shiga in Japan, Flexner and Strong in the Philippines and Kruse in Germany) are not really of the same species, though possessed of individual differences and peculiarities, and to discover the cause of acute dysentery in this country, and, if possible, to identify it with the organisms of the observers mentioned.

The authors describe in detail the technique, which consisted in examination of the stools of persons supposed to have dysentery and the intestines of several fatal cases of the disease. Agar plates were made from bouillon suspensions of the dejecta, and were incubated for twenty-four hours. The colonies after this time resembled very closely those of the colon bacillus. Inasmuch, however, as the colon bacillus produces gas in glucose agar, while the dysentery does not, simple stabs from the colonies into glucose agar readily differentiates the two.

Before the organism under consideration can be considered to be the *B. dysenteriae* it must fulfill the following requirements: (a) It must give the proper culture characteristics as shown by standard cultures of Shiga, Flexner, Kruse, etc.; (b) It must possess the right morphology as shown by the same; (c) It must give a positive agglutinative reaction with some of the known dysenteric sera.

The authors report the study of twenty-two cases, five of which occurred in Philadelphia, three from the Lancaster Company Insane Asylum; the remainder were obtained at the Springside Home, New Haven, Conn. From all these cases the *B. dysenteriae* were isolated.

With the view of determining the relationship between the various bacilli described by Shiga, Flexner, Kruse and

Strong, and the authors, a series of parallel cultures of all these was made, beginning with agar plates, and carrying them through all the common culture media. While a slight difference was observed between the varieties, these were not constant enough or sufficient to distinguish one set of cultures from the other unless the name of the organism was known beforehand. Therefore, the conclusion was reached that the cultural characteristics of the various forms studied are essentially alike.

As to the morphology of the organism, it is a slender rod with rounded edges. It stains with aniline dyes, but not by Gram's stains. By a special method the authors were enabled to demonstrate numerous flagella. The authors, as Kruse, could detect no motility, whereas Flexner and Shiga describe the organism as motile. Considering, however, that the organism is flagellated, it is possible that under certain conditions it does possess motility.

The study of the agglutinative reactions likewise gave interesting and positive results. The tests consisted (1) of the reaction of the patient's blood with the cultures of Shiga, Flexner, Strong and Kruse; (2) of the reaction of the bacilli isolated by the authors with the patient's blood, and (3) the reactions toward Shiga's antidysenteric serum. In conclusion, the following are the authors' opinions:

1. The several standard cultures used in the study are indistinguishable—a conclusion previously stated by Flexner.

2. The acute dysentery of the United States is due to a bacillus indistinguishable from that obtained from the epidemics of dysentery in several parts of the world.

3. The sporadic and institutional outbreaks of acute dysentery are caused by the same micro-organisms, and this organism is identical with that causing epidemic acute dysentery. (See review of Kruse's article on this point.)

4. The cause of acute dysentery, whether sporadic, institutional or epidemic, is *B. dysenteriae* Shiga.—Vedder and Duval, *Journal of Experimental Medicine*, February, 1902.—*Maryland Medical Journal*.

PRESENT STATES OF DYSENTERY.

Kruse gives a systematic résumé of the various forms of dysentery, which, although resembling each other clinically, have been shown in their pathological anatomy as well as etiologically. Without believing that the last word has been said as to the etiology, he divides dysentery into four groups:

- I. The German epidemic dysentery, due to the bacillus

which he himself has isolated (*Bac. dysenteriae Germanicæ*).

II. The dysentery of the Philippines and Japan (Flexner and Shiga).

III. The atypical dysentery which occurs partly sporadic, partly in small epidemics, especially in insane asylums, and are probably due to several different types of pseudo-dysentery bacilli.

IV. The amebic dysentery, which differs from the preceding forms not only etiologically, but also anatomically.—Kruse, *Deutsche Aerztezeitung*, 1902, No. 2. *Maryland Medical Journal*.

TREATMENT OF SYPHILIS WITH INTRAMUSCULAR INJECTIONS OF HERMOPHENYL.

Nicollé (*La Revue Médicale de Normandie*, April 25, 1902) believes that he has obtained an ideal form in which to administer mercury in hermophenyl. Although many preparations of mercury have been hitherto described for intramuscular or subcutaneous injections, most of them are not free from criticism, for the insoluble preparations of mercury require a long period of time for absorption, and may lead to severe accidents, while the soluble forms are often of very feeble strength, and the fact that they have to be repeated daily renders their use extremely dangerous in the hands of a large number of practitioners.

Hermophenyl is a compound of mercury, phenol and sodium sulphate, containing 40 per cent. of mercury, and very soluble in water. Nicolle has used this drug in ninety-four syphilitic cases in his service at Rouen. Primary, secondary and tertiary cases were all met with in this series. Nine hundred and eight injections in all were used; the solution employed was 1 to 100, the dose 2 c. cm.—that is, 8 mg. of metallic mercury. The injections were given twice a week at first, later once a week. The injections were made into the gluteal muscles, and were never accompanied by any inconvenience.

The results have been more favourable, according to Nicolle, than with any other preparation of mercury. In only one case was a stomatitis observed, which was mild, and followed the eleventh inoculation, while a local induration was noted in two cases at the point of inoculation, without, however, producing any inconvenience. Nicolle, therefore, recommends hermophenyl as a most satisfactory method of administering mercury in specific cases.—*Maryland Medical Journal*.

SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

Lecturer on Surgery, University of Bishop's College ; Assistant Surgeon, Western Hospital ;

AND

GEORGE FISK, M.D.

Instructor in Surgery, University of Bishop's College ; Assistant Surgeon, Western Hospital ;

SURGICAL TREATMENT OF EMPYEMA IN CHILDREN.

Dowd summarizes as follows:—

(1) For simple cases of empyema the following treatment is used: Excision of about one and a half inches of the seventh or eighth rib in the posterior axillary line; light ether anesthesia is usually employed; the purulent coagula are removed; short rubber tubing, cut partly across, doubled and held by large safety pins, is used for drainage; abundant gauze dressing is applied and changed when saturated.

(2) If the patient's condition contra-indicates general anesthesia, an incision in the chest may be made between two ribs under cocaine anesthesia.

(3) Aspiration is only used to give temporary relief in patients who are in great distress from the pressure of the fluid, or temporarily to relieve the second side of a double empyema after the first side has been opened.

(4) The patients are allowed out of bed as soon as is practicable, and the expansion of the lung is encouraged by forced expiration.

(5) Irrigation is only used where there is a foul-smelling discharge from necrotic lung tissue.

(6) Secondary operations are not done until good opportunity has been given for healing; usually three or four months should have elapsed after the primary operation, and there should have been no noticeable improvement for about a month.

(7) In the secondary operation the expansion of the lung should be encouraged by incising, stripping back, and, if necessary, removing portions of the thickened pulmonary pleura.

(8) The examination of forty-four of the patients at long periods after operation indicates that recovery is usually complete in the simple cases, and that there is surprisingly little deformity in most of the severe cases.—Dowd (*Medical News*, September 12, 1902).

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Editorial.

DINNER TO DR. C. A. WOOD, OF CHICAGO.

On the 22nd of December a complimentary dinner was given in the Club room of the Windsor hotel, Montreal, to Dr. C. Albert Wood, of Chicago. About forty medical men sat down, and the dinner was unique in a way, those present consisting of present and past members of the Medical Faculty of Bishop's College, from which University Dr. Wood graduated in 1877. This combination brought not only the members of the Faculty of his Alma Mater, but several of the leading members of McGill University Faculty of Medicine to do honour to the guest of the evening. Dr. F. W. Campbell, Dean of Bishop's Faculty of Medicine, occupied the chair, and had on his right the guest of the evening, and on his left Dr. Roddick, M.P., Dean of McGill, who was present as the guest of the Medical Faculty of Bishop's. In reply to the toast of "Our Guest," Dr. Wood made a feeling reply, alluding to his long residence as a practitioner in Montreal, which he looked upon even yet as home. Dr. Roddick replying to the toast of the Faculty of Medicine of McGill said that if some years ago there was friction between McGill and Bishop's, those days were passed, and the two Schools of

Medicine stood shoulder to shoulder for the advancement of medical teaching in Canada.

Dr. Wood, who for several years was a Professor in Bishop's, is now the leading oculist in Chicago, and his reputation extends all over the northwest of the United States. The dinner was under the charge of a committee consisting of Drs. G. T. Ross and Dr. George Fisk. Bishop's men are exceedingly proud of Dr. Wood's record, and by all his old friends he was warmly welcomed to Montreal.

FOUR HUNDRED DOLLAR PRIZE.

Dr. J. B. Mattison, Medical Director, Brooklyn Home for Narcotic Inebriates, offers a prize of 400 dollars for the best paper on the subject:

Does the habitual subdermic use of morphia cause organic disease?

If so, what?

Contest to be open two years from December 1, 1901, to any physician, in any language.

Award to be determined by a Committee: Dr. T. D. Crothers, Hartford, Conn., Editor Journal of Inebriety, Chairman; Dr. J. M. Van Cott, Prof. of Pathology, Long Island College Hospital, Brooklyn, and Dr. Wharton Sinkler, Neurologist to the State Asylum for the Chronic Insane, Philadelphia.

All papers to be in the hands of the Chairman, by or before 1st December, 1903, to become the property of the American Association for the Study and Cure of Inebriety, and to be published in such journals as the Committee may select.

A STUDY OF BACTERIAL CELLS.

The University of Michigan "News Letter" of November 21, says:—"The report of the Rockefeller research in the hygienic laboratory of the University of Michigan, for the year 1902, has recently appeared in pamphlet form. It is

taken from 'The Transactions of the Association of American Physicians, 1902.' The work, 'A Study of Bacterial Cells,' was carried on under the direction of Dr. Victor C. Vaughan, in the laboratories of the University. By means of large incubating tanks devised by Dr. Vaughan, cellular substance of pathogenic bacteria was obtained in large amount. It was with material thus obtained that all the experiments were carried on. The research work was not confined to toxins alone, but a broader study of cellular chemistry was attempted. Incidentally an opportunity offered itself for the study of some of the bacterial pigments which were found in the tank growths in large quantities. The germs were scraped from the tanks with glass rods, and repeatedly extracted with alcohol. In many cases the extractions were made with water. The alcohol seemed to harden the cells.

"The pamphlet contains the following papers:—

- "I. Introduction, Victor C. Vaughan, M.D., LL.D.
- "II. A preliminary Report on Certain Bacterial Pigments, A. J. Detweiler, A.B., M.D.
- "III. The Toxicity of the Dry, Sterile Cells of certain Non-Pathogenic Bacteria, A. J. Detweiler, A.B., M.D.
- "IV. The Chemistry of *Sarcina Lutea*, May Wheeler, A.B.
- "V. The Chemistry of the *Bacillus Coli Communis*, Mary F. Leach, B.S.
- "VI. The Toxicity of the Cellular Substance of the Colon *Bacillus*, Charles E. Marshall, Ph.D., and L. M. Gelston, A.B.
- "VII. The Interacellular Toxins of the Diphtheria *Bacillus*, L. M. Gelston, A. B.
- "VIII. The Anthrax Toxin, J. Walter Vaughan, A.B.
- "IX. Conclusions, Victor C. Vaughan, M.D., LL.D."

Personals.

Dr. Shirres, of Montreal, has accepted the position of Professor of Nervous Diseases, in the University of Vermont.

Dr. T. Parizeau has been appointed to succeed the late Dr. Brunelle as Professor of Pathology and Surgery in the Medical Faculty (Montreal) of Laval University.

Dr. Rorke M.D., McGill, 1893, has been appointed Lecturer on Histology in the Medical Faculty of Bishop's University, Montreal.

Dr. George Hall (M.D., Bishop's, 1896), has been appointed Lecturer on Physiology, in succession to Dr. Bruère, in the Medical Faculty of Bishop's University, Montreal.

Dr. C. A. Dugas, who for some years was assistant to the late Dr. Wyatt Johnston, Montreal, official autopist, has succeeded to the chief position. He will have for his assistant Dr. D. D. McTaggart.

Dr. Derome and Dr. Brennan, of Montreal, have returned from attending the International Congress of Gynæcology and Obstetrics, which was held in Rome, the middle of September.

Dr. C. H. Christie, a graduate of Bishop's, 1901, has been appointed surgeon on the steamship "Wyamaga," which recently sailed from England for the West Coast of Africa.

Dr. Sharkey, who has been appointed Professor of Hygiene in the Faculty of Medicine of McGill University, has arrived from England. He made his first speaking appearance before the students at the McGill Medical dinner, held at the Windsor Hotel, on the 8th December.

Dr. Martineau has returned from Grosse Isle, the quarantine being closed.

Dr. Austin, of Sherbrooke, was in Montreal on the 18th December, to visit his brother who has been quite ill. He called upon the editor.

Dr. J. A. Hamilton (M. D., Bishop's, 1900), has settled in Tacoma, Washington Territory, and has selected a specialty—nose and throat. He has written the editor for an assistant.

Dr. C. A. Fortin (M. D., Bishop's, 1897) has almost, since his graduation, been at sea. At present he is surgeon on the R.M.S. "Orissa," His Majesty's Transport No. 18, and writes us from Bermuda, under date of December 6. We extract the following from his letter: "I hope to be back in Canada soon and renew acquaintances with my old friends after over five years' absence. I am at present on the crack transport and am seeing a bit of the world. We have been out to the Cape twice, India once, and now on the West India route, picking up the black troops, and shipping them to their various stations."

Book Reviews.

A Treatise on the Eye, Nose, Throat and Ear.—For Students and Practitioners. By Eminent American and English Authors. Edited by William Campbell Posey, M.D., Surgeon to Wills Eye Hospital, Philadelphia, and Jonathan Wright, M.D., Laryngologist to the Brooklyn Eye and Ear Hospital, etc. In one octavo volume of 1,234 pages, with 650 engravings and 35 plates in colours and monochrome. Cloth, \$7.00 net; Leather, \$8.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This volume of over twelve hundred pages has been arranged so that the various special departments may be treated in a manner at once authoritative, comprehensive and practical, by men whose names are well known in the medical world. The authors have aimed to adapt the book particularly to practitioners and students, but even specialists will find the recent views of their *confrères* to be interesting reading. One practical feature about it is that each contributor has treated his subject in its entirety, so that repetitions have been avoided. Pathology and symptomatology have been dealt with liberally, while anatomy and physiology have been omitted to a marked degree. To the practitioner the chapter on the eye in its relation to general diseases will commend itself. The printing is very clear, the paper good, while the engravings and monochromes are excellent, the entire book being one which will prove helpful to any medical man.

G. T. R.

A Nurse's Guide for the Operating Room.—By Nicholas Seward, M.D., Ph.D., LL.D., C.M., Professor of Surgery, Rush Medical College in affiliation with the University of Chicago, Attending Surgeon to the Presbyterian Hospital, Surgeon-in-Chief of St. Joseph's Hospital, Professional Lec-

turer on Military Surgery, University, Chicago; Chief of the Operating Staff with the Army in the Field during the Spanish-American war, Surgeon General of the State of Illinois. Published under the direction of the Sisters of Charity, St. Joseph's Hospital, 360 Garfield Av., Chicago. W. T. Keener & Co., 90 Wabash Av., Chicago.

A useful little book which is bound to meet with appreciation; the author's name is a sufficient guarantee for its merits. It is thoroughly up to date, and the operating-room nurse who reads and inwardly digests its contents will be a great comfort to the surgeon under whom she works. Full and systematic instruction is given—preparation of operating room and the preparation of the patient for any and many special operations. It is a book of details—from hand washing and the preparation of ligatures and dressings to what to do in emergencies and the various wound complications. The chief operations are mentioned, and a list of the instruments required in each is given. After-treatment of laparotomy cases is indicated and the nurse is advised to place such medicines and articles as may be required on a little table close at hand where they may be had in a moment and without delay. The little book has been well thought out and will be found of real worth. It has been well named the "Nurse's Guide."

F. R. E.

Woolsey's Surgical Anatomy.—Applied Surgical Anatomy regionally presented for the use of Students and Practitioners of Medicine, by Geo. Woolsey, A.B., M.D., Professor of Anatomy and Clinical Surgery in the Cornell University Medical College; Surgeon to Bellevue Hospital, etc. Octavo, 511 pages, 125 illustrations, including 59 full-page inset plates in black and colours. Cloth, \$5.00 net. Leather, \$6.00, net. Lea Brothers & Co., Philadelphia and New York, 1902.

The author has from the beginning to the end of his book shown himself to be a true teacher. Anatomy and even surgical anatomy as generally treated is heavy, dull and often difficult. In this work the various parts and regions are presented in such an interesting and practical way that points, which before seemed intricate and difficult, now stand out surgically clear and full of interest. The excellent plates and cuts help much to increase the value of the book. A true teacher is able to simplify and make what is obscure and difficult, easy and attractive. Dr. Woolsey has certainly done this. He has presented a book on the very groundwork of surgery, and it is sure to be appreciated by the men who operate. It is generously filled with practical surgery reminding us in many ways of that old and valuable little work on surgical applied anatomy by Frederick Treves.

F. R. E.

Clinical Methods.—A guide to the Practical Study of Medicine. By Robert Hutchison, M.D., M.R.C.P., Assistant Physician to the London Hospital and to the Hospital for Sick Children, Great Ormond street, and Harry Rainy, M.A., F.R.C.P.Ed., F.R.S.E., University Tutor in Clinical Medicine, Royal Infirmary, Edinburgh, with 150 illustrations and 8 coloured plates. Fifth Edition. Ninth thousand. Chicago, W. T. Keener & Co., 1902.

This little volume—little only in the size of its pages—for it consists of six hundred of them, was first published in 1897, since which it has gone through five editions. The last one brings it thoroughly up to date, though the author in his preface says “many methods which have been recently proposed are not included in the volume; some because they have not yet been sufficiently proved, others—and this holds true especially of chemical analyses—because they are too complicated for clinical use where simpler though less accurate procedures suffice.” We have examined the work very thoroughly and have no hesitation in saying that it should be in the hands of every medical student. Without such a book to fall back upon and guide him in his hospital work, he is like a vessel without a rudder.

F. W. C.

International Clinics.—A quarterly of clinical lectures and especially prepared articles on all branches of Medicine and Surgery and other topics of interest to students and practitioners. By leading members of the Medical profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M.D., Chicago; Alex. D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M.D., Paris; Thos. G. Morton, M.D., of Philadelphia; James J. Walsh, M.D., New York; J. B. Ballantyne, M.D., of Edinburgh, and John Harold, M.D., of London, with regular correspondents in Montreal, London, Paris, Leipsic and Vienna; volumes II. and III., twelfth series. J. B. Lippincott & Co., Philadelphia, 1902. Canadian Agent: Charles Roberts, 1524 Ontario Street, Montreal.

Volume II. contains twenty-eight articles on as many different subjects, by leading clinicians from America and Europe.

Professor R. Lépine, of Lyons, France, has an article on the Treatment of Diabetes. R. Romme, M.D., of Paris, writes on Gerson's method of Prothesis, by Subcutaneous and Submucous Injections of Vaseline. The method of employing the vaseline is explained and the deformities and various other conditions in which it has been found useful pointed out; Treatment of Bladder and Rectal Troubles in Nervous Diseases, by L. R. Müller, M.D., of Erlangen, Germany; Treatment of Acute Urethritis, by

Prof. Ernest Finger, of the University of Vienna ; Passive Movements and Massage for the Treatment of Fractures, by Prof. Lucas, Championniere, University of Paris ; Two cases of Immediate Death Caused by the Spinal Injections of Cocaine, by F. Leguen, M.D., Surgeon to the Paris Hospitals ; Pachymeningitis Hæmorrhagica, as a Cause of Drunkard's Death, by Prof. Arnold Pick, University of Prague ; The Presence and Significance of Beta-Oxybutyric Acid in the Urine of Diabetics and its Relation to the Coma, by Carstairs Douglas, M.D., etc., Glasgow ; Gastro-Intestinal Auto-Intoxication, by John C. Hemmeter, M.D., Baltimore ; Resection of the Cervical Sympathetic, by Prof. Thomas Jonnesco, Bucharest, Roumania. Some excellent results are recorded here from the application of this means in epilepsy, Basedow's disease, etc. ; Radical Cure of Inguinal and Femoral Hernia, Sliding Hernia, Hydrocele of the Canal of Nuck, Epithelioma of the Face, Sarcoma of the Upper Jaw, by William B. Caley, M.D., New York ; also articles by Charles Gibbs, F.R.C.S., Eng. ; N. Senn, M.D., LL.D. ; H. A. Kelly, A.M., M.D. ; Guy Hinsdale, A.M., M.D., who gives a biographical sketch of John B. Murphy, of Chicago.

Of special interest also are the articles on the organization and work of the Medical Department of the United States Army, by E. L. Munson, A.M., M.D., and the first part of a paper on the Function of the Digestive Glands, based on the researches of Pavlof and his pupils, by Peter Barissof, of St. Petersburg.

Volume III., just issued, is also replete with interesting and instructive articles, not one of which the reader of the volume can afford to miss.

Among those of special interest are the articles on the Treatment of Typhoid Fever, by A. T. Osborne, M.A., M.D., of Yale University ; Treatment of Intestinal Perforation in Typhoid, by Noel Manger, M.D., of Versailles ; The Treatment of Morphineism, by T. D. Crothers, Prof. Nervous and Mental Diseases, New York School of Clinical Medicine ; The Diagnosis and Treatment of Osteomyelitis, by P. Mauclair, M.D., surgeon to the Paris Hospitals ; Treatment of Deafness by Direct Massage of the Ossicles of the Ear, by Dr. Charles J. Koenig, Laureate of the Faculty of Medicine, Paris ; Means of Telling Whether an Attack of Serofibrinous Pleurisy is Tuberculous by G. Dieulafoy, M.D., Paris ; Insect Pests of Human Beings, by James J. Walsh, M.D., Ph.D., New York Polyclinic ; Treatment of Dilatation of the Stomach, by Gastro-Enterostomy, by G. M. Debove, Paris Faculty of Medicine ; Surgical Intervention of Cases of Great Dilatation of the Stomach, by Prof. Antonio Cardarelli, University of Naples, Italy ; Abdominal Tumour, by J. M. Baldy, M.D., Philadelphia ; The Treatment of Cases of Face Presentation, by Robert Jardine, M.D., F.R.S.E., University of Glasgow ; The Faucial Tonsils, the Indications for Their Removal, and the Best Methods by which to Accomplish it, by Francis R. Packard, M.D., Philadelphia Polyclinic.

Part II. of Barissov's article on the function of the digestive gland based on the researches of Pavlof and his pupils, which appears here, concludes the subject. It represents the substance of some fifty-six papers written by Pavlof and his collaborators. The last article is an exhaustive one on the Critical Study of the theory of Inflammation, by Hans Schmaus, M.D., Prof. at the University of Munich. Many of the articles in both these volumes are illustrated by plates and figures.

J. B. McC.

The Public and the Doctor—By a regular Physician.

Published by Dr. B. E. Hadra, Dallas, Texas, U. S.

We presume that the writer and publisher of this little book of one hundred and forty-nine pages are the same. The intention of publication is a laudable desire that the intellectual and thinking public should have a good conception of the claims which a truly scientific physician has upon them. For the public it is therefore intended, and that it should reach them it is the desire of the author that doctors distribute it among their clients at a cost of fifty cents each copy. We have read the book carefully, and freely acknowledge that it is in truth a missionary document of very considerable value. We question, however, whether there are many, or indeed any, except where exceptionally large incomes exist, who would feel inclined to subscribe from one hundred dollars upward, to send this missionary book on its mission of educating the public on the blessings of Scientific Medicine, and the cause of quackery, and the various medical fads, which everywhere abound. The intention of the author is most praiseworthy—his work is really excellent reading—but how many will be willing to place a considerable sum outside of their pockets to extend its circulation. We hope some at least will do so, but our experience leads us to believe they will be few.

F. W. C.

Schmidt on Venereal Diseases. Lea's Series of Medical Epitomes.—A Manual of Genito-Urinary and Venereal Diseases for the use of Students and Practitioners. By Louis E. Schmidt, M. D., of the Chicago Polyclinic. In one handy 12mo volume of 250 pages, with 21 illustrations. Cloth \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1902.

This work has been designed by Dr. Schmidt more especially to meet the needs of the medical students who are taking up this branch of work for the first time. As such it is very creditable and enables a student to review in a short time the main features of the venereal diseases. The work is concise, yet clear and well arranged. It is especially strong on treatment, and is even more explicit in this than many larger works. We are pleased to note the arrangement of the host of remedies for acute gonorrhoea and the excellent remarks on their indications. A list of questions is given at the end of each chapter which may be used in reviewing the subject.

G. F.