

# The Canadian Journal of Medicine and Surgery

A JOURNAL PUBLISHED MONTHLY IN THE INTERESTS OF  
MEDICINE AND SURGERY

---

VOL XXIII.

TORONTO, MAY, 1908

NO. 5.

---

## *Original Contributions.*

### MALIGNANT DISEASE OF THE NOSE.

BY D. J. GIBB WISHART,

Associate Professor of Rhinology and Laryngology, University of Toronto.

The remarks that I have to make upon this subject are intended to be a recital of the cases that have fallen under my own particular observation, rather than an endeavor to put forward anything new, either with regard to the etiology or to treatment, and I therefore propose to confine myself to a narration of these cases, followed by a few remarks.

These cases are nine in number, but of these the histories of two are not available, but the remaining seven are as follows:—

CASE 1.—Mr. J., merchant, aged 54, referred by Dr. Howitt, October 14th, 1894. Complaining of stuffy sensation in the left nostril, accompanied by a slight bleeding, some clots being ejected every day, when the nose is blown. General health is poor.

On examination, a bleeding polypoidal mass, with enlargement of the turbinal (inferior), was noted.

Two weeks later the above-mentioned growth was removed with the snare, and uncovered bone was made out, both on the upper part of the septum and in the ethmoidal region.

The patient was not seen again until May, 1905. He had contracted grippe early in the year, during which he suffered frightfully from neuralgic pain in the left parietal region and over the left frontal sinus. The left nostril is occluded by a large bleeding mass, from which there is an offensive discharge and odour. The cheek has been swollen for three weeks, and the left nasal duct is occluded. A small portion of the growth was removed for examination, upon which the report was as follows:—

*External Appearance.*—Four or five small polypoidal-looking

growths, from a third to half an inch in length, white, surface smooth and white on all sides, and somewhat soft in consistency. The substance was made up of fibrous matrix and alveoli, containing rather loosely packed cells. The matrix consists of soft-looking fibrous tissue, with numerous connective tissue cells, oval, spindle and triangular. The fibrillation is not very distinctly marked, the cells are not markedly epithelial in character, the nucleus occupying a very large part of the cell and staining sharply. The arrangement points more strongly to carcinoma than to sarcoma. The growth is probably carcinoma of a scirrhous variety (alveolar).

After consultation with Dr. McDonagh, operation was decided upon. An incision was made through the cheek from the left inner canthus downward, parallel with the nose, and a second incision, beginning at the same point and extending outwards underneath the orbit. The flaps were dissected back and a portion of the nasal bone, the nasal process of the superior maxilla, and the outer wall of the antrum were removed, and the growth found occupying the upper portion of the antrum, and the ethmoidal region, as far back as the sphenoidal sinus. The floor of the orbit and body of the ethmoid, with the outer wall of the nose, were completely removed with the growth, and a large quantity of pus evacuated from the sphenoidal sinus. The incision healed by first intention. On the fourth day the patient complained of great pain in the head, especially in the vertex, with tenderness in the neck, defective speech, faulty memory, and a temperature vacillating between 87 and 101 degrees. These symptoms gradually disappeared, and the patient was seen for the last time on the 20th of July, when, with the exception of a large granulation, the nose was found perfectly healthy and the general condition much improved. The patient was sleeping poorly, but was suffering no pain. I did not see him subsequently, but learned that all the symptoms returned, and that he gradually sank, and died some months later.

CASE 2.--Lionel P., age 17, mailer; referred by Dr. Gordon in January, 1900. Complained of a stuffing up of the left side of nose for past six months; right side became stenosed later; voice is dead; blood comes away into throat and through anterior nares at night. Hearing is failing in the left side. Pain, loss of flesh and failure of health are absent.

On examination, a smooth, evenly rounded, resistant mass occupies the outer wall of the left nose towards the back, and has pushed over the septum to the right. Post-nasally, a mass can be made out, filling the posterior nares, but not protruding backwards. The color is similar to that of the surrounding tissues. There is no sign of a bleeding point.

The patient was not seen again for three months, when all the symptoms were found increased; the growth was nearer the

anterior nares, and soft and movable in places; the soft palate was depressed, and a large whitish mass protruded into the nasopharynx. There was a marked odor.

Beyond a note that the galvano-cautery was applied two days later, I have no further notes of the case, or of the pathological report, but he came later under the care of Dr. Price Brown, who obtained excellent results, as he has already reported.

CASE 3.—Miss G., nurse, aged 35, referred by Dr. H. B. Anderson, October 22nd, 1902, with the following history: Fatigued by her work, the patient, who was of a thin nervous build, came home for a rest, and in June consulted the family attendant about pains about the head and face, which were ascribed to neuralgia due to residence in a very damp house, and were relieved by suitable anti-neuralgic treatment. At this time the face, eyes, nose and mouth were carefully examined, as the mother stated that she had dreamt that the pains were due to a tumor behind the eye.

The patient was not seen again till the middle of September, when the pains had returned. She was kept under observation, and as she began to complain of a stuffy sensation in the left nose, with an occasional bloody discharge, and to show some bulging of the left eye, she was admitted to the hospital. On examination, I found an irregular mass growing in the region of the middle meatus on the left side of the nose, a well-marked proptosis of the eye, and by transillumination an absolutely dark antrum. A section removed from the nose showed the growth to be a round-celled sarcoma. The origin of the growth was probably from the roof of the orbit, and it had involved the antrum, invaded the orbit, and extensively involved the ethmoid. Operation was not consented to, therefore the patient was immediately put upon Coley's fluid, injections of a half minim, locally as well as at distant points, being as rapidly as possible increased to doses of three and a half minims, at which point the treatment had to be moderated as the depression and chills attendant were too severe.

A combination of smaller doses of the fluid, with fluorescent rays, were then adopted for a time, but beyond a slight check no improvement was noted. The patient died in the end of March, 1903, after the growth had involved the neighboring tissues extensively.

For these notes I am indebted to Dr. Anderson, as the hospital records were destroyed.

CASE 4.—Mrs. S., aged 62, referred by Dr. Grey, July, 1904. Complained of bleeding and pain in the left nose for past six weeks. The bleeding was not severe, but continuous, an average of eight handkerchiefs per day being soiled thereby. The pain is in the left nasal bone, extending outwards under the eye, dull in character and intermittent. There is complete left nasal stenosis.

General health has been very poor, but of late is improving. There is no history of any blow or injury.

Examination by transillumination showed the left antrum completely obscured. A tumor filled the middle meatus and extended back into the posterior nares. A portion was removed for examination and was reported by Dr. H. B. Anderson to be round-celled sarcoma.

Operation was advised, and this was performed by Dr. Teskey, assisted by the writer. The incision was made through the cheek in a line extending from the inner angle of the orbit downwards and slightly outwards to the mouth. The tumor was entirely removed and was found to fill the antrum and to have a probable attachment to the floor of the orbit, which, with the inner and posterior walls of the antrum, were fully removed. The glands were not involved, and the bleeding was very severe.

I am indebted to Dr. Grey for the additional notes. The wound was slow in healing until the patient was put upon small doses of iodide of potash. The discharge ceased in a few weeks. In the following May a sloughing ulcer appeared on the joint of the right great toe, this was healed at the end of six months, but two months later an ulcer appeared upon the left foot, which healed, only to be followed by an ulcer upon the front of the right tibia, which progressed unfavorably, was followed by general septicaemia, which resulted in death in May, 1906. At no time was there any evidence of a return of the growth in the nose or in any part of the face.

CASE 5.—David Y., aged 57, referred by Dr. Barber, November, 1906. Complains of very severe pain in the left side of the face below the eye, and also from the ear down the ramus of the jaw. Onset occurred about one year ago, but the chief suffering has been within the last four months. Has expelled a thick clot of blood from the left nose now and then, and of late has suffered from dysphagia and marked loss of flesh.

On examination, the following conditions were found: Nose.—Right side absolutely free and patent, with septum deflected to left posteriorly; left side unusually patent in front, but apparently filled up from floor to roof posteriorly with an indefinite mass, which bled on being probed, and was coated by pus points. Pharynx.—Soft palate swollen on left side, as if pressed down from above, and firmly fixed, leaving very free access to the nasopharynx, which is filled up on its left side by an irregular mass, apparently pedunculated, but, on palpation, found to be fixed extensively to the left side and very firm in consistence. Transillumination is negative. Hearing left ear watch equals pressure. Optic disk healthy. The patient is weak, easily fatigued and anaemic.

The patient was admitted to the hospital, and, under cocaine, several applications of the galvano-cautery, with removal of the slough by snare and forceps, after the method advocated by Price-Brown, were made at intervals, and respiration restored on the left side. The bleeding was slight, but the suffering continued very severe, and morphia became a constant necessity, while the patient grew weaker rapidly, and finally refused to submit to further applications.

The anesthesia was never satisfactory, as if the cocaine were pressed collapse became imminent and the patient suffered severely from each application, but refused to submit to general anesthesia. Slight loss of power in the left external rectus was noted the day before he left the hospital.

The section removed by the cautery was submitted for examination, and reported "malignant."

CASE 6.—Mr. J. H. M., aged 48, blacksmith, referred by Dr. S. H. Thorne. Was seen for the first time October 24th, 1907, and gave the following history: Many years ago the nose was broken, leaving a projection on its right slope about opposite the lower end of the nasal bone. Some right nasal stenosis noted twelve months ago, which became complete about six months later. There has been a constant oozing of a sanious muco purulent discharge, sufficient to soil from three to four handkerchiefs per day. Until the past month there has been no pain about the face, but of late there has been occasional soreness and tenderness to the inner side of the right eye. Frontal and occipital headaches of a severe type have been present until the past ten days. There has been swelling and bulging present in the right side of the nose for the past six months, increasing of late. Patient has lost twenty pounds in weight in the past year, but is otherwise in perfect health. There have been no ear symptoms, no diseased teeth, no epistaxis, no post-nasal dropping, and no treatment of any kind. Upon examination, the following points were noted: The nose presents a crescentic curve to the right, with some general bulging of that side of the nose and slight tenderness upon pressure opposite and below the inner canthus; an irregular growth projected from the external wall close to the entrance of the right nostril, resembling degenerated polypoidal tissue. The stenosis was complete. The left chamber of the nose was capacious and perfectly free. Rhinoscopically, there were no evidences of disease whatever, and a complete view of both choanae was easily obtained. Vision normal in both eyes, with the assistance of a convex lens; optic discs normal. With transillumination, the light penetrated the left frontal sinus satisfactorily, but the right sinus seemed small and indistinct. No penetration could be obtained on either side of the face. A small portion of the growth was removed for examination

by the pathologist, and the hemorrhage was not marked. No evidence existed of enlargement of glands.

Dr. Cummings kindly examined the patient with the fluoroscope, and reported that the antrum and ethmoidal regions appeared to be completely occluded with growth, and that the frontal sinus, which was small, was hazy, and probably filled with pus.

#### MICROSCOPIC REPORT ON PATHOLOGICAL SPECIMEN.

Irregularity in size and shape of the nuclei is a marked feature; variations from a small round to elongated and large nuclei. Mitoses are frequent, as many as four being noted in one field, immediate division also being found.

The cell protoplasm in many fields runs together so that no cell outline is discernable. In other places the cells are distinct, occasionally the excentric nucleus of the "plasma cell" being noticed.

Blood vessels are not plentiful, but when found no living endothelium can be made out.

The sections from septum of nose differ only in seeming to have a more orderly arrangement of the neoplastic cells, and in showing a greater number of endothelium cells scattered throughout the section.

Sections were stained with eosin methylene blue, but did not stain very distinctly.

From the above examination it appeared evident that a complete evisceration would be required of the right nasal fossa and antrum, and that possibly the frontal sinus would require to be opened. The patient, however, desiring as little deformity as possible, and the skin of the face being uninvolved, it was decided to reach the parts in the first place by a Rouge operation, and, if subsequently found necessary, to perform a Killian operation upon the frontal sinus.

The patient was anesthetized and a preliminary laryngotomy performed, after the manner described by Butlin and Bond in the *British Medical Journal*, January 5th, 1907, page 7, which is, briefly, as follows: the skin is pinched in a vertical fold at a point opposite the upper border of the cricoid cartilage; this is transfixed transversely with a tenotomy knife, and the forceps placed upon one small vein which was bleeding. A pair of sharp-pointed scissors, curved on the flat, are then forced through the crico-thyroid membrane close above the margin of the cricoid cartilage, and the blades opened and withdrawn. Into this incision is placed a pair of dilating forceps, between the blades of which a small caula is inserted. Through this the anesthetic was continued; the pharynx was then thoroughly packed with a long strip of gauze, and the operation proper proceeded with. The gingivo-labial margin, from the level of

the first molar tooth of the right side to a corresponding point upon the opposite, was then incised to the bone, and the tissues pushed up until the structures issuing from the infra-orbital foramen of the right side were exposed, together with the anterior nares, to secure which a perpendicular incision was made in the front part of the septal cartilage; the tissues were kept well retracted by the assistant, and the anterior wall of the antrum removed. At this point the hemorrhage from the growth became very severe. As quickly as possible the whole of the anterior wall of the antrum and the outer wall of the nose were completely removed and the contents evacuated. The turbinal bones and the innermost ethmoid cells were all absorbed or existed only in small fragments, but with the curette all the ethmoidal cells were carefully removed until the cribriform plate of the ethmoid was made smooth, and a smooth surface also obtained upon the outer wall. In doing this the sphenoidal sinus was also opened and made part of the cavity by the removal of its anterior and inferior walls. At the same time it was discovered that the mucous membrane over the ethmoidal portion of the septum was degenerated and the bone laid bare at one or two points. All the mucous membrane, bone and cartilage of the upper half of the septum on that side were carefully removed; but as the mucous membrane of the opposite side seemed to be healthy it was left in place.

To gain access to this large area, the nasal process of the superior maxillary bone had been removed entirely as far up as the floor of the frontal sinus. This was now examined, and a thick,ropy, gelatinous, whitish fluid was found exuding through the remains of the infundibulum, but the bone was found healthy in all directions, and as it was found impossible to remove the floor of the sinus without a skin incision it was deemed fair to leave the sinus alone.

The wound was then thoroughly cleansed and swabbed with chloride of zinc, and lightly packed with iodoform gauze, after which the skin was allowed to fall back into place and no stitches were inserted, but after the instillation of atropine the eye was carefully bandaged.

During the entire operation the patient gave no trouble, and on removal of the gauze packing from the pharynx the lower parts were found quite dry.

The patient made an uninterrupted recovery, the gauze packing being removed on the second day and not replaced, the cavities douched with an alkaline solution and dusted with iodoform powder. The appearance of the face was not affected except by the removal of the dimple of the right inner ala nasi, the patient's eye not even being discolored.

CASE 7.—Powell Pompier, 17, Italian laborer. Blocking and bleeding on the right side of the nose. Noticed first about August,

1906, before he left Italy, but does not appear to have received any treatment. Came to Canada, and has been engaged in railroad construction in the north, during which time the two conditions referred to have become worse, and, in addition, he has lost the sight of the right eye completely. Entered hospital in November, 1907, when the following conditions were present: Right nostril completely occluded by a greyish mass of irregular appearance, bleeding easily. The ala and nasal bone swollen or pushed out by the mass above mentioned. The right eye protruding, and the upper eyelid drooped, and there is a swelling on the outer side of the orbit above the zygoma. On opening the mouth the right palate is darkened in hue, and towards the back of the hard portion it bulges downwards. In the post-nasal space a smooth mass occupies the space almost entirely, but is not attached to either wall, and the finger can be passed below the mass to the septum, a proceeding followed by rather free bleeding. The odor from the nose is most offensive. The glands are not enlarged. The examination of the eye was kindly made by Dr. Reeve, who reported paresis of the external rectus and levator palpebræ superioris muscles; fundus apparently normal; movements of the eye, except as above, quite satisfactory. The growth has probably invaded the back of the orbit, behind the attachments of the external muscles, and crossed to the outer side, involving both the third and sixth nerves and the optics. A section was removed from the nose for the pathological department, which is stated to be purely inflammatory, without evidence of malignancy.

After consultation with the members of the Ophthalmic and Oto-Laryngologic Section of the Academy of Medicine, it was decided that the case was inoperable, the growth probably arising in the ethmoid region, and being too widely diffused to admit of successful removal. A few days later, as the bleeding was becoming serious, the external carotid of the right side was tied with ordinary catgut; circulation established itself within ten days in the temporal artery, and bleeding became more severe. Believing this to be due to the absorption of the catgut before a firm clot was formed, the artery was again cut down upon and tied, no sign of the previous ligature being visible, and circulation fully established.

Sarcoma is stated to be the most common form of malignant disease found in the nose, and my cases conform to this rule, four being sarcoma, one carcinoma, one unclassified, and the one where the pathologist is at fault will probably prove to be sarcoma when a deeper section is obtained for examination.

As to the percentage which these bear to the number of patients seen, I cannot speak further than to say that the proportion is probably somewhat large, as Herzfeld reports only one case among 28,000 out-patients, and Finder five cases among 40,000.



Sarcoma is stated by Lack to spring most frequently from the anterior part of the nasal septum, but not one example of this seat of origin has come under my observation, the ethmoid or the floor of the orbit being the probable point of origin in all but two, the others being uncertain, but probably from the outer wall below the middle turbinate. This would coincide with Finner, who says that 50 per cent. spring from the middle turbinate, and 21 per cent. from the inferior turbinate body.

Sarcomata are usually of the small spindle-celled variety, but my pathological reports are not detailed enough to make inferences justifiable. However, none of the remaining varieties except round-celled were present.

Among the symptoms present, the observations with regard to the frequency of epistaxis and pain are well borne out; in only two of the cases did the bleeding cause marked depression or anemia (cases 4 and 5). Pain was an early symptom in three, absent in two, and late in one.

Upon the question of cause, I fail to see that my cases afford any clue. In one (case 4) there is a possibility that syphilis was co-existent, that is, if the beneficial action of iodide of potassium implies the presence of syphilis, which I do not admit. The lesions in the legs may have been of the nature of metastases. The idea has been advanced that the ordinary nasal mucous polyp may, as the result of repeated removals, undergo malignant transformation, but in only one of my cases (case 1) could such a transformation have arisen, as mucous polypi were not present in any of the others, and in this I believe that the bleeding and the diseased bone indicate the contrary, and, further, that if I had been sufficiently upon the alert and secured a pathological examination of the polyp malignancy would have been found. No cases of nasal polypi which have passed through my hands, and of these I have observations extending over many years and repeated examinations at long intervals, have ever shown a tendency to become malignant.

The average age of my cases (forty-one years) is above the usual, which is stated by Bosworth to be under thirty-nine years.

What is to be said with regard to treatment, for this is, after all, the important question from the patient's point of view? Coley's fluid was used in only one of the cases here discussed, but I used it in another, a girl of about twenty, of whose history I can only find a couple of photographs; and here also, although it was thoroughly tried, it proved of as little avail as in case 3. This experience would not discourage me in using it again if the case came under observation at an early stage, but, unfortunately, this is not usual.

The only other method of treatment that I have attempted is surgical removal, and here I have had no successes except in case 4, where life was certainly prolonged, and I have hopes that in case 6,

if I can keep it under observation so as to apply the cautery to any suspicious points at once, I may be able to prolong life by at least two years. Some form of operation, I am convinced, is, however, the only method of treatment that we can adopt with the data at our disposal at present, and yet we have to confess to our patients that our most recent authority, Lambert Lack, states that "it is probable that almost every case of sarcoma of the nose ends fatally," "that in my most successful case of alveolar carcinoma recurrence took place in a little over two years after operation"—while in squamous carcinoma the fatal issue may be postponed four to five years, or even longer.

---

### THE SIGNIFICANCE AND TREATMENT OF UTERINE HEMORRHAGE.

---

BY WILLIAM EDWARDS FITCH, M.D.,

Lecturer on Medicine, Fordham University School of Medicine; Attending Gynecologist Presbyterian Hospital Dispensary; Attending Physician Vanderbilt Clinic College of Physicians and Surgeons, New York City.

---

THE history of gynecology is accentuated by progress. In glancing over its pages the student is astonished at the rapid strides made to alleviate the ills of womankind. It is a chapter written within the present century, and written with glowing pen and on emblazoned paper, recording the daring of Dr. Ephraim McDowell, of Kentucky, who in 1809 performed the first laparotomy on a poor woman in the wilds of Kentucky, without anesthesia, an event which marked the beginning of intra-pelvic gynecologic surgery. Perhaps the brightest page in this chapter contains the wonderful discovery of Dr. Crawford W. Long, of Georgia, who on March 30th, 1842, used ether for the first time as an anesthetic, while operating upon James Venable, from whose neck he removed, without pain, a large tumor—robbing, for all time, the operating table of its dreadful horrors. Another page in this chapter records the brilliant labors of the great Marion Sims, a native of South Carolina, who in 1845-9 described for the first time his operation for "vesico-vaginal fistula." He also gave to the profession his "duck-bill" speculum (which bears his name) for the exposure of the fistulae with the patient lying in the left semi-prone position. Elsewhere in this same chapter we find a description of "Battey's operation," first performed by Dr. Robert Battey, of Rome, Ga., who on August 17th, 1872, performed the first oophorectomy in this country upon a nervous, hysterical woman, whose menstrual periods, prior to the operation, almost drove her to madness. This operation was successful, adding years of joy and happiness to his former invalid patient.

New operations, improved surgical technique, and new therapeutic remedies have been the means of giving the suffering woman a new lease of life. These new methods and measures must usurp the attention and command the co-operation of every thoughtful gynecologist. He must forsake his ultra-conservatism and pay due homage to whatever in his experience has most abundantly redounded to the amelioration of the ills of suffering woman.

The gynecologist should be a good listener, that he may fully grasp the importance of the symptoms which his patient confidently recites. He must be able to judge human nature in order to carefully weigh the evidence submitted and correctly interpret its bearing on the case. When a woman comes for consultation and gives a history of uterine hemorrhage, we should be very thorough in our interrogatory examination, since bleeding from the uterus is one of the most common complaints for which the physician is consulted. The causes are numerous and the diseased conditions manifold.

This paper is intended to be intensely practical, and the writer hopes his labors may be of some help to his fellow practitioners, and thereby benefit womankind. If we succeed we shall feel amply repaid for the time and labor spent in its preparation. In considering the treatment of uterine hemorrhage we have before us a subject of momentous importance and one requiring much thoughtful study. Hemorrhage from the uterus may indicate:

*Adenoma Malignus.*—Here the hemorrhage is less profuse, the discharge is less abundant, and the odor less offensive than in cancer.

*Cancer of the Body of the Uterus.*—Here the bleeding may be intermittent and copious, or constant and dribbling.

*Cancer of the Cervix,* a persistent watery discharge tinged with blood usually associated with fetor; later profuse and violent hemorrhage may occur.

*Deciduoma Malignum.*—In this condition there is intermittent hemorrhage, usually severe, followed by an offensive, turbid, watery discharge; blood clots may be found.

*Ectopic Gestation.*—Agonizing pain, faintness and collapse are indications that the tube has ruptured and violent hemorrhage present.

*Endometritis* begins with a dull, aching pain, accompanied by purulent and oftentimes bloody secretion; menorrhagia and metrorrhagia are common.

*Fibroid Polypi.*—Here will be found a profuse, purulent discharge; menorrhagia with colicky or propulsive pains, the bleeding dribbling or severe flooding.

*Fibroid Sarcoma.*—There may be a torrential hemorrhage occurring with alarming suddenness and severity, or there may be only a continual dribbling, as in cancer of the body of the uterus.

*Inversion of the Uterus.*—Here the hemorrhage is very profuse, accompanied by a dragging or pulling sensation.

*Lacerated Cervix.*—In this condition the hemorrhage is usually slight.

*Oophoritis* (chronic) is attended by menorrhagia, especially in cystic ovary, which gives rise to a most intractable form of uterine hemorrhage.

*Ovarian Cyst.*—As in cystic oophoritis menorrhagia and metrorrhagia are common.

*Retro-displacements.*—Menstruation is usually profuse, with aggravated reflex disturbances.

*Salpingitis*, increased frequency and duration of menstruation, bloody discharge accompanied by pain, quick pulse and persistent elevation of temperature.

*Simple Cysts of Ovary.*—Occasional hemorrhage and metrorrhagia.

*Subinvolution of the Uterus.*—Backache, anemia and malaise, depression of spirits, profuse menorrhagia.

*Uterine Fibroids*, pressure, pain and hemorrhage either at or in the intervals of menstruation.

*Uterus, Prolapsus of*—pelvic pain, weight and dragging sensation in acute prolapse; when ligaments are torn, profound shock and agonizing pain, attended with internal hemorrhage.

The above are a few of the diseased conditions that we will be called upon to treat which will be accompanied by uterine hemorrhage. Some of these cases will be easily diagnosed and yield readily to treatment, while other cases will come to us in which no abnormal signs can be found on physical examination, and in which treatment will prove extremely unsatisfactory. Still there are other cases which can be cured only by surgical intervention. Many of the patients presenting themselves for consultation will be women between twenty-five and thirty-five years of age—a period of life when menstruation should be regular and normal. In many of these sufferers, beyond a slight enlargement of the uterus and a somewhat toneless condition of the uterine muscle and appendages, there is nothing abnormal which can be discovered on the most painstakingly careful bi-manual examination. While operative gynecology has made rapid advancement, saving the lives of many women, the non-surgical or conservative workers have been “up and doing.” Scientific pharmacologists and chemical laboratory workers have greatly aided the conservative gynecologists.

Whatever may be the correct interpretation of the pathological changes present in uterine hemorrhage, the fact remains that the control of the bleeding is often a very difficult problem, especially in those cases unsuitable for surgical intervention, and the drugs which we have at our command for the control of hemorrhage often prove disappointingly unsatisfactory. Frequently cases come under observation in which the usual hemostatics and styptics, such as ergot, hydrastis, hamamelis, gallic and tannic acids, per-sulphate of iron and other drugs of this type, have been used without even the slightest signs of alleviating the hemorrhagic flood. The cervix has been dilated, the endometrium curetted, and still the patient bleeds. In the past, in such cases, the woman had to give up her organs or bleed to death. The writer recalls a patient—a dear, good little woman—who literally bled to death, ten years ago, because she refused hysterio-salpingo-oophorectomy—the only chance of saving her life.

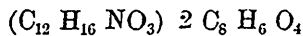
Conservatism in gynecology has been a stimulus to the broadening of therapeutic effort, and has saved countless numbers of women from needless sacrifice of organs and other surgical mutilation that in so many instances failed to bring relief. We are sometimes compelled to remove a uterus because of our inability to check uterine hemorrhage permanently, as its recurrence is often to such an extent as to greatly endanger the life of the patient, and when the organ has been extirpated the pathologist will open his eyes in surprise to see how comparatively trifling the organic changes will be. If uterine hemorrhage occurs after parturition or abortion, we know the cause—faulty contraction of uterine muscular fibre. The open blood vessels gape through the atony of the muscle, and we all know that any remedy which causes firm contractions of the uterine muscle will stop hemorrhage. A uterus infiltrated by small fibro-myomata, or which is chronically inflamed, is an entirely different case. In such cases an abnormal growth of tissue is present, a growth which compresses the muscular fibres, hindering them from contracting with sufficient force to control arteriosclerotic ones which gape wide open in spite of muscular contractions, due to the rigid surrounding connective tissue.

In these cases only such remedies are worth the while, except those which act independently of muscular contraction. Dr. Abel, of Berlin,<sup>1</sup> says he has had occasion to examine microscopically uteri which had been removed on account of uterine hemorrhage when all other treatment had failed. He avers on examining these uteri he has observed that the capillaries are greatly dilated in the mucous membranes which have been the seat of severe hemorrhage, therefore he declares that ulcerative processes

were present exposing the vascular loops on the surfaces of the uterine mucous membranes.

We can readily understand how such uteri become the seat of extensive hemorrhage, and that this bleeding can only be controlled by a remedy which influences the vaso-motor nervous system directly, promptly counteracting the irritation that induces the dilatation of the capillary vessels. Such a remedy is the neutral phthalic acid salt of cotarnin. Cotarnin was discovered by Woehler,<sup>2</sup> who obtained it by the oxidation of the opium alkaloid narcotine by means of manganese dioxide and sulphuric acid.

*Pharmacology.*—Cotarnin phthalate is a yellowish micro-crystalline powder containing 75 per cent. of cotarnin. It is readily soluble in water, with a feeble alkaline reaction. Its melting point is 113 degrees C., and it is represented by the formulæ—



It contains two active hemostatics, as not only the cotarnin is noted for its hemostatic and sedative action, but valuable styptic properties are also claimed for the phthalic acid. According to Lockyer,<sup>3</sup> cotarnin is chemically related to hydrastine, the latter containing stypticin, the hydrochloride of cotarnin.

*Physiological Action.*—Cotarnin phthalate exerts no action on normal blood-vessels, nor does it produce a rise of blood pressure, but its action in the main is directed to the capillaries dilated by inflammatory changes. Its physiological action on the uterus has been studied by Mohr<sup>4</sup> and Abel, of Berlin, and by Chiappe and Ravano in Bossi's Clinic at Genoa.<sup>5</sup> These investigators agree that cotarnin displays not only a powerful hemostatic, but also a sedative action. It might be supposed that as a derivative of opium it would depend for its hemostatic action upon central causes, but Vieth and others aver that this is not so, since the drug does not occasion a general rise of blood pressure; he regards the uterine hemostasis as a purely local action, and supports this view by the statement that when used externally it causes hemostasis by vaso-constriction.

Quoting from Lockyer, he believes that after absorption by the blood, "cotarnin has the peculiar property of causing constriction of the uro-genital vessels only." This action, he avers, is caused by the stimulation of their local vaso-motor plexuses. Cotarnin does not affect normal vessels in other parts of the organism, hence a general rise in blood pressure does not occur. While its action is very prompt in the arrest and control of uterine hemorrhage, yet it does not allay the bleeding in hemoptysis and hematemesis.

*Toxic Effects.*—After the administration of a lethal dose, say Abel and Mohr, there first appears a sedative effect, exactly as with small doses, but this is soon followed by excitation, which is preceded by inco-ordination and ataxia of the extremities. This excitation is rapidly followed by respiratory and general paralysis and death. Just before death the number of respirations rapidly decrease and the breathing gradually becomes superficial. To produce poisonous effects very large doses must be given, and Mohr has proved that gangrene cannot be set up by the continuous exhibition of this drug.

*Therapy.*—Mohr's experiments on pregnant rabbits establishes the fact that the uterus is rendered less sensitive to stimulation by the sedative action of cotarnin. This reduction in the excitability of the uterine nerves is an indication for its employment for the relief of spasmodic and congestive dysmenorrhea, and from the mass of clinical evidence collected by competent clinicians it establishes the opinion that in it we have a drug which fulfils a unique position in therapeutics, and one which can be safely given in threatened abortion. If the deductions of the German clinicians as to the physiological action of cotarnin are correct—and we believe they are—then in this drug we have a substance which has a special sedative action upon the uterine nerve plexuses, which action produces a local vaso-constriction; at the same time, from its sedative action, pain is relieved. As it causes no contraction of uterine muscular tissue it is not indicated for the relief of post-partum hemorrhage, nor for any pathological condition where it is necessary to secure continuous retraction of uterine muscle.

The first clinical research into the therapeutic application of this drug was carried out by Katz<sup>6</sup> in Prof. Karl Abel's clinic in Berlin. He and Abel enunciated the following deductions, dose 3 to 5 grains daily in sugar-coated tablets, and the following indications for its use were laid down. After an experience of several years, in more than 300 cases, Katz and Abel recommend it in the following cases, viz.:

1. Severe menstrual hemorrhage in virgins and nulliparæ without a pathological-anatomical cause.
2. In purely climacteric hemorrhage.
3. In puerperal hemorrhage.
4. In myomal hemorrhage, especially in cases suitable for operations; the patients, generally enfeebled by the recurring attacks of menorrhagia, are able to recover their strength when the bleeding is held in check by cotarnin phthalate.
5. In secondary hemorrhage in diseases of the appendages or of the pelvic cellular tissue. (These are the cases where suc-

cess is least certain, for many cases of this type are amenable to no other treatment than the removal of the actual cause of hemorrhage by surgical intervention.)

6. In hemorrhage due to inoperable carcinoma, in which the local application of the remedy has also been used.

7. In dysmenorrhea, when not due to mechanical causes. Because of its double sedative and hemostatic action, this drug is a safe remedy for painful and prolonged menstruation. The sedative action is hardly ever absent, provided the remedy be given in sufficient doses, two tablets three to four times a day.

8. In hematuria—bleeding from the genito-urinary tract.

Abel, in closing his paper, published in *Berliner klinische Wochenschrift*, 1905, No. 24, summarizes as follows: "I believe that in the neutral phthalate of cotarnin, styptol,\* we have gained a preparation which surpasses all former hemostatics employed in gynecology, provided the indications and dosage are right, whether administered internally, locally, or by a combination of both methods. Here I should like to mention once more that the remedy possesses a pronounced sedative effect, which makes it especially valuable in gynecological practice." He quotes Freudenberg,<sup>7</sup> who is of the opinion that styptol cannot always replace ergotin; on the other hand Prof. Toff<sup>8</sup> observes that ergotin and powdered ergot have often proved unsuccessful, while styptol has always shown a reliable hemostatic effect. He even believes the time is not far distant when ergot preparations will lose their reputation, just as they have long ago been given up as abortifacients, for which they were used for decades. Weissbart<sup>9</sup> praises the action of the drug in climacteric and reflex hemorrhages, endometritis, subinvolution of the womb after parturition and miscarriage, and hemorrhage during pregnancy. Styptol never causes uterine contractions nor labor pains, an observation made by Freudenberg<sup>10</sup> which is in perfect accord with other German authors.

More than two years ago my attention was first drawn to this drug, as a remedy for the control of uterine hemorrhage. During that time I had occasion to observe its therapeutic action both in private and dispensary practice. My service, in one of the largest clinics for the diseases of women in the city of New York, has given me exceptional advantages for the study of this drug. I believe, as is claimed by the German clinicians, that the special action of the drug is principally on the capillary circulation, and that it has the power of contracting these dilated blood-vessels, in this way cutting short local congestion.

I have clinically tested the therapeutic properties of cotarnin

---

\* Styptol has been approved by the Council of Chemistry and Pharmacy of the American Medical Association.



phthalate for the arrest and control of uterine hemorrhage, and append hereto a few clinical histories taken at random from my notebook, which will serve to illustrate the value of this drug in the treatment of uterine hemorrhage.

In December, 1905, I was called in consultation to see Mrs. S., aged 32. She first menstruated in her fourteenth year, was always regular as a girl, but suffered a great deal of pain during the periods, which were very profuse; married twelve years, two children and two miscarriages—the last two years ago; since then periods have been painful and alarmingly profuse, lasting sometimes from six to ten days, passing clots and suffering from frequent micturating; bowels constipated; vaginal examination revealed a large and bulky uterus, slightly anteflexed, and cervical catarrh *nil* in formices. Diagnosis, endometritis with metrorrhagia. Curettage advised but refused. Patient was then placed on cotarnin phthalate, one tablet three times daily, and advised to continue same until the next period, which she did, and after three months she reported freedom from her former ills.

Hillis S—, aged 31, menstruated first in her twelfth year, regular for the first two years, following this a period of nineteen months, during which time she was very irregular. Acute ovarian pain preceding each period, beginning five or six days before and continuing for the first three days of the flow, which was very profuse and weakening to the patient. This case was first observed in February, 1906. Bowels constipated, micturition normal, appetite peevish, sleep disturbed. Vaginal examination revealed a slightly enlarged uterus, freely movable, but tender bi-manually, some cervicitis with a slight erosion. Diagnosis, dysmenorrhoea with menorrhagia. A curettage was advised and performed by her physician during the early part of the preceding month. I was called again in April, same year, and found patient suffering with a return of her former symptoms. She was displeased at her condition, and bewailed her plight after undergoing an operation which had been promised as a relief to her sufferings. She was placed upon neutral phthalate of cotarnin, one tablet four times daily, which was continued right along through the next period, and until the next succeeding catamenia, both of which she passed through without any trouble or inconvenience.

Rebecca S—, colored, aged 30 years, menstruated first at thirteenth year, regular for several years following; married three years, no children, no miscarriages. When I first saw her, in April, 1906, she was complaining of headache, pain in her back, leucorrhoea very profuse during intervals between periods; vaginal examination revealed uterus anti-flexed; sound glided in 2 1-2 to

3 inches, tip turning to the front. On bi-manual examination a small mass was made out between the folds of the broad ligament on the left side; this mass was diagnosed as a small fibroid about the size of a small Tangerine orange. Knowing the predisposition of her race to fibroids, she was placed on a tonic treatment and kept under observation. In July, same year, the second examination found the tumor much larger, firmly fixed laterally, but slightly movable in the vertical; acute pain in the left iliac-fossa gave her considerable annoyance; she suffered nausea and vomiting during these attacks of ovarian pain; menses very profuse, occurring irregularly at periods varying from two to six weeks, and lasting from six to eleven days. She was at once placed upon tablets of cotarnin phthalate, receiving four per day, and after four months' treatment pain was very slight, menses about normal, size of tumor slightly diminished, patient better.

Mrs. K—, American, aged 38, menstruated first in her seventeenth year, usually regular, married twenty years, ten children and eight miscarriages—the last miscarriage eight months previous, since which time she has suffered from a continuous metrorrhagia; bowels constipated, appetite fickle, sleep disturbed, micturition frequent and irritating. In March, 1907, I examined this patient vaginally and found cervix lacerated, hardened and enlarged, uterus enlarged circumferentially, left ovary prolapsed and very tender, left tube a boggy mass. Diagnosis, salpingo-oophoritis. Operation advised but refused; bleeding ceased after the administration of the neutral phthalate of cotarnin, one tablet every six hours for a period of four weeks. Of course, in this instance the bleeding was controlled, but the diseased condition remains uncured.

Fannie R—, German, aged 34 years, menstruated first in her fifteenth year, always regular; married thirteen years, two children and six abortions; bowels constipated, appetite poor, sleep normal, micturition normal, complained of severe backache, pain over ovarian region, and a bloating of lower abdomen and a continuous loss of blood since last abortion. On vaginal examination found vagina relaxed and enlarged, uterus mobile, os soft and gapping, ovaries tender. Diagnosis, subinvolution with metritis. Ordered woman to bed and turpentine stupe to abdomen, hot sterile douches at bedtime, and cotarnin tablets, one every six hours. After two weeks bleeding began to subside, and at the end of one month the loss ceased and did not recur.

These few examples of a large series of cases extending over two years of practice, suffice to show the value of cotarnin phthalate (stypitol) to be a most favorable one in bleeding from the uterus. I have prescribed the drug chiefly in the disorders of

menstruation, including dysmenorrhea, menorrhagia and metrorrhagia, and metritis and endometritis and other congestive lesions of the womb. The experience of others, as well as myself, proves that in this drug the gynecologist has a reliable remedy for the control of uterine hemorrhage.

BIBLIOGRAPHY.

1. Abel. "On the Administration of Styptol in Uterine Hemorrhage and in Dysmenorrhea." *Berliner klinische Wochenschrift*, 1905, No. 34.
2. Woehler. *Annalen der Chemie und Pharmacie*. Vol. I.
3. Lockyer. "Styptol in Uterine Hemorrhage." *Annals of Gynecology and Pediatrics*, September, 1907.
4. Mohr. "Experimental Researches on the Effect of Some Uterine Hemostatics, with Especial Reference to Styptol." *Therapie der Gegenwart*, 1905, No. 16.
5. Chiappe and Ravano. "Styptol, a New Remedy in Gynecological and Obstetrical Practice." *Archivo Italiano di Ginecologie*, 1904, No. 2.
6. Katz. "Styptol as a new remedy for uterine hemorrhage." *Therapeutische Monatschrift*. June 1903 and Nov. 1904.
7. Freudenberg. "On Styptol." *Der Frauenarzt*, No. 3, 1904.
8. Toff. "Styptol, or Stypticine." *Deutsche medicinische Wochenschrift*, No. 13, 1905.
9. Weissbart. "Styptol, a New Hemostatic in Gynecological Practice." *Die Heilkunde*, October, 1904.
10. Freudenberg. "On Styptol." *Der Frauenarzt*, No. 10, 1904.

THE LAFAYETTE, 320 Manhattan Ave., New York City.

## *Clinical Reports, Etc.*

### CLINICAL NOTES FROM SEVERANCE HOSPITAL, SEOUL, KOREA.

Many of Toronto's medical practitioners will remember with pleasure Dr. O. R. Avison, who for several years after graduation practised on Carlton Street in this city. Dr. Avison was always keenly interested in the missionary movement, and a few years after receiving his license to practice he was appointed by the Presbyterian Church of the United States, one of their medical missionaries, and attached to Severance Hospital, at Seoul, Korea. We had the pleasure of hearing from our old school mate a few weeks ago, and think that the following notes from his letter to us will interest our readers. We can realize that Dr. Avison leads about as busy a life as any of us, his work for one day being quite a record. Dr. Avison writes:

"We have a good deal of interesting work out here, very varied, of course, as we cannot specialize and we must do everything that offers. Yesterday morning there came in within half an hour of each other, first, a gunshot wound, in which the ball entered the left gluteal region, passed into the abdominal cavity through the lower end of the sigmoid flexure, and then through the bladder and out of the abdominal wall to the right of the median line.

"We opened the abdomen, sutured the visceral wounds, and left an umbrella drain in the abdominal cavity, as the cavity was infected. The result is yet uncertain.

"Second, a fracture of the lower leg, about the middle.

"Third, a gunshot wound in which the ball passed through the lung.

"Before noon a child four days' old was brought in with closed anus and unable to urinate. We succeeded in relieving the bladder and did an immediate operation on the anus, relieving that difficulty.

"Immediately after dinner we put on a plaster jacket for a Pott's curvature.

"We have a busy life. I am trying to graduate a class of five young men in medicine this summer. This has been uphill work, as we had no text-books and no nomenclature, until I worked

them out. From now on the way will be easier, as I can use these men as teachers for the younger students."

[We are glad to know that Dr. Avison intends to visit America and Canada this summer, and need hardly add that we will hope to receive a call from him.]

---

### INTERESTING CLINICAL REPORT.

---

THE following notes of an interesting case we received from a subscriber who practices not far from Toronto, but who is too modest to desire his name to be published:

September 20th, last year, I was called in to see a patient of Dr. Slaughter's, who lives twelve miles from here. He had been treating her for appendicitis (because there was some tenderness over McBurney's point), and because his patient was in a condition of collapse, asked for a consultation. She had been treated for a similar trouble by another physician on two other occasions. Her temperature ran from 100 to 102. Pulse, 100 to 120.

On examination I found the skin over the appendix was purplish, tenderness over McBurney's point and a mass extending from that point towards the pelvis. By digital examination the mass could be felt quite distinctly pushing the uterus to one side and partly obliterating the neck of the uterus on the right side. I told the Doctor I thought it was an ovarian tumor, but he was not convinced. I advised an immediate operation, telling him we would be prepared for either. As it was his case I asked him to get the necessaries ready, but, as he has them not, he asked me to get them. I took my table, instruments, dressings, etc. Dr. Leech gave the anesthetic and Mrs. Dandy was the nurse. When everything was ready and the patient on the table I noticed Dr. Slaughter nosing around the instruments. He asked what some of them were for. As he did not go to his side of the table I asked who was going to do the cutting. I should have said, "do the patient." He replied, "I will." His clothing, which was old and dirty, was not protected in any way and he had a chew of tobacco in his mouth. He asked advice about the incision and made one about  $1\frac{1}{2}$  inches long. He cut down to the muscle and asked if that were what it was. The patient moved a little and he straightened her around, and in doing so, touched the table. I told him to put his hands in the carbolic solution. Before doing so he put the operating-knife in his mouth. I said, "for heaven's sake take that knife out of your mouth." He said it was only the handle. After fiddling around with his nails chiefly, he asked me if that were the peritoneum. I told him he had not cut

through the muscle yet. He held the knife at right angles to the skin. Later the patient needed more anesthetic, and while waiting he was stroking his moustache and side-whiskers with his hand. I said, "for heaven's sake take your hands off your whiskers. You have enough bugs there to poison half-a-dozen women." At the end of 45 minutes, as he had made no further progress, I asked him to let me have the knife and I would finish the operation. I removed an ovarian tumor that had become twisted on its pedicle (so that the blood supply was cut off entirely.) The omentum was about  $\frac{3}{4}$  in. thick. On the ninth day he took me back again, when I opened a stitch-abscess containing about an egg-cup of pus. She then made an excellent recovery.

The next day after the primary operation I asked Dr. Slaughter if he had ever done an abdominal section before. He said he had done more amputating. I repeated the question when he admitted he had not and had not even assisted. I have been here fifteen years and I never met him at *any* operation in any capacity whatever and never *heard* of him doing an operation in that time. I then asked him if he thought it was fair to his patient for him to try that operation. He said he had decided that when a man wore glasses he should do no more operations.

Dr. Lecch was so annoyed he said since that he would never again give an anesthetic for Dr. Slaughter.

As a matter of fact, he thought I would tell him how to do it and he would get the credit. Did you ever, ever hear of such a case, and particularly in this age of antisepsis? A twentieth century operation surely. Now, this is too long to publish, but I thought you would be at least interested. If you are not interested you will be punished by this long narrative.

A. S. T.

---

#### POST-GRADUATE CLINIC.

---

THE second meeting of the Post-graduate Clinic was held in the surgical theatre of the Toronto General Hospital, on Saturday, March 28th, 1908.

Dr. George A. Bingham operated on two patients under spinal anesthesia (stovaine), a description of which follows in this article.

Dr. Duncan Anderson administered the anesthetic, prefacing the operation of injecting the stovaine by the following remarks:

About ten years ago Bier, following the suggestion of Corning, of New York, attempted spinal analgesia by injecting cocaine into the spinal sac. He then experimented upon himself and assistants. The after effects were so severe that he abandoned it until stovaine was discovered, some three or four years ago, by O. Fournau.

Since then the after effects have been much less severe. The results produced, however, have been wayward and uncertain. The German and French investigators have used solutions of very different specific gravities. Chaput's, for example, has a sp. g. of 1082, while Bier's solution has a sp. g. of 1005. As the sp. g. of the cerebro-spinal fluid is 1007 it will be noticed that Chaput's solution is much heavier, while that of Bier is much lighter than the cerebro-spinal fluid. They claimed that the distribution of the analgesic fluid in the spinal sac takes place in one of two ways, or by a combination of both: (1) By diffusion. (2) By shifting the entire column of cerebro-spinal fluid. As a rule they use a large syringe, and suck out cerebro-spinal fluid to mix with the solution, the whole being subsequently injected.

Professor Barker, of University College, London, after investigating the matter carefully, decided that gravity was the principle of distribution of the fluid. Consequently, he had a solution made consisting of stovaine 5 centigrammes, glucose 5 centigrammes, and water to make 1 c.c. The sp. g. of this solution is 1023—much heavier than the cerebro-spinal fluid. He found that when the injection was made in the sitting position, complete analgesia would occur in the perinaeum. When made with the patient lying on the side with slight elevation of the head and pelvis it would pool in the dorsal curve, and analgesia of that side and leg alone occur. If the patient was quietly turned over on the back immediately after the injection, analgesia of the abdomen would occur up to the nipple line.

Technique: The back is prepared as for operation, but is finally washed thoroughly with hot sterile water, to remove any trace of chemicals. The careful placing of the patient is of the utmost importance, he should be placed on his side with knees well drawn towards the chin, head well elevated, pelvis raised about two inches. After the injection he is quietly turned over on his back with the head and pelvis still raised. The syringe employed is an ordinary "Record" of 2 c.c. capacity. The puncture is made at either the 2nd or 3rd lumbar interspace. The 4th lumbar spine is on a line with the iliac crests. The point of the needle is entered just above this, exactly in the middle line, pushed forward and a little upward for about an inch, when it will be felt to enter a space. The stylet is then withdrawn and the needle pushed further on, when it may be felt to puncture a membrane and cerebro-spinal fluid will flow in fast or slow drops. From 5 to 10 c.c. is allowed to escape when the injection is made. It is absolutely necessary to find the fluid in the sac before making the injection.

The first operation to-day is for double inguinal hernia in a man aged 48. He is very nervous, an alcoholic and had a stroke four years ago. 6 c.c. of stovaine injected; numbness to pubes in

ten minutes; 3 c.g. more injected. Fully anesthetized up to the umbilicus in 3 minutes. Operations lasted 58 minutes; patient perfectly comfortable throughout. The anesthesia extended up to the nipple line by end of operation.

2nd. Case. Woman, aged 26; removal of head of first metacarpal bone of left foot; 4 c.g. injected; kept on left side throughout operation. Anesthetized up to ribs in three minutes, later up to axilla and complained of some tingling in left arm but no analgesia present in the arm. Could move the right leg, and sensation in it not affected until she was turned over on her back at end of operation, when it also became anesthetized. Felt no pain, and was perfectly comfortable during the entire operation.

We have employed spinal analgesia in the following cases: Intestinal anastomosis, 1; Appendectomy, 1; Prostatectomy, 1; Ventral Suspension, 1; Ventral hernia, 1; Inguinal (double), 1; Inguinal (single), 2; Femoral, 1; Sequestrotomy, 2; Hemorrhoids, 2; Urethrotomy (Ext.), 1; Removal of Metacarpal bone, 1.

In one case we were unable to reach the sac in a big muscular laborer. I believe this was due to faulty technique as it was my second attempt. In all cases the anesthesia has been complete and satisfactory in every way, and lasting from fifty minutes to 2 hours. Slight nausea in two of the cases in young men shortly after the injection was made.

Dr. J. F. W. Ross conducted the clinic on April 11th. The first patient shown was suffering from inoperable cancer of the breast primarily, with a secondary growth (probably of the sigmoid flexure) in the pelvis. The family history was unfavorable, the mother having died of "ulceration of the bowels." The patient was struck by a stick on the breast and noticed a lump a week after. This is a common incident in such cases. Latterly the patient has suffered from symptoms of intestinal obstruction, the vomiting and colic being rather distressing. Dr. Ross called attention to the value of the stethoscope in noting the borborygmi characteristic in these cases of obstruction. Another important symptom to look for is irregular puffing of the abdomen without rigidity. The only thing to do in the way of relief is a colotomy (preferably anterior) when symptoms become urgent. Following this operation, the technique of which Dr. Ross described, patients may live for a considerable time, if by careful dieting they maintain a certain amount of constipation of the bowel. A suitable pad and truss are essential. Dr. Ross pointed out the great relief that often comes to the patient immediately the secondary operation of opening the bowel is performed.

The second patient shown had undergone laparotomy for pus



tubes—both ovaries and tubes being removed. The abscess of the left ovary had perforated into the bowel. The bowel perforation was closed, but owing to the amount of diseased tissue the result was not satisfactory. Gauze packing was used, and served to protect the peritoneum from the contents of the bowel which subsequently escaped through the wound. A hernia followed, and necessitated a subsequent operation. Dr. Ross cited a number of cases which showed how inconvenient and often distressing such herniæ are. In the repair of these imperfect abdominal walls, Dr. Ross cited his experience with various suture materials. Cat-gut, he found, would not hold the parts long enough together. Silk proved an irritant, often given trouble for years. Then silk-worm gut was tried, tying it so that it could be untied and slipped out a few weeks later. This, however, proved unsatisfactory, too. Dr. Ross finally resorted to the use of silver wire, which he finds eminently satisfactory.

The third patient exhibited had suffered from an ovarian abscess on the right side, complicating appendicitis. The diseased abscess was opened and the appendix found fastened to the abscess cavity. The ovary and tube on the left side were normal.

The next patient was a sufferer from pyelo-nephritis, complicating pregnancy. Dr. Ross had had a number of such cases, though such cases are rare in obstetrical literature. This was a condition which justified the production of a miscarriage. The patient had had a child three years ago, and progressed favorably until about a month before coming into the hospital, when she had an attack of influenza. She complained of pain in the left side of the abdomen, extending over the left kidney, sharp and stabbing in character. A severe chill ensued and a rise in the temperature. Urine showed albumen and pus. The condition, however, has cleared up temporarily without interference. The abscess is supposed to be caused by pressure on the ureter. It is quite distinct from eclampsia. After delivery they go on very well. Patient still under observation.

Dr. Ross presented a slide, showing a section of a sarcoma of the ovary. He also showed the gross specimen of endotheliomata of the peritoneum. The history of these cases was cited briefly and the pathology outlined.

# *School Hygiene*

## MEDICAL INSPECTION OF SCHOOLS.

---

THE last meeting of the State Medicine Section of the Academy of Medicine (Toronto), was devoted to the subject of the Medical Inspection of Schools, among the names on the programme being Dr. Hastings, Dr. Goldie, Dr. MacCallum and Dr. MacMurchy. Almost every member present took part in the discussion, and a good many new facts were elicited, for example, cases of trachoma among children exist in Toronto at the present time.

---

## SCHOOL HYGIENE IN GREAT BRITAIN.

---

THE Medical Officer of Schools, like many other great reforms, has come so suddenly at the last that great activity is being displayed by the community in getting the educational house in order for the change. The following regulations, adopted by the Edinburgh School Board, in 1906, have worked admirably and have been a help to other Boards:

### REGULATIONS FOR THE MEDICAL OFFICER OF SCHOOLS.

1. He shall advise the Board as to new sites, plans of new Schools, and also, when required, as to School apparatus; he shall exercise a general supervision over the ventilation, heating, lighting, and cleanliness of the Schools; he shall periodically inspect all School lavatories and other sanitary installations, and he shall report immediately to the Head-master, and, if necessary, to the Superintendent of Works, any insanitary conditions discovered.

2. On receiving intimation of an outbreak of infectious disease among the pupils attending any School, he shall at once inquire into the outbreak; he shall take such action as may be immediately necessary, and he shall, as soon as practicable, report the result of this inquiry to the Board, and to the Medical Officer of Health for the city, and shall co-operate with him in any measures he may propose for the prevention of infection.

3. He shall advise the Board as to the necessity for periodic

disinfection and cleansing of the Schools, with a view to the prevention of disease.

4. He shall make such examination as the Board may require as to the mental and physical condition of children selected for Special Schools or Classes, and shall grant any necessary certificates.

5. He shall medically superintend all Special Schools and Classes; he shall keep the Board informed of the mental and physical progress of the children, and he shall indicate any measures that may be advisable for the preservation or promotion of their health.

6. On receiving intimation from the Chief Attendance Officer that a child is absent from school on account of an alleged illness, he shall, where a medical certificate is not produced, inquire into the case and report to the Board.

7. He shall advise the Board as to the children remitted to any Day Industrial School and shall make such medical examinations and reports as may be required.

8. To the extent and in the form prescribed from time to time by the Board, he shall medically examine the pupils attending the schools and shall preserve and maintain on approved schedules a record of the examination of each child.

9. He shall organize and superintend such systematic measurements and observations as the Board shall institute or approve,—for example, measurements of height and weight, improvement or deterioration of physique, and the like.

10. He shall from time to time inspect the physical exercises given in the schools, and shall report to the Board any practices that he considers injurious to individual pupils.

11. If any child is specially reported to him by the Head-Teacher as suffering from any ailment or defect or injury, he shall as soon as possible examine the child and give such directions as may be necessary.

12. When required, he shall medically examine candidates appointed to positions under the Board, Junior Students and Intending Junior Students, and report in cases of employees absent owing to illness.

13. He shall, after such examination as he may find necessary, certify the fitness of teachers or pupils to undergo special courses of Physical Training.

14. He shall, by lecture, demonstration or otherwise, instruct the teachers in the methods of recognizing the common ailments and defects of school children; in the practice of first aid for school accidents; in the general hygiene of the school and class-room, and in the physiological principles that underlie physical training.

15. He shall keep such records and books as the Board may

prescribe or approve; he shall submit an Annual Report on the work done, and he shall make such special reports as the Board may require.

16. He shall perform any other medical duties that may be, from time to time, required by the Board; but medical or surgical treatment shall be no part of the Medical Officer's duty.

---

### EXAMINATION IN HYGIENE IN ITS BEARING ON SCHOOL LIFE.

---

THE Royal Sanitary Institute, which is usually regarded as the chief sanitary authority in the British Empire, has established an examination in the above subject and extended its operation to every part of the Empire. During the year examinations have been held in Bloombfontein, Cape Town, Hong Kong and Sydney, N.S.W. Arrangements have been made to hold an examination in Montreal, and the following board of representatives has been appointed for the Province of Ontario:

C. A. Hodgetts, M.D., C.M., Secretary, Provincial Board of Health, and Registrar-General of Ontario, Toronto.

Willis Chipman, B.A., Sc., Consulting Sanitary Engineer, Toronto.

Charles Sheard, M.D., Professor of Preventive Medicine, Toronto University, and Medical Officer of Health, Toronto.

P. Bryce, M.A., M.B., Medical Officer to Department of Interior, Ottawa.

F. Montizambert, M.D., F.R.C.S.E., Director-General of Public Health, Ottawa.

---

### THE MEDICAL INSPECTION OF SCHOOL CHILDREN.

---

THERE can be but little doubt that the passage of the Medical Inspection of School Children Law by the British Parliament last year was, as the London correspondent of *The Dietetic and Hygienic Gazette* (New York) points out, "the great event of the past year in public health, as far as England is concerned." But the profession and the public are agreed that the benefits to be derived from the medical inspection of school children should be very great, but it remains to be proved what will be the best way of carrying it out. In England the Board of Education (a department of the Government) has appointed two eminent medical men, Dr. Newman and Dr. Eichholtz, as its chief medical advisers, and apparently intends to assume control of the matter, to some

extent at least. Reasons for this procedure will readily present themselves, but it remains true that the Medical Health Officer for the city, town, village, or county where the school is situated should be in the closest touch with the School Medical Officer. In many districts, there is no difficulty, all parties being more anxious to serve the common good than to stand on their own dignity and rights. It would not be a difficult matter for the Medical Health Officer to furnish the Board of Education with nominations for the position of School Medical Officer, and for the latter to take rank as assistants to the Medical Health Officer. A memorandum published in the *British Medical Journal* by the Medico-Political Committee of the British Medical Association, advised that the remuneration for medical inspection of school children should be at the rate of £50 per annum for attendance on one-half a school day a week, half a school day being defined as two hours; that is, the rate of remuneration would be about 12s. an hour. This is an important matter for the profession to consider, and the pronouncement of the Medico-Political Committee is both opportune and valuable.

Meantime, it is interesting to know that Chicago, a city which discontinued Medical School Inspection for a short time, has re-established it with the good-will of everybody, being persuaded thereto by a series of epidemics of scarlet fever last year. The Medical School Inspectors are appointed after passing a Civil Service examination held under the auspices of the Chicago Health Department. Each inspector is assigned to a certain district, containing usually from three to five schools, with a school population of three or four thousand. The doctor goes each morning to the office of the school principal and there examines all children who have been absent four days or more from any cause, and any who are suspected of having contagious disease. In addition, the Medical School Inspectors must see that all the children are properly vaccinated, doing the vaccination themselves if necessary. They, further, have charge of all cases of contagious disease in their several districts, investigating each case that is reported to the Health Department, and seeing that the proper quarantine regulations are observed. Among the recently appointed medical school inspectors in Chicago is a Canadian, Dr. Margaret Rogers Riley.

H. MACM.

## *Proceedings of Societies.*

### EIGHTH ANNUAL MEETING OF THE CANADIAN ASSOCIATION FOR THE PREVENTION OF CONSUMPTION.

THE eighth annual meeting of the Canadian Association for the Prevention of Consumption and other forms of Tuberculosis was held, pursuant to announcement, in the Railway Committee Room of the House of Commons, on Wednesday and Thursday, March 18th and 19th.

Notwithstanding that it was understood to be rather a formal business meeting than a convention there was a good attendance. The programme was sufficiently full, and the discussions were interesting and to the point.

The chief matters of interest were the report of the Executive Council for the year just closed, together with the reports of Branch Associations from nearly all the Provinces.

The report of the Executive Council of the Association emphasized the importance of the medical inspection of schools and of school children as a means of promoting the vigorous development of the rising generation, and, therefore, as one of the best possible measures of prevention of consumption.

It might have been expected that this particular form of prevention would have found favor chiefly in cities like Montreal and Toronto, but the progressive communities of the west show themselves alert to adopt a proposal that is so clearly in the interest of the entire community as the regular and systematic medical inspection of school children by qualified practitioners.

Pincher Creek, Alberta, claims the honor of being the first school district in the Dominion of Canada to adopt this beneficent measure. And other school districts in the same Province have the matter under advisement.

Montreal has had sufficient experience of the system to be able to testify to the benefits of medical inspection. Dr. Laberge, the Chief of the Staff of Medical Inspectors of Montreal, notes a falling off of about 50 per cent. in the usual number of cases of infectious diseases reported to the health officer, and attributes this improvement very largely to the increased cleanliness of the pupils, the better ventilation of the schools, and the prompt checking of the spread of contagious diseases, as the result of the frequent inspection of the children. The total cost in Montreal has been an average of 20 cents per school child for the year.

In Hamilton, where medical inspection of the schools and of school children has now been in operation for a year, the results have proved eminently satisfactory.

No better illustration of the value of this inspection can well be given than is found in a note appended to the report of Dr. Roberts, the Medical Health Officer of Hamilton. Among other things his first monthly report showed that 113 children were found to be suffering from defective vision. Before the time for the next report came it was found that 70 of these suffering children, whose ailments had been unsuspected, had been taken to a specialist and the defect remedied.

Last year the Association brought this subject to the notice of every inspector, every school teacher, and every school trustee whose name and address could be ascertained, and it is certainly gratifying to know that the effort of the Association has met with such an appreciative reception and is already bringing forth fruit which must redound to the permanent welfare of the county.

Among the most gratifying reports from Branch Associations were those from British Columbia, from Hamilton, Ont., and from the County of Colchester, Nova Scotia.

In British Columbia a property known as The Tranquille ranch was purchased, and the buildings, which admitted of easy adjustment to the new uses to which they were destined, were put in order and the institution was formally opened on the 28th of November last, by the admission of 10 patients.

Beauty of situation, salubrity of climate, quality of soil, and the fine southern exposure, with abundant forest protection from winds, make this an ideal location for a Sanatorium. This institution will always be a monument to the humanity and public spirit of Dr. Fagan, the Medical Officer of Health of British Columbia, who is to be congratulated on the successful accomplishment of his plans for the relief of the consumptive sufferers of the Province.

The proposed Sanatorium for the Province of Manitoba is soon to become an accomplished fact. A beautiful and in every way desirable location has been secured at Minette, and building operations will be begun this spring. The undertaking lost a warm advocate and laborious friend by the untimely death of Dr. McInnis, but there is every reason to hope that a successor will be found who will carry Dr. McInnis' plans for the relief of suffering men and women to a prosperous conclusion.

There is no city in the Dominion which has so complete and so scientific an outfit for the crusade against consumption as Hamilton, Ont.

This distinction the city owes to the energy, public spirit and generosity of her own citizens. Time does not permit us to trace, step by step, the process of historical development by which the

tent used by Mr. J. H. McMenemy, the City Relief Officer, has grown into the Sanatorium on the Mountain—the Relief Home for advanced cases on the hospital grounds in the city. It is enough to say that the people of all classes co-operated to bring about this magnificent result, which every lover of his kind can only wish may be the means of stirring up other cities and municipalities to follow the example so handsomely set by Hamilton.

The report of the Colchester County Association shows what can be done in the way of fighting consumption in a rural district. Too commonly it has been taken for granted that measures for the repression of consumption can only be successfully carried out in centres of at least fairly large aggregates of population.

In Colchester County the Society has enlisted the sympathy and co-operation not only of the doctors, clergy and benevolent people of old shades of opinion, but also of the County Council.

At the January Session, 1908, of the Colchester Municipal Council, besides reaffirming a grant of \$100 to aid patients from this county attending the Sanatorium at Kentville, the following resolutions were passed:

1. That the sum of \$50 be, and the same is herewith ordered to be placed at the disposal of the Treasurer of the Colchester Association for the prevention of tuberculosis.

2. That the sum of \$100 be appropriated to pay the services of a district nurse, who may from time to time give practical instruction in the nursing of advanced cases of consumption.

3. That the Municipal Clerk be instructed to advise the Council of Public Instruction that in the opinion of the Colchester Municipal Council, New Health Readers, which would give fitting notice to the Prevention of Consumption should be provided for the public schools.

During the past year fully 200,000 pages of reading matter have been distributed over Colchester County. The literature was not distributed blindly or at random, but was sent to selected readers, persons of character and influence in their own neighborhood who can be counted on to bring the information within the reach of others.

It is not necessary to quote further from this admirable report. Enough has been given to illustrate the temper and methods of our people down by the sea.

The question of effective inspection of milk and meat, which had in former years received careful attention at the hands of the Association, was again considered. The conclusions reached may, perhaps, be summed up with sufficient accuracy in the words of a report made to the Annual Meeting in 1902, viz.—On the question of guarding against the spread of tuberculosis through food supplies, your Committee begs to recommend that the Dominion Government be asked to continue and increase dissemination of



information on the danger of the spread of tuberculosis by means of infected milk and meat, and that such information should specially refer to the need of keeping the byres and cattle supplying milk in a healthy and cleanly state. Municipal authorities should further extend their inspection of milk foods and their sources, and provide for periodical inspection of cattle and stables; and that all meat sold within any municipality or prepared therein should be subject to inspection.

It was shown that the trend of opinion among medical men is in the direction of laying increased, rather than diminished, emphasis upon the need of care to preserve infants from infection during the period of life when cows' milk must be their chief sustenance.

The deputation appointed by the Annual Meeting of 1907 to wait upon the Honorable the Minister of the Interior, to lay before him the views of the Association, to the effect: that it is desirable to prevent, as far as possible, by thorough inspection, the entrance of tuberculous immigrants into Canada, or should any such escape detection at ports of entry, by having them returned to the country from which they came.

The Hon. Frank Oliver, the Minister of the Interior, received the deputation, and, after hearing their representations, said in reply, that he was in sympathy with the object aimed at by the deputation, that an order had been issued to all inspectors at ports of entry requiring stricter inspection, and that the policy of the Government was to secure, as far as possible, the exclusion of undesirable immigrants, especially those suffering from disease or known to have a criminal record.

In 1902, the Association laid down the following propositions regarding the extent to which general hospitals should be auxilliary in stamping out tuberculosis:

I. Recognizing the fact that with the exercise of reasonable care pulmonary tuberculosis is non-contagious, and that consumption may be treated in a general hospital without in any way being a source of danger to others.

II. That many are unable to be cared for outside a general hospital;

III. That the function of a general hospital is to care for all classes not affected with dangerously contagious disease. The responses made by the hospital authorities who were written to regarding their practice touching the admission of consumptive patients show that the condition of these unhappy sufferers has become worse rather than better during the last six years. Then of thirty-four hospitals, twenty-one received and thirteen refused admittance; whereas now, 1908, of 46 hospitals heard from, only seventeen received consumptive patients, and twenty-nine refused admittance.

To find a remedy for this state of things, it was agreed (1) that an effort be made to furnish evidence in support of the position taken by the Association, such as may, when impartially considered, lead hospital boards to abandon their present policy of exclusion; (2) and that representations be made to the Provincial Governments, asking them to consider the facts set out by the Association and to make it compulsory upon hospitals receiving public money to make reasonable provision for consumptives.

The report of the Executive Council dealt pretty fully with the efforts made by the Dominion Government to stay the plague among the Indians; commended the good beginning which had been made in the use of tent sanatoria, managed by trained nurses under the direction of the doctor appointed for the district; and urged the extension of the work as rapidly as suitable persons to be entrusted with it can be found.

In the way of circulation of literature, this last year has been by far the best in the history of the Association, there having been more than 2 1-2 millions of pages distributed in various parts of the Dominion. During the summer of 1907 the chief cities and towns of Manitoba and North Eastern Saskatchewan were visited by the Secretary, whose lectures helped to create and to confirm the public feeling in favor of the establishment of sanatoria for these Provinces.

And finally, on the invitation of the Mayor and City Council of Hamilton, it was agreed to hold the next Annual Meeting in that city, at such time as may be found to be most convenient for all concerned.

The meeting throughout was pervaded by an earnest spirit; the discussions were admirably conducted, and the general results highly satisfactory. Altogether, this meeting, though not the largest, was one of the best yet held.

# The Canadian Journal of Medicine and Surgery

J. J. CASSIDY, M.D.,

Editor.

43 BLOOR STREET EAST, TORONTO.

**Surgery**—F. N. G. SPARE, M.B., Toronto, Associate Professor of Clinical Surgery, Toronto University; Senior Surgical Assistant, Toronto General Hospital; N. A. POWELL, M.D., C.M., Prof. of Medical Jurisprudence, Toronto University, Consulting Surgeon, Toronto General Hospital, etc.

**Clinical Surgery**—A. X. PRIMROSE, M.B., C.M. Edinburgh University; Professor of Anatomy and Director of the Anatomical Department, Toronto University, Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University.

**Orthopedic Surgery**—B. E. MCKENZIE, B.A., M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital, ex-President of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Winnipeg, Man., Member of the American Orthopedic Association.

**Gynecology and Obstetrics**—GEO. T. MCKEOUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Toronto.

**Legal Jurisprudence and Toxicology**—ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng., Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P. Lond., Associate Coroner, City of Toronto.

**Physiotherapy**—CHAS. R. DICKSON, M.D., C.M., Queen's University, M.D., University of the City of New York; Electrologist Toronto General Hospital, Hospital for Sick Children and St. Michael's Hospital.

**Pharmacology and Therapeutics**—A. J. HARRINGTON, M.D., M.R.C.S. Eng., Toronto.

**Pediatrics**—ALLAN RAINES, M.D., Toronto, A. R. GORDON, M.D., Toronto; HELEN MACMURCHY, M.D., Toronto.

**Oral Surgery**—E. H. ADAMS, M.D., D.D.S., Toronto.

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

W. A. YOUNG, M.D., L.R.C.P. Lond.,

MANAGING EDITOR

145 COLLEGE STREET, TORONTO.

**Medicine**—J. J. CASSIDY, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital; and D. J. H. ELLIOTT, ex-Medical Superintendent, Gravenhurst Sanatorium, Ont., 611 Spadina Ave., Toronto.

**Clinical Medicine**—ALEXANDER MCPHERDAN, M.D., Professor of Medicine and Clinical Medicine Toronto University; Physician Toronto General Hospital, St. Michael's Hospital, and Victoria Hospital for Sick Children.

**Mental and Nervous Diseases**—N. H. BREMER, M.D., Minto Inebriate Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

**Public Health and Hygiene**—J. J. CASSIDY, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon Toronto General Hospital; and E. H. ADAMS, M.D., Toronto.

**Physiology**—A. E. EADIE, M.D., Toronto, Professor of Physiology Woman's Medical College, Toronto.

**Pathology**—W. H. PEPPEL, M.D., C.M., Trinity University; Pathologist Hospital for Sick Children, Toronto; Associate Demonstrator of Pathology Toronto University; Surgeon Canadian Pacific R.R., Toronto; and J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

**Ophthalmology**—J. M. MACCALLUM, M.D., Toronto, Professor of Materia Medica Toronto University; Senior Assistant Eye Department Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

**Nose, Throat and Ear**—PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department Toronto General Hospital.

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

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

Advertisements to insure insertion in the issue of any month, should be sent not later than the fifth of the preceding month. London, Eng. Representative, W. Hamilton Mill, Thonet House, 231 Strand, W.C. Agents for Germany, Saarbach's News Exchange, Mainz, Germany.

Reprints supplied Authors at Cost.

VOL. XXIII.

TORONTO, MAY, 1908.

No. 5.

## Editorials.

### SHOULD OSTEOPATHS BE ALLOWED TO PRACTISE?

THE current of authority in New York State seems favorable to restricting the performance of any act tending to cure or affect human disease to persons who are legally qualified to practise medicine. A decision given by the New York Supreme Court in *People vs. Allcut*, makes this point clear. In that case, Allcut, who was not registered, represented himself by sign and card to be

a physician, he prescribed no drugs, but diagnosed the ailments of his patients, prescribed diet, and remedies, gave treatment by manipulation, professing to cure without drugs diseases that other physicians cured with drugs, and to cure other diseases that they could not cure.

In holding the defendant guilty of practising medicine, without being lawfully authorized and registered, the Court laid particular stress upon the fact that Alleut attempted to diagnose, and the Court took occasion to say that to confine the definition of the words "practice of medicine" to the mere administration of drugs or the use of surgical instruments would be to eliminate the very cornerstone of successful medical practice, namely, "the diagnosis." In the opinion of the Court, diagnosis seems to be an integral part of both the study and practice of medicine, and is so recognized by the Law, as well as common sense. In support of its decision the Court referred to the fact that the Courts of Massachusetts, Maine, Michigan, Iowa, Missouri, Colorado, Nebraska, Illinois, Ohio, Alabama, Indiana, New Mexico, South Dakota and Tennessee have refused to restrict "practice of medicine" to the administration of drugs or the use of surgical instruments.

After reading the summary of the decision of the New York Supreme Court, in the above case, one can only feel chagrin at a decision given, April 3, 1908, in a case brought by the New Brunswick Council of Physicians and Surgeons against Dr. H. L. Spangler, osteopathist, charging that his practice is a violation of the Medical Act. Several citizens of St. John testified to being treated by Dr. Spangler. Dr. Spangler won and the case was dismissed. Judge Ritchie, in summing up, said: "As regards the matter of diagnosis, I am not sure it was necessary that we should know whether or not Dr. Spangler knew what was wrong with the patients. The question is: What is the law, and did he violate it? I am of the opinion that the treatment of these witnesses, as given in their testimony, by manipulation, or the laying on of hands, does not constitute the practice of physic, surgery or midwifery, and the prosecution has failed to make a case. The defendant will be discharged."

The Council of Physicians and Surgeons of New Brunswick ought to ask for amendments to the Medical Act of that Province. A modern physician should not be limited in the choice of agencies

for the cure of disease. The interpretation given to the New Brunswick Medical Act, according to which it was decided that Dr. Spangler was not practising medicine, because he used manipulation, instead of prescribing drugs, shows that the limitations of that Act are inimical to scientific medicine. Of what importance is it that a physician uses drugs, baths, electrical apparatus, massage or any physical agent in his practice? None whatever, unless he employs agents capable of alleviating or curing disease. The choice of a curative agent presupposes diagnosis—an intelligent appreciation of the etiology of the disease which requires treatment. To restrict a modern physician to the pharmacopœia is absurd.

J. J. C.

---

### MUSCLE AND MIND.

---

IN the January, 1908, number of *The Medical Standard* (Chicago), the editor quotes approvingly the following excerpt from Mrs. Eddy's *Science and Health*: "The motion of the arm is no more dependent on the direction of the mind than are the organic actions and secretions of the viscera. . . . The valves of the heart, opening and closing for the passage of blood, obey the mandate of mind, as directly as does the hand moved evidently by the will, though physiology admits the mental causation of the latter, but not of the former."

Ordinarily one does not know that one has a heart. Hard work or strong emotion act on the nerves of the heart increasing the rapidity of its action. Fright, caused by bad news, shock from a fractured femur, weaken the action of the heart.

This is not all, for the distress of mind and alarm felt by the patient appear on his face; he looks pale and may faint. To contend that these disordered states of the heart and other viscera are the results of mind, just as much as the voluntary raising of the patient's arm, is confusing. The symptoms of shock in either case are an involuntary revelation of the sympathy of the whole body with the injured feelings or the fractured femur, expressed through the nervous system. The mind does not direct the effort in shock; it may regret, if conscious, the circumstances which produce shock, but, being overcome by a superior force, yields its controlling power over bodily function, however unwillingly.

The valves of the heart begin to work before one is conscious of having a mind and continue, without mental direction, till death. One may move at will, a sound, unfettered limb, because the muscles, nerves and nerve centres are healthy and under the complete control of the will. Were a blood vessel in the brain to burst, hemiplegia would follow, and even after consciousness had returned, one would be unable to lift a finger of the paralyzed hand. The strongest mental efforts cannot make a drop of bile flow into the duodenum, or stop the flow of urine through either ureter. Fortunately for one's well-being these visceral functions are involuntary.

Another excerpt from *Science and Health* quoted in the editorial is as follows: "Because the muscles of a blacksmith's arm are strongly developed, it does not follow that exercise has produced this result, or that a less used arm must be weak. If matter were the cause of action and muscles without the co-operation of mind, could lift the hammer and strike the nail, it might be thought that hammering would enlarge the muscle. The trip hammer is not increased in size by exercise, because mind is not producing that result in the hammer." The last observation in this quotation is particularly futile, because the authoress is discussing the attributes of living organs, and not of dead metals. Exercise does develop and hypertrophy muscles, owing to a relatively large blood supply directed to the exercised parts. Some years ago we examined an athlete whose history showed that from being a delicate boy he had, by gymnastic exercises, developed his muscles to an extraordinary degree of efficiency and bulk. A weak man, one with a strong mind, would be no better than a child in the grasp of this man whose upper arm, when flexed, measured nineteen inches in circumference. It goes without saying, but it is no harm to say it here, that strength of muscle and force of will go together in the production of the most forceful muscular efforts. In the news from Central Africa, it was reported recently, that a lioness dragged a man through the window of a construction car and afterwards carried him off into the jungle. Could the hunger-directed muscular effort of this lioness be called an effect of mind on matter?

Hunger is a strong spur to muscular effort; so is hate, rage, sexual desire. All animals, man included, are influenced by emotions, under the influence of which they perform feats of strength

and endurance that are amazing. Yet it is, nevertheless, true, that a weak man, with the strongest effort of mind, cannot swing a twelve-pound hammer like a trained blacksmith doing his day's work, and an unarmed man is powerless in the clutches of a lioness.

Again, one may be so exhausted as to be scarcely able to drag one foot after another; but, if threatened with sudden death, one may rise and escape the danger by making an extraordinary effort. Is this result due to the influence of mind over muscle? In Kirke's *Physiology* the explanation of the phenomenon is as follows: "Under normal circumstances, muscles do not become completely fatigued, for the reason that the nerve cells which send out the impulses for contraction become fatigued sooner than the muscles themselves do. Nerve cells, however, recover from fatigue more quickly than muscles."

To fully answer these questions, one must first define what is meant by "mind."

J. J. C.

---

#### THE "MORAL HAZARD" IN ACCIDENT INSURANCE.

---

In an address read before the Insurance Institute, of Toronto, last March, Dr. J. E. Elliott states that a few physicians "have wilfully and intentionally prostituted their profession in the interest of their patients." Prostitution is a very strong word, and the only evidence to substantiate it in this connection is that a doctor, who had seen a patient (an insured man) for cholera morbus, an illness not included in the list of diseases mentioned in the policy, obligingly placed the claim under one of the diseases which was mentioned in the policy.

Dr. Elliott does not allude to the "moral hazard" of the doctor of the Accident Insurance Company. As the manager of one of these companies put it to us lately, the medical officer of the company is in a position of defence, ready to treat as a rogue every claimant not proven to be honest. Sometimes, perhaps, with the best of intentions, he reports against a just claim. We know of an instance in which the medical officer of a Toronto Accident Company, passing over the reports of two practitioners, without making any clinical examination of the patient himself, refused to accept a diagnosis of traumatic neuritis of the anterior crural

nerve. This medical officer reported the case as one of muscular rheumatism and the accident claim was rejected by the Company.

Dr. Elliott suggests that, as a means of having control over the ailments and accidents of the insured, "One medical man should be appointed in each of the larger agencies that would warrant it, who would be independent of any one company, but rather the representative of the whole, and who would keep in touch with the claimant from the beginning of his disability to the end."

If the competing companies would only agree to choose such a referee, it would certainly be a good thing for the lucky doctor who would get the plum. If he were a thoroughly competent man, one of wide culture, not biased, diplomatic, shrewd to detect malingering, but able to tell the difference between simple neuritis and myalgia, he would help to strengthen the cause of accident insurance among a doubting people.

As accident insurance is now very much in demand, physicians, whether as the attendants of claimants or the medical officers of companies, should be scrupulously exact in the diagnosis of the injuries or diseases of claimants.

J. J. C.

---

#### EDITORIAL NOTES.

---

**The Domestic Fly as an Agent in Spreading Typhoid Fever.**  
—The official report of Dr. V. C. Vaughan, State University of Michigan, after a study of typhoid fever occurring among American soldiers in camps during the summer of 1898, shows conclusively the agency of flies as an etiological factor of typhoid fever. A collective examination made by the American Department of Agriculture (L. O. Howard, Entomologist), in 1899, showed that of all flies caught in rooms, where food was exposed, 98.8 per cent. were house flies. The house fly deposits eggs, as a rule, on horse manure, but may lay eggs on human feces. The egg of the house fly hatches in from 8 to 12 hours. The larva lives usually 5 days, and the pupa 5 days, thus making about 11 days for the entire cycle of development in warm weather. Between 120 and 160 eggs are usually laid by a single female. Experiments made with cow manure and decayed fruit at the Department of Agriculture, Washington, failed. The flies either did not oviposit in these substances or the maggots died. Horse manure



should be frequently removed from the vicinity of human dwellings. While kept in the stable it should be boxed up and covered with chloride of lime, which kills the maggots, but does not spoil the manure for fertilizing purposes. Box privies should be abolished, and, when water closets are not available, earth closets should be used. Human feces should be covered with earth, wood ashes or chloride of lime. Flies should be excluded from food-stuffs, by screening the doors and windows of stores, store-houses, dining-rooms and kitchens, where food is exposed. The same regulations can be applied to bar-rooms and soda fountains, except those in the open air. Even here protection could be secured by means of mosquito-gauze booths. Sputum and feces should be disinfected at once. Open wounds should be protected by bandages, or by a gauze screen over the patient if he be in bed.

**Bulletin No. 146 (Laboratory of the Inland Revenue Department, Ottawa), Bismuth Subnitrate, Potassium Bromide, Phenacetin.**—In bulletin No. 146, Mr. A. McGill, chief analyst, reports upon 196 samples of drugs collected last December, and consisting of the following:

Bismuth Subnitrate .....	55 samples
Potassium bromide.....	57 “
Phenacetin .....	84 “
	196 “
Total.....	196 “

These were obtained in each of the (14) inspectoral districts of the Dominion, and doubtless represent, very fairly, the character of the drugs named, as sold throughout Canada. The report says: “The percentage of bismuth has been determined by conversion to the oxide. Tests for lead, arsenic and carbonic acid have been carefully made. With the exception of two samples in which the oxy-carbonate of bismuth had been dispensed, instead of the subnitrate of bismuth, the requirements of the British Pharmacopœia were fully met. These two preparations are so similar in their medicinal value that the error is not a serious one. The 53 samples of potassium bromide were found to be satisfactory. The British Pharmacopœia describes this drug as required to be within one per cent. of chemical purity, and to contain no trace of the heavy metals, or of cyanides. Six samples of phenacetin from each inspectoral district were examined, as regards specific identity and

absence of acetanilid and paraphenitidin. All were found to be of the requisite purity."

**Orphanages in Ontario.**—Dr. P. W. Bruce-Smith, inspector of Hospitals, in his last report, December 2, 1907, deplores the increase in the number of inmates in the Ontario orphanages. He says: "The best institution is a poor substitute for a home. The Children's Aid Societies throughout Ontario have more applications for children for adoption than can be supplied, and it seems peculiar that so many children should be kept in orphanages, who might be adopted into comfortable homes. The fault lies, I am convinced, not nearly so much with the people in charge of our orphanages as with persons who commit children to these institutions with the expressed understanding that they must be kept there and not given out for adoption into private homes. I have expressed the opinion that the rules governing the admission of all inmates should be changed, so as to permit the management of all our orphanages, after a child has remained a certain period, to decide in regard to his removal for adoption." If a child is deprived of one parent, the surviving parent may be expected to re-establish the home and remove the child from the orphanage. This is as it should be. Orphanages are, unfortunately, necessary; but they should be used only during periods of storm and stress; the orphaned child should be restored, as soon as possible, to a home by the surviving parent. If the surviving parent is morally unfit to take charge of a child, if no relatives are willing to take the place of parents, then the child should be given to a strange family for adoption.

**Bulletin No. 162.—Breakfast Foods, Their Chemical Composition, Digestibility and Cost.**—We have been much pleased with a study of this bulletin, the work of teachers in the Ontario Agricultural College, Guelph, and issued by the Ontario Department of Agriculture. The bulletin shows *inter alia* that the uncooked oat, wheat and corn meals are among the most economical sources of nutriment and energy, and that probably oatmeal ranks highest among them. Compared with them the advertised foods are expensive. "The reason that prepared breakfast foods are more expensive is not because they contain any more nourishment, but because of the way they are prepared, the manner they are put

on the market, and the cost of advertising. A curious name or appearance, or a mysterious process of preparation does not give them the extraordinary food value sometimes claimed. They may have a place in a hurry-up breakfast; but, where economy is considered there is nothing in the composition, digestibility or palatability of these high-priced, predigested foods to justify the extravagant price asked for some of them." All of which is true enough, but, in townlife, at least, people prefer the tasty, ready-to-serve breakfast foods to the old-time oatmeal porridge, wheaten grifts, etc. Besides, when eating shredded wheat, one of the best of these foods, one has something to masticate instead of a soft mass, which slips down the esophagus, without preliminary chewing and insalivation. The public are certainly indebted to the manufacturers of the ready-to-serve breakfast foods for their skill in manufacture and the cleanliness and tastefulness of their output. Let us hope that the manufacturers of breakfast foods, while continuing to please the palates of the people, will earn their profit in lowered prices and larger sales.

**Favorable Influence of Small Doses of Arsenic and Bichloride of Mercury in Graves' Disease.**—Dr. L. Weber, New York, reports (*Medical Record*, Feb. 8th, 1908), the successful employment of arsenic and corrosive sublimate in Graves' disease for their antitoxic effects. He says: "The patient was ordered arsenic gr. 1-60, and corrosive sublimate gr. 1-60 in tablet form, to be taken *t.i.d.*, and about one month after the introduction of these remedies she showed signs of improvement in all the symptoms. She continued to take the remedies with but little interruption for nearly three years, recovered entirely and has not been in need of any treatment for the last two years. In two other cases which have come under my care since 1903, I have had equally good results from the same remedies; however, they were not severe. I shall be gratified, if this short communication will induce other practitioners to try the treatment in suitable cases. Medical treatment should, of course, be adopted before surgical interference is tried in exophthalmic goiter. Dr. E. Lanphear says (*Surgical Therapeutics*), medicinal treatment may be combined with the use of the X-ray (Mayo), or with the administration of milk or serum from thyroidectomized goats, sheep, etc. (Lanz and Moebius). This method of treatment should not be

continued too long, unless operative treatment is contraindicated, since the disease itself tends to reduce vital resistance and to exhaust the nerve centers." It should not be forgotten that, like other goiters, the bronchocele of Graves' disease is often benefited by the local use of decolorized iodine. J. J. C.

---

**PERSONAL.**

---

DR. L. F. BARKER, Professor of Medicine in Johns Hopkins University, Baltimore, and formerly of the University of Toronto, was honored by Queen's University, Kingston, on April 29th, by having conferred on him the honorary degree of Doctor of Laws.

## *News of the Month.*

### DEATH OF DR. J. W. PEAKER.

---

THE well-known physician of 347 Bathurst Street, who has been ill since last November, passed away on Sunday night, April 5th, aged 43 years. Five weeks ago Dr. Peaker was stricken with paralysis, and he had gradually sank until his death occurred. Deceased was a graduate of the Toronto Medical School and afterwards took a post-graduate course in England. Dr. Peaker was a son of Mr. William Peaker, a well-known business man of Brampton. A widow and one child survive. Drs. E. and K. Peaker, dentists, of Parkdale, are brothers of deceased. The late Dr. Peaker was a member of Zetland Masonic Lodge and the Knights of Pythias, and was an adherent of Broadway Methodist Tabernacle.

---

### PRESENTATION OF PORTRAIT TO WALTER B. GEIKIE, M.D., C.M., D.C.L., LL.D.

---

As a testimonial of the great work of Dr. Walter B. Geikie, formerly Dean of Trinity Medical College, in advancing medical education in the Province and in founding and building up Trinity Medical College, which has sent forth so many graduates, who have highly distinguished themselves in their profession, his life size portrait in oil was unveiled before the Academy of Medicine, on Tuesday evening, April 7th, in the presence of a large number of Fellows of the Academy and friends. The picture was accepted by Dr. Geikie and presented by him to the Academy of Medicine.

Dr. George A. Bingham made the presentation on behalf of the graduates of Trinity Medical College. In his address he referred to the fifty-one years of service of Dr. Geikie in the teaching of medicine. He began his career in 1856, and from that year to 1860 Dr. Geikie filled two chairs of the medical faculty of Victoria University. His health then broke down and he removed to Aurora. While there he attended to a large practice and came in to the city to deliver his lectures. In 1869 he was appointed to the chair of Medicine and Clinical Medicine of Victoria University. In 1870, Dr. Rolph, Dear of the Medical Faculty of that

institution resigned on a matter of principle and Dr. Geikie left with him, founding Trinity Medical College, in 1871, where he was Professor of Medicine and Clinical Medicine. In 1878, Dr. Geikie became Dean of Trinity Medical College, and this position he occupied till June, 1903. Until 1907 Dr. Geikie was examiner in medicine for Trinity University.

Dr. Geikie, replying to the presentation to him of the portrait, spoke as follows:

*To the President and Fellows of the Academy of Medicine, Toronto.*

Gentlemen,—I accept with much pleasure the portrait just presented to me by Dr. Bingham, on behalf of the Graduates of Trinity Medical College, in such kind and pleasing terms, representing the more than warm feelings entertained towards me personally, by the Graduates of my old College. Fifty-one of the best years of my life were spent as an earnest medical educationist. Thirty-two of these, from April, 1871, until June, 1903, were specially devoted to the founding—establishing on as firm a foundation as possible—and building up, of Trinity Medical College, with all the energy I possessed, ever keeping in view, and promoting, as far as was in my power, the best interests of every student who entered the College during that long period.

I therefore appreciate this presentation, coming from her graduates, very highly. It vividly recalls many past and most pleasant years—years to me of continuous delight in daily meeting my classes. With all my heart I thank every graduate who has had a share in this presentation, who was as loyal to his College as I was, and who now cherishes as sincerely as I do her glorious memory.

I regard this presentation as a fresh and marked evidence that the hearts of our graduates continue to beat, as my own does, with mingled pleasure and pride, as we think of the magnificent work Trinity Medical College did for Practical Medical Education during the long and useful years of her existence. No wonder that my whole heart was given to promoting and stimulating so great and so grand a work. It is, however, and I think our graduates will all agree with me, very largely, perhaps chiefly, to commemorate the glorious and long-continued usefulness of our College, that this presentation is now made. The numerous high positions our graduates occupy where they are practising their profession, and the eminence attained by so many of them, in Canada and elsewhere, bear testimony stronger than any words of mine can do, to the excellence of the professional training they received within her walls. I may here mention as illustrative of the fact just stated, the well-known names of Professors Alex. H. Ferguson, of Chicago, Teskey and G. A. Bingham, of Toronto, who, with

many others, are eminent surgeons, and, did time permit, I could give the names of many who are distinguishing themselves in all the various branches of their profession in Canada and elsewhere.

It is not surprising, therefore, that with hardly an exception, they are as loyal to the memory of their College, and that her name is, and always will be, as dear to them as it is to me. Great and long continued as my work in connection with the College was,



WALTER B. GEIKIE M.D., C.M., D.C.M., LL.D.

the general success of her graduates has always been to me an inspiration and a joy.

In this connection I have only one regret, and one wish—the regret is, at my not having done more than I did for my College and for her students. The wish is, that what I did do had been done very much better.

A College like ours was worth the labor of many a life, as her teaching was a blessing to the men she taught,—a credit to our

city and country, and a boon to the public, who require and deserve to have the very best and most practically taught medical men we can produce, sent out, to practise their profession,—men who are capable of successfully coping with the frequent and great responsibilities so often met with at the bed-side.

Earnest medical teachers like to have students, who, in pursuing their studies, have an aim as high as this. To take such a stand requires men of at least average capacity, for it has to be kept up. This cannot be done by young men of the type of one of Charles Dickens' characters, who appeared to be physically and mentally more like "a swelled boy" than a fairly able young man. Good men are known by their steady and good work, maintained throughout their entire course. Thus, and thus only, can they acquire the good and full knowledge they require to have. And this is what is sure to tell in the long-run on the real success of a doctor.

A young man's capacity increases with regular and diligent study—and grows, as the body does, with his growth. A man may thus reach "brain-hood," a word I have just now coined, intended to denote a well developed and well furnished *brain*, as "man-hood" denotes a well grown physical frame.

Cultured men of this kind, although now and then the grossly ignorant may pass them by to employ the illiterate, and untaught, will have, and retain the respect of all who know them, provided their characters are of the best, which is indispensable—and they will soon secure and retain the confidence of intelligent people who are fortunate enough to call them in.

While to-night my remarks have necessarily referred to my own College and her graduates only, it goes without saying that I entertain no feelings other than those of kindness and sympathy towards all well-conducted medical colleges which now exist, or which may hereafter be established amongst us, and nothing pleases me better than to hear of their full success.

Gentlemen, I again thank you for the portrait, and have pleasure in presenting it to the Toronto Academy of Medicine.

Dr. Ross, President of the Academy of Medicine, expressed his thanks on behalf of the recipients of the portrait, for its presentation, especially as it was the picture of so prominent a medical educationist as Dr. Geikie.

The portrait is the work of Mr. J. W. L. Forster.

Dr. Meltzer, of New York, then delivered a technical address on "Shock and its Nature."



### THE TORONTO DISPENSARY.

---

ONE of Toronto's oldest and most useful charities was established in the year 1854. It first saw light in a little frame building on the south side of Adelaide St., a few doors east of York St. The conveniences were very meagre, two small, poorly-lit and badly-ventilated rooms served as consulting rooms, and a small cupboard-like place at the end of the hall for a dispensing room. One general practitioner, Dr. C. B. Hall, comprised the staff. He was in practice on the corner of Adelaide and Sheppard Sts., and afterwards moved to Simcoe St., near Caer Howell St.

Among the medical men who have been faithful members of the staff from time to time are the names of many respected and eminent physicians and surgeons, such as the late Doctors Small, Hodder, Widmer, Geo. Wright, Richard Zimmerman, E. Spencer, F. Greenlees, L. MacFarlane, F. H. Wright, J. W. Lesslie, and many others.

Among those who have retired from the staff are Doctors W. W. Ogden, I. H. Cameron, F. LeM. Grasett, E. St. George Baldwin, A. E. Senkler, H. T. Machell, R. B. Nevitt, Adam Wright, A. McPhedran, Allen Baines, G. H. Burnham, W. Nat-tress, J. F. W. Ross, and others.

The minute-books show that from its inception up to nine years ago the dispensary had been managed by a committee of ladies, comprising members of some of Toronto's most prominent and philanthropic families. Mrs. Strachan and Mrs. Grasett (mother of Dr. F. LeM. Grasett) both acted as President of the Board for many years. Mrs. Price, Miss Muttiebury, Miss Gil-mor, Mrs. Dredge, Mrs. Geo. Wright also helped in this good work.

In May, 1899, the ladies decided to relinquish the manage-ment, when the following members of the medical staff constituted themselves a Board of Management, viz., Drs. Alex. Davidson, President; J. F. Dawson, Secretary; the late J. W. Lesslie, Har-ley Smith, G. B. Smith, W. H. B. Aikens, W. J. Greig, A. H. Garratt, and W. H. Pepler.

Miss Emily Morrison, daughter of the late Angus Morrison, sometime Mayor of Toronto, who had acted as Treasurer on the Ladies' Board, kindly consented to continue in that important post under the new management.

About the year 1880, the Board found it necessary to procure a more adequate building, as the old one on Adelaide St. was in a most dilapidated condition, totally unfit for dispensary work; consequently the institution was removed to 133 Simcoe St., where it continued to carry on its beneficent work in a quiet and an

unostentatious way for 28 years. These premises in turn became unsuitable and in order to keep abreast of the times, necessity was felt of securing a well-equipped, commodious, and permanent building for the more satisfactory scientific treatment of the sick poor who were coming in steadily increasing numbers to their doors for relief. To this end the present site and building was purchased in June, 1906; it was remodelled according to the latest approved plans of Continental and American dispensaries, and equipped with all modern appliances, instruments, etc., for the thorough treatment of medical and surgical diseases.

A reference to the medical report for the year 1877 elicits these interesting facts and figures: There were about 4,000 new patients, and over 6,000 old ones who returned to have their medicines renewed; 1,240 visits made by the staff to the sick poor who were unable to attend the dispensary; also a number of lying-in cases were attended through the dispensary during the year.

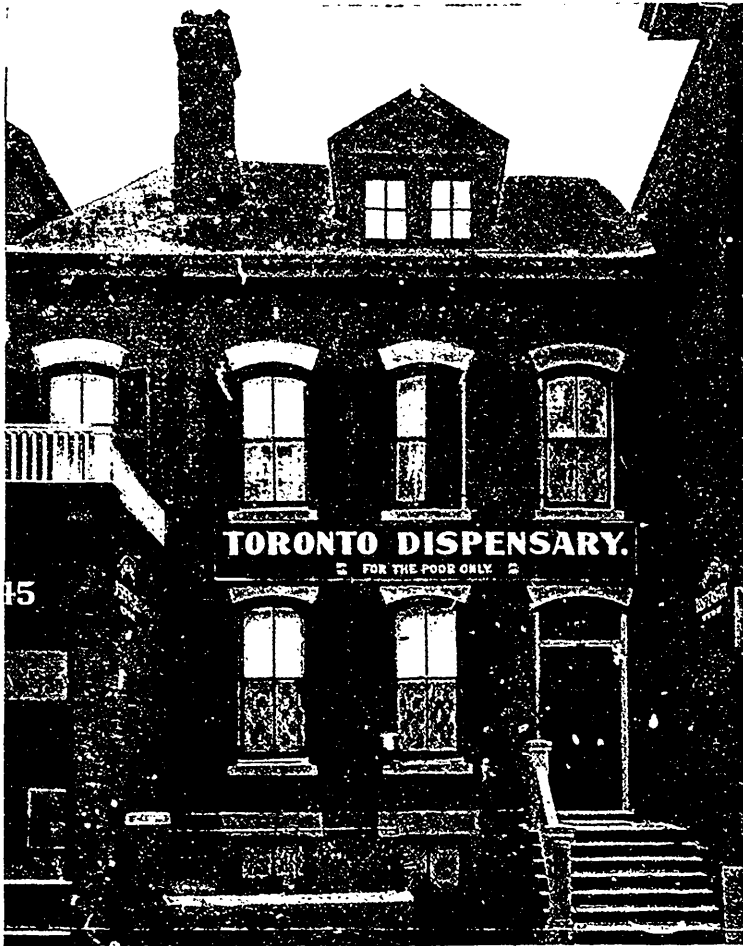
In 1901, between 16,000 and 17,000 applicants came to the dispensary for relief, and the number has been steadily growing since, representing all types of disease, every nationality and religious denomination and age, generally people in the most destitute circumstances. They came from all parts of the city and often from beyond the city limits. During the past winter, with its financial stringency, scarcity of labor and increased emigration, the dispensary has been taxed to its utmost.

The institution is supported by voluntary contributions, a small city grant, and a charge of five cents, if the patient can afford it. This charge was instituted in the year 1878, in order to partially defray the expenses of the medicines. Many donations in money, apparatus and furnishings have been kindly given by business firms and private citizens towards the completion of the present home of the dispensary. The T. Eaton Co., J. F. Hartz Co., and J. Stevens & Son Co., amongst others, have been especially liberal. The late Dr. J. W. Lesslie, who faithfully served on the active staff for many years, and was ever a true friend of the institution, left \$200.00 to be applied on the building fund and towards permanent apparatus. A handsome brass tablet has been erected in the dispensary by the Board of Management in memory of the late much-lamented Dr. Lesslie.

The Dispensary is open every week-day at the noon-hour, this hour was wisely chosen by the founders of the institution with the object of enabling the poor working-class to get treatment without losing time from their work. At the noon-hour each day two consultants are present, when all general diseases are treated. In addition to this, certain days are set apart for special work, as eye, nose, throat and ear, diseases of women, skin, children's diseases, diseases of the digestive system, nervous system, and diseases

of the chest. All these sections are largely attended, most interesting and varied are the conditions presented from day to day.

Two nurses from the Beverley St. Nursing Mission, whose services are given gratuitously, are in attendance daily, and are of considerable assistance to the staff in preparing patients,



dressings, etc. A limited number of tickets are issued to students at the rate of \$5 annually. They are appointed clinical clerks and dressers to the various physicians and surgeons, and thereby receive considerable practice in examination of patients, writing prescriptions, dressing of minor wounds, bandaging, etc.; the opportunity is afforded them of attending a number of obstetric cases, under the supervision of one of the

staff. A large number of students have benefited by this most practical course in the past, and have expressed their thorough appreciation of it.

Below is a full list of the active and reserve staff:

Physicians and Surgeons. Active Staff,—Doctors Alex. Davidson, G. B. Smith, F. Dawson, W. H. B. Aikens, W. J. Greig, W. H. Pepler, A. H. Garratt, Harley Smith, F. A. Clarkson, Joseph Graham.

Special Departments.—A. H. Garratt, gynecology; W. J. Greig, pediatrics; W. H. B. Aikens, dermatology; W. H. Pepler, digestive system; Goldwin Howland, neurologist; Colin Campbell, oculist; Gilbert Royce, nose, throat and ear; F. A. Clarkson, chest; J. A. Kinnear, obstetrics.

Reserve Staff.—Doctors M. J. Perkins, O. T. Dinnick, J. M. Baldwin.

---

#### TO AMERICAN PHYSICIANS INTERESTED IN THE ALCOHOLIC PROBLEM.

---

DURING 1907 over 200 papers, lectures and pamphlets were published in Europe and America, concerning alcoholism and inebriety from a purely scientific point of view. Many of the authors complain that these papers were practically lost, because they did not reach medical men interested in the subject. The Scientific Federation Bureau organized in Boston two years ago, for the purpose of collecting and disseminating the facts concerning the alcoholic problem, proposes to secure a list of medical men who are interested in the scientific study of the alcoholic problem. This list will be valuable for authors and students, who wish to address a special audience of physicians, not only to increase their interests, but to stimulate more exact studies of the subject. Such a list will enable the Bureau to extend its work of accumulating papers and reprints, of all that is written, and keep authors and readers familiar with the work done in this field. All physicians who are interested in the scientific study of the alcoholic problem, and the work of medical men at home and abroad along these lines, are urged to send their names and addresses so as to be registered and receive copies of papers and abstracts from authors and others who may wish to write directly to interested persons. As Chairman of the Board of Directors of the Scientific Federation Bureau, I earnestly request all physicians interested in this subject to send me, not only their own names, but the names of other medical men who would care to keep in touch with the new medical literature along this line, and the latest conclusions in the scientific world concerning this problem.

Address, T. D. Crothers, M.D., Chairman, Hartford, Conn.

## ITEMS OF INTEREST.

**Change Your Cereal.**—As to cereals for a first course, while there are many excellent modern cereals with which every one is familiar, it is well to mention, also, the old staples, says *The Delineator*: oatmeal cooked all night in a fireless cooker or on the back of the range; boiled rice and raisins, or corn-meal mush and raisins; hominy and samp, and plain but nourishing cracked wheat. To vary the cereal course, once a week have the main dish first, and have the corn-meal mush fried and served with syrup after it. Or, have round cakes of boiled rice or farina with scraped maple sugar or with syrup. And, once in a while, give the family a treat of waffles or crullers.

**Purchase and Sale of Medical Practices.**—The Canadian Medical Exchange for the purchase and sale of medical practices, during the past fourteen years has conducted the vast majority of transfers of medical practices from one physician to another, and offers a short-cut either to buyer or vendor, to secure the goal desired. Especially is this true in regard to vendors, as Dr. Hamill always has from twenty to thirty physicians who are registered with him as buyers, and who have asked him to pilot them on to suitable locations for practice. Vendors can get quick results by taking advantage of the experience and opportunities of this office. A list of his offers will always be found among our advertising columns, the complexion of which necessarily changes each month.

**Veronal-Chloroform Narcosis.**—Rudolf Stossmann, of the Budapest Polyclinic, finds that if a dose of veronal is given some time before the administration of chloroform, the period of excitation will be considerably shortened. Frequently, the patients will fall asleep before the chloroform is given, and there is much less danger that they will wake up during or immediately after the operation. The reflex irritability is diminished, so that the disagreeable after-effects of chloroform are much less pronounced. Complete unconsciousness generally sets in in from three to five minutes, and very much less chloroform is consumed during the entire operation. The danger of collapse is consequently less imminent and the use of stimulants less often required. Vomiting is only rarely observed after the operation. The necessary amount of veronal is 15 grn., which is best given one and one-half hours before the operation, dissolved in from one-half to one-third glass of warm water or tea. Veronal also acts as cardiac stimulant, thus to some degree neutralizing the cardiac depression set up by the chloroform.—*Pest. Mediz.-Chirurg. Presse*, 1907.

# The Physician's Library.

## BOOK REVIEWS.

*The Horse: Its Treatment in Health and Disease*, with a complete guide to breeding, training, and management. Edited by PROF. J. WORTLEY AXE, M.R.C.V.S., ex-President of the Royal College of Veterinary Surgeons; late lecturer at the Royal Veterinary College and at the Agricultural Colleges of Downton and Wye; Chief Veterinary Inspector to the Surrey County Council; Consulting Veterinary Surgeon to the British Dairy Farmers' Association; Author of "The Mare and Foal," "Abortion in Cattle," "Anthrax in Farm Stock," "Examination of Horses as to Soundness," "Glanders: Its Spread and Suppression," "Swine Fever," "Lithotomy, or The Removal of Stone from the Bladder of the Horse." Published in nine volumes. Divisional Volumes 3 and 4. London, England: The Gresham Publishing Co., 34 Southampton Street, Strand. 1907. Canadian agents: D. T. McAinsh & Co., Bay and Adelaide Streets, Toronto.

Volumes 3 and 4 deal at length with "Health and Disease." They take up the Urine; Disease of the Kidneys; Inflammation of the Bladder; Retention and Incontinence of Urine; Stone in the Bladder; the Nervous System and its Diseases; the Absorbent System; the Organs of Circulation, including Diseases of the Heart, Arteries and Veins; the Organs of Respiration; Asphyxia; Ventilation; Diseases of the Respiratory Organs; Constitutional Diseases; Contagious Diseases; Glanders and Farcy; the Organs of Reproduction, their Anatomy (Male and Female) and Diseases; the Eye, its Anatomy and Diseases; Diseases of the Skin and Parasitic Diseases. Volume 3 contains twelve and Volume 4 nine full-page plates. Both volumes are also freely illustrated. The colored plate of the anterior aorta and its branches is a credit to the author and as fine in detail as any colored plate in a work on human anatomy. The illustration in colors of farcy, appearing in Volume 4, is exceedingly natural and true to that disease.

In Vol. V., Professor Axe considers "The Bony System," including the composition, structure, classification and growth of the bones. He gives the anatomy of the entire skeleton, commencing with the vertebral column, the skull, face, chest, pelvis, fore and hind limbs. In this volume, too, the reader is given full information as to fractures, articulations, diseases of the joints,

sprains to joints, tendons and ligaments, after which the muscular system is taken up. Though volume five does not include as many colored illustrations as volume four, it is replete with engravings and half-tone reproductions of such as external parasite of the horse, skeleton of the horse and man, different vertebrae, ring-worm, tapeworms, liver fluke, and a large number showing the different parts of the skeleton of the animal. We can safely say that volumes four and five are as good as, if not better than, any of its predecessors.

*Saunders' Pocket Medical Formulary.* By WILLIAM M. POWELL, M.D., author of "Essentials of Diseases of Children," member of Philadelphia Pathologic Society. Containing 1,831 formulas from the best known authorities. With an appendix containing Posologic Tables, Formulas and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fetal Head, Obstetric Table, Diet-lists, Materials and Drugs used in Antiseptic Surgery, Treatment of Asphyxia from Drowning, Surgical Remembrancer, Tables of Incompatibles, Eruptive Fevers, etc., etc. Eighth edition, adapted to the New (1905) Pharmacopeia. Philadelphia and London: W. B. Saunders Company. 1906. In flexible morocco, with side index, wallet and flap. \$1.75 net.

This is a capital little book. It is full of information from cover to cover, and undoubtedly worth the price charged. A physician might do worse than carry the Medical Formulary in his pocket to peruse between visits.

*The Treatment of Fractures; with Notes Upon a Few Common Dislocations.* By CHAS. L. SCUDDER, M.D., Surgeon to the Massachusetts General Hospital. Sixth Edition, revised and enlarged. Octavo volume of 635 pages, with 854 original illustrations. Philadelphia and London: W. B. Saunders Company, 1907. Polished buckram, \$5.50 net; half-morocco, \$7.00 net. Canadian Agents: J. A. Carveth & Company, Limited, Toronto.

When a surgical work has been endorsed by our profession to the extent of demanding six large editions within eight years, it is lifted somewhat above the plane of ordinary criticism. The writer of this notice counts it as one of his good fortunes to have been a student of the late Frank H. Hamilton, a writer whose work on fractures and dislocations went through eight editions. He has taught the subject of fracture treatment for nearly twenty years, and upon this basis ventures to think that his judgment regarding the new work before us may interest the readers of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY. Stated concisely, it is that, in accuracy of observation, in clearness of state-

ment, and logical and convincing reasoning, the text of Dr. Scudder's work marks an advance upon anything heretofore published upon the subject. Further than this, in the number, clearness, beauty and practical utility of its illustrations, it is altogether unapproached.

The Ontario Medical Association is to be congratulated upon the fact that Dr. Scudder has accepted an invitation and will deliver the address on Surgery at the meeting to be held in Hamilton next month. No guest more worthy of honor could have been named by the Committee on Papers and Business, and none, we venture to predict, will be listened to with greater interest.

N. A. P.

*Personal Hygiene in Tropical and Semi-Tropical Countries.* By ISAAC WILLIAMS BREWER, M.D., Member of the American Society of Tropical Medicine. Illustrated with eight engravings. 12mo, 130 pages. Bound in flexible cloth, rounded corners. Price, \$1.00 net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia, Pa.

That healthful living in tropical and semi-tropical countries depends wholly upon hygiene and hygienic surroundings is proved by glancing over this little book. A very large proportion of the sickness in warm climates is preventable, the author going to show that it is the native races who attend to and carry out a system of personal hygiene who are the longest lived.

*Index of Treatment.* By Various Writers. Edited by ROBERT HUTCHISON, M.D., F.R.C.P., Physician to the London Hospital, and Assistant Physician to the Hospital for Sick Children, Great Ormond Street; and H. STANSFIELD COLLIER, F.R.C.S., Surgeon to St. Mary's Hospital; Joint Lecturer on Surgery in St. Mary's Hospital Medical School; Surgeon to the Hospital for Sick Children, Great Ormond Street. Bristol: John Wright & Company. London: Simpkin, Marshall, Hamilton, Kent & Company, Limited. New York: William Wood & Company, 1907.

At a time when so much attention is being paid to diagnosis, to the exclusion almost totally of everything else, this book will be welcomed by every practitioner. It is practically a complete guide to treatment, in moderate compass and in a form most convenient for reference. While the best and most up-to-date lines of treatment are laid down in almost all diseases, both medically and surgically, the more elaborate operations which require much skill do not take up any material proportion of the book. The writer deals with non-operative treatment in detail, as well as any minor surgery and emergency operations that any practitioner may be



called upon to perform. Of course the management of labor, whether complicated or uncomplicated, does not come within the scope of this volume. It will be found most complete and most valuable, and should be on the table of every general practitioner. The contributors are men of such high standing that their names alone should be a guarantee of the value of this excellent work.

A. J. J.

*Surgical Therapeutics.* By EMORY LANPHEAR, St. Louis. The Clinic Publishing Co., Chicago.

This little book aims to teach methods and means of treating surgical cases, without operation, or before operation. The various affections are arranged in alphabetical order, and the treatment briefly outlined—pathology, etiology, etc., are left for larger works. The author is positive in his convictions, and includes in his pharmacopœia many of the newer therapeutic remedies which, in his hands, have produced good results. Much valuable information may be learned in a short time from this small book.

E. A. M'C.

*Green's Encyclopedia and Dictionary of Medicine and Surgery.* Vol. VII. *Nerûn to Physiology* (Tissues.) Edinburgh and London: William Green & Sons. 1908.

The seventh volume of the *Encyclopedia and Dictionary of Medicine and Surgery* contains in all 1,322 subject headings and carries the work from *Nerûn to Physiology*. The work contains an immense fund of information, some of the monographs being very important. The different articles cover the Nerves, Nose, Paralysis, Peritoneum, Pelvis, Paranoia, Parasites, Diseases of the Pancreas, Diseases of the Ovaries, many of the contributions being from the pens of distinguished writers. Quite a lengthy article is found in volume seven, devoted to Pharmacology. Such subjects as Ophthalmic Reaction and Opsinins have not been overlooked. The article on Paralysis covers nearly seventy pages, and is a masterly effort. Volume seven is one of the most important so far published.

W. A. Y.

*Traite Pratique de Therapeutique Infantile Medico-Chirurgicale.* By PAUL LE GENDRE and AUG. BROCA. Paris: G. Steinheil.

The first edition of this book was issued thirteen years ago, before medical art became enriched through its employment of the serum-, radio-, and ion-therapies, and before it was known that the phagocytic appetite required opsonic stimulation. The demand for another edition is an indication of public appreciation and the new ground to be covered demands much attention on the part of the authors.

Part I., 135 pages, comprises a general discussion of the various therapeutic tendencies and is necessarily brief in its discussion of each.

The remainder of the book discusses in alphabetical order the various subjects considered necessary in setting forth both the medical and surgical therapeutics of infancy.

The task set themselves by the authors is too extensive to permit justice to be done in one volume; certainly in many of the surgical procedures the account given is little more than a summary.

The style is clear and the work is abreast of modern science, but the illustrations are too few and the extent of the task has not allowed sufficient detail. Even those who read the French readily need not go beyond the works published in English to obtain greater satisfaction than will be found here.

B. E. M.

*A Manual of Surgery for Students and Physicians.* By FRANCIS T. STEWART, M.D., Professor of Surgery, Philadelphia Polyclinic; Associate Surgeon Germantown Hospital, Out-Patients Surgeon to the Pennsylvania Hospital. With five hundred and four illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1907.

This comparatively small volume of surgery is written for the undergraduate who wishes a book easily and rapidly read. The book is essentially brief, but for all that complete and very practical. Omission is made of all historical matter, and the practice described is that which has been gained by the author's personal experience. The book is profusely illustrated, type and reading are clear and distinct, and it fulfils in every way the purpose for which it is written. The publishers' work is very creditably carried out.

P. G. G.

*Physiology of the Nervous System.* By J. P. MORAT, of the University of Lyons. Authorized English edition translated and edited by H. W. SYERS, M.A., M.D. (Cantab.) Chicago: W. T. Keener & Co.

So much new work has been done in the study of the nervous system and so extensive have become the ramifications of disease already traced to their origin that it is difficult for anyone but the specialist in that department to follow out the various lines of investigation and to be familiar with the conclusions reached, though these may be of the greatest importance. Making allowance for the special nature of the subject this is a most interesting and lucid book. The author and the translator have the ability to express themselves clearly and to make an abstruse and complicated subject seem relatively lucid and simple.

A review of the anatomical data runs parallel everywhere throughout the book when the discussion of function and the conclusions are held well down to a physical basis, allowing but little place to metaphysical speculation. The newer nomenclature, of course, is used throughout.

A good general acquaintance with this book will clear up many difficulties presenting themselves in the study and diagnosis of the various nervous affections which are encountered in general practice.

B. E. M.

*Proceedings of the Royal Society of Medicine.* Volume I., No. 5. March, 1908. London: Longmans, Green & Co, 39 Paternoster Row. Price, seven shillings and sixpence net.

The volume for March, 1908, consists of the same sections as before, clinical, dermatology, electro-therapeutical, epidemiological, laryngological, medical, obstetrical, odontological, otological, pathological, surgical and therapeutical. The contributors to this volume include such well-known writers as Drs. F. E. Batten, Herbert French, Arthur Latham, F. Parkes Weber, T. H. Openshaw, R. P. Rowlands, W. S. Fox, E. G. Graham Little, J. M. H. Macleod, Sir Malcolm Morris, H. Radcliffe Crocker, J. H. Sequeira, Sir Felix Semon, P. Watson Williams, J. Dundas Grant, Herbert R. Speacer, H. MacNaughton Jones, A. H. Cheatle, and A. H. Tubby. It will be readily seen, therefore, that the Proceedings of the Royal Society of Medicine continue to consist of nothing but the best in medical literature.

*Treatment of Internal Diseases.* By DR. NORBERT ORTNER, Univ. of Vienna. Edited by NATHANIEL BOWDITCH PORTER, M.D., Visiting Physician to the New York City Hospital, etc. Translated from the fourth German edition by FREDERIC H. BARTLETT, M.D. Pp. 658. Philadelphia and London: J. B. Lippincott Co. Price, not stated.

That four editions of Ortner's Lectures were required in Germany in nine years seems sufficient reason for the appearance of this excellent translation. It is a book of therapeutic methods and practice, diagnosis, prognosis and prophylaxis being rarely mentioned. Drug therapy is fully considered, the work abounding in prescriptions. These, however, are not stereotyped in character, but are written in such a way that the active components are readily changeable to meet the condition present. The action of the more important drugs is briefly discussed, that they may be exhibited rationally. In his chapter on the circulatory organs, Ortner prescribes a number of crude plant drugs and their preparations, which are rarely used with us.

Throughout the volume other therapeutic measures are pro-

perly emphasized; mechanical and other methods of therapy in heart diseases are fully treated. We note in this chapter, as in others, the American Editor quotes frequently from Forcheimer. The chapter on Diabetes is worthy of special mention, and there is an interesting paragraph summing up Castaigne's recent work on the reduction of common salt in the dietary of patients with Bright's disease.

We must ask the American Editor why Winnipeg appears as the only Canadian station in his list of resorts for consumptives, his list of "Moderately Dry" (States?), reading, "Texas, Inland Southern California, Minnesota, Dakota, Nebraska, Winnipeg." We are surprised that tuberculin therapy is dismissed with such few words by Ortner. Porter endeavors to overcome this, but in giving dose fails to mention which tuberculin, and at what interval. The general get-up of the book is good and type is clear. Diseases of the nervous system are not considered by Ortner, though Porter has a splendid chapter on Neurasthenia; the publisher heads the pages of this chapter, Infectious Diseases.

J. H. E.

*Nervous and Mental Diseases. The Practical Medicine Series, Vol. X.* Comprising ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Edited by HUGH T. PATRICK, M.D., Professor of Neurology in the Chicago Polyclinic; Clinical Professor of Nervous Diseases in the Northwestern University Medical School; Ex-President Chicago Neurological Society. And CHARLES L. MIX, A.M., M.D., Professor of Physical Diagnosis in the Northwestern University Medical School; President Chicago Neurological Society. Series 1907. Chicago: The Year Book Publishers, 40 Dearborn Street.

This little work is one of a series of ten volumes issued at about monthly intervals and covering the entire field of medicine and surgery. Each volume of this series is intended to include the principal steps of advancement recorded for the year prior to its publication, on the subject of which it treats, and this work successfully carries out that purpose. Only twenty-five pages of two hundred and twenty-four are devoted to mental diseases, but the subjects are all treated in a concise and instructive manner. The arrangement of the subject matter throughout the book is most convenient, and by its help the busy practitioner may, without much effort, become familiar with the current discussions and investigations on nervous and mental diseases.

N. H. B.