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Original Communications.

PRESIDENT'S ADDRESS.

BY JOHN STEWART, M.B., HALIFAX, N.S.

Friends and Colleagues,—My first duty is to thank you for the honor you have conferred upon me in electing me to preside over this meeting.

I can assure you that my pride in this great honor is tempered by a feeling of very great responsibility and a sense of marked inaptitude for the duties of this position. And in thanking this Association for an undeserved honor, I wish to thank, especially, the most earnest, energetic and cheerfully laborious Executive which any President ever had.

I wish to express my sense of obligation for the presence of His Honor, the Lieutenant-Governor, whose more than eighty years of strenuous and honorable life give exceptional value to the kind words of appreciation in which he has just welcomed our Association to this city.

Permit me also to express my pleasure in having on the platform my dear old friend and colleague, the Honorable D. McN. Parker, one of the founders of this Association.

And now I bid you welcome, welcome to this picturesque province of Nova Scotia and to the city of Halifax.

I bid you welcome on behalf of the medical men of this province; for when it became known that the Canadian Medical Association was to meet here, there came in from all over the province, from the county societies and from individual practitioners, expressions of a desire to have a share in your entertainment, and

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

therefore it is that we are here to-day as the guests of the Medical Society of Nova Scotia, and that we have listened to the warm welcome of its President.

In welcoming you to this place I should perhaps say a few words of introduction to a city and a province new, perhaps, to many of you. If you are interested in history you will find much here to occupy your attention.

In the early morning mists of our history we see Leif Ericson in his Viking galleys steer along our coast. Four hundred years ago the Cabots took possession of these regions for King Henry VII. And then for two hundred years the intrepid navigators of old France, De Monts, Champlain, St. Denis, LaTour, explored these bays and headlands.

If you can spare time to visit Annapolis you will find traces of the French occupation, and see still in good preservation the old powder magazine, the oldest European masonry in America north of Mexico, and built of stone brought from France. Midway in the province, you come to Grand Pre, with its crowded memories of the past, and its wide acres of fertile dyke lands, which we owe to the industry of the early French settlers. And in the extreme east you will find the historic ruins of Louisburg, where the sea birds cry over the rain-swept turf which covers many a gallant heart. Nova Scotia may indeed claim its share in thrilling memories of "old, unhappy, far-off things and battles long ago."

We can point with pride to the distinguished names of many Nova Scotians. I shall avoid the troubled waters of political life and will mention only the fact that two of the most distinguished college presidents in this country were Nova Scotians, viz., Sir J. W. Dawson, of McGill, and Rev. G. M. Grant, of Queen's. In literature we are proud of the reputation of Haliburton. The hero of Kars and the defender of Lucknow were both Nova Scotians. Our shipbuilders and our sailors have carried our name round the world, and it is safe to say that there are few ports in the world where you may not find a Nova Scotian sea captain.

This city of Halifax is crowded with historic memories. It was up this harbor that the ill-fated squadron of D'Anville, shattered and storm-tossed, came to anchor, to meet a more deadly foe than wind and wave in the pestilence which destroyed hundreds of brave soldiers. It was here that Cornwallis, stout soldier and sagacious statesman, arrived in 1749 and laid the foundations of this city. St. Paul's Church, built in 1750, is the oldest Protestant church in the Dominion of Canada, and the old churchyard of St. Paul's is one of the most interesting ceme-

teries in this country. In it were laid side by side the heroic dead who made the names of the *Shannon* and the *Chesapeake* famous.

In the old Provincial Building, where we hope to meet this evening, Mr. Lawrence Kavanagh stood in 1827, the first Roman Catholic member since the Reformation to represent a constituency in British dominions.

And there is another old building here, which to my mind should be full of interest for all Canadians. It was a Nova Scotian, Sir Samuel Cunard, who had the enterprise to start the first line of transatlantic steamships, and there are men in Halifax to-day who remember when the *Britannia,* the first Cunarder, came up the harbor and to the shipping office of S. Cunard & Co.

And may I draw your attention to our geographical position, and to our incomparable harbor. It has the largest dry dock on this side of the Atlantic; it is defended by one of the most powerful fortresses in the world, and at any hour of day or night, summer or winter, in any state of the tide, the largest and swiftest ships afloat may come alongside the pier, or leave it punctually, without delay or interruption.

I trust that when this Association meets next in Halifax it will find the western terminus of the fast Atlantic service safe in the keeping of the "Warden of the Honor of the North."

Finally, bear with me if I point to our educational institutions. Dalhousie University, the only undenominational college in the province, has not only supplied professors to several universities in the United States, but furnished a distinguished successor to the renowned Tait of Edinburgh, and only the other day, sent one to the University of Birmingham. We have also a medical college whose graduates are now dotted all over the Dominion and the United States, reflecting credit on their province and their Alma Mater. There is the Institution for the Deaf and Dumb, where results are obtained equal to those of any similar institution anywhere; and finally we have this School for the Blind in the hall of which we are met, which is presided over by Dr. Fraser, a gentleman second to none on this continent in the skill and success of his methods, and whose marvellous personality overcomes all disabilities and inspires all who come in contact with him.

This is not the first occasion on which the Association has met in Halifax.

In 1875 the Association first met here, and again in 1881, when the General Secretary was a young Montreal physician, whose name is now a master word in the schools of Esculapius

the world over—the Regius Professor of Medicine in Oxford. At the meeting of 1881 the attendance was 53; to-day we have already registered over 200.

It is only fitting that I make reference to some of those who were with us then and who to-day are not. The President was Dr. G. E. Fenwick, of Montreal, a distinguished surgeon, who occupied the chair of Surgery in the University of McGill for fifteen years. The Vice-President for Nova Scotia was the late Dr. R. S. Black, one of the leading physicians of Halifax for many years, a man of wide culture, and especially familiar with Spanish history and literature.

There are two names to which I wish particularly to refer in this place on account of their connection with this province and their interest in this Association. The late Dr. Edward Farrell was one of the foremost citizens of Halifax, and took a leading part in our political life, having been a member of our legislature. He was one of the founders of the Halifax Medical College, where he held the chair of Surgery from its foundation until the time of his death, and his admirably lucid, well-ordered and emphatic style made him one of the best lecturers whom I have ever heard. He was surgeon to the Victoria General Hospital for thirty years. He took a keen interest in the subject of tuberculosis, especially in the organization of methods to prevent the dissemination of the disease, and was appointed by the Dominion Government to represent us at the Congress on Tuberculosis in Berlin. And it was in the discharge of his duty as a member of a commission appointed by our own local Government, to select a site for a sanitarium, that he contracted his fatal illness, through exposure to cold and wet when driving in the country; and on the first day of this new century he passed away from among us, but the brave and cheerful spirit, the ready wit, the warm, kind heart are memories that remain.

And what can I say of Dr. Wm. Scott Muir? I may say, I believe, that no member of this Association was better loved or more heartily welcomed to its meetings. He had been a Vice-President, and upon at least one occasion he was nominated for the Presidentship, but generously insisted on giving way to others. He was a very regular attendant at our meetings, and his stalwart figure and cheery voice had become familiar to the profession throughout Canada. His business ability and his knowledge of affairs made him invaluable in committees, and his contributions to the scientific work of the Association were marked by keen observation and practical common-sense. He was my own dear friend, and I shall not trust myself to say more of what his loss has been to us.

And so one by one, just as we learned to value them more, our comrades fall, and what can we say but

> "Fare you well:
> Hereafter, in a better world than this,
> I shall desire more love and knowledge of you."

It is perhaps a weighty sense of the responsible position in which you have placed me that gives to my thoughts to-day a somewhat serious turn.

I look upon this great assembly, I think of the years of study, the expensive education, the physical and intellectual toil, the laborious days and anxious nights, and when I consider the results I am tempted to ask—what is the good of it all? We toil to save, and how often it is that the valuable lives, the bread-winners, the wise, the strong, the true, are taken, and we succeed in saving the idle, the dissolute, the degenerate. There is only a sense of futility, there is horror in the thought that our art may in unworthy hands be degraded to be a servant of evil passions.

And have all these then—our brothers and our forebears—died in vain? Have their lives been wasted, and would it have been better had they had no part in aught that's done beneath the circuit of the sun?

Perish such thought! These dark imaginings are nothing but rank pessimism, and pessimism is fatal to us of all men. Of all men the medical man must be an optimist. If our work is to save and prolong life, we must believe that life is something worth having and worth keeping, or we are not true to ourselves, and are false to other men.

Now, what is the value of life? Character. And what makes life worth having and worth keeping?

The more we reflect upon human life in all its manifestations, the more we do become convinced that its true criterion is character. To the unthinking it may seem that this subject is outside our province, and that health and character are in different categories. But we cannot dissociate the physical from the intellectual and moral elements of our nature. As anatomists we may study the physical framework of man, but as practitioners of medicine we must consider the living man as a body, soul and spirit.

Our nature is threefold, and health and character pertain to each component, the Physical, the Intellectual and the Moral. We may admit that so far as we can see, perfect physical health may exist with feeble intelligence and degenerate morals, but the ideal condition for which we should aim is the balanced blend and perfect equilibrium of all these elements. And even though

at first glance it may seem that one component may attain perfection, while the others are defective, a close observation convinces us that it is not so. The brilliant intellect is hampered in its working by the diseased body which forms its transient tabernacle; the "eye sublime," subdued to that it works in by a vile spirit, loses its brightness, and

> "Faults in the life breed errors in the brain,
> And these reciprocally those again."

And as Maudsley put it the other day at the British Medical Association, "Mind works in every function of the body; a sound body is the foundation of a sound mind and the lunatic is lunatic to his finger ends." We cannot think soundly about life if we ignore this essential and indissoluble trinity. Experience tells us that in our work of detecting, preventing, eliminating disease, we cannot treat our patient to advantage if we regard only his physical condition and neglect consideration of his mental equipment and moral proclivities. Indeed, the manner of man our patient is is determined more by those invisible forces than by his corporeal form, or as we have it in the sayings of the Wise Man, "As he *thinketh* in his *heart* so *is* he."

And it is with the community as with the individual: that which makes a nation great is not the wealth of its people, or their intelligence, but their good name. It is because I believe that the medical profession may have a large influence in moulding the spirit of a nation, that I wish in the hour which custom allots to me here, to offer a few remarks on National Character and Public Health.

How may our national character help or hinder us in our work, and how may we, as the guardians of the public health, help to make or mar our national character?

The public health laws of a country will depend largely on the character of the people. The character of the people will be conditioned largely by their public health, that is, by that standard of health of the individuals composing the nation which, as a national ideal, all the people are interested in and willing to make sacrifices for. This is Public Health in the largest view.

And first let us consider some of the features of national character which may influence public health.

There is *love of liberty*, and a free people is usually a vigorous and healthy people.

But there is a liberty not according to knowledge. When an individual claims the right to act according to his own judgment in matters of which he is profoundly incapable of judging,

his boasted liberty may prove a perilous possession to himself and his neighbors. When a community refuses to be bound by laws which Sanitary Science has declared to be necessary, it abuses its liberty and may bring serious damage upon itself. The laws of health cannot be broken with impunity, and this spurious love of liberty frequently stands in the way of sanitary reform.

We have a striking instance of it at present in the stupid rebellion against sanitary laws shown by many communities on the lower Mississippi in the present epidemic of yellow fever.

From the thought of liberty to that of bondage may seem a strange step, yet the next national characteristic which I mention as having an influence on public health, namely, the worship of material things and the feverish haste to accumulate wealth, lays upon us a bitter and grievous bondage. The public and the representatives of the public are too apt to regard with impatience, if not with scorn, the claims of any interest which does not seem to have immediate or direct bearing on the great national occupation of money making.

There is an epigrammatic expression in the works of Aristotle which might well be inscribed in letters of gold over the council chamber of our legislatures and our boards of trade. It may be freely translated thus, "It is not seemly for a free people to be always seeking for cash returns."

I think the Greek philosopher saw the glitter of the golden manacles and would warn us, if we value freedom, to set our affections on other things than gold.

This national characteristic, disinclination to invest in medical securities, is, perhaps, due to various things. It is partly due to ignorance, to an incapacity of appreciating scientific teaching, to a hesitation in trusting the expert opinion of Science—for which, perhaps, Science herself is somewhat to blame. It is not entirely the fault of avarice. When our people are convinced that any measure is for the public weal, they are generally willing to aid. And I may perhaps draw attention here to the fact that the first public sanitarium for tuberculosis, the first in Canada erected as a Government work, is now in operation in Kentville in this Province.

But, as a rule, there is great difficulty in inducing corporations and municipalities to expend a reasonable sum in carrying out the details of a public health system—to pay the water supply, drainage, sewerage, removal of garbage, disinfection. It is not too much to say that apathy in regard to questions of public health is a national characteristic.

Like the Sybil with her precious scrolls, Hygeia comes to Demos, and Demos will not buy.

And the yearly tale of death and disease preventable by sanitary measures, increases, and perhaps the only effectual clarion to rouse the indifferent will be—as it has been before in the world's history—a pestilence.

Possibly if the public could see the mere financial loss incurred by preventable disease, the loss of time, the inefficiency of workers, the increased rates to maintain the families who have lost the bread-winner, they would be willing to give more to the Health Department.

There is a feature of our public life which I think may fairly be described as a national characteristic, and that is our tolerance if not encouragement of quackery. I mention it here because I wish to point out the great injustice of this to our profession.

The youth who aspires to the practice of medicine is required by the laws of his country to undergo a certain course of study, tedious and expensive. He has to pass certain examinations and give proof of familiarity with the requirements of his profession. He has to satisfy the authorities as to the integrity of his moral character before he is allowed to begin practice. And now see him, embarking on the practice of his profession. From his window he sees the apothecary's shop, and knows that for one patient who has gone there to have a prescription filled, a dozen go to buy some proprietary medicine. He buys the morning paper and finds one-tenth to one-fifth of the space for which he pays taken up with advertisements of nostrums, often with testimonials signed by otherwise intelligent and moral people. He dines at his club and he hears nothing but the wonderful cures wrought by some itinerant quack who has never fulfilled one requirement of the Medical Act. Truly Demos loves the quack and seems to have a special spite at him who would practise his profession scientifically in accordance with the noble spirit of the Hippocratic oath.

There are, indeed, many ways in which the traits of national character may influence the health of the people.

In the Report of the Royal Commission on Physical Deterioration, no evidence seems to me more interesting than that of Mrs. Close. This lady, who has given her life to the study of the domestic conditions among the laboring classes of almost every country in Europe, has no doubt of a deterioration in the physique of the laboring classes in England. And the explanation of this she finds in a diminished sense of duty, a debased ideal of the duties of wife and mother. Love of

amusement and the attractions of the theatre interfere with the old-fashioned domestic economy. Houses are untidy. Food is badly cooked. Early rising is a vanished virtue. The children are hurried off to school without proper breakfast, and the husband finds in the public house the comfort he is denied at home. The picture is too true and its replica may be found in every town in Canada.

And now, how may we, in the exercise of our daily calling, contribute to the development and growth of national character?

In the first place, we should accustom ourselves to remember that the body with which we deal is of value only as the tenant and instrument of an indwelling spirit, and that the health of the body is our care simply because its ill-health may hamper the action of the intellectual and moral energy within it.

When we prescribe diet and exercise, let us remember that the luxury and excess and love of ease, which are the most potent factors in disease, injure mind and soul as well as body. Let us press the claims of temperance—that true temperance which walks the golden midway, and turns neither to asceticism nor to indulgence.

In the love of Canadian youth for manly exercise we have a most powerful lever for raising the standard of health and morals.

If we are consulted as to occupation, let us sing the praise of the simple life. Civilization is becoming terribly complex, and it seems on all hands to fungate into luxury. And history points a warning finger to the past. When culture joined hands with luxury decadence was already at the door.

This is an age of sedentary occupations, and a large proportion of the ills which we are called to treat owe their origin to the exigencies of the sedentary life. It is not a natural life for man.

Will it be thought very much out of place if I say, let us honor the farmer. His is the only natural, the original, and the essential work. There is a moral in the fable of Hercules and Antæus. It was not until Hercules had lifted the giant bodily from the ground and so broke the magic contact that he was overcome, and the prescription for many of the ills of the body and of society to-day is in the cry, "Back to the land!"

I have spoken of occupation as bearing on health and character. There is one other fact in our social life to consider, and that is our amusements. Indeed, among some people this question seems to take precedence of work. Amusement and relaxation are necessary, but to give them so prominent a place in our life as they appear to occupy to-day is a menace to the health of the body

which they are meant to secure, to the intellectual powers and to moral character.

Pleasure takes precedence of duty, and complaisant sophistry may even justify this order. To scorn delights and live laborious days is now considered folly. We amble along the primrose path of dalliance and avoid the "asperous way that leadeth to the house of sanity."

It is a delight and a hopeful omen to see an interest taken in athletics, and to know that our country takes such an honorable place in all manly exercises. But for one young man whom you will find on the football field, or plying oar or paddle, you will find many who simply waste their time, their only interest in athletics being the spectacular interest of a match or the dubious financial result of a bet. If we could only influence these young men to take a more heroic, a more manly view of life, we should be doing them and our country a service.

Even in our sports there is room for some earnestness, and it might be well if we took our pleasures, as Froissart says our ancestors did, seriously, and sympathised with the spirit of the old English ballad of Ulysses and the Syren:

"To spend the time luxuriously
Becomes not men of worth.
.....

".....suppose there were
Nor honor, nor report,
Yet manliness would scorn to weare
The time in idle sport:
For toyle doth give a better touch
To make us feel our joy:
And ease finds tediousness, as much
As labour yeelds annoy.

.....

"But natures of the noblest frame
These toyles and dangers please:
And they take comfort in the same,
As much as you in ease:
And with the thought of actions past
Are recreated still,
When pleasure leaves a touch at last,
To shew that it was ill."

This was the "great spirit of high desire" of the Elizabethan days.

But in addition to what we do effect in this way in our own generation, we and our ancestors wield a great power in the laws of heredity.

The observation of centuries and the universal experience of every-day life, no less than the laborious and well-planned experiments of science, tell us that the organism of to-day is the resultant of forces acting in the past, and the diversity of operation of these forces is what gives Nature her infinite variety. To us who see every day the working of the inevitable law, which visits the sins of the fathers upon the children and to whom the phenomena of reversion and atavism and variation are constantly present, to us heredity is one of the great powers of Nature. And we believe that by a careful application of scientific principles to the environment, education and occupation of our race, we may and can exercise a beneficial determinant action on generations yet to be, eliminating disease, stimulating and clarifying mental processes, strengthening and purifying moral qualities.

But, enormous and far-reaching as we believe the power to be of the laws of heredity, we must not allow them to dominate us. They are not the forces of a blind, inexorable Fate. These laws are well ordered in all things. When, in view of the depressing influences of the researches of Lombroso and his school, we feel that we are all smitten, when each scans anxiously his brother's face for stigmata, or fancies himself the bearer of a hall-mark of some degeneration, let us remember that not only can we, to some extent at least, control the working of the laws of heredity, but so far as we ourselves are concerned, can bid them defiance.

We may, if we will, say, "Evil, be thou my good," and turn our backs upon our good angel who points us to an honorable ancestry and bids us follow in their path. But, when the Angel of the Pit, with mocking leer, that "Man of Hell who calls himself Despayre," bids us throw up our hands, tells us we are the captives of circumstance bound in millennial chains, tempts us to give up the hopeless struggle, we may, if we will, say, "Stand thou on that side, for on this am I." We must not forget that divine part of us, that mysterious, undefinable, undeniable power for good or evil—the human will.

Thirty years ago a young man lay in the Royal Infirmary in Edinburgh. Fortune had not smiled upon him and now, maimed and crippled for life, that life seemed "Doomed to dumb forgetfulness a prey." But not to despair. The "Star of the unconquered will" rose and stood over the lonely bed of William Ernest Henley, and inspired these lines, the finest assertion of the Free Will I have ever seen:

"Out of the night that covers me,
Black as the pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.

"In the fell clutch of circumstance
I have not winced nor cried aloud.
Under the bludgeonings of chance
My head is bloody, but unbowed.

"Beyond this place of wrath and tears
Looms but the Horror of the shade,
And yet the menace of the years
Finds, and shall find me, unafraid.

"It matters not how strait the gate,
How charged with punishments the scroll,
I am the master of my fate:
I am the captain of my soul."

"Sir," said Dr. Samuel Johnson, "the man who has vigor may walk to the East, as well as to the West, if he happen to turn his head that way."

Heredity may condemn us to a life of struggle with bodily weakness and mental incapacity, to "Defects of doubt and taints of blood." It cannot chain the free spirit, and he who can say, "I will, I will not," is still a man.

We, the members of this Association, as practitioners of the Healing Art, are the heirs of a great past. The Masters of Medicine have passed from our world, but their influence survives—their spirits still live.

Nothing is plainer in the study of the lives of the greatest of our predecessors than the influence of great ideals. From the days of the grand pagan whom we call the Father of Medicine, and whose recognition of the power of spiritual forces is so clearly seen in the oath which he laid upon his successors, to the great authorities of to-day, we can trace the power of faith in the Unseen Universe.

Let me quote from the illustrious Pasteur: "Happy he who carries with him a God—an ideal of beauty, and who obeys him. An ideal of Art, an ideal of Science, an ideal of Patriotism, an ideal of the virtues of the Gospel."

And if we are to have strength for our work, courage and hope to cheer us in our long contest with all these shapes of foul disease, we must bear in mind the supreme importance of high ideals—of life—and of man.

"You touch God," said Novalis, "when you lay your hand upon a human body." The spark of life we tend is a part of the divine, and immortal.

"The soul that rises with us, our life's star,
Hath had elsewhere its setting,
And cometh from afar."

We deal not with Dust and To-day, but with Life and Forever. And when we realize this, our own nature becomes ennobled that it works in and can rise to still greater power.

We who deal perforce so largely with the material and perishable, if we would keep sight of the indestructible and immortal, should cultivate a power of detachment, should rise through the cloudy region of the world, and accustom ourselves to the free air and larger atmosphere of a universe.

As the Healer of the world came from beyond its confines, so we who would help in the healing should be able to rise into the ether, where we can have a proper perspective of Time. We should visit the ethereal region where, with Amiel, we may "Listen to the music of time and the hosannas of the world," or with our own Wordsworth hear "Oftentimes the still, sad music of humanity," and be conscious of

> "A presence that disturbs us with the joy
> Of elevated thoughts: a sense sublime
> Of something far more deeply interfused,
> Whose dwelling is the light of setting suns,
> And the round ocean and the living air,
> And the blue sky, and in the mind of man."

And how may we best acquire this power but by the study of our subject—the philosophic study of man?

What our profession requires to-day, even more than an increase in scientific knowledge, is more of the study which gave character to the great masters of the past, and a realization of the grandeur of the divine possibilities in man. True, we see much of the lower nature, weakness and suffering and sin, but we also see in every soul the capacity of Honor, Courage and Love. Let us rather look on these. "Whatsoever things are true, . . . whatsoever things are pure, . . . whatsoever things are lovely, . . . if there be any virtue, . . . let us think on these things."

RADIUM: ITS VALUE IN MEDICINE.*

By MYRON METZENBAUM, B.S., M.D., Cleveland, Ohio

The following serves to explain the accompanying photographs of cases treated by the aid of radium. The paper is virtually an abstract of a chapter contributed to the "International Clinics," Vol. IV., Series XIV., published by Lippincott & Co., Philadelphia.

When *radium of at least 7,000 activity, contained* in hermetically sealed tube, is placed on the unbroken skin for a period of at least three hours, it may produce an irritation which may finally result in ulceration of the skin.

When tubes containing radium of 15 grains each of from 40 to 100 activity, and tubes of 20 milligrams of 7,000 activity are placed on ulcerated areas, they produce sensations not unlike the feeling one experiences in a burn when standing near a hot stove. The radium also causes a peculiar pink injection of the ulcerated and surrounding tissues, which may last for a few hours to as long as twenty-four hours.

From very careful observations no difference could be noticed in the physical or therapeutic results, when using radium of 100 activity or 7,000 activity.

Report of Cases.

In all cases the tubes containing radium were placed directly on the area to be treated and held in place by strips of adhesive plaster. The tubes of radium varied from 40 activity to 7,000. A treatment was given every three or four days and for thirty-five to forty-five minutes each time. No internal treatment was given, and excepting the application of hot water to the parts no local treatment whatsoever was used.

Case 1. —Rodent ulcer in a woman, aged 57, extending from the middle of the right supra-orbital ridge to within two and one-half centimetres of the ear and well down on the cheek, causing a loss of the eye. X-ray had been applied for a period of eight months, but the ulcer continued to spread. Applied tubes of radium of low activity on April 14th, 1904; after fifteen days the ulcerated surface had healed over. The photograph, taken after forty days, shows entire ulcerated surface replaced by fine white scar tissue. This case has remained well for more than one year.

* Read at meeting of Canadian Medical Association, Halifax, 1905.

Case 2.—Male, aged 27. Four years ago a lupoid patch developed to the right of the chin, covering an area of one and one-half inches in width, three inches in length. The ulcerated area was dissected out and followed by a course of X-ray treatment. The surface healed, leaving a scar of very firm fibrous tissue, which drew down the angle of the mouth, causing an impediment in his speech. February, 1904, an ulcer the size of a quarter developed on the right side of the scrotum. This did not heal under various methods of treatment for a period of three months. May 23rd, 1904, applied radium of low activity to the ulcerated area, and, after three applications, the same healed, and has remained healed ever since. To the old scar on the face radium of low activity was applied at four different times. This caused the firm, fibrous scar to become soft and pliable, so that the angle of the mouth is no longer drawn down to the same degree, nor is it apparent as before.

Case 3.—A young lady, aged 22, had a large lupoid patch on her right cheek, of five centimetres in length, two and one-half centimetres in width, which has healed after twelve different cauterizations, leaving a rather rough and firm scar. Around this healed area was a rim, one centimetre in width, which was red; in many places there were denuded areas; in all there were fifteen applications of the tubes of radium, which caused the red rim to disappear and the small ulcerated areas to heal; also the firm and somewhat rough old scar became soft and pliable, so that it is but slightly noticeable.

Case 4.—Woman, aged 71, developed a small epithelioma on her right cheek, measuring one and one-half centimetres in diameter. The glands of the neck were not infiltrated. The radium was applied nine different times and caused the depression to fill in and heal over. One year has elapsed since the last treatment, and excepting for a slight redness of the area, nothing is noticeable.

Case 5.—Woman, aged 40, had a mole above the right supra-orbital ridge. She persistently picked at this until she says she pulled it out clear from the roots. Two and one-half months from this time I saw her. There was a deep hole where the mole had been with a diameter of two centimetres, extending down to the periosteum of the bone. The edges were highly inflamed, as well as the surrounding tissue, and there was a discharge of blood and serum. This is undoubtedly an epithelioma developed by irritating the mole. During November she received eight applications of the radium, and

the deep, ulcerated surface has filled in and healed over so as to be barely noticeable. At the present time this case seems perfectly well.

Case 6.—Woman, aged 32, has very extensive lupus vulgaris extending over the entire right side of her face, from the ear up into the scalp, down to the cheek, and back to the angle of the jaw and around to the chin. Various methods of treatment had been tried during many years. In all, she has had fourteen applications of radium, and great numbers of the elevated areas have smoothed down, and there is a great amount of new intervening scar tissue which is soft and pliable. Due to illness, no further applications have been made, and all the healed areas have remained well, so this case gives fair promise of becoming entirely well.

Conclusions.

From these cases the following inferences may be drawn, namely:

1. That the rays coming from radium, when the same is contained in hermetically sealed tubes placed directly on an ulcerated area, that a slight sensation will be felt in from seven to eight minutes, but when the skin is unbroken, no sensation is felt, even if the tubes of radium remain on for a period of thirty-five minutes.

2. If these tubes of radium are kept on an ulcerated area for a period of thirty-five minutes they produce an increased redness of the diseased part and cause an erythema of the surrounding tissue which may last for several hours or as long as twenty-four hours.

3. That radium rays have caused an ulcerated lupoid area in three cases, an ulcerated area of a rodent ulcer, and two small epitheliomata to heal over, and that these former ulcerated areas have become firm, white scar tissue, which gives them every appearance as though they were healed, and in one case of very extensive lupus vulgaris it has produced such marked improvement that the case may reasonably be considered as healed.

4. That the rays of radium have caused the firm, rough scar tissue in two cases of old lupoid areas to become soft and pliable, and therefore are not as disfiguring.

5. These effects of radium have been very rapid, considering the usual intracability of this class of diseases, and consider-

ing that in all cases various therapeutic measures and means have been tried repeatedly with little or no effect.

6. What is of very great practical value, if radium has a therapeutic use, namely, these results have been obtained with tubes of radium of low activity, costing but a few dollars, while it is supposed that only radium of high or very high activity, costing several hundred dollars a tube, possessed any therapeutic properties.

7. The treatment in none of these cases commenced longer than a year and a half ago, and while four of these cases have remained healed for a period of over one year, yet many years must elapse to see whether the disease will not reassert itself again before the same can be pronounced as cured. And if, after a lapse of several years, cases of lupus, rodent ulcer or epithelioma, treated by the aid of radium, remain cured, then radium is only to be classed with the Finsen light and the X-rays and surgery, as one of the methods in the treatment of small epithelioma and rodent ulcers.

8. In the two figures of the false joint of the ulna is seen a very good example of the comparative value of radium and X-rays in the examination of bones directly. The X-ray is a three-minute exposure, while the radium picture is a one-week exposure, from which can be concluded that the X-rays show far greater differentiation between the bone and connective tissue than does radium, and since it requires at least several hours for the radium rays to penetrate the flesh it would, therefore, be impracticable to use radium for making skiagraphs.

9. The conclusions drawn from nearly one hundred experiments give positive proof that while suspending tubes of radium of various strengths for long periods in various solutions and various powders, that neither these solutions nor the powders are capable of affecting photographic plates, and are, therefore, not rendered radio-active and, therefore, neither the solution nor the powders are rendered radio-active, and can in no way affect the metabolism or pathology of living organisms.

Monographs on the therapeutic and physical properties of radium will be cheerfully sent to any who may desire the same.

1220 Wilson Ave., Cleveland, Ohio.

THE GROWTH AND ORGANIZATION OF THE MEDICAL PROFESSION IN NOVA SCOTIA.*

By D. A. CAMPBELL, M.D., Halifax.

Mr. President and Gentlemen,—The subject upon which I shall endeavor to address you may be entitled, "The Growth and Organization of the Medical Profession in Nova Scotia."

The satisfactory condition of the medical profession in this province to-day has not been attained without much effort and a long history. The present standard of medical education is sufficiently high, and the average attainments of the rank and file of the profession satisfactory, so that everywhere the public can obtain the services of men capable of coping with the ordinary emergencies met with in practice. The members of the profession are respected, and exercise considerable influence in social and public affairs. In their organized capacity they enjoy self-government—a privilege which they have used for the public benefit, but have never abused. There are active and energetic associations for mutual improvement and protection. The grosser forms of quackery are not prevalent, and what may be called "medical heresies" are scarcely represented. It can be affirmed without exaggeration that the position of the profession in Nova Scotia compares favorably with that which obtains in other provinces of Canada or in the states of the American Union.

It is now just three centuries since the first European settlement was made in this region of North America, at Port Royal, now Annapolis Royal, in this province, which is, thus, the oldest continuous European settlement on this continent north of Florida. The settlement was really made and the colony established by Poutrincourt, under a grant from de Monts, who had arrived there the previous year, 1604, with a grant, from Henry IV. of France, of all the territory between the 40th and 46th parallels of latitude. The Acadia of the seventeenth century was thus a very wide region, including the present New Brunswick, and, indeed, for a long time, the name Nova Scotia was applied to the same region. Sieur de Monts made many and extensive explorations during the summer, crossed the Bay of Fundy, and established a settlement on the island of St. Croix. The colony of St. Croix suffered great hardships during the winter of 1604-5; and it is from that

*Read before Canadian Medical Association, Halifax, August 22nd to 24th, 1905.

settlement that we have the earliest account of anything of strictly medical interest in Acadia. That year Samuel de Champlain—a name illustrious in Canadian history—was with de Monts at St. Croix, and he has left a most interesting account of a serious malady which attacked the colonists. Here let me quote part of Champlain's narrative:

"During the winter, many of our company were attacked by a certain malady called the mal de la terre, otherwise scurvy, as I have since heard from learned men."

In 1613 the colony of Port Royal was greatly injured by an expedition from Virginia; war between France and England followed; but upon the restoration of peace, in 1632, France was still permitted to hold Acadia.

The work of colonization was resumed under the auspices of the new company of France; some sixty families of farmers, fishermen and artisans were brought over, settling first at La Have, and subsequently at Port Royal.

From the final cession of Acadia to Great Britain and the peace of Utrecht, in 1713, to the year 1749, when Halifax was founded, not the slightest effort was made in the direction of securing British settlers for Nova Scotia. France, by the retention of Cape Breton and the fortification of Louisburg, was enabled effectively to checkmate the plans of England. When war broke out between the two nations in 1744, the governor of Louisburg promptly sent an expedition to regain Nova Scotia. Canso was attacked and destroyed, and it was determined to capture Annapolis—which meant the capture of all Nova Scotia. This attempt failed, but it so exasperated the New England people that they resolved to secure possession of Louisburg. A scheme, planned by a lawyer and executed by a citizen commander, with an army of artisans, fishermen, farmers and lumbermen, snatched, by sheer audacity, from the grasp of France, the great stronghold of Louisburg, defended by a garrison of veterans. At the close of the war, however, Louisburg, conquered by arms, was restored by diplomacy. A storm of indignation swept over New England, which had the effect of quickening a plan long cherished by the British government, of establishing a permanent settlement, and strong military station, on the Atlantic coast of Nova Scotia, as a counterpoise to Louisburg, and Halifax was founded in the early summer of 1749.

A fleet of transports, with 2,576 immigrants, of which 1,546 were adult males, sailed for Chebucto Bay, under the command of Hon. Edward Cornwallis. New Englanders also came

in considerable numbers, and contributed largely to the success of the undertaking. A little later a German colony was planted at Lunenburg.

In 1758 Louisburg was captured by General Wolfe, and Quebec in 1759. With British rule thus assured immigrants from New England and elsewhere soon began to flow into the country and to occupy the fertile lands and the best fishing stations, so that by 1770 there was an estimated population of 13,000 in the Nova Scotia of that day.

During the progress of the war between England and the revolted colonies of New England,. many adherents of the Royal cause were driven from their homes, and sought refuge in Nova Scotia. After the evacuation of Boston about two thousand refugees came to Halifax with the British forces. When the war closed large numbers of Loyalists withdrew from the United States, the greater part settling in Ontario and Nova Scotia.

Among the 2,500 settlers who came to found Halifax in 1749 there were twenty-eight medical men. Eleven of the number were accompanied by their families, which indicates that they, at least, came with the intention of staying in the country. All, probably, were army surgeons, thrown out of employment at the termination of the war with France, who were thus willing to accept a free trip to America and a grant of two hundred acres of land. How bitter must have been their disappointment when they beheld for the first time an unbroken expanse of forest, and realized that this was the home upon which they had based great hopes. Some found employment in connection with the hospital which had been established, but this did not last long, as the home authorities complained to Cornwallis that he supported too many surgeons and apothecaries. Only three out of the twenty-eight appear to have had the courage to face such a future. These remained with the other colonists, shared their hardships, and achieved some measure of success. The names of the three were Robert Grant, John Steele, and Alexander Abercrombie. These were the pioneers in medicine in Halifax. Grant became a member of His Majesty's Council; Steele, a member of the House of Assembly; and Abercrombie, when he died twenty-eight years later, was deeply lamented, both for his medical skill and his benevolent disposition. The fate of the other twenty-five is unknown.

Only one physician accompanied the 1,500 German colonists who settled at Lunenburg, and it is uncertain whether he re-

mained in the country. The New England and North of Ireland settlers, who came to the province prior to the Revolutionary War, were usually able to obtain medical aid. The missionaries, who regularly visited the sparsely settled and remote districts, had some medical knowledge. At some points the garrison surgeons looked after the sick. A few physicians came from New England and engaged in practice in the more thriving districts. Of these latter the professional knowledge and skill may not have been great, but they were usually resolute, enterprising men, and useful members of the community in which they lived.

A large number of medical men acccompanied the Loyalists. They were well qualified. The majority had served as surgeons during the war, and their influence in improving the status of the medical profession was marked, owing to their number, skill, and strong personality.

The estimated population of Nova Scotia, in 1790, was about 35,000. The number of practitioners in the province at that time, as far as I have been able to ascertain, after considerable research, was thirty-five, a very large number when we consider the slender resources of the inhabitants and the limited extent of the settled area. The presence of so many practitioners at that early period is explained by the circumstances that fully one-third of the number held permanent appointments in connection with the military establishments at Halifax, Windsor, Annapolis, Shelburne, and Sydney—appointments which they had received as a partial compensation of the losses they had sustained by the Revolution. Their official duties were light, and gave them ample time for general practice. After the founding of Halifax about nine-tenths of the physicians who came to Nova Scotia came from New England and of the thirty-five practitioners in 1790 fully three-fourths were Loyalists. The latter did much to create that ingrained respect and loyalty towards the profession which is a characteristic of Nova Scotians, and this was accomplished by the individuality and force of character of those men, as well as by their professional skill. The old inscription on the tombstone of Dr. John Haliburton, in the old St. Paul's Cemetery, might not unfittingly be applied to each one of them:

> "If unshaken loyalty to his King, steady attachment to his friends, active benevolence to the destitute, and humble confidence in God, can perpetuate his memory, he will not be forgotten."

After 1790 no distinctive event stands out from which we can look back upon the growth of the profession, until the year 1828, when an Act to regulate the practice of medicine was passed by the legislature. During this period of thirty-eight years the population had risen from 35,000 to 150,000—an increase largely due to an extensive immigration from the Highlands of Scotland. The older settlements had made substantial progress, and afforded an improved field for practice. The number of medical men had increased from 35 to 65; but the ratio to population had fallen from one in about 1,000 to one in about 2,300.

Two of those in practice in 1790 still survived—Jonathan Woodbury, of Annapolis, who came to the province as early as 1763, and Joseph Norman Bond, of Yarmouth, a veteran of the Revolutionary War, who enjoys the distinction of being the first medical man to perform vaccination in Nova Scotia. This was in 1802.

The additions to the ranks of the profession, during this period, were principally British graduates, who brought with them the traditions and customs of the profession in Great Britain.

During this period a few medical men also came from the United States. About 1800, we note the appearance of native Nova Scotians, who had studied either in Great Britain or in the neighboring republic. Towards the close of this period there was a decided increase in the number of these. The first Nova Scotians were: Samuel Head, of Halifax, son of Dr. Michael Head, who came from Ireland to the province shortly after 1756; David B. Lynd, of Truro, a graduate of the University of Pennsylvania; Robert Bayard, of Cornwallis, a graduate of Edinburgh, better known in New Brunswick than in his native province; and W. B. Almon, of Halifax, also an M.D. of Edinburgh, and son of Dr. W. J. Almon, who first came to Halifax during the Revolutionary War. All of these were in practice in 1810.

The preamble to the Medical Act, and a subsequent amendment, point to the presence of a number of unqualified practitioners, especially in districts where medical aid could not be easily obtained. Many of these were men who had gained some knowledge, either through apprenticeship or a partial course at some college. Generally speaking, they were a deserving class, and should not be regarded in the same light as quacks and pretenders.

The next important step in the progress of the profession

was the formation of the Medical Society of Nova Scotia in 1854. This association grew out of, or rather was an expansion of, the Medical Society of Halifax, which had been formed in 1844.

Between 1828 and 1854 the population had nearly doubled, chiefly through natural increase, and the number of practitioners had risen from 65 to 120. An analysis of the list of practitioners in 1854 indicates that more than one-half of them had been born in the province. Of the total number 50 per cent. had been educated in the United States, 35 per cent. in Great Britain, and 17 per cent. were provincial licentiates. During this period the medical supply reached its lowest ebb, because but few practitioners came from abroad, and the cost of a complete medical education in a foreign country was greater than many Nova Scotians could afford. Quackery became prevalent and offensive. The petitions of medical men to the legislature had been disregarded, and the conviction became general that the only way to secure a remedy was by united action; hence the formation of the Medical Society of Nova Scotia.

The next period, extending from 1854 to 1872, when a new Medical Act of great importance was secured, is characterized by a less rapid extension of the population, owing to the fact that the era of emigration from the province had begun. But for the people who remained there was a better medical supply.

The new medical society soon made its influence felt. For some years its efforts were concentrated upon safe-guarding the interests of the profession and the promotion of measures to improve the public health. In 1856 the old Medical Act was amended, and new provisions were added to repress unqualified practice. A tariff of fees was framed; a code of ethics adopted; better remuneration for public services was secured; health legislation was improved, and an act for the collection of vital statistics was obtained.

The union of the provinces in 1867 widened the outlook of the profession; and the new order of things was promptly signalized by the formation, that year, of this Canadian Medical Association. And here permit me to refer to the fact that the honor of first presiding over the deliberations of this important organization was accorded to a Nova Scotian, a gentleman of high standing in his profession, but one whose widely-recognized pre-eminence as a political leader and constructive statesman has caused his professional career to be almost forgotten—I refer, of course, to the Hon. Sir Charles Tupper.

And I cannot omit mention of the second president of this association, also a Nova Scotian, and the ablest practitioner in the province, chosen for that place of honor because of his sterling character, public spirit and successful professional career, one who fortunately is still with us, an inspiring influence for all that is noble and good—I refer, of, course, to the Hon. Dr. Parker.

In the same year, 1867, the Medical Society of Nova Scotia was reorganized. Up to that time the society had held all its meetings in Halifax. It was then decided to hold the annual meetings at different points in the province, with the view of securing the more hearty co-operation of members in the various parts of the country.

In 1867, also, a medical school was founded in Halifax in connection with Dalhousie College. At first nothing more than a short preparatory course, during the summer months, was aimed at. The venture met with success, and in 1870 it was decided to establish a full course of study and to confer degrees.

Before considering the Medical Act of 1872, mention may be made of some minor events which have resulted in good. The Nova Scotia branch of the British Medical Association, formed in 1887, which meets at Halifax during the winter months, and the Maritime Medical Association, formed in 1891, which holds its annual meeting alternately in the three capitals of the Maritime Provinces, have greatly promoted harmony and good feeling, as well as mutual improvement. The *Maritime Medical News,* founded in 1888, has been of material benefit to the various associations by preserving in an accessible form a record of their proceedings, and of their more valuable contributions.

The medical legislation in 1872 is of so much importance that I trust you will pardon me for giving an account of various steps leading to it. By medical legislation I mean, of course, enactments designed to regulate the study and practice of medicine, it being generally conceded that the state has full power in this respect.

The first step was taken while the military element in the profession predominated, and was perhaps suggested by the Medical Acts of Upper and Lower Canada. The Medical Act of 1828 is very brief, and is entitled, "An Act to Exclude Ignorant and Unskilful Persons from the Practice of Physic and Surgery." Its substance is as follows: No person shall demand or recover any fee or award for medical or surgical aid unless he has a diploma from some college legally author-

ized to grant the same, or of having been examined in respect to his professional capacity by judges to be appointed by the Governor-in-Council.

Next came the Act of 1856, promoted by the Medical Society of Nova Scotia. It provided for the registration of qualilfications in the office of the Provincial Secretary. In addition to being unable to recover fees for services, unregistered persons were prohibited from holding provincial medical appointments, and were also liable to a fine of £5 for practising.

The Act of 1872 conferred the privilege of self-government, as its provisions secure to representatives of the profession full control of all matters relating to medical education, registration and discipline.

The profession as a whole is not incorporated in Nova Scotia, as it is in Ontario. The Act makes provision for a body corporate, called the "Provincial Medical Board," consisting of thirteen qualified medical practitioners, of not less than seven years' standing—seven to be appointed by the Governor-in-Council for life, and six to be elected triennially by the Medical Society of Nova Scotia. No other provision is made for collegiate representation, and there is no annual tax as in other provinces, the revenue being obtained wholly from examination and registration fees.

Until quite recently the requirements for registration differed in one important respect from those in other provinces, inasmuch as submission to a professional examination was not required from holders of diplomas from reputable schools, obtained after a sufficient course of study. Instead of examination the board insisted upon a rigid compliance with all its regulations relating to the preliminary examinations, period of study, and course of study—tests which effectually excluded applicants from schools of doubtful repute. This policy enabled the board, while maintaining the status of the profession, to keep an "open door" for licentiates from other provinces—a courtesy which so far has met with no reciprocal recognition. At the same time honest men from schools of good repute were spared "vexatious penalties of mind and body."

The principle of state examination was adopted a few years ago, not through conviction of its merits or necessity as a test of professional fitness, but from a desire to co-operate with other provinces in a general scheme of reciprocity. For the past three years an examination in the practical subjects has been demanded from all applicants for license, and the day is probably not far distant when the policy of the board, in this

respect, will be adopted by other provinces, as it is now very generally recognized that medical boards and councils have not the requisite equipment, and can scarcely provide competent and independent examiners, to conduct examinations in the scientific subjects on the lines of the more recent methods of instruction.

The Act of 1872 proved an important factor in causing a diversion of students from American to Canadian schools.

The ever-increasing proportion of Canadian graduates added yearly to the Medical Register is a marked feature of this period, and is worthy of special notice. An analysis of the Medical Register of 1875—thirty years ago—shows that of the whole number of practitioners, 78 per cent. were American graduates, 14 per cent. were British graduates, 2 per cent. were Canadian graduates, and 6 per cent. were Nova Scotia licentiates. A similar analysis of the Register of 1904-5 gives widely different results. Of the whole number, 53 per cent. were Canadian, 44 per cent. were American, and 3 per cent. were British graduates. The change in favor of Canadian schools is still more strikingly illustrated by an analysis of the additions to the Register from 1895 to 1904. Of the number added, 85.5 per cent. were Canadian, 14.2 per cent. were American, and 0.3 per cent. were British graduates. During the year 1904-5 the additions to the Register were exclusively Canadian graduates.

The predominance of the American graduates, numerically, has come to an end, but their influence, always exerted for good, will be felt for years to come; and it is pleasing to observe that the many evils which resulted from a lowering of the standard of medical education in the United States did not sensibly affect the status of the profession in Nova Scotia. This has been due in some measure to our geographical isolation, but chiefly to the circumstance that, from the earliest period down to the present time, the students from this province who went to the United States to obtain a qualification, have almost invariably selected the best schools in Boston, New York and Philadelphia.

The burden of maintaining and improving the status of our guild in this province, and throughout our great Dominion, is now fairly placed on the shoulders of Canadian graduates.

SMALLPOX AND ITS TREATMENT.*

BY A. LEITCH, M.D., ST. THOMAS.

I shall offer no apology for this paper, but will at once proceed with the subject under consideration. I may say that I have attended smallpox on several occasions, beginning with the severe epidemic in St. Catharines in 1876, and have treated ninety-two cases, with two deaths, nearly half of the number being negroes, or partly of that nationality, and the two deaths were colored: one over eighty years of age and bedridden for six months previous to the attack, the other at the time of contracting the disease suffering from delirium tremens, so that I do not feel myself responsible for their non-recovery. The stages of smallpox are, as you are all aware, incubation, primary fever, eruption, secondary fever, and desquamation. The period of incubation lasts in genuine smallpox about twelve days, in varioloid and discrete cases a somewhat shorter period, and may in some cases be shortened by the influence of vaccination, more particularly should it take place in the first or second days of incubation. I have seen the disease cut short in that manner, aborting at the macular and papular stage and modified in the vesicular stage. The symptoms at first being languor, headache, vomiting, severe pain in the back, moderately rapid pulse and temperature, the temperature not being so high as in scarlet fever, and falling upon the appearance of the rash, distinguishing it from scarlet fever, as in the latter the temperature remains higher, even in many cases raises after the rash appears. On the third day you have the rash, appearing at first macular, small and reddish in color, first appearing upon the face, then on the wrists, neck, arms, trunk and lower limbs, most frequently first appearing upon the forehead and lips and then upon the wrists. The rash is more easily seen upon the throat and roof of mouth, and may even appear on throat before it appears upon face. It now changes to the papulæ form and can easily be felt under the skin like small shot and should at all times confirm the diagnosis from either scarlet fever, measles, or varicella. The throat rash is now very marked, more especially upon the soft palate, and is distinct from the red rash of scarlet fever. Now they become vesicles, and may in discrete cases be mistaken for varicella, but the cells are multiple

* Read at meeting of Ontario Medical Association.

and not single as in varicella, and a careful examination and puncture would prevent mistaken diagnosis. The vesicles now become pustular and then umbilicated; the disease has now advanced about nine days since eruption began. The pustules now flatten and scab, which stage is followed by desquamation in from five to nine days, which process is generally complete in about six or seven days. In diagnosis you have, as a rule, only to consider scarlet fever, measles and varicella. Only confluent or semi-confluent variety should be mistaken for scarlet fever or measles, and the discrete or varioloid for varicella.

From scarlet fever you have more pain in the back, and the fall in the temperature when the rash appears; also the deeper red of the rash, not crimson, as in scarlet fever, the macular and papular form of the rash. The marking upon the soft palate, and in second day the defined strawberry tongue of scarlet fever, and it is in this stage that the error in diagnosis should be avoided.

From measles the peculiar rash and absence of coryza and cough should confirm your diagnosis.

From varicella in the confluent and semi-confluent variety a mistake should never be made, as the extensive rash and its history and peculiar macular and papular form should be ample for a differential diagnosis; but in discrete or varioloid a mistake might occur unless care be exercised in history of case and a careful examination of the vesicles, for it is at this stage that errors make their appearance. The careful examination of the vesicles, whether single or multiple celled, would confirm diagnosis. Also in varicella your crop of vesicles appear as such, and do not appear as maculæ and papulæ before becoming vesicles, and are as a rule pustular immediately upon coming on, and are seldom umbilicated.

As to Cuban itch, I never saw a case, and have noticed that all such cases proved to be smallpox, and have caused an immense amount of trouble by the erroneous diagnosis.

Treatment.—From the first support your patient by a liberal diet, keeping the secretions active, remembering that the skin is unable to perform its part, therefore the bowels and kidney must be active. I at once, after caring for the secretions, begin with calcium sulphide, ¼ gr. every three hours; also ferri et quin citrates 5 grs. every four or six hours; and by so doing have been enabled to secure perfect success with my seventeen patients treated under that manner. Should eyes become affected, look sharply after them; also examine the lungs for

bronchitis and pneumonia, remembering the tendency to such trouble in all exanthemata. I also use a solution of flexible collodion upon the fact and exposed parts; also a red blind upon the windows.

I may say that previous to the use of calcium sulphide I had good success in saving the lives of my patients, but never succeeded in preventing pitting until I employed it in 1903.

I watched its action carefully in 1903 and 1904, and found that it cut short the disease, modified the eruption by preventing the formation of pus in the vesicles, and thereby prevented pitting, which I contend is the greatest blessing of the present day in the treatment of smallpox.

I first used it in the epidemic of 1903, which was a severe type. Coming from Cleveland to Galt and from Galt to St. Thomas I had eleven patients: one confluent, four semi-confluent, and the others discrete, three being badly marked all over the face, head and body, yet not a single mark remains upon any of the eleven treated by me. In 1904 I treated six, all discrete cases, with the same results—no marking. We all know the effect of the remedy in boils and carbuncles, and here it seems to be a specific.

I may say that in 1904 a mother and daughter, nine years old, were vaccinated by the Medical Health Officer, and did not take. Two weeks subsequently I vaccinated them with perfect success. You will notice they were immune to smallpox, yet not to vaccination, although exposed at all times for over two weeks. Also this woman and another girl who had a good attack of smallpox, were both pregnant four and five months, yet carried to full term and had healthy, unmarked children.

AN INSTANCE OF STAPHYLOCOCCIC INFECTION OF THE TONSIL SIMULATING A CHANCRE.*

BY DOUGLASS W. MONTGOMERY, M.D.
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In the diagnosis of chancre in its usual situations, the danger lies in mistaking lesions that are not chancre for chancre. On the contrary, when chancre occurs in an unusual situation the danger lies in considering it to be some other affection. The following is an instance, however, where the lesion looked so strikingly like a chancre that, although it occurred in a very unusual situation, all the men who saw it were impressed with its resemblance to the primary le. of syphilis.

The patient, the subject of this paper, first consulted me October 18th, 1893, on account of a seborrheic eczema in the left scrotal thigh fold, which, of course, has nothing to do with the present question. He next came to see me, April 1st, 1901, under the following circumstances:

A few days before, he had started on a trip in the southern part of the State. On March 30th, on arising in the Pullman in the morning, he glanced at the reflection of his throat in the mirror and was horrified to see a large yellow lesion on the left tonsil. He went directly to Los Angeles, and saw two of my friends there, men who are used to seeing syphilis. As the patient expressed it, the best thing they "handed out to him" was syphilis, and they freely told him they thought the affection either an epithelioma or syphilitic ulceration. They proposed to cut or burn it out. He said he would return to San Francisco before having anything done. I saw him on the morning of April 1st, 1901, and it had then the appearance of a chancre.

There was a circular crateriform ulcer, or what appeared to be an ulcer, the size of a nickel on the left tonsil. The floor of this ulcer had a yellow covering, and its edges were rounded and raised. The left anterior pillar of the fauces was bulged forward, rounded and smooth, and of a deep red color. There was a small extension of the ulcer downwards, but its general outline was circular. On looking into the mouth, the observer looked right straight down on the floor of the ulcer, and it gave the impression of being a chancre. On palpitating the sore, it was not found to be very hard, only fairly firm. The ulcer was not painful, but the patient expectorated a good deal and it evidently irritated him. There was one enlarged lym-

* Read before the German Medical Society, San Francisco, April 4th, 1905.

phatic nodule behind the left ramus of the jaw, which was smooth and firm, but not hard. This lymphatic nodule was tender, and there was also some pain and discomfort on the left side of the neck from the ear downwards, which had been present for several days. The left epitrochlear lymphatic nodule was enlarged, but soft. Neither tubercle nor Loffler bacilli were found in either smears or cultures made both by myself and by Dr. Charlotte B. Spring. The only micro-organisms found were staphylococci. There was no fever, and he had good general health.

Such history as was given was corroborative of the view that the lesion was a chancre, or at least syphilitic. The patient had been exposed with two Babylonish women shortly before, and he said that he had been treated in New York in the first part of January by a doctor who was not cleanly in regard to his instruments. Of course, the New York incident was too far removed to permit of thinking the lesion a chancre, but there remained the bare possibility that it might be one of the deep ulcerative processes that sometimes occur in the throat in secondary syphilis. Against this was the fact that there were no concomitant symptoms. All possibilities, however, have to be weighed in the consideration of a doubtful case.

The patient that same day on which he came to me saw two other physicians, both well versed in this particular class of disease. Each of them, on independently examining it, thought that the lesion was a chancre. We all three met that afternoon and concluded, that although the affection looked so characteristic, that it would be better for the patient to await the appearance of other manifestations before definitely determining on a diagnosis of syphilis, and in the meantime we prescribed a mouth wash of peroxide of hydrogen, and internally we ordered tincture of chloride of iron to be given in thirty-drop doses every three hours.

By April 5th, the fifth day under our observation, the lesion had dwindled to a very small surface, and the enlarged lymphatic nodule at the left angle of the jaw was hardly perceptible. By April 6th the lesion had entirely healed.

I did not see the patient again professionally for about four years. On March 3rd, 1905, he came to me with an affection in the very same situation as before, and it was then that I got an insight into the cause of the resemblance of the previous lesion to a chancre. It was explained by the peculiar shape of the affected crypt of the tonsil, which was deep and funnel-shaped and had a bulged-out rounded rim. In this funnel-shaped cavity there was a dirty, grey mass that simu-

lated exactly the necrotic floor of a chancre, while the raised rim corresponded to the induration surrounding such a sore. The lymphatic nodule behind the left angle of the jaw was a little enlarged, as it had been before. As I concluded it was an attack similar to the one the patient had suffered from four years before, and therefore did not belong to my specialty, I turned the case over to Dr. Pischel.

A couple of days afterward it showed almost the identical picture it had exhibited four years before, so there was no doubt of the identity of the two attacks.

Yellow masses taken from this crypt were found on microscopical examination not to be leptothrix masses, which they resembled, but almost a pure culture of micrococci with a few bacilli, and with very few epithelial cells and an occasional pus cell. The cultures showed only staphylococci. It was therefore concluded that the lesion was a staphylococcic infection of a particularly deep, wide-mouthed tonsillar crypt.

In this view of the case, the pathology of the affection was strikingly similar to that of an acne following comedo. This deep tonsillar crypt presumably became filled with one of those cheesy masses so frequently seen in the tonsil, then the cheesy mass became infected with staphylococci, just as the sebaceous plug in a sebaceous gland in acne does. In this way the funnel-shaped crypt, filled with a pure culture of staphylococci, could be compared with a cornucopia filled with fruits and flowers, although the flora in this case were not so artistic looking as generally pictured, but constituted a dirty, greenish-grey mass. Although clinically the lesion gave the appearance of an ulcer with high rolled edges and a dirty floor, I do not believe there was any ulceration at any time. Probably the kind of infection was not the determining factor in producing the clinical picture, but rather the shape of the follicle. Other infections, such as streptococci or leptothrix, occurring in the same follicle would possibly, if they had produced a certain amount of reaction, have given rise to the same appearances.

Fournier calls these cases "lacunar or cavernous amygdalitis," and draws attention to how easily they may be mistaken for a chancre or for an ulcerating gumma.[1] Dr. Mendel, whom Fournier quotes as having written an interesting memoir on this kind of tonsillitis, calls the affection "ulcerating chancriform amygdalitis," signifying by the name its close mimicry of chancre.

The first good description of chancre of the tonsil was given by Mauriac in 1884. Previous to that both Diday and Rollet had admitted that chancre of the tonsil could occur, but the

lesion in this situation was considered so rare that physicians were afraid to trust themselves in making a diagnosis. In this country, R. W. Taylor called the attention of the profession to this location of the primary lesion.[2]

In reviewing what has been written of the diagnosis of chancre of the tonsil, we find the following possibilities of error. The lesion is most frequently taken for a simple tonsillitis, or la grippe, or a staphylococcic or a streptococcic sore throat. The next most frequent error is to suppose it to be diphtheria. Krefting, of Christiana, has reported thirty-six cases of chancre of the tonsil, and says that many of the patients were first sent to the diphtheria ward.[3]

Legendre has reported a case where the lesion resembled an angina diphtheritica, and Brocq mentions an instance where the chancre was diagnosed as an angina gangrenosa.[4] Chancre of the tonsil has also been mistaken for a mucous patch, or for an epithelioma.

P. Merklen has, for instance, reported a case where a chancre of the tonsil in a woman, sixty-four years of age, simulated so closely an epithelioma that several observers so diagnosed it. Subsequently it was thought to be a tertiary lesion and it was only the appearance of the secondaries that led to a correct diagnosis.[5]

Fournier also mentions a very intresting case where the diagnosis was difficult, and where the lesion was at first considered to be an epithelioma. There were pains in the ears, cephalalgia, and adenopathy "en pleiade."[6]

As we have above stated, the present case reversed the usual errors, and was a comparatively insignificant affection that bore a striking resemblance to a chancre and was thought by well-trained men to be either a chancre or an epithelioma, a mistake that was not the result of ignorance, as the clinical type here represented is very rarely seen, and no one on first seeing it could be blamed for not recognizing its true character.

That the patient was not definitely put on antisyphilitic treatment when he first consulted us was the fortunate outcome of conservatism in not wishing to decide the case on the evidence of the primary lesion alone.

REFERENCES.

1. *Les chancres extragenitaux*, p. 170.
2. *New York Med. Journal* May 24th, 1884.
3. Extragenital Syphilis infection, *Arch. f. Derm u. S.* B. XXVI., p. 168.
4. Contribution au diagnostic du chancre syphilitic de l'Amygdale. Par Paul Legendre. *Arch. Gen. de Medecine*, Jan. et March, 1884, also *Ann. de Derm. et de Syph.* S II., v. VI., p. 112.
5. Paul Legendre. *Vide Supra.*
6. *Ann. de Derm. et de Syph.* S. II., v. V., p. 57.

THE THERAPEUTICS OF ASPIRIN.*

BY J. BURNET, M.A., M.B., M.R.C.P., (EDIN.)

Aspirin is the acetic ester of salicylic acid. It occurs as fine white, acicular crystals, possessing a distinctly acid odor, and an agreeable acid taste. Dilute alkaline solutions, readily dissolve it, splitting it up into its component parts. It is only slightly soluble in an acid medium. It differs chiefly from other salicyl compounds in being much less irritating to the gastric mucous membrane. It tends to increase the heart's activity, and does not produce tinnitus aurium. Its presence in the urine can be detected shortly after its administration. It is best given in a glass of lemon water, and must on no account be prescribed along with alkalies, nor in the form of tablets. The average single adult dose is from 10 to 15 grains.

It is in rheumatism and rheumatic affections that aspirin is more especially to be employed. I have given it in over 200 cases. To get the best results it should be given in full doses, and its administration should not be discontinued too early. It is useful in lumbago, and in pleurodynia. In cases of chorea I have had remarkably good results from the use of aspirin. In fact, I have yet to meet with a case of chorea in which aspirin, given in suitable doses, failed to bring about alleviation of the condition. It should, however, be given in doses of from 10 to 15 grains. Children take it well, and it never produces toxic symptoms. In acute rheumatism of childhood I have likewise found aspirin of value. It should be given in 5 to 10 grain doses every three or four hours. It is also of service in many cases of tonsilitis of rheumatic origin occurring in children.

In rheumatic eye affections, such as iritis, it will be found invaluable. In the treatment of the hectic fever of tuberculosis small doses of aspirin possess the power of reducing the temperature. As an analgesic it can be recommended, not only in many cases of neuralgia but especially in sciatica, neuritis, and even in malignant conditions. In certain forms of influenza aspirin proves extremely useful. In cases of glycosuria, as first pointed out by Williamson, of Manchester, aspirin alone is able to reduce the amount of sugar excretion.

In fact, in my opinion, aspirin entirely replaces all other salicyl compounds, as it is a more powerful analgesic and antithermic agent than any of the others.—*Medical Press and Circular.*

[In some cases aspirin has a distinctly depressent effect and its administration should be carefully watched.—ED.]

*Abstract of paper read before the Therapeutical Society on March 18th, 1897.

Progress of Medical Science.

MEDICINE.

IN CHARGE OF W. H. B. AIKINS, H. J. HAMILTON, C. J. COPP AND F. A. CLARKSON.

Visceral Hypoplasia and Cancer.

It has many times been noted that patients suffering from cancer have the visceral organs incompletely developed. Cattin (*Jour Med. et Chir. Pratiques*) has collected all the data possible on the subject, and believes that the statement is generally true, no matter what organ is primarily affected. The uterus in many of the cases examined was undoubtedly hypoplastic, sometimes even infantile in type. Some have considered that the various viscera showed only atrophy, and not hypoplasia, but this is disproved in the case of the kidney, where fetal lobulation is often well marked. Cattin therefore concludes that there is an intimate connection between visceral hypoplasia and malignant disease. F. A. C.

Opsonic Power in Tuberculosis.

Urwick (*Br. M. J.*) explains clearly the term "opsonin," first used by Wright, and derived from a Greek word, meaning "to prepare food for." Opsonins are substances contained in the serum or plasma of blood, which possess the power of so influencing bacteria that they fall an easy prey to the leucocytes. This peculiar property is found in the blood of all persons, but differs in degree, and may be measured for, say, tubercle bacilli by a simple experiment. A small quantity of the serum to be tested is mixed with equal quantities of an emulsion of tubercle bacilli and of blood corpuscles washed in 5 per cent. solution of sodium nitrate in normal saline. Incubate the mixture for twenty minutes. Films are then made and stained for the bacilli. The average number of bacteria ingested by each polynuclear leucocyte is calculated, and in this way the opsonic power of the serum estimated.

In 54 cases of various types of tuberculosis Urwick has studied the opsonic power of the serum, and has obtained figures varying from 0.3 to 2.6, normal serum being taken as unity. These numbers are so widely divergent that we

can at present come to no satisfactory conclusions, as far as clinicians are concerned, but further investigation along these lines is full of promise. F. A. C.

Cholelithiasis.

Bain (*Br. Med. Jour.*), from a number of experiments on animals in whom he produced gall-stones, comes to the following conclusions:

1. That gall-stones introduced into a normal gall-bladder become dissolved within a comparatively short space of time, in about eight or nine weeks.

2. That when a mild degree of cholecystitis is set up gall-stones inserted into the gall-bladder do not disappear, although there is always a reduction in weight.

3. That ichthoform, cholelysin, olive oil, and calomel do not appear to have any effect in resolving calculi introduced into a gall-bladder the mucous membrane of which is inflamed.

4. That during a course of the Harrogate old sulphur water gall-stones become disintegrated in cases of cholecystitis experimentally induced.

5. That in the treatment of artificially produced cholelithiasis a mixture of urotropin and iridin has a pronounced effect in causing dissolution of the calculi.

6. That in regard to the action of barium chloride further experiments are necessary to determine its role in experimentally-produced cholelithiasis.

OBSTETRICS AND GYNECOLOGY.

IN CHARGE OF ADAM H. WRIGHT, K. C. McILWRAITH, FRED. FENTON AND HELEN MacMURCHY.

Rapid Dilatation of the Cervical Canal and the Choice of Methods for the General Practitioner.

Stockel (*Berl. Klin. Woch.*, March 13th) discusses the methods of rapid dilatation of the uterus used in modern times. Rapid dilatation is now employed much more frequently than formerly. It was then resorted to only when there were serious dangers to life. The methods have been so much improved that it may now be used without difficulty or danger, and nature may thus be assisted much more frequently. Methods of dilatation fall naturally into two groups:

dilatation without cutting of the tissues, and dilatation with the use of the knife on the cervix. In the first category belong Bossi's method, and dilatation by inflated rubber bags. To the second belong the radiating incisions of Duhrssen and his vaginal Cesarean section. Of the radiating incisions it may be said that they result in severe hemorrhages, dangerous to life and difficult to control. Vaginal Cesarean section is neither difficult nor dangerous, but the indications for it are few. Bossi's dilator is a metallic instrument with four arms, placed together when the instrument is introduced, and separated gradually by a mechanical device, the amount of dilatation accomplished being indicated by a scale. The instrument is not as yet fully adopted by the general practitioner, and has not as yet been thoroughly studied by gynecologists. Among those who have employed it there are great differences of opinion as to its value and the indications for its use. Leopold has reported very favorably upon its use in eighty cases. Ehrlich recommends using it only where there is danger to the life of mother or child. According to him eclampsia is the most important indication for its employment. Others are tetanus uteri, sepsis during labor, contracted pelvis, perhaps placenta previa. Dilatation is absolutely necessary for the application of the forceps, and version does not give as good results as forceps, the life of the child being often sacrificed, and ruptures more frequent. This instrument rarely causes rupture of the cervix. Hence it may be used preparatory to forceps. V. Bardeleben has had results of quite an opposite nature. He states that the uterine contractions do not succeed the dilatation in proportion to the amount of opening obtained; that cervical tears are easily produced and are frequent; that the method is not favorable to the child; that following its use most women suffer from metritis and other inflammations. The author has himself seen tears result, and severe hemorrhages produced. He thinks that more observations should be made by gynecologists before it comes into general use.—*Amer. Jour. of Obstetrics.*

Acute Cholecystitis in the Puerperium.

Dr. H. N. Vineberg (*N. Y. Med. Record*) reports the following cases: One patient was 31 years old, had been delivered nine days previously of her fifth child. The uterus and adnexa were normal, but a short, jerky respiration attracted attention to the gall-bladder region, where great tenderness was mapped out. Although the diagnosis of puerperal sepsis had been

made, Dr. Vineberg decided it to be a case of cholecystitis, and operation (cholecystotomy), done the same night, confirmed the diagnosis. Another patient was seen ten days after delivery and subjected to the same treatment. Both patients recovered.

An Investigation into the Causation of Puerperal Infections.—By Drs. A. G. R. Foulerton and V. Bonney *(The Lancet)*.

The details of these extensive studies should be read only in the original work compiled by the authors. The bacteriological findings in fifty-four cases establish the predominating importance of streptococci in puerperal infections. The next micro-organism in order of importance was the micrococcus pneumoniæ.

The authors conclude that the old classification of cases of puerperal fever into sapremic, septicemic, and pyemic has but little value. In the absence of a definite bacteriological diagnosis it will be safest to deal with every case of puerperal fever in which the temperature rises above 102 deg. F. as if it were a case of streptococcic infection.

A compound or polyvalent serum has been prepared by the authors by means of which they hope to secure a considerable reduction in the mortality of puerperal fever.

They regard the use of the curette in puerperal fever as mischievous; although they approve of digital exploration of the uterus, the removal in this way of any retained fragments and subsequent douching with an antiseptic solution. Preventive vaginal douching preceding labor they strongly condemn, as such procedure fails to dislodge bacteria in the cervix.

The use of the curette should be absolutely discarded in the treatment of puerperal uterine infection. "In the case of either a streptococcic or pneumococcic infection of the uterus, with or without secondary infection by other bacteria, this procedure would seem on the one hand to be incapable of doing any good, and on the other hand, might be productive of most serious result by infecting the hitherto intact deeper tissues of the uterine wall."—*The Post-Graduate.*

The Treatment of Menorrhagia and Hemoptysis by Inhalation of Nitrite of Amyl.

In the *Scottish Medical and Surgical Journal* for May, 1905, Colman states that in his study of this subject, Dr. Francis Hare, of Brisbane, did not feel justified in deliber-

ately trying the effect of nitrite of amyl on the menstrual flow, but that accidentally, in the course of treating a case of angina pectoris, he found that inhalation of nitrite of amyl checked menstruation completely in this patient on several occasions.

This point attracted the attention of the writer, as at that time he had a patient suffering from severe menorrhagia, which he had found very difficult to relieve. It seemed to him that a drug which stopped normal menstruation would probably check the excess at least in his patient's case.

From the details of the case and the results of the experiment given by the author in his paper, it would seem sufficient to state that the drug was most successful. By means of it the loss of blood was kept well within normal limits after other methods had failed, and the patient's general condition very much improved.

Amyl nitrite must be looked upon as a distinct help in the treatment of inaccessible hemorrhage. Its utility in hemoptysis has been proved by Hare in a sufficient number of cases to warrant a much more extended use than would appear to be the case at present. In menorrhagia ,in the one case now reported, the successful use was undoubted, and further trial in similar cases will, in the author's opinion, meet the same success.

There can be little doubt that the sudden lowering of the blood-pressure is the main factor in the checking of hemorrhage by inhalation of nitrite of amyl.

This sudden lowering of blood-pressure allows clotting to take place in the bleeding area, be it ulcerated lung surface or engorged endometrium. The blood-pressure rises again, but gradually, and so the clots formed are not displaced. In short, the action of nitrite of amyl is a very close imitation of nature's method of checking very severe hemorrhage, viz., syncope, clotting in the ruptured vessels, gradual rise of blood-pressure, and return of consciousness, the rise of pressure being not rapid enough to expel the clots.

Lastly, the inhalation of nitrite of amyl seems to have no bad effects on patients, the headache usually complained of being very transient.—*Therap. Gazette.*

Fatal Precipitate Labour.

H. E. Rayner, F.R.C.S., and W. L. Stuart, M.D. (*Lancet*, June 17th, p. 1644.)

A primipara, twenty-six years of age, who was expecting her confinement, was in good health and spirits at 2 p.m.,

when her husband left for his work. On his returning at 4.30 he found her seated in the water-closet and inanimate. She was carried to another room and restorative measures were tried without success. The whole of the uterine contents had been ejected into the pan of the closet, the child's head having completely passed through the lower opening and the body and shoulders remaining above. The pan had to be smashed before the body could be liberated. The difficulty of withdrawal was probably due to edema and congestion, the result of the dependent position. The child was a normal female of full size. There had been apparently much hemorrhage, but the amount could not be determined with accuracy. The upper segment of the uterus was intact and fairly well contracted, the lower segment and cervix showed bilateral rupture through the whole thickness of the muscular wall. There were several longitudinal fissures in the vagina involving the mucous membrane and part of the muscle wall. The deeper tissues of the perineum were lacerated, but the superficial were intact. Death presumably was due to shock from the ruptured uterus, the sudden diminution of intra-abdominal pressure, and the hemorrhage.

The majority of books give the causes of precipitate labor as increased propulsive force and diminished resistance. But the auxiliary propulsive force produced by straining at stool is, after all, only physiological, and in this case, the woman being a primipara, the second cause was certainly not present. From a medico-legal point of view this case also is of interest. If it had not been fatal to the mother it might have been argued that the impossibility of withdrawing the child's head indicated that some means (such as interference on the part of the mother) additional to the forces of expulsion and gravity had been used to get it into the extraordinary position in which it was found.—*Med. Review.*

Editorials.

ASYLUM APPOINTMENTS.

Considerable interest has been taken in certain appointments recently made in the public service of Ontario. We understand the Government had a surplus of candidates for the superintendency of the Toronto Asylum for Insane, but unfortunately all had been party men in the past. Under the circumstances it was considered advisable to appoint a physician not connected with any political party. Dr. C. K. Clarke, who has paid considerable attention to the subject of insanity, was therefore appointed. An Independent newspaper of Toronto looks on the appointment with considerable favor, and tells us that "in making a non-political appointment to the Toronto Asylum the Whitney Government commits no error," and adds that "party service alone would be no qualification in the director of an asylum." And again, "so many mental diseases are either curable or may be mitigated by proper treatment, that whenever possible the knowledge of some one who has given special attention to the subject should be evoked."

Without doubt, both the Government and the Independent journal have shown in this matter considerable ingenuity and astuteness. Some of our friends, however, consider it would be quite as well to use plain English. The appointment of Dr. Clarke is not a new one. He is simply transferred from one asylum to another without the slightest change in his rank, chiefly, if not altogether, to meet the requirements of certain political exigencies.

Without discussion of the political aspect of the matter, we have every reason to believe that the removal of Dr. Clarke from Kingston to Toronto will give general satisfaction, because it is believed that he is well qualified to be the head of any asylum for insane in the world. He was born in 1857, did asylum work during all of his student days, graduated in 1878, and has been engaged at asylum work ever since.

We learn from the Toronto Independent journal that Dr.

Edward Ryan, of Kingston, who has been appointed Medical Superintendent to the Kingston Asylum in the place of Dr. Clarke, is President of the Kingston Conservative Association, and unsuccessfully contested Kingston in the Conservative interests in 1902. It is not stated whether or not this is a non-political appointment. Dr. Ryan graduated in Arts in 1886, and in Medicine in 1889, from Queen's University. He has been recognized for years as one of Kingston's most able and prominent physicians on account of his well-known energy, industry and ability. We believe that he will soon become an excellent asylum superintendent.

Dr. Joseph John Williams, of Lisle, Ont., has been appointed Superintendent of the Asylum for Epileptics at Woodstock. He graduated from the University of Toronto in 1893, and many of the professors of that institution certified that he is possessed of energy, tact and ability in a high degree. After graduating, he practiced for a time in Gorrie, and then removed to Lisle, West Simcoe, the constituency of Mr. J. F. Duff, M.P.P. It may be mentioned, incidentally, that Dr. Williams has been one of the best supporters of the Conservative party in his part of the province during the last three or four elections. No one has stated, so far as we know, that this is a non-political appointment.

Many think that Dr. Mitchell, formerly of Enniskillen, should have received this appointment. He was officially informed by the late Reform Government that he would be appointed, and on the strength of such information travelled in the older countries, at his own expense, and studied the methods in vogue in similar institutions with a view to properly fitting himself for the position. His appointment, however, was not officially confirmed. In the meantime, "there arose up a new king over Egypt which knew not Joseph."

The Whitney Government practically took no notice of Dr. Mitchell's claims for the position. It happened that Dr. Mitchell had engaged in a dangerous game of politics, and must accept what may be called the fortunes of war.

Dr. Charles O. Hickey has been appointed Superintendent of the Cobourg Asylum for Insane. We are told by the Toronto Independent Journal that he is a well known Conservative and represented Dundas in the House of Commons from '82 to '91. He was appointed Superintendent of the Morrisburg Canal in the early 90's, but upon the change of government at Ottawa, in 1896, was removed from office. He then resumed his medical practice at Morrisburg. Dr. Hickey graduated, B.A., from Victoria University in '63, and, M.D., from McGill University in '66. We are not told that he has ever given special attention to the study of the management of insane asylums.

It seems to be almost forgotten that there is such a thing as an asylum service, composed of superintendents with staffs of able and conscientious assistants, who have been paying particular attention to this subject for many years. Among them are such men as Dr. Beemer, of the Hamilton Asylum; Dr. Forster, of the Mimico Asylum; Dr. Ross, of the Toronto Asylum; Dr. Barber, Kingston Asylum, and Dr. Mitchell, to whom we have before referred. Why are these men ignored? Why is a man who graduated thirty-nine years ago supposed to be better qualified for the position as superintendent of an asylum than some of those men whose names we have mentioned? Is it because Dr. Hickey was a member of Parliament for years, or because he was a superintendent of a canal for years that he is supposed to be qualified for this position? Is this a non-political appointment?

Upon the whole, we consider the recent appointments, whether they be called political or not, are excellent; but we regret that good men in the service have been overlooked and humiliated. Even one promotion would have given some encouragement to a worthy staff. If, however, we are mistaken, and the assistants are not good and faithful servants, they should be dismissed. We want an efficient and well-trained asylum service.

THE MONTREAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The meeting of the British Medical Association in Montreal, in 1897, to which we made brief reference in our last issue, was in some respects the most memorable medical gathering this continent has known. It is unnecessary to say now that the meeting was in every way a grand success. It was generally considered at that time that the success of the meeting in all respects exceeded the most sanguine expectations of all physicians interested, both in Great Britain and Canada.

It is generally conceded that no city in Canada surpasses Montreal in generous hospitality extended to visiting physicians at any and all times. On this particular occasion she exceeded all of her former efforts. Her physicians united in a continuous and untiring effort to keep the enormous machinery of the meeting in good running order, and to royally entertain the guests, both British and Canadian.

We remarked at the time that the meeting of the Association outside of Great Britain was a remarkable event, and the success of the Montreal meeting was likely to have a marked effect on the future history of this great medical organization. In this connection we reproduce a quotation from the London *Lancet*:

"It seems to us that with this meeting at Montreal, memorable as it will be in many ways, the British Medical Association enters upon a new career. Those of its members who are attending it from England will realize that in Greater Britain the medical profession is animated by the same spirit as at home; that with the common participation of membership to the same body there must be equally the common desire towards the same ends, the furtherance of the art and science of medicine for the sake of humanity, the promotion of fellowship between those who pursue the same calling. The Association has long ceased to be 'provincial,' it is now more than insular, and with its world-wide extension will come the growth of new ideas, the emancipation from the fetters of narrow policies, and the working together of the medical pro-

fession of the British Empire to attain all that is most worthy in the promotion of professional aims and to maintain a high standard of professional honor."

We in Toronto consider that our city is highly honored in being chosen as the next place of meeting, but we accept all the responsibilities therewith with a certain amount of diffidence, to some extent accentuated by the success of the Montreal meeting. However, we think there is a general feeling that the profession of Toronto will be united in the matter, and will receive the unanimous support of the physicians of all Canada, which means a very large part of what is known in recent years as Greater Britain. How pleased we would be if our beloved Lister should come to us again, but we fear that such a journey will not be considered advisable for him next year.

Since this article was written we have seen the following in the *Montreal Medical Journal*: "The British Medical Association will meet in Toronto in 1906. There are in Montreal many persons yet living who acquired some experience during the meeting which was held here in 1857, and the Committee on Arrangements might learn of us. We make this suggestion with proper humility, as knowing our place: we lift up our eyes to that great city."

We gladly accept the suggestion, although we do not understand whether the last paragraph is intended to be facetious or cynical. We think it might well have been deleted.

CANADIAN MEDICAL ASSOCIATION.

We are much pleased to learn from the General Secretary, Dr. Geo. Elliott, of Toronto, and others, that the thirty-seventh annual meeting of the Canadian Medical Association, which was held in Halifax, August 22nd to 25th, was in all respects remarkably successful. Although we do not know the exact numbers, we understand that the attendance was about equal to that of the meeting held last year in Vancouver, which was

the third largest meeting up to that time in the history of the Association.

The Nova Scotia Committee of Arrangements, working under the united efforts of the profession of Halifax and the Nova Scotia Medical Society, did admirable work. The various sessions were held in the new building of the Institution for the Blind, which was well planned for such a meeting, and was very handsomely decorated. After the usual session on the morning of August 22nd, the meeting of the Dominion Protective Association was held, and after receiving the usual annual reports and discussing certain details in connection with the admirable work of the Association, the former officers were re-elected. The literary programme, which was carried out along the lines intimated in our last issue, was very satisfactory.

We are told by some of our Toronto confreres that it will be an exceedingly difficult matter for this city next year to equal the profession in Halifax in the unbounded hospitality, which was extended to all visitors at the recent meeting.

Among the many entertainments given to the guests were a reception in the Provincial building by the President and members of the Nova Scotia Society; a large concert in the public gardens; four concerts in the Rowing Club and Armouries; a garden party at the residence of Senator McKeen, and a number of excursions in the beautiful harbor of Halifax, and one excursion to Chester. The Haligonians are, of course, celebrated for their hospitable methods, and on this occasion appeared to outdo themselves, if such a thing were possible.

On account of the British Medical Association meeting in Toronto in 1906, it was decided to hold the meeting of the Canadian Medical Association in Toronto concurrently with that of the other Society.

The following officers were elected—President: Dr. Alexander McPhedran, Toronto. General Secretary: Dr. Geo. Elliott, Toronto. Treasurer, Dr. H. B. Small, Ottawa. Vice-Presidents: Prince Edward Island, Dr. H. D. Johnson, Char-

lottetown; Nova Scotia, Dr. G. Carleton Jones, Halifax; New Brunswick, Dr. Emery, St. John; Quebec, Dr. H. S. Birkett, Montreal; Ontario, Dr. J. D. Courtney, Ottawa; Manitoba, Dr. H. P. Prowse, Winnipeg; North-West Territories, Dr. H. C. McKid, Calgary; British Columbia, Dr. R. E. McKechnie, Vancouver. Local Secretaries: Prince Edward Island, Dr. Simpson, Charlottetown; Nova Scotia, Dr. J. R. Corston, Halifax; New Brunswick, Dr. J. A. Scammell, St. John; Quebec, Dr. Ridley McKenzie, Montreal; Ontario, Dr. Harold Parsons, Toronto; Manitoba, Dr. J. R. Davidson, Winnipeg; North-West Territories, Dr. J. Hislop, Edmonton; British Columbia, Dr. W. H. Sutherland, Revelstoke. Executive Council: Dr. W. P. Caven, Toronto; Dr. A. A. McDonald, Toronto, and Dr. F. LeM. Grasett, Toronto.

Meeting of Asylum Superintendents.

A very important meeting was held in the Parliament Buildings, Toronto, September 20th, when the medical superintendents from the various asylums from Ontario, gathered in consultation with the Honorable W. J. Hanna, the Provincial Secretary, for the purpose of discussing the needs of the Provincial asylums. Sometime was occupied in discussing reforms in the management and equipment of asylums. During the session Dr. Campbell Meyers read a paper, in which he discussed the various means for the treatment of incipient insanity.

We congratulate Mr. Hanna and all concerned on the great success of this meeting. We consider it a happy inspiration which induced the Provincial Secretary to call together in this pleasant way the chiefs of this most important service. We shall make a more extended reference to the meeting in our next issue.

At the next meeting of the Mississippi Valley Medical Association, to be held at Indianapolis, Ind., October 10th, 11th, and 12th, the annual addresses will be delivered by Dr.

Arthur R. Edwards, of Chicago, and Dr. W. D. Haggard, of Nashville, Tenn. Dr. Edwards has chosen for the subject of his address, "Certain Phases of Uremia, Their Diagnosis and Treatment," and Dr. Haggard will discuss in his address, "The Present Status of Surgery of the Stomach." In addition to these addresses there will be the annual address of the President, Dr. Bransford Lewis, of St. Louis. A cordial invitation is extended to every physician in the valley to attend this meeting, for which a large number of interesting and valuable papers have been promised.

NEW HOSPITAL FOR TORONTO.

The trustees of the Toronto General Hospital will soon take decisive action on the question of a new hospital, but in the meantime they have wisely decided that the present building on Gerrard Street shall be, as far as it is possible, equipped in every respect equal to the best hospitals in other great cities. Some time ago the plumbing was all overhauled and largely replaced, and many other improvements carried out, and within the past few weeks, through the generosity of a few wealthy citizens, valuable appliances have been provided, all of which will help the patients and be the means under Providence of alleviating much suffering.

The wisdom of this renovation of the present building and improving its equipment is obvious when it is borne in mind that probably three or four years must elapse before the new hospital can be ready for use, and it would be unfair to the staff, as well as cruel to the patients, to refrain from making all needed improvements on the plea of waiting for the new building. The General Hospital is now splendidly equipped, and can, as it always did, give to its patients the benefits of the very latest discoveries and inventions for the "healing of the sick."

Consult and Advise.

When the time comes to take action regarding the erection of a new hospital, the present Board of Trustees, who have no preconceived plan to propose, will call in for consultation and advice representatives of the Provincial Government, the City Council, the University, and private donors to the hospital funds, and these representatives, all desirous of having

the very best of hospital buildings for this city, will probably call into existence a new hospital trustee board, in whom will be vested the property and the government of the greatly enlarged and improved institution to be erected in the city for the care of the sick. This new board will have grave and serious duties to assume, and will have heavy financial responsibilities to undertake. No definite estimates of the actual cost of a site and building, the latter thoroughly equipped, have as yet been made, but it will amount to a large sum, probably a million dollars or even more, and there should be a fairly large endowment fund from the very first.

Towards the necessary funds the present trustees offer to hand over all the property of the existing trust, valued at about $600,000, and producing nearly $25,000 annually. The Provincial Government has given a grant of $250,000 and authorized the University authorities to grant $50,000, the latter sum to go towards the purchase of a site. The City of Toronto has granted $200,000, all of which must go towards the purchase of a site. Mr. Cawthra Mulock, has given $100,000, and there is in sight another $100,000. It will be obvious, therefore, that if the present endowment of $25,000 per year be retained as an endowment for the new hospital, as it really should, there will be a large amount to be raised otherwise. The citizens will without doubt cheerfully respond to any appeal for funds as soon as the proper authorities are ready to ask for donations.

The Present Building.

Already the question is being asked as to what will be done with the present building and site when the new hospital is ready for occupation. Three or four suggestions have been made, but of course nothing has been even officially discussed. One suggestion is to sell the ground for building sites, in which case the purchasers would probably give good prices for the material of the present building. Another idea is to hand the grounds and buildings over to the House of Industry, as it is evident the present location of that institution will soon be inadequate for the purposes it now serves. Others desire to have the buildings removed and the site added to the city's east end park lands. Several medical men desire to have a self-sustaining hospital established in the existing building, part of it being, however, reserved for a free hospital for the Riverdale district. In defence of this latter

scheme it is urged that the rapid increase of the industrial population and of factories makes it necessary to have hospital accommodation as convenient as possible, and they say, further, that the demand for private wards in hospitals by those who are prepared to pay the full rates to cover all expenses is increasing at a rate which would justify the trustees in establishing a "pay hospital" in the city, at which all free patients in the district should also be given accommodation.—*Toronto Globe.*

The Toronto Western Hospital.

The Board of Governors of the Toronto Western Hospital have much pleasure in making the following announcement to the medical profession:

1. All the beds in the hospital, except such as may be required for city-rate patients, are at the disposal of all medical practitioners in good standing.

2. A new building has just been completed for male and female semi-private patients, at the rate of $7.00 per week. This building is entirely separate from all others.

3. Another new building, in a separate portion of the grounds and completely isolated, is ready for the reception of obstetric cases. The prices will range from $10 to $25 per week. The rooms are all private.

4. The contract has been let for another handsome new building for private ward patients. This building will be completed and ready for occupation by the end of the present year.

The Toronto Western Hospital has always treated the medical profession in a generous spirit, and is happy to be in a position to make the above statements regarding its additional accommodation. The Governors would esteem it a favor if you would visit the hospital and acquaint yourself with its facilities to care for your patients, both medical and surgical, under your own professional attendance.

JOHN FERGUSON, M.D., *Sec.*

Personals.

Dr. Cameron returned from Scotland, September 1st.

Mrs. Bethune, wife of Dr. Alex. Bethune, of Wingham, died September 9th.

Dr. L. F. Barker, of Baltimore, paid a flying visit to Toronto, September 13th.

Dr. R. M. Coulter, Deputy Postmaster-General, Ottawa, visited Toronto September 18th.

Dr. A. W. Mayberry returned from Great Britain and resumed practice, September 21st.

Dr. R. Y. Parry, of Hamilton, was married to Miss Hall, of Penetanguishene, September 14th.

Dr. R. B. Nevitt returned to Toronto September 15th, after a two months' trip to England.

Drs. Migneau and Simard, of Montreal, attended the Polo Tournament in Toronto, August 9th to 14th.

Dr. Jas. A. Robertson, of Stratford, and Dr. Wm. Spankie, of Wolfe Island, went to England in August.

Dr. J. T. Duncan, of Toronto, after a two months' visit to Europe, returned to his home September 4th.

Dr. W. R. White (Tor. '00), of Baltimore, visited his relatives in Toronto in the early part of September.

Dr. Andrew Gordon, after an extended visit to Prince Edward Island, returned to his home August 20th.

Sir James Grant, of Ottawa, sailed from Liverpool for Canada, September 7th, by the Allan Liner *Tunisian*.

Dr. R. A. Stevenson, of Toronto, is now recovering from a somewhat prolonged illness from typhoid fever. He left Toronto for Halifax, September 9th.

Mr. F. M. Caird, Surgeon to the Royal Infirmary, Professor of Surgery in the Extra-Mural College, Edinburgh, paid a visit to Toronto in the second week of September.

Dr. E. A. Spilsbury, formerly of Toronto, but now surgeon on the staff of the Manhattan Eye, Ear and Throat Hospital, New York, paid a visit to Toronto in the early part of September.

Professor Vaughan, of Ann Arbor University, Ann Arbor, Mich., will deliver the opening lecture for the Medical Faculty of the University of Toronto, Monday afternoon, October 2nd.

Dr. A. H. Adams, who was for sometime acting superintendent of the Free Hospital for the Consumptive Poor, Weston, has been appointed a member of the Intern Staff of Toronto General Hospital, in the place of Dr. Kinghorn, who has gone to Liverpool.

Dr. Abraham Jacobi, of New York, delivered the opening lecture for McGill Medical Faculty, September 18th. Dr. Jacobi, who is well described as a grand old man and physician, is now seventy-seven years of age, and is still engaged in active professional practice.

Dr. Charles Sheard, of Toronto, Medical Health Officer, spent a couple of weeks in the latter part of August and beginning of September in visiting New York and other cities in the United States. Although he was supposed to be on a vacation, he spent considerable time in studying various street-cleaning methods.

The following physicians have recently been appointed coroners: Dr. L. E. Bolster, of Sturgeon Falls; Dr. W. J. Dery, of Plantagenet; Dr. A. Maverty, of Toronto Junction; Dr. Forbes E. Godfrey, of Mimico; Dr. T. H. Robinson, of Kleinburg; Dr. Hedley Anderson, of Niagara-on-the-Lake, and Dr. Walter D. Chapelle, of Wyoming.

At the celebration of the Fourth Centenary of the Royal College of Surgeons, held in Edinburgh, July 21st, 1905, honorary fellowship was conferred upon Prof. I. H. Cameron, Toronto; Prof. F. J. Shepherd, Montreal; Dr. A. McCormick, Australia; Lord Lister, England; Baron VonEiselburg, Vienna; Prof. Ernst Fuchs, Prof. Sylvester Saxtorph, Copenhagen; Prof. Guyon, Paris; Dr. Championere, Paris; Prof. Poncet, Lyons; Dr. Paul Segond, Paris; Prof. Terrier, Paris; Prof. Von Bergmann, Berlin; Prof. Bier, Bona; Prof. Azerny, Heidelberg; Prof. Conig Jena, Baron Saneyeshi, Japan; Prof. Halsted, Baltimore, and Prof. McBurney, New York.

Dr. Bruce Riordan, of Toronto, spent the month of August at New London, Conn., and on his return home stayed a couple of days in Montreal, where he was the guest of Dr. Hutchison.

Dr. Allan Kinghorn, who was recently appointed a doctor of the House Staff of the Toronto General Hospital, has been awarded the Johnston Colonial Scholarship in the University of Liverpool. Upon graduating in 1904 Dr. Kinghorn was awarded the John Brown Scholarship, and spent the following year in the laboratories in the University of Toronto, making research on the subject of immunity. It is expected that during the coming year he will be engaged in pathological research in connection with the origin of cancer. Dr. Kinghorn left Canada for England, September 12th.

Obituary.

DR. GILLIES.

Dr. Gillies, of Teeswater, died August 15th, aged 69. He graduated from McGill University, Montreal, in 1867.

DR. T. W. POOLE.

Dr. T. W. Poole, of Lindsay, died at his residence, August 28th, after a lingering illness, aged 74. He graduated from Victoria University in 1856.

THOMAS JOHN BARNARDO, M.D., F.R.C.S. (EDIN).

Dr. Barnardo, the well-known philanthropist, of London, died suddenly, September 20th, from angina-pectoris, aged sixty. In his student days he expected to become a missionary in China. At the time of the outbreak of cholera in London, in 1866, he attended many of the poor in the east end of London, where he organized a ragged school, and eventually formed the organization which established the "Barnardo Homes" in all parts of the world.

DR. DEWAR.

Dr. Dewar, one of Ottawa's best known physicians, died September 7th, aged 40. He graduated from McGill University in 1888. He had been suffering for a time from acute Bright's disease, which, however, was not considered serious until the evening of September 6th, when he suddenly became worse and died in a few hours.

DR. FEE.

The city of Kingston was much shocked, August 31st, to learn that Dr. Fee, the Medical Health Officer of that city, had fatally shot himself. The act was the result of melancholia, due to serious disease of the eyes, one of which had become blind. He graduated from Queen's University in 1862, and for many years was very successful in practice in Kingston. In 1886 he was appointed Medical Health Officer, and proved himself honest, faithful and energetic. We are told by the local newspapers that he was well known throughout the city of Kingston for his kindness of heart and for the time and service he gave to the sick poor.

Book Reviews.

Diseases of the Kidney, Diseases of the Spleen, and Hemorrhagic Diseases. By DRS. H. SENATOR and M. LITTEN, of Berlin. Edited, with additions, by JAMES B. HERRICK, M.D., Professor of Medicine in Rush Medical College, Chicago. Octavo, 816 pages, illustrated. Philadelphia and London: W. B. SAUNDERS & COMPANY, 1905. Cloth, $5.00 net; Half Morocco, $6.00 net.

With the appearance of this, the eleventh volume of Saunders' American edition of Nothnagel's Practice, the work nears completion, the final volume on the heart being now in active preparation. Like the others, this volume can be taken as the acme of knowledge on the subjects embraced. Professor Senator's clear style, systematic arrangement of facts, and logical reasoning make his articles on the kidney indispensable to the practitioner. The editor, Dr. Herrick, has enlarged on certain points whenever necessary, especially regarding treatment, diagnosis, urinary analysis, etc., so as to increase the value of the work to the general practitioner. He has also added articles on cryoscopy and phloridzin glycosuria.

The sections on the spleen and the hemorrhagic diseases were written by Professor Litten, whose pioneer work in these fields is widely known. The articles on the mosquito and its relation to malaria, on splenic anemia, on congenital icterus with splenomegaly, and on the X-rays in the treatment of leukemia have been brought down to date by the editor. Indeed, the editor's interpolations add greatly to the practical value of the volume, and we are sure such an authoritative work on these subjects has never before been published.

Miscellaneous.

THE AMERICAN PHYSICIAN.

To look at ourselves and our affairs through the eyes of others is often very enlightening; it is at least suggestive. The *Medical News*, Jan. 7th, 1905, quoted a chapter from "As a Chinaman Saw Us," a book published by D. Appleton & Co., New York City, from which we quote certain portions as follows:

"The Americans have made rapid advances in medicine and surgery and they have some extraordinary physicians. From two to four years of study completes the education of some of the doctors, and hundreds are turned out every year. Some are of the old and regular school of medicine, but others are called homeopathic, which means that they give small doses of the more powerful medicines. Then there are those who practice in both schools. Indeed, in no other field does ignorance, superstition, credulity and lack of real education display itself as among the American doctors and healers. I believe I could fill a volume by a mere enumeration of the diabolical and absurd nostrums offered by knaves to heal men who profess to hold in ridicule the Chinese doctors."

After enumerating with astonishment the varieties of healers, as Eddyites, faith curists, spirit doctors, fake hypnotists, water curers, osteopaths, color doctors, electric healers, etc., he continues:

"But the most amazing class comprise the patent medicine men, who are usually not doctors at all, but buy from someone a 'cure' and then advertise it, spending in one instance which I investigated, $1,000,000 a year. Every advantageous wall, stone or cliff in America will be posted. You see the name at every turn, and the gullible Americans bite, chew and swallow.

"It is not overstating facts when I say that three-fifths of the people buy some of these patent nostrums, which the real medical men denounce, showing that the masses of the people are densely ignorant, the victim of any faker who can shout his wares loud enough. In China such a thing would be impossible; the block would stop the practice; but the Americans assure me that China is a thousand years behind the times, for which let us be devoutly thankful.

"I have not enumerated a tenth of the kinds of doctors who prey on these unfortunate people. There are companies of them who guarantee to cure anything, and skillfully mulct the sick of their last penny. There are retreats for the unfortunate, farms for deserted infants, and homes for unfortunate women, carried on by villains of both sexes. There are travel-

ling doctors who go from town to town, who 'cure while you wait,' and give a circus while talking and selling their cures; and in nine cases out of ten the nostrum is an alcoholic drink disguised.

"In no land under the sun are there so many ignorant, blatant fakers preying on the people, and in no land do you find so credulous a throng as in America, yet claiming to represent the cream of the intelligence of the world; they are so easily led that the most impossible person, if he be a good talker, can go abroad and by the use of money and audacity secure a following to drink his salt water, paying a dollar a bottle for it and singing his praises. Such a doctor can secure the names and pictures of judges, governors, senators, congressmen, prominent men and women, officers of the volunteer army, artists, actors, singers—in fact, prominent people of all kinds will provide their pictures and give testimonials, which are blazonly published. These same people go to a Chinese drug shop and laugh at the 'heathen' drugs, and wonder why the Chinaman is alive. America has a body of physicians and surgeons who are a credit to the world, modest, conscientious, and with a high sense of honor, but they are as a dragon's tooth in a multitude to the so-called 'quacks' who take the money of the masses and prey on them, protected in many cases by law. No one profession demonstrates the abject credulity of the great mass of Americans as that of medicine. . . .

"Of the best physicians in America one cannot say enough in praise. I was most impressed with their high sense of honor. They have an agreement which they call their 'ethics' by which they will not advertise or call attention to their learning. Consequently, the lower and ignorant classes are caught by the blatant chaff of the patent-medicine vendors and the 'quack' doctors. What the word 'quack' means in this sense I do not quite know; literally it means the cry of a goose. The 'regular doctor' will not take advantage of any medicine he may discover or any instrument; all belongs to humanity, and one doctor becomes famous over another by his success in keeping people from dying. The grateful patient saved tells his friends, and so the doctor becomes known. In all America I never heard of a doctor that acted on the principle which holds among our doctors, that the best way to cure is to watch the patient and to keep him well, or prevent him from being taken sick. The Americans, in their conceit, consider Chinese doctors ignorant fakers; yet, so far as I could learn, the death-rate among the Chinese, city for city, country for country, is less than among Americans. The Chinese women are longer-lived and less subject to disease. In what is known as New England, the oldest well-populated section of the country, people would die out were it not for the constant accession of

immigrants. On the other hand, the Chinese constantly increase, despite a policy of non-intercourse with foreigners. The Americans have, in a civilization dating back to 1492, already begun to show signs of decadence, and are only saved by constant immigration. China has a civilization of thousands of years, and is increasing in population every day, yet her doctors and their methods are ridiculed by Americans. The people have many sayings here, one of which is, 'The proof of the pudding lies in the eating.' It seems applicable to this case."—*Jour. A. M. A.*

Patenting Instruments by the Profession.

The recent discussion on this subject has directed attention anew to this vexed question. There are sentimental reasons which will lead the profession to avoid patenting instruments, though the equity of such a rule is more than doubtful. If there is any justice in copyrighting a book, it would seem to be equally just to patent an invention. Both are the product of individual effort, a sort of activity that the State protects. The feeling on the part of physicians that all instruments and means devised by them should be open to the whole profession has led to an objection to patenting instruments.

In many instances this has been disastrous, there having been no more striking example of it t hanthe Murphy button. This instrument as originally devised contained a spring. The whole value of the instrument lay in the exact adjustment of the tension of this spring. This was carefully worked out by Dr. Murphy, so that when the button was in position it should produce sufficient pressure on the opposed edges of the peritoneum to cause pressure atrophy, but without cutting through and without causing necrosis. After the button was placed on the market it was copied by instrument makers, who, observing that the two halves of the button were connected by a spring, simply used one of about the same strength and size. The result was a number of imperfect buttons were and are upon the market. There is no telling how many lives have been lost by the failure of Dr. Murphy to patent the button.

Dr. Porter, at the last meeting of the American Medical Editors' Association, told of an interesting experience. He devised at one time a stethoscope which was extensively copied by instrument makers, but the cost of the product was cheapened at the expense of quality in the instrument. These cheaper patterns finally displaced the product of the original maker, so that the stethoscope as originally devised is no longer on the market. The result is that Dr. Porter recommends to his classes a stethoscope devised by a physician who patented the article.

Much can be said on both sides of the question, but on the whole it seems as if the interests of the profession and the public would be fully subserved if physicians were encouraged to patent instruments. Their failure to do so often defeats that principle of greatest good to the greatest number, which in the end should be the test in judging the practicability of any such measure.—*Medicine.*

Modern Therapeutics and Pharmacy. — By FREDERICK HADRA, M.D., of San Antonio, Texas.

In speaking of ethical proprietaries, he says: "I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgment as to banish all or most of these drugs from his practice without investigating their merits. So, if we desire, a local antiphlogistic effect, and have to choose between the ancient, unsightly, and troublesome flax-seed poultice and the new proprietary article called Antiphlogistine, a physician must needs be prejudiced, indeed, who will prefer the former. . . . It may be a matter of theoretical indifference what preparation we prescribe, but it may be quite a different matter with the patient who has to use it for long periods. . . .

"Does it not strike you as somewhat incongruous that we alone of all professions and trades should rise up in arms against a co-ordinate branch which is continually striving to assist us in improving our therapeutic weapons? If we would take advantage of the opportunity offered to make intelligent selection of such preparations of drugs of reliable concerns as appeal to reason and common sense, those of us who do so will certainly have an advantage over those who do not."

As regards the refilling by the druggists of prescriptions of proprietary remedies, he says: "If I am called to treat a sprain of the ankle, and find it necessary to order an antiphlogistic application, it would be just as easy for the patient to send to his druggist daily for more flax-seed meal or iodine, as it would be for him to order more cans of the more cleanly proprietary preparation, Antiphlogistine. A tonic or cough medicine, quinine mixture or capsule would share the same fate, whether proprietary or extemporaneous. . . .

"If the intelligent use of the drugs mentioned is not injurious *per se*, why should we protect the laity against their use any more than against the employment of any other drugs? Would the committee advocate the abandonment of calomel, castor oil, mag. sulph., quinine, flax-seed meal, paregoric, laudanum or carbolic acid because the laity can also go to the

drug store and purchase these just as they can Cascara preparations, Phenacetin, Listerine, Antiphlogistine, etc.?"—Extracts from an article in the *Texas Medical Journal* for March, 1905.

Cold Affusion in Delirium Tremens.

Sir William Broadbent, F.R.S. (*Brit. Med. Jour.*)—For many years the writer has used cold affusion in delirium tremens, always with immediate success, but the treatment does not seem to have found its way into the text-books. The patient is stripped naked and lies on a blanket over a waterproof sheet. A copious supply of ice-cold water is provided, and a large bath sponge dripping with the iced water is dashed violently on the face, neck, chest and body as rapidly as possible. He is then rubbed dry with a rough towel, and the process is repeated a second and third time. He is turned over and the wet sponge is dashed on the back of the head and down the whole length of the spine twice or thrice, vigorous action with a bath towel being employed between the cold water attacks. By the time the patient is dried and made comfortable he will be fast asleep.

A man of about thirty was addicted to alcohol. After a week of continuous drinking he had delirium tremens, or, perhaps more strictly, hallucinations; he was more violent and had less delirium ebriositatis, since, with characteristic tremor than is usual in delirium tremens proper. A complication which almost precluded recourse to opiates or sedatives was the presence of a large amount of albumin in the urine. The treatment was carried out with the result of sound, refreshing sleep and speedy recovery. The albuminuria gradually disappeared.

The writer has used cold affusion even when there was extensive pneumonia with the delirium tremens. When the patient wakes up the tremor is gone, the relaxed, perspiring skin is warm and dry, and the weak, flickering pulse has recovered tone.

In rheumatic and enteric hyperpyrexia the effect of the cold bath is not simply due to the abstraction of heat. The graduated bath has much less effect than the plunge into cold water, and may have no effect at all unless cold affusion is applied to the head. It is not easy in domestic practice to give a cold bath in these cases, and may be impossible. Affusion by means of a bath sponge, followed up by a wet sheet, may meet the emergency.—*Med. Review.*