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OPENING ADDRESS: MCGILL MEDICAL FACULTY, 1904.

BY

A. C. ABBOTT, M.D.

Professor of Hygiene, University of Pennsylvania.

Members of the Faculty and Students of McGill University:—

I deem it a very great honour to address you on this auspicious occasion. In bringing to McGill the greetings of Pennsylvania, I am, I trust, but strengthening the bond of mutual admiration and respect begun years ago through the instrumentality of your distinguished alumnus, our beloved Osler.

While delighted to be your guest this afternoon, I am not unmindful of my responsibilities, and stand upon this rostrum from which so many eminent speakers have addressed you, with certain feelings of reserve and timidity. To appear in the capacity of adviser to so large a body of plastic minds is indeed no trivial matter.

Gentlemen of the student body; the field you have chosen as the one in which to expend your lives' energies is many sided. It is replete with inviting avenues and vistas that appeal to each of us in a different degree, and on an occasion of this kind I fear there is often a tendency to paint in too glowing colours the beauties of this or that phase of our profession that may appeal to us, as individuals, most strongly.

In preparation, then, for what I shall have to say, for I am sure to be biased, let it be fixed in your minds that no matter what direction you may take, when traversing a narrow path, you are much more certain of reaching the desired goal if fully familiar with the lie of the surrounding land.

As you are doubtless aware the modern tendency in all big enterprises is specialization. In medicine, as in other pursuits, it is the order of the day, and for the full development of the subject it is doubtless the best order, but it is killing to the individual if begun too early in his career, if begun before he has acquired a firm, broad foundation.

I sound the note of warning because of the attractions offered by many of the special departments of medicine under conditions of modern

development; and because of a tendency to encourage the election by students, more or less early in the course of their education, of such subjects in the curriculum as appeal most strongly to them, or as seem to be of most immediate importance in their relation to the special work to which they intend ultimately to devote themselves.

If it is your desire and intention to utilize your profession for the sole purpose of deriving income from it, you can acquire sufficient information upon one or another of the special subjects to do so, with the expenditure of comparatively little energy, but you will probably not rise much above the level of mediocrity. If, on the contrary, you aspire to become a broadly educated physician, whose councils will carry weight in the professional deliberations of your colleagues, your course at the start must be a very different one, even though it is your intention to devote yourself to special work later on in life.

To the men entering the school for the first time, the subject of medical education possesses but few attractions. They are unacquainted with the progressive development of medical instruction or the reasons making this development desirable. They have never had occasion to concern themselves with these reasons. They glance at the roster of subjects and sometimes wonder why it is necessary for so many subjects and so many hours of work to be demanded for the doctor degree. This was not formerly the case. In the "good old times" two courses of lectures of four or five months each sufficed for the purpose. Why will it not do now? Quite true; but such instruction is neither in quantity nor quality sufficient for the demands of the day. Medicine has grown from a state of more or less empiricism to the dignity of a broad biological problem, with all that is thereby implied; and in consequence, for an intelligent understanding of the manifold ramifications of this problem, the educational equipment of to-day is of necessity very much more elaborate than that appropriate to the demands of but a few years back.

The transition from the old to the new was not suddenly made. It was of gradual growth; one subject after another being added to the course as the newer conditions and developments demanded; until at present, though very much expanded, there is not a subject in the modern medical curriculum that was put there before it was plain that a knowledge of it is essential to a correct understanding of the newer problems of medicine.

What is regarded as the education that insures to the student a general groundwork in Medicine?

The detailed reply that would have been made to that question

fifteen or twenty years ago differs so materially from that made to-day, that one would scarcely regard it as applicable to the same subject. It is true we have in the course now as then, Anatomy, Chemistry, Physiology, Pathology, and the Clinical Branches as fundamentals, but the problems of the day, inspired by new light from a variety of sources, differ so materially from those of a few years back, that not only have new subjects been added but there has been an appropriate remodelling, shifting about, and readjustment of relative values among the older subjects.

For instance:—not very long ago the chemistry of the medical curriculum differed little, if at all, from that given in the ordinary college course. There was no reason why it should. There was no demand for anything else, and as then taught, I think it of very doubtful value to the medical problems of that time. But as we learn more and more of the phenomena of life, we discover that for an understanding of them, a chemical knowledge is essential, but to this end the antiquated instruction in inorganic reactions is scarcely appropriate. As a result it is becoming the opinion of many that general chemistry, as usually understood, has no place in the medical curriculum; that the student should possess such knowledge before he enters upon his medical studies, and that while in the course such chemistry as is taught him should be susceptible of application to the riddles of life processes, *i.e.* it should be physiological chemistry that can be used in the elucidation of questions that in Medicine, Pathology, Physiology and Bacteriology are occurring daily. But it is obvious that this suggestion, desirable as its adoption may be, can be put into successful operation only when the student entering the school is equipped with a fundamental knowledge of general Chemistry.

The advent of Bacteriology as a medical subject had a phenomenal influence. Its fundamental importance to an understanding of clinical and pathological phenomena demanded at once a permanent place for it in the regular course of study. Not only this, but it demanded that it be taught in such a manner as to give to the student a reliable practical acquaintance with it. This was only possible through the installation of laboratories, equipped with microscopes and other apparatus necessary to the conduct of the work. The student became acquainted not only with the microscopic world, of so much importance to life, but learned incidentally the use of instruments of precision. All this required time, and further revisions of the roster became necessary to supply it.

Through the stimulating influence of bacteriology, Pathology developed rapidly from an objective, morphological study into one suscep-

tible of the most diverse, fascinating, and instructive experimental inquiry. In consequence, the position of Pathology in the curriculum and its relative value as an educational subject has undergone a material change. From a brief course of didactic lectures with diagrams and post-mortem demonstrations, confined often to but one year in the course, we now find this teaching extending over two, and in some cases three years, and occupying in the neighbourhood of 250 hours. Under competent direction we find it taught from the general and special aspects and on all sides are impressed by the elaborate equipment provided for its practical teaching in the laboratories and mortuaries.

The outcome of this development demonstrates the wisdom of all that has been done to foster and encourage it. We are now familiar not only with the anatomic alterations peculiar to various morbid processes, but in many instances with the agents by which they are caused, and in a few cases with the mechanism through which the living causative factors operate.

We have discovered that many diseases to which man is liable may be reproduced in susceptible lower animals more or less faithfully, and in this manner it is possible to observe the phenomena of disease from their inception to their termination.

Important as the advance may be it is not yet satisfactory. It is necessary to completion that we know the intimate mechanism by which living micro-organisms cause such changes. That the alterations of structure are due to detrimental substances associated with or eliminated by the living parasites is certain, but as yet our knowledge of them is very limited. We know they are present but we know little or nothing of their nature or the manner in which their presence results in the destruction of tissue or the interruption of normal functions. Here again presents a modern problem demanding altogether a new chemistry, or possibly a new application of familiar reactions.

Not less manifest is the influence of Bacteriology upon the development of another phase of modern medicine. As the clinician and the pathologist pursued their several lines of investigation, it soon became obvious that a great many common pathological processes result from bacterial invasion, and that when this invasion has occurred two important facts are apparent, viz:—first it is questionable if, by therapeutic means, as ordinarily understood, it is possible to check the course of events by destroying the exciting agents in the infected body and, second, that in the course of many such infections, the exciting agent is eliminated from the body in a living condition.

Reflect for a moment upon these facts, for their significance is far reaching. If the patient cannot be restored to health by the disinfec-

tion of his organs, and if while ill he is throwing off into his surroundings living agents, capable of reproducing and perpetuating the disease in others, what is to be done in the matter?

Through elaborate investigations, along lines that cannot be discussed at this moment, it was found that every living body is endowed by nature with weapons of defense, more or less capable of protecting the body from harmful micro-organisms, and that by appropriate therapeutic measures these natural defenses, if not susceptible of increase, may be supported, so that though invaded the body has still a chance to bring about its own cure. In brief, there are some diseases that the Doctor does not cure,—he helps nature and she cures them.

In the meantime a host of investigators were occupied in studying these exciting factors when thrown off from the living body. They found them capable of life outside the body; capable of infecting other bodies to which they might gain access; capable in some instances of multiplying under special environment; but of most importance, easily destroyed by a host of substances that might be applied to them, *i.e.* by germicides. This being the case it is plain that diseases of this class should be to some extent, preventable by isolation and by the destruction of all morbidic agents arising from them. In other words, we see some of the beginnings of what has developed into the medicine of the day, viz:—Preventive Medicine.

These facts, together with others of equal importance that developed rapidly, shed a new light upon the problems and conceptions of the sanitarian. He realized that the origin, spread and management of infective disease were to be viewed from a new standpoint. He saw that many hitherto obscure questions of transmission or of prophylaxis were susceptible of solution by trustworthy practical methods, so he at once demanded laboratories in which such methods could be applied and, as in the case of his colleagues, the pathologist and bacteriologist, he got them. But, you may inquire, have the developments in these purely experimental fields been productive of good commensurate with the cost?

With all due deference to the marked achievements in the clinical branches, it is safe to say that the triumphs of modern medicine originated with and were developed by the laboratory workers. In this connexion need only to be mentioned the ultimate outcome of a line of investigations begun with Pasteur's observations upon sick chickens, passing to the successful vaccination of live stock against the ravages of anthrax, and culminating in the discovery that in the blood of an animal recovered from diphtheria intoxication, there is a substance having the power not only to prevent diphtheria in man but, when

properly used, to reduce the death rate from this terrible malady about 50 per cent.

When you are impressed by the brilliant victories of modern surgery and behold with awe the ruthless but successful invasion of the vital organs and cavities, remember that all this was made possible only through the guidance afforded by laboratory investigations upon wound infections and the means of preventing them. When you are told that typhoid fever can be practically eliminated from a community by the adoption of appropriate measures for water purification, remember that the development of such methods was directly dependent upon laboratory aid.

In our understanding of the factors responsible for the existence and spread of the so-called miasmatic diseases, and the development of means for their elimination, the achievements have been no less remarkable. One of the most dreadful scourges of tropical and sub-tropical America is yellow fever; a malady costing many lives and much treasure annually; a continuous menace to the operations of commerce, and a foe whose invasion is so subtle and mysterious that the people living within the zones of its epidemicity are in a constant state of disturbing apprehension; yet the ingenious researches of Reed and his associates have robbed this disease of practically all its terrors.

It is true that this cannot strictly be regarded as a laboratory investigation, but it is a significant fact that both Reed and his fellows were special laboratory workers, and I do not believe the result would ever have been accomplished had they been without a firm foundation in the scientific methods of approaching their problem.

The outcome of this work was the conversion of Havana, Cuba, formerly a hot-bed of yellow fever, with thousands of cases and hundreds of deaths annually, into a city from which the disease is practically absent. Nor is this all. By demonstrating that the disseminating medium of this disease is a familiar insect, the means of prevention are plain and easy of application. We see that the elaborate systems of maritime quarantine against a mysterious foe, established and maintained at a cost of millions annually, are in very large part unnecessary.

This work on yellow fever, with the analogous studies on malarial fever, and a group of other parasitic infections transmitted by insects, aside from their intrinsic importance, suggest the desirability of our keeping before us the possible role of insects in the transmission of other diseases on which our knowledge is at present but scant. Far be it from me to suggest that another subject be added to the already overcrowded curricula of our schools, but I take this occasion to hint

that as a profitable pastime the acquisition of a little knowledge of entomology, particularly as it concerns the blood sucking insects, may ere long stand you in good stead.

Probably the most important influence in the elaboration and prolongation of the medical course is the tendency to depart from the old didactic methods of teaching. Knowledge gained through immediate personal contact with objects themselves is everywhere conceded to be more lasting, more serviceable, and more impressive to the student than that derived from the mere reading of books or the hearing of lectures. Practical work is the order of the day; in the hospitals; in the dispensaries; in the laboratories, and the intelligent student about to matriculate is now careful to select only that school offering the maximum of facilities for practical study. All this takes time; all this takes energy; all this takes money. Where formerly a topic in physiology, for instance, was presented to a group of, say, one or two hundred students in a single formal lecture, to-day that topic, if susceptible of practical treatment, is presented in elaborately equipped laboratories to small groups of fifteen or twenty students, who enjoy the individual attention of trained instructors. Under such conditions the student, through direct contact with things and personal observation of phenomena, acquires for himself the knowledge formerly gleaned from books or filtered down to him by word of mouth. It is needless to discuss the relative values of the two systems of teaching, or of learning.

In the clinical branches the same tendency is everywhere manifest. The student does not desire so much to hear about sickness as to see it for himself, and the modern teacher is equally anxious that he should do so.

These developments of methods and ideals that I have brought to your notice in a very cursory way have, however, a very serious defect that is sometimes difficult to remedy. They increase the cost of medical teaching enormously without at the same time contributing materially to the income of the school. But, we may ask, is not the income of the school increased by the additional number of students attracted by the newer facilities? Yes, the income is increased, but there is a corresponding expenditure for each additional student, so that, the quality of teaching remaining constant, there will be nearly the same ratio between income and expenditure with a large as with a small class. That is to say, there will be a loss on each student. I daresay that the majority, probably all, of our first class medical schools spend annually on the education of each student more than it receives from him. Moreover, the minute the life of a medical school becomes

dependent solely upon its income from students, that minute is the school in business; and if it attempts to give to the student the kind of instruction demanded by the time, it is in very bad business, for it cannot do it with its available income. To maintain its income it is forced to get students; if it cannot attract them through educational advantages equal to those of other schools more fortunately circumstanced, financially, it must attract in another way—this too often means by the offer of an easy road to the degree.

To do the best work; to give to the country physicians competently equipped to practice medicine; to encourage investigation upon topics of vital importance to the public health, our modern medical schools are constantly in need of financial aid.

That these needs are appreciated, that the reason for their existence are regarded as sound, and that they are sure to be alleviated by public-spirited citizens possessed of the means to do so, is already made more than probable by the splendid gifts to your own school, to Harvard; to the University of Chicago; to Johns Hopkins; to Pennsylvania and to other institutions that might be mentioned. I know of no service more philanthropic than the supplying of means whereby men may be trained to save life and prevent suffering. Notwithstanding the care and consideration that has been devoted to the development of a harmonious group of subjects properly constituting a course in medicine, there is still a phase of medical work that has not, on this continent at least, received at the hands of our educational institutions the attention that its importance warrants.

The value of our medical schools to the welfare of the public would, I maintain, be very greatly increased were special facilities provided for the proper training of men intending to enter the public service; and the functions of the public service would be much more efficiently and thoroughly performed were our graduates formally and regularly impressed with their responsibilities and relations to it.

It is true, these constitute special phases of medicine, but in their objects and aims they are of such a comprehensive nature and mean so much to the efficient administration of preventive measures that I regard it as high time that they be given more consideration.

In the several arms of our public service, represented by the army, the navy, the Marine Hospital and the Quarantine Corps, almost the first preparation for his duties that the surgeon receives after admission to the service is instruction in matters of practical sanitation. In our municipal Boards of Health, physicians and laymen are to be had in numbers for the performance of the manifold duties, but beyond a little book knowledge on hygiene, most of these men, able and qualified

as they may be in other directions, know little of the practical work for which they are employed, and, as in the other public services, it is essential that they be carefully trained at the public expense before they are of value to the administration.

Upon everyone officially identified with state medicine the importance of this matter is constantly impressed. To be held responsible for the prevention of sickness and the saving of life, and to know that for the performance of the duties either untrained or only partly trained allies are available, is indeed no enviable position, and yet such are the conditions under which much of our public health work is done. So far as I have been able to observe, the defects are not of the heart, but of the head and hands; for a more willing, earnest and, usually, underpaid group of enthusiasts than those identified with our public health work would be difficult to discover.

Those of our medical schools affiliated with universities or constituting organic integers of them have at hand the remedy for this defect in many instances. In the chemical and bacteriological laboratories special, practical courses designed for the public health official could readily be organized. In the veterinary departments the approved methods of preparation and the necessity for rigorous inspection of food stuffs of animal origin could be taught and demonstrated. In the engineering schools courses designed particularly for the practical sanitarian might be instituted. Between the zoological and pathological departments information upon the life processes and the effects of the animal parasite could be supplied; through the law school lectures upon law, especially as related to registration of vital statistics, nuisances, epidemics, quarantine, construction of dwellings, protection of water courses, disposal of sewage, etc., could easily be provided; through the use of the public hospitals for contagious diseases the student could be given the opportunity of seeing these maladies as they are, instead of hearing about them by word of mouth or reading about them in books, as is now too often the case; and from the special chair of hygiene, state medicine or public health, as it may be denominated, the outcome of these several lines of study may be correlated and their influence upon the great problem of preventive medicine directly shown.

After a special course of study along some such lines as these, the approved student should be formally rewarded by the institution with the official seal in the way of a degree or a certificate of proficiency.

I believe were this matter taken seriously by our influential schools, the movement would become general wherever practicable, and I know that by this plan, and this only, can our public service be regularly recruited with men having an intelligent appreciation of the work before them, and the practical ability to do it on demand.

That the results, as exemplified by improved administration, will fully compensate for all expenditure of capital and energy, I do not for one minute doubt.

In connexion with my second criticism, viz., that we do not sufficiently impress our students with their relations and responsibilities to the public service, I shall, before taking my seat, address a few remarks to the senior class. At the end of the academic year just beginning you leave your Alma Mater as qualified doctors of medicine. You will then pass successfully through the ordeal of an examination by your Provincial Board and be licensed to practice.

I suspect, in so far as most of you are concerned, you will by that time regard yourselves as entirely independent, free to pursue your own courses, with responsibilities to only yourselves and your patients. This is the point on which I wish to set you straight. When you are granted your license, your name and address will be officially recorded at an appropriate bureau, and, whether you wish it or not, you become from that moment a part of the public health administration of the district. Your central and local governments, knowing that you will be in possession of facts vital to the correct estimation of the movements of population, press you into service. They request you to furnish regularly and promptly an account of all births and deaths occurring in your practice. It considers knowledge that will be possessed by you of such fundamental significance to the correct administration of preventive measures, that it looks to you to communicate with utmost promptitude a full account of all dangerous, transmissible diseases brought to your notice. If you are a good citizen, concerned for the welfare of the community of which you form a part, your duties in these respects will be performed with intelligence, willingness and despatch. If you are not, they will be performed just the same, but under legal compulsion.

Now, let us spend a moment upon the reasons for these requests, for I have observed that willing service is more often obtained from those acquainted with reasons for the requests than from those ignorant thereof. The ultimate object of state medicine is preventive, *i.e.*, its function is to lessen sickness and prevent deaths by improving the conditions under which the people live. The progress of this effort is measured by the degree of improvement in the public health, as shown by the general vital statistics of the locality. You are to supply the data from which these statistics are compiled.

Upon special features of the work, as, for instance, in the checking of epidemics or the detection of local conditions that predispose to disease, special information is needed; you are asked therefore to supply

a detailed account of all transmissible diseases with which you are professionally occupied, in order to determine if these are more common to one locality than to another, and to co-operate with the authorities in their efforts to prevent them. In the routine work of health boards the co-operation of the private practitioner is absolutely essential to success. He is looked to for the information that will indicate to the authorities where their efforts at prevention are to be expended. His concealment of a single case of contagious disease, whereby the authorities are prevented from exercising the necessary precautions to prevent its dissemination may, and often does, result in sickness and suffering among others.

In the rural districts of a number of our states there is no systematic registration of sickness and deaths, and in consequence dangerous epidemic diseases often occur in one locality or another without anyone beyond the infected focus being the wiser. Such are often districts on which the cities depend for their food supplies, and when these comprise such favourable vehicles for the propagation of contagion as dairy products, you can readily understand what this means to those receiving the commodities. A case in point—during the last autumn my attention was called to a more or less severe, but circumscribed, outbreak of typhoid fever in a part of Philadelphia. Inquiry revealed the fact that the district had been in large part supplied by milk from a farm on which during the three or four weeks preceding the outbreak there had been five cases of typhoid fever in a family of seven souls. None of these were reported during the time of their illness. Had they been it is readily to be seen how easily suffering, to say nothing of monetary loss, could have been prevented.

In your present frame of mind, your aspirations are doubtless to acquire a practice, earn an honest living, and, through intellectual growth, become distinguished in your profession, an ornament to society and a credit to your school. This is all as it should be, but I wish to say there are other things to be kept in mind—you are not only to be doctors but also citizens, and as such should concern yourselves to some extent with public questions; more so, I maintain, than has been the custom with physicians in the past.

Just now there are matters before the people of this country and the United States that are of fundamental importance to the public welfare, and are to be settled only by the most untiring and intelligent public effort. The question of water supply and sewage disposal; that of suitable sanatoria for the housing of destitute persons affected with tuberculosis; that of modernly equipped hospitals for the reception of contagious disease; that of authoritative sanitary control of food supply;

that of facilities for the efficient management of epidemics, and that of systematic registration of vital statistics in our rural, as well as urban districts, are the most burning.

These problems are only to be satisfactorily solved when their importance is fully understood by the people to whom we look for the material means of solving them. There is no individual in the community whose influence for good in these directions is greater than that of the family physician. His intimate contact with the people affords him the opportunity to educate, and his councils go far in deciding them how to act.

I trust that as good citizens, as well as good doctors, you will use your influence for these ends to the best of your knowledge and abilities.

PRESIDENT'S ADDRESS.

CANADIAN MEDICAL ASSOCIATION, VANCOUVER, 1904.

BY

SIMON J. TUNSTALL, M.D.

I feel that my first duty to-night is to offer you my very hearty thanks for the honour you have conferred upon me in electing me President of the Association for the ensuing year.

When I recall the names of those who have preceded me in this chair I can only ask your indulgence for the deficiencies you may find in me, of which I am very conscious, and express the hope that under my presidency, the interest of the Association may in nowise suffer nor its honour in any way be tarnished.

The present occasion is no ordinary one. In the appointment of a President from among the members of the Association whose home and work lie in this far distant portion of the Dominion, and in our meeting here to-day at the doorway of the West, a new departure has been made.

I am far too modest to suppose for an instant that any particular merit of mine has induced the Association to make this departure; rather I conceive it to be due to a general recognition of the claims and standing of the western members as a whole, and of the growing importance of this fair western province.

I should be performing my duties but poorly did I not seize this early opportunity to thank you on behalf of my western confreres, and on behalf of the people of this province in general, and of this city in particular, for the compliment you have paid us in selecting this province and this city as the place of meeting for this year, and I feel I am only expressing their wishes in tendering you a hearty welcome to

our midst, and their hopes that your brief stay among us will be both pleasant and profitable to you all.

To many of you, probably to most of you, the rapid progress and general development of this young province will come as a surprise. It does to most of our visitors from the older parts of the Dominion who know not how recent has been the settlement of the west! And certainly looking round one, it does seem scarcely realisable that the site of this rapidly expanding city, of which its citizens are so justly proud, and this very spot on which this building stands, surrounded by so many comforts and refinements of modern life, was less than two decades ago a wild and almost impenetrable virgin forest, the haunts of the bear, the deer, and the primitive savage.

It is less than a score of years by two that the incorporation of this city took place, and yet to-day it will compare favourably with many cities in the older provinces twice and thrice its age. From the medical standpoint it is reaching after a high ideal.

The incomparable water supply which is brought in closed steel conduits from the bosom of the mountains to the north of us, the sewerage system with its septic tanks that deliver their effluent into tidal waters, the paved streets with their array of cleaners, the cement sidewalks which are now throughout the city rapidly replacing the earlier and cruder planking, the public and private hospitals, the General hospital which is now being built and which when finished will be the peer of any hospital of its size, all make it clear that we are endeavouring to keep abreast of the times as well in sanitary as in other matters.

It is no idle boast then, if I say that in the west events move rapidly. Time is no sluggard here, and we see history fashioning itself before our eyes. The whole of this great province was in undisputed possession of savage aborigines a half century ago. The closing years of the first half of the nineteenth century saw the first real settlement made on Vancouver Island at a place called Camosun in the native tongue, now Victoria, the capital of the province.

A few years later, in 1858, an Act was passed in the Home Parliament to provide for the government of this new colony, thereafter to be known as British Columbia. From this date the real settlement of the Province begins. The discovery of gold in the Fraser and Cariboo soon made these districts as famous and as widely known as Sacramento or Ballarat, and a great inrush of population was the result. But a very few years later the conception of that colossal and momentous undertaking, the building of the Canadian Pacific Railway began to shape itself in men's minds and was finally carried out. You are all doubtless familiar with the history of that great undertaking and

know the almost insuperable difficulties its earlier promoters had to contend with, and how in the end, in spite of political, natural, and every other obstacle and hindrance, they successfully carried through the scheme and made possible the union of British Columbia and the great North West with the rest of Canada, and gave us as a result that splendid heritage, that united land which stretches from ocean to ocean, from the rising of the sun to the going down thereof—a land of which all her sons and daughters are so proud—our beloved Canada.

It is gratifying to our profession to know that it has been ably and honourably represented among those history makers in the persons of Drs. Helmcken and Tolmie who were the first medical men to settle in the colony, about the middle of the last century. Both took prominent part in the earlier events of the province. The former still remains among us; the latter has gone to his rest. Prior to their advent the native medicine man had it all his own way.

There is a significance, not without interest to my mind, in the fact that this Association, representing as it does to-day in its various members the highest medical knowledge of this enlightened period of the world's history, should meet here in this new country where Shamanism, or the cult of the savage "Medicine Man" so recently prevailed and does to some extent still prevail. The old and the new order of things are thus brought into suggestive contrast and juxtaposition, and we are led naturally to reflect upon the stages and steps we have passed since the days when all medical knowledge was comprised in the superstitious and rude practices of our savage prototypes, and in spite of our sometime failures and our lack of knowledge, still in certain directions the reflection on the whole is a pleasant and gratifying one both to ourselves and humanity at large. It certainly would not be the least interesting of subjects were I to attempt on this occasion a general survey of the march and progress of Medical Science from the days and practices of the primitive Medicine Man as we find him even in this province, down to the times and discoveries of Lister, Pasteur, Virchow and their followers.

But it is not my intention to undertake such a task to-night interesting and appropriate as it might under the circumstances be, although I cannot leave the subject without calling your attention briefly to a fact of which all of you may not be aware and which gives pertinence to my reference to the old time Shaman or Medicine Man. We are all familiar with hypnotism, but there are few of us perhaps aware that in the employment of hypnotism as a therapeutic agent we are returning to primitive methods, to the practice of our savage prototypes. Those who have made special study of the practices and customs of savage

—races inform us that the primitive doctor, or "Medicine Man" was not that self-conscious fraud and humbug knowingly duping his credulous patients he is commonly thought to have been; but a person who had a real belief in his own powers and cures; and that those powers and cures were, when genuine, generally, if not always, attributable to hypnotism, especially, to that phase of it known as suggestion. A state of hypnosis was induced in his patient by the monotonous droning of his medicine song and the noise of his rattle, and when in this condition his attempt to extract the spirit of the disease from the patient's body, and his statement that he had presently accomplished it, acted suggestively upon the imagination of the patient and effected his cure. "Extremes meet," and there is nothing new under the sun, we are told, and the school of Nancy, which is founded upon the suggestive phase of hypnotism is not a new practice but an unconscious return, or rather I should say, it is an unconscious modification and extension of these primitive methods which were in vogue among our savages here up to a few years ago, and may be to this day for aught I know to the contrary.

But enough on this head. It is my intention rather to bespeak your consideration to-night of a point or two which I, in common with many of the members of the profession, have very much at heart, and which I deem of such importance as to merit our most careful consideration and endorsement.

I have reference in particular to:—

- I. The Canadian Medical Protective Association;
- II. The Federal Health Bill;
- III. The Dominion Medical Council;
- IV. The Treatment of Inebriates.

With regard to the first, The Canadian Medical Protective Association, I would desire to urge upon members the strong claims this Association has upon the profession. I am among those who believe in the need of such an Association, and that it may be made a valuable means of assisting and protecting members of our profession from wrongful actions-at-law, to which we are all of us at all times liable; actions brought by irresponsible persons for alleged malpractice, or by unscrupulous persons for the purpose of obtaining money under threats of injury to our professional character.

It is well known that a medical man's professional prospects depend to a very large extent, if not entirely, upon his professional reputation, and it is not difficult, therefore, for unprincipled persons to attempt to levy blackmail upon him by threatening to bring action against him for malpractice or professional incapacity, which action, though wholly groundless and undeserved, may have the most disastrous effects upon his career and pocket.

During the past two years the Association has fought out several such cases successfully, and has amply demonstrated its usefulness and justified its existence. It is, therefore, a matter of wonderment to many of us that the Association has thus far received so little encouragement or support from the profession as a whole. Out of a possible 5,500, the total membership last year was only 252. This is altogether too small a number to make the aims and work of the Association effective, or sustain it in a solvent condition, and I welcome this opportunity to invite your earnest co-operation in enlarging its membership and strengthening the hands of the executive, and would to this end suggest that a special committee be struck during the convention for the purpose of considering how best to enlist the sympathies and support of our brethren who are not yet members. I cannot but think that a large increase in the membership must inevitably result if the aims of the Association be at once rightly understood.

The objects of the Association are such as all can subscribe to. It is not intended to defend or assist in defending unworthy members, or those who are actually guilty of malpractice, or who have brought discredit upon the profession. It aims rather to assist the worthy, those of its members who are wrongfully charged and whose character and reputation are placed at stake; and also to deter irresponsible and unscrupulous persons from bringing action against members of the profession for the purpose of spiting or injuring them, or of exacting a bribe for their silence; and it is only by uniting ourselves together in such a way as this Association offers, that we can hope to secure the support of our brethren and become immune to many attacks which would otherwise be made upon us.

I feel therefore that we have but to devise some plan of arousing the interest of our brethren in the matter to ensure their support and co-operation.

And now a word or two as to the Federal Health Bill. Thanks to the energetic efforts of the special committee appointed to attend to this matter, considerable progress has been made towards the attainment of our desires in this behalf. The interest and sympathy of the Ministers of the Crown have been secured, and the Minister of Agriculture, the Hon. Mr. Fisher, under whose department the matter more directly falls, has taken the matter up most courteously and is thoroughly alive to its urgency and need. For the information of those not familiar with this subject, I would briefly say that the Association at its meeting in Montreal in 1902, placed itself on record by resolution to the effect that it is expedient that a Department of Public Health be created by the Dominion Government, and administered under the authority of one of the existing Ministers of the Crown; thus bringing all general

questions relating to sanitary science and public health, under one central authority to be known as the Public Health Department. There is no need for me to dwell upon the importance or desirability of this step; it must commend itself to every member of the profession.

Thus far, the Government has not seen its way to grant the desired measure. The work is not yet accomplished and the need of pushing the matter still exists. I sincerely hope the meeting will not dissolve without first passing a strong resolution in favour of the measure, and thus encourage and strengthen the hands of the committee who have this work in hand.

And now I desire to touch upon my third point, which I regard as of the highest importance. I refer here to the Dominion or Canada Medical Act, which was assented to in the Federal House in 1902. We are under a deep debt of gratitude to the members of the Special Committee, and especially to Dr. T. G. Roddick, for his untiring efforts to get this measure placed upon the statutes of the country, and it is with great regret that I notice so much misapprehension as to the scope and powers of this Bill still exists in certain quarters. It has been thought that it would encroach upon the rights and privileges of the different Provincial Medical Boards and interfere with their autonomy, and I gladly hail this opportunity to say a few words which may help to remove this misapprehension. It was, and is, not in any way intended to interfere with existing provincial rights, or intrench upon the prerogatives of Provincial Medical Boards. As for instance, in my own native province, Quebec, our French speaking brethren will have the right of examination in their own language.

Provincial registration and Provincial Boards will still continue to exist, and each province will be at liberty to fix whatever standard it pleases for its own practitioners. They can, where they wish, continue as examining boards, with power to grant provincial licenses, *as they do now*, and in any case, in their hands will be left all matters relating to taxation and professional discipline.

The Bill is a purely permissive one, and though it has been placed upon the statutes of the country, it will be necessary, before it can become operative, to have the consent and co-operation of all the provincial Medical Boards. Each provincial Board will have to seek a slight amendment to its present Medical Act. This is all that is now required to make this most desirable measure effective, and I sincerely trust that this consent and co-operation will not long be wanting, for the aims and scope of this Act are such as should commend themselves to every member of the profession. Briefly, I would say that the main purpose of this Bill is to establish a Central Medical Council of Canada.

with power to examine candidates and grant licenses, the possession of which will ensure to the holders thereof, such a medical status as will enable them to practice not only in all parts of the Dominion but in the United Kingdom as well, or indeed in any portion of His Majesty's Empire, in short, to do away with those mortifying disabilities under which a medical man trained in Canada now labours, and put him upon a footing of professional equality with his brethren in other parts of the Empire. This is assuredly a laudable and most desirable object, and one which, in my humble opinion, should call forth the best efforts of each one of us to bring about its accomplishment; and I sincerely trust that some concentrated action will be taken in this matter before the meeting closes.

It is the least, I think, we can do to show our appreciation of the strenuous efforts exerted in securing the passage of so important a measure.

This brings me to my fourth and last point:—"The Treatment of Inebriates." A conviction has been steadily growing in the minds of most medical men of late years that something should be done for the care and control of dipsomaniacs and inebriates, in the form of founding establishments combining the main features of an hospital and an insane asylum, where drunkards could be legally confined under medical authority, and treated in a systematic and enlightened manner. The practice hitherto of treating them as criminals subject to a fine or short periods of confinement in the common prisons of the country has been shown to be wholly unsatisfactory, and often productive of the greatest evil to themselves and those who may be dependent upon them.

There can be no doubt, I think, that the care and treatment of those unfortunate members of society, is a question of the gravest and most vital importance and should command the interest and attention of medical men as a subject, which, coming well within their province, affects so seriously the general commonwealth.

A movement towards this end has already been taken in Ontario, and a Bill drafted, the principles of which have received the endorsement of the Toronto Medical Society, and also of our own Association; but what we want is a Dominion Act, affecting the whole country, and it would be the source of the greatest satisfaction to me if this meeting would take this question up seriously, and nominate a committee to draft a measure that could be submitted to the Federal authorities. This could be done either on the lines of the Ontario Bill or any others that might commend themselves.

Speaking personally, I may say that I shall be only too glad to help in drafting such a measure and giving any other assistance in my power.

For I am convinced that the adoption and carrying out of the provisions of a bill of this kind will do much to diminish the volume of sickness, pauperism, vice, and crime, that now stains the annals of our country, and restore to lives of usefulness and self-respect many of those poor unfortunates whom it is the design of such a measure to control and help.

Before closing my address, I wish to express to our visiting brethren my appreciation of the kindly feeling and interest which have actuated them in taking part in the deliberations of our National Association and to hope that their stay may be fruitful of pleasant reminiscences.

And now, Gentlemen, I must thank you for your kind reception of me as your President this year, and for the patient and courteous hearing you have given to my remarks, and trust that the suggestions I have ventured to offer may meet with your approval and receive your support.

ADDRESS IN MEDICINE

CANADIAN MEDICAL ASSOCIATION, VANCOUVER, 1904.

BY

ROBERT E. MCKECHNIE, M.D.

Mr. Chairman and Gentlemen:—

In asking a member of the profession, residing in the far west, to deliver the address in medicine, I feel that a compliment has been paid, not so much to myself, as to the west. To demand that we, living so far away from the centres of learning, from the great teaching institutions of the east, should nevertheless be expected to keep ourselves abreast of the times and in touch with the latest discoveries, is surely expecting a great deal; and then to expect that one, living under such barren influences, should be able to give you an address equal to this occasion, containing some food for thought and pointing out the pathway of duty and practice, is to look still farther for a miraculous manifestation. But the genius of the west is ever equal to all occasions. It has grown accustomed to the knowledge that the best wheat in the world grows in our North West, that our forests can supply the hugest sticks of timber known to commerce, that our fisheries can supply the world with illimitable quantities of salmon, halibut, and other delicacies, always the best, the hugest, and the illimitable, ever the superlative. So it is not strange that a strong egoism has developed out here, sufficient even to accept this task, and hoping, but with misgivings, that its self-sufficiency may not suffer in the attempt. Personally I feel that a great honour has been conferred on me and I most sincerely thank the

Association for its kindness and trust that its confidence may not have been misplaced.

As to-day we seek to adapt treatment according to the cause of disease, so, looking back to the remotest ages, we find the human instinct groping along the same pathway. But in the early ages of the race science was unknown and miracle was seen in every unexplainable phenomenon. Hence disease was attributable to the wrath of a good being or the malice of an evil one and treated accordingly. Among the ruder tribes the Medicine-man has ever held sway, but even in higher civilization we find that in Egypt the priests of Osiris and Isis claimed powers over disease; in Assyria the priests of Gibil; in Greece the priests of Aesculapius; in Judea the priests of Jehovah. While these have ceased to exist with the decay of their respective religious systems, the ruder primitive methods have persisted. They are found among the aboriginal tribes of Africa to-day, as also on this side of the Atlantic. Parkman, in discussing the customs of the Hurons, says: "A great knowledge of simples for the cure of disease is popularly ascribed to the Indian. Here, however, as elsewhere, his knowledge is in fact scanty. He rarely reasons from cause to effect or from effect to cause. Disease, in his belief, is the result of sorcery, the agency of spirits or supernatural influences, undefined and indefinable. The Indian doctor was a conjuror and his remedies were to the last degree preposterous, ridiculous, or revolting."

Among the Coast Indians in British Columbia the practice is still kept up, and it may interest you to hear me relate what I saw not forty miles from here, only three years ago. In the Indian villages are to be found huge barnlike structures called rancheries, each consisting of one immense room and capable of accommodating twenty or thirty families. Living close to nature, the floor of course is mother earth. Rough stalls, arranged along the walls, separated by screens of rush matting and open towards the centre, form the none too private retreats of the individual families. Each lights its own fire on the earthen floor opposite, whereon their rude cooking is done. The smoke escapes through the shingles as there is no chimney and in the absence of windows the light comes through the cracks in the wooden walls. I went down one evening to such a place to see a sick Indian woman. It was dusk and the waves of the sea were lapping the beach close at hand, while dusky children flitted by in the twilight, engrossed in some pastime. On entering the only door in the rancherie, I found it in utter darkness, excepting for a small fire burning at the extreme end of the building. Here was presented a study in light and shade to have suited a Rembrandt. Around the fire was arranged a circle of Indian women; (it is always

the women who are closest to the mysteries of nature), while at one side was the patient, too weak to sit up, but supported by a couple of sympathizers. Facing her was an Indian Medicine-man trying to cure her disorder by directing his energies to overcome the supposed cause of her disease. My diagnosis was tubercular pleurisy with effusion, but my Indian confrere had diagnosed possession by an evil spirit, and as he was in charge of the case I could only look on. Each woman with a stick in either hand was beating on a piece of wood before her, making as much noise as possible and adding blood-curdling explosives to the incantations of the Medicine-man, in a vain endeavour to drive out, to scare out, the possessing spirit. But unfortunately this kind comes not forth by such rude wooing. And so, from the gray dawn of time, down to what we fondly imagine is the midday splendour of to-day, such forms of practice have persisted through all the ages.

But let us not imagine the air clear yet; the fog is only getting thinner. In other times the sun has attempted to shine through. Five hundred years before Christ, Hippocrates broke away from the old traditions of healing, the supernatural methods, and laid the foundations of medical science on experience, observation and reasoning. Later his teaching influenced the School of Alexandria, where positive knowledge was developed by the adoption of anatomic studies, and centuries later under Moslem patronage the medical sciences reached their highest development, in the Middle Ages. But Europe was less fortunate under Christian influences. There was a return to the belief in the supernatural origin of disease, and in the practice of supernatural methods to combat it retrogression prevailed over progression. Still believing in demonical possession, the various phases of exorcism were practiced, even combined with such practical methods, as the following: "To disgust the demon with the body he was tormenting, the patient was made to swallow or apply to himself various unspeakable ordures, with such medicines as the livers of toads, the blood of frogs and rats, fibres of the hangman's rope, and ointment made from the body of gibbeted criminals." For myself I would prefer the simpler methods of the British Columbia Medicine-man. Cures effected by relics, by pilgrimages, and sacred observances obscured the horizon, while even the Divine Right of kings gave the world the blessings of the Royal Touch for King's Evil. All these practices were injurious to the development of medical science for "why should men seek to build up scientific medicine and surgery when relics, pilgrimages, and sacred observances, according to an overwhelming mass of concurrent testimony, has cured hosts of sick folk in all parts of Europe?" But finally the tide turned. The discoveries of Galileo, Copernicus, Kepler and Newton had their

reflex on the sister sciences of medicine, and investigators made bold to pry into the secrets of life and learn her vital processes, to seek the true causes of disease and endeavour to find the cure. Relapses have occurred. As fanatics opposed the introduction of the fanning-mill because it infringed on the divine prerogative, which furnished the wind to winnow the wheat from the chaff, similarly opposition arose to the introduction of inoculation, vaccination and the use of anaesthetics. And as supernatural agencies were invoked to cure diseases supposed to be of supernatural origin, so to-day we have the various sects of faith-healers, magnetic healers, and what not?

But as Carlyle says:—"Only what is true will persist. Out of the merciless fire of modern criticism truth like asbestos will come forth purified; but vain theories, gaseous, will be dissipated among the waste winds forever."

But where do we stand to-day? Have the fogs all lifted and do we see clearly? Unfortunately not. Investigators to-day are not numbered by tens but by hundreds, pursuing many divers threads of thought, and giving to the world their conclusions, fully formed or immature, probable or fantastic, relevant or irrelevant.

The search for the causes of disease still continues as actively as ever but disappointments are far more numerous than successes. Concerning Sarcomata, Stimson in this month's "Annals of Surgery," says: "We are absolutely in the dark as to etiology and no further advanced in prognosis and treatment than were our colleagues a quarter of a century ago."

Dr. Snow, chief of the London Cancer Research Committee, has come to almost identical conclusions regarding Carcinoma. As regards these two classes of disease we are therefore forced to be content, at present, with increased ability to diagnose them, and have to thank the surgeon largely for the groundwork of this advance.

In 1882, Koch proved tuberculosis to be due to a specific bacillus, and in 1890 startled the world with the announcement of a cure. We all remember the reaction, the tremendous disappointment felt not only by the laity but even more keenly by ourselves, when slowly, unwillingly, we were forced to admit that our expectations were not realized. Early in 1903, Behring delivered a lecture before the Vienna Medical Society, detailing his experiments on animals with his own special serum, and speaking very hopefully as to the future. Perhaps he, who with Roux, discovered in diphtheritic antitoxin the greatest remedial agent of recent times, will unravel the puzzle.

More recently, Marmorek of Paris, has staked his great reputation by giving to the world the results of his labours in a new serum, and we

can only trust that time will prove that it possesses some definite value. Later still that our professionally agnostic brethren may not starve for want of food, an Italian professor has enunciated that Koch's tubercle bacillus is not the cause of phthisis but rather an uncouth octapoid micro-organism of his own finding. Well may the general practitioner raise his hands in despair and wonder what he can believe.

But experience has shown that in tuberculosis as in other things, prevention is better and surer than cure. Statistics are piling up year by year, adding proof where now none is needed, that recognizing tuberculosis as an infectious disease and treating it accordingly, a definite gain can be recorded. Education of the public has already advanced so far that more positive steps should be enforced. Compulsory notification as in other infectious diseases, proper disposal of infected excreta, disinfection of infected dwellings, etc., should be rigidly carried out and the same positive results would be attained throughout the country at large, as already obtained in the few places far advanced enough to follow this self-evident line of action. A resolution should be passed by the present meeting, urging the various provincial Governments to introduce the necessary legislation, and I venture to affirm that coming from so influential a body of scientists, the suggestion would be adopted. And, if adopted as I already have said, the educated sentiment of the public would not obstruct but rather would uphold the action of the authorities. Perhaps this body has already taken such action, but until the various authorities have adopted the suggestions, I consider it the duty of this Association to yearly reiterate the advice. Then finally will begin an era of diminution, until as some of our more optimistic brethren affirm, fifty years will see the extinction of the Great White Plague.

Councilman's pronouncement as to the causative agent of Variola still remains unchallenged, while more recently Mallory, of Boston, has described a protozoan which he has named *Cyclaster Scarlatanalis*, which he believes has causal relation to Scarlet fever.: In the winter of 1902-03, Mosher of the Kinderspital in Vienna, announced the discovery of an anti-scarlatinal serum prepared from a coccus constantly found in the throats of subjects of that disease. His statistics, covering several hundreds of cases, both mild and severe, were, as such statistics usually are, certainly favourable; but he failed to prove his coccus as the cause of the disease, and the consensus of opinion inclines to believe that the favourable results were due to the combating of the influences of a mixed infection. The same favourable results can also be obtained by use of the antistreptococcic serum, which re-agent in other forms of infection has not the wide use among the profession that its virtues demand.

To turn to another field, where surgery and medicine meet, we find that some definite progress has been made. Numerous operations on the stomach have shown that ulceration is more common there than formerly suspected. The physician of to-day must not expect to find all the classical symptoms, for we can have ulceration without pain as we also can have it without hæmorrhage. Brilliant results have been obtained in most inveterate cases, by operative methods, results such as medicine has not afforded. Under these circumstances we have the added responsibility of advising some of our patients to submit to the risks of an operation, a responsibility which will often tax our courage to the utmost, but which we, as true men, should not shirk when the occasion arises.

In diseases of the biliary tract surgery has also disclosed many new features. The post operative biliary fistula, in cases of obstruction of the common duct, affords a positive means of correctly estimating the quantity and qualities of the bile. The use of cholagogues has an established place in our practice, but now our faith is rudely shaken. Although the term cholagogue has been in use for more than 2,000 years, and is apparently as firmly seated as the everlasting hills, recent investigations have caused it to tremble and it may eventually disappear, as did many a mountain in some prehistoric cataclysm. Mayo Robson, in estimating the effects of certain so-called cholagogues, found that the old reliable calomel caused a diminution instead of an increase in the flow of bile. Enonymin gave the same result, while rhubarb and podophyllin, turpentine and benzoate of soda gave negative results. His conclusions is: "The supposed cholagogues investigated, seem to rather diminish than increase the amount of bile excreted." Perhaps the most of us feel like saying like the fox to the grapes:—"We did not think they were much good anyway."

As regards cholelithiasis we have also learned a great deal and have had to revise our views as to etiology and must consider the typhoid bacillus and the bacillus coli the primal cause for the majority of the cases. The French school go so far as to affirm that without infection at some stages of the disease we will not have cholelithiasis. Legar says: "The infectious origin of biliary lithiasis is proved and this point is of the greatest importance as regards treatment, for the following reasons: If we have shown that gall stones do not depend on general and obscure humoral conditions but on a local infectious process, the disorder becomes for the most part also a local matter, and as such accessible to direct local means. If the calculi are once formed they increase and multiply, and we can still be sure that they are due to a single attack of lithogenous infection. At a given moment, often very remote, mic-

robian invasion of the gall-bladder took place, and these microbial invasions of intestinal origin, depend on various causes and may occur in the course of different acute disorders; at any rate the calculous disorder comes from this primordial lithogenous cholecystitis. Once more it is a complaint of the gall-bladder and ducts, not of the bile, and lithogenous cholecystitis is comparable to many other localized infections, such as appendicitis, for instance. By removing the calculi, or the gall-bladder, recovery may be complete and final.

Finally, we find infection not only at the origin of lithiasis, but also at all stages of the disorder; it is the leading factor of the various complications as well as of the prognosis of the complaint.

Deaver says: "It can be emphatically stated, that gallstones are always the result of precipitated salts and tissue debris, following in the wake of bacterial infection, mild or severe in degree. Furthermore, the complications of chronic gallstones disease, adhesions, ulceration, fistulæ, liver and pancreatic disease are also due to infection." He also says: "The treatment of chronic gallstone disease, its complications and sequelæ can be only surgical. Gallstones are formed through the aid of infection and therefore the disease is local and requires local treatment, that is operation, and not solvents or cholagogues to relieve a condition resulting from faulty metabolism."

Therefore the same application can be made here as was made in reference to gastric ulceration. We should realize the importance of medicines. Solvents do not dissolve and the old treatment was merely that of temporizing with the hope that Dame Nature would aid our misguided efforts by expelling the offending bodies through the natural passages. Such expectancy is often dangerous. Surgery holds out a positive cure in a large proportion of cases, but too many of us fear the responsibility of advising such radical treatment and our patients suffer from our timidity.

Let us now return to a consideration of the work being done by our great army of investigators. In reviewing the work, not only that of the past year, but of recent years, we see labour multiplied, mountains heaped on mountains in the attempt to scale the heights of the unknown, until, considering the results attained we might be forgiven for enquiring what avails so titanic a struggle? The causes of disease are so intricate that they are reached only after ages of scientific labour. Yet, a few successes have made us impatient of the coming of complete victory. Some successes have proved to be stars of the first magnitude, others but the smallest flint sparks to illuminate the truth, while many so-called discoveries have given no more light than when wax is struck on

wax, idle theories, thoughts written on the brain, and now, let us hope, rubbed out forever. Looking at the workers as constituting an army, one searches in vain for a controlling spirit, one which will concentrate the tremendous and apparently never-tiring energies of this mass of workers into a well-directed assault on some stronghold of the unknown. Modern investigators are, to quote a phrase of Carlyle's, "like a hapless servant, gone masterless, unfit for self-guidance." To give an idea of the varied subjects being studied, let me quote the titles of a few of the papers published during the year in but one publication, "The Journal of Medical Research:" "On the appearance and significance of certain granules in the erythrocytes of man?" "The influence of certain bacteria in the coagulation of the blood;" "The relation of specific gravity and osmotic pressure to hæmolytic action;" "The bacteriolytic complement content of blood serum;" "The agglutination of the pneumococcus with certain normal and immune sera;" "Cat's blood, differential counts of the leucocytes;" "A study of the agglutinating hæmolytic and endothelialitic action of blood serum in variola:" and so on. I do not wish to speak slightingly of the labours which these titles of so diversified investigations portray, but I do affirm, that if the workers of some one strong school were under sole control, their campaign planned against one enemy, and their work properly correlated, more progress would be made in a given time than by the independent uncorrelated work of all the schools combined.

Such a view is perhaps too Utopian. The world will "gang its ain gait," and our workers will continue to work as before. Truths will gradually be unfolded and science will be developed in the medical field as in the other realms of science. As Marconi did not have to wade through all the drudgery of elaborating the data he needed but utilized the work of others in perfecting his discovery; as Roentgen needed to win but a single step in advance of others in the race to gain the palm, so too we can confidently look forward to the appearance of a master from among our members, one who building with bricks made by others, will erect the edifice of truth containing the key, which will unlock the secrets of nature, and give us command over our most illusive foes. We all feel that that day is near at hand and when it dawns we will join unselfishly, without a trace of jealousy, in crowning that master with the everlasting laurel.

In conclusion, Mr. Chairman and gentlemen, I thank you for the patience with which you have listened to this address, and wish you every success in your labours in the Section of Medicine.

THE SURGICAL TREATMENT OF COMPLETE DESCENT OF THE UTERUS.

BY

E. C. DUDLEY, M.D.

Complete descent of the uterus, descent to the third degree, which may be defined as that deviation in which a part or the whole of the uterus is outside of the vulva, is always associated with extensive injury to the pelvic fascia, the pelvic connective tissue, the muscles of the vaginal outlet, the perineum and the vaginal walls; in fact, these injuries of the pelvic floor constitute the essential lesion, the mal-location of the uterus being an incidental factor.

The uterus in its normal position lies across the pelvis, the fundus pointing in a slightly upward anterior direction and the external os in a slightly downward posterior direction. The long axis of the uterus in this normal direction makes an acute angle with the long axis of the vagina which extends from the vulva upwards and backward in the direction of the hollow of the sacrum. Generally speaking, mobile anteversion with some degree of antelexion is the normal position of the uterus; at any rate, the uterus in its normal range of movements does not deviate, unless temporarily, beyond the limits of a certain normal anteversion and antelexion.

In the etiology and treatment of descent the practical significance of this acute angle between the axis of the uterus and vagina is very great because the uterus in the act of prolapse must descend through the vaginal canal in the direction of that canal, that is, a coincidence of the two axes is a prerequisite of descent. Now if the essential condition of descent is a coincidence of the two axes, it follows that one factor at least in the treatment of descent must be to restore the normal angle between the axes.

In labor the anterior wall of the vagina is so depressed, stretched and shortened by the advancing child that during and after the second stage the anterior lip of the cervix uteri may be seen behind the urethra. This location of the cervix—so close to the anterior wall of the pelvis—necessarily involves great stretching of the utero-sacral supports which normally hold the cervix uteri and together with it the upper extremity of the vagina close to the hollow of the sacrum. This function of the post uterine ligaments having been temporarily impaired the upper extremity of the vagina is displaced forward, so that the uterus having sufficient space between itself and the sacrum instead of maintaining its normal anterior position may fall backward into retroversion and thereby bring its own axis into line with the direction of the vagina. Frequently the change in the direction of the vagina from the normal oblique to the abnormal vertical is still further increased

by injury to the vaginal outlet; the perineum may be torn in any direction and what is more serious it may be torn away from its pubic attachments and in this way may be displaced backwards towards the tip of the coccyx, in fact, such displacement is so common as the result of injuries to the perineum as to suggest the propriety of a change in terminology from laceration to displacement of the perineum. The upper extremity of the vagina being displaced forward and the lower extremity backward and the direction of the over-stretched, dilated vagina now being vertical, the heavy uterus having its long axis in the same vertical direction has all the condition favourable to progressive descent.

If the puerperium progress favourably with prompt involution of the pelvic organs and if the relaxed vesico-vaginal wall and other parts of the pelvic floor, especially the utero-sacral supports and the broad and round ligaments, recover their normal tone, then the whole pelvic floor including the uterus resumes its normal relations. But if the enlarged heavy uterus remain in the long axis of the vagina; and especially if the fundus uteri be incarcerated under the promontory of the sacrum with the sacral supports stretched so much and for so long a time that they cannot recover their contractile power; and if normal involution of the pelvic organs be arrested, then descent may not only persist but may progress with constantly increasing cystocele and rectocele until the entire uterus has extruded through the vulva.

It is most important to remember that complete prolapse of the uterus is only an incident to prolapse of the pelvic floor. The whole mechanism is that of hernia and the condition is hernia for the extruded hernial mass drags after it a peritoneal sac which, hernia-like, contains small intestine. This sac forces its way to the pelvic outlet and extrudes through the vulva, having the inverted vagina for a covering.

The prolapsing uterus may be related to the vaginal walls in either one of two ways: The prolapsing vaginal walls may drag the uterus down after it; or the uterus itself may descend along the vaginal canal by force of its own weight and drag with it the reduplicated vaginal walls. Extreme prolapse of the uterus, the organ being covered thus by reflected vaginal walls, has given rise to considerable confusion in pathology and by many standard authors wrongly has been called hypertrophic elongation of the cervix uteri. In a given case, the possibility of infra-vaginal elongation may be settled easily by placing the patient in the knee-breast position, when the uterus of its own weight will fall toward the diaphragm and the reduplicated vaginal walls will unfold and the utero-vaginal attachment will appear in the

normal place instead of being as it seemed to be high up on the walls of the uterus. Those cases in which reduplication of the vaginal walls does not almost entirely explain apparent great elongation of the cervix, are rare exceptions. When formerly these mechanical conditions were attributed to hypertrophic enlargement of the uterus itself and were regarded as adequate indications for the removal of the cervix, the surgeon in the attempt to remove what he supposed was the elongated cervix uteri sometimes invaded the bladder anteriorly and the rectum posteriorly.

SURGICAL TREATMENT. In passing it may be well to mention for the purpose of condemning it an operation perhaps more frequently performed than any other for the cure of complete descent, namely, the operation which generally passes under the name of Stoltz. This operation is designed to narrow the vagina and thus to maintain the uterus somewhere in the pelvis above the constriction. Operations of this class usually consist of the removal of an elliptical piece from the anterior or posterior vaginal wall or from both and of closing the exposed surface by means of a purse-string suture. No effort is made to restore the normal axis of the uterus and vagina. The whole purpose is to make the vagina so narrow that the uterus cannot pass through it. Such operations generally fail because they leave the uterus and vagina in the same axis and because the restricted vagina cannot resist the downward force of the uterus which almost invariably dilates the vagina a second time and forces its way through with reproduction of the hernia. Moreover, the operation always does permanent harm because it shortens the vagina thereby making it draw the cervix away from the sacrum toward the pubes so that the body of the uterus may have room to fall backward to the position of incurable retroversion. We may without discussion perhaps throw out all operations belonging to the Stoltz group. The same may be said of all plastic operations in which the vaginal surfaces are exposed by superficial denudation and brought together by sutures.

After a prolonged trial of the principle surgical procedures which have been made use of for the cure of complete descent, I am prepared to lay down certain essential principles as follows:

An efficient operation on the vaginal walls should have for its object, not narrowing the vagina, but restoring the normal direction of it with a double purpose so that (A) the upper extremity together with the cervix uteri shall be in its normal location within an inch of the second and third sacral vertebrae, just where the utero-sacral ligaments would hold if their normal tonicity and integrity could be restored; and so that (B) the lower extremity of the vagina shall be brought

forward against the pubes. The fulfilment of these two indications will restore the normal obliquity of the vagina and will hold the cervix uteri so far back toward the sacrum that the corpus uteri must be directed forward in its normal anterior position of mobile equilibrium. With these conditions, the uterus being at an acute angle with the vagina and having little space posteriorly, cannot retrovert and turn the necessary corner which would permit it to prolapse in the direction of the vaginal outlet. In order to accomplish this, two things usually are necessary:

j. Excision of the cystocele—Anterior Colporrhaphy—in such a manner as to utilize the broad ligaments for holding up the uterus and vagina.

2. *Perineorrhaphy*—*Posterior Colporrhaphy*.

1. *Excision of the Cystocele*—Anterior Colporrhaphy: The plastic operations performed on the anterior and lateral walls of the vagina by Sims, Emmet, myself and others, which have consisted of superficial denudation and reefing of the anterior or lateral walls of the vagina have been only partially successful; first, because they did not adequately force the cervix uteri into the hollow of the sacrum; second, because efficiency requires deeper work than superficial denudation can accomplish, and third, because these operations did not utilize the broad ligaments sufficiently for support.

The above principles emphasized by Reynolds in a recent paper have lead me to modify my own operation materially. Complete prolapse, being hernia, should be treated according to the established principles of herniotomy by reducing it and then excising the sac in such a way as to expose a strong fascial edge which should be firmly united by sutures. The absurdity of treating any other hernia by superficial denudation and reefing or tucking in the surfaces by sewing them together must be apparent to any one. In order to indicate the part which the broad ligaments must have in a correct operation it is only necessary to observe the fact that vaginal hysterectomy commonly results in holding up the pelvic floor and with it the rectum, vagina and bladder because in this operation the broad ligaments are usually fixed to the vaginal wound. But why should not the same result be aimed at by similar means even though the uterus is not removed? The operation which I would urge is performed as follows:

ANTERIOR COLPORRHAPHY.

First Step. To split the antero-vaginal wall—that is, the vaginal plate of the vesico-vaginal septum—by means of scissors, from the cervix uteri to the neck of the bladder, then to strip off the vaginal

from the vesical layer of the vesico-vaginal wall and cut away the redundant part of the vaginal plate.

Second Step. The redundant part of the vaginal wall having been removed to extend the incisions and remove the mucous and submucous structures to either side of the uterus, being sure to reach the fascial structures, which are in direct connection with the lower margins of the broad ligaments or what is better to reach the ligaments themselves.

Third Step. To introduce silkworm gut or chromic catgut sutures so that when tied they will draw the loose vaginal tissues and the broad ligament structures on either side of the cervix uteri in front of the cervix so as to force the cervix back into the hollow of the sacrum.

Fourth Step. The sutures introduced in the third step having been tied, additional interrupted sutures are introduced to unite the vaginal wound from side to side; this suturing is continued to a point near the urethra, when most of the redundant vaginal wall will have been taken up; there will usually remain, however, the lower portion of the cystocele and perhaps some urethrocele, which cannot be disposed of by bringing the margins of the wound together from side to side, but can be taken up by uniting the remaining part of the wound in a transverse direction.

Even at the risk of proxiety I repeat that it is essential to remove the entire thickness of the vaginal layer of the vesico-vaginal septum.

Contraindications to Elytrorrhaphy. Elytrorrhaphy is usually unnecessary and therefore contraindicated in descent of the first degree. The special province of the operation is in complete prolapse or procidentia when associated with cystocele. The operation further is contraindicated by tumours and adhesions which render replacement and retention impossible, and in diseases of the uterus or its appendages which demand their removal. When such contraindications do not exist, elytrorrhaphy and perineorrhaphy in a majority of cases are quite as effective and therefore to be preferred to the more dangerous and mutilating operations of hysterectomy.

§ *Perineorrhaphy and Posterior Colporrhaphy.* As already stated, it is most important to appreciate the fact that in nearly every case of procidentia the lower extremity of the vagina is displaced backward. This is consequent upon subinvolution of the pelvic floor and especially upon subinvolution or rupture of the perineum or of some other portion of the vaginal outlet. Unless, therefore, the posterior wall of the vagina and the perineum can be brought forward to their normal location under the pubes, so as to give support to the anterior vaginal wall, the latter will fall again, will drag the uterus after it, and the hernial

protrusion (cystocele and prolapse) will be reproduced. The treatment, therefore, or procidentia must always include an adequate operation on the perineum, or, more comprehensively speaking, upon the posterior wall of the vaginal outlet. The operation must be performed so that it will carry the lower extremity of the vagina forward to the normal location close under the pubes; then, if the anterior colporrhaphy has been adequate, i.e., has carried the upper extremity backward, the whole vagina will have its normal oblique direction, and its long axis will make the necessary acute angle to the long axis of the uterus.

HYSTERECTOMY.

Hysterectomy, if indicated, should be performed by the vaginal route. As an operation for procidentia hysterectomy is open to the following comments: Procidentia, as already shown, is hernial descent, not merely of the uterus, but also of the vagina, bladder and rectum. Complete prolapse often occurs after the menopause, when the uterus has become an insignificant rudimentary organ and therefore may be removed easily. Cases are numerous in which, after vaginal hysterectomy, the pelvic floor and with it the vaginal walls, have protruded again through the vulva—a result which may be expected unless the operation has included anchorage of the upper end of the vagina to its normal location by stitching the severed ends of the broad ligaments into the wound made by removal of the uterus. The indication for perineorrhaphy as a supplement to hysterectomy is the same as after anterior elytrorrhaphy.

As laid down in the foregoing paragraphs the utilization of the broad ligaments is the essential factor in the treatment of complete procidentia. The operation of Elytrorrhaphy above described unfortunately either may fail to bring the lower edges of the broad ligaments sufficiently in front of the uterus to enable them to hold up the uterus and vagina or the ligaments having been stitched in front the stitches may not hold. Consequently in complete procidentia elytrorrhaphy even though well performed may fail, at least, this has been my experience in a number of cases. Therefore the completely prolapsed uterus may have to be removed in order to secure the entire cut ends of the broad ligaments to the upper part of the vagina, and thereby give absolute support. As before stated, the operation should include the treatment of the hernial factor in the lesion, that is, removal of the redundant portion of the anterior vaginal wall. Generally speaking, the indications are somewhat as follows:

1. Extreme cystocele not associated with the most extreme procidentia should be treated by anterior colporrhaphy and perineorrhaphy.

2. Cystocele associated with complete procidentia, properly may be treated by hysterectomy, anterior colporrhaphy and perineorrhaphy. Anterior colporrhaphy in all cases.

3. Conditions intermediate between the two conditions indicated above and cases of very feeble or very aged women will call for special judgment whether hysterectomy be omitted or performed. It is, however, a fortunate fact that the completely prolapsed uterus, even in aged women, is removed usually with ease and with safety.

OTHER OPERATIONS OF QUESTIONABLE VALUE.

Other operations designed to decrease the weight of the uterus by removal of a part of it are of questionable value. Amputation of the cervix to lighten the weight of the uterus has been practised much for the spurious hypertrophic elongation already described. Since this condition is rare, if not indeed unknown, it follows that it seldom will furnish an indication for amputation of the cervix uteri.

Alexander's operation and abdominal hysterorrhaphy belong to the surgical treatment of retroversion and retroflexion not of procidentia. The object of these operations is to suspend the uterus from above. Hysterorrhaphy, which perhaps fulfils this indication better than shortening the round ligaments, may be indicated in cases of extreme relaxation of the uterine supports and greatly increased weight of the uterus. The results of it in complete procidentia, however, usually will not be permanent unless it is supplemented by adequate surgery in the vagina.

In the November number of this Journal the Address in Surgery delivered before the Canadian Medical Association at the meeting in Vancouver by Mr. A. W. Mayo Robson will appear. The subject is "On Pancreatic Inflammations in their relationship to Cholelithiasis and their treatment," and it will be illustrated by upwards of thirty reproductions of photographs.

Dr. Pierre Paul Boulanger died on the 29th of September in the thirty-fifth year of his age. Dr. Boulanger was the founder and managing editor of *La Revue Médicale du Canada*, which appears every week in Montreal. It is only seven months since *La Revue* lost its editor in the death of Dr. Brennan. Dr. Boulanger leaves a widow and two children. To his family and friends the sympathy of his fellows is extended.

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THE HOSPITAL FOR CONTAGIOUS DISEASES.

The facilities for the care and treatment of cases of contagious disease in Montreal have never been satisfactory. In times of epidemic the means at the disposal of physicians have been inadequate, and the conditions under which they were compelled to labour were often intolerable. The burden of complaint now is not that facilities are bad, but that they do not exist. There is probably no civilized community in the world which does not make some attempt to protect itself against the infection of scarlet fever, measles and diphtheria, by isolating patients suffering from those diseases in special hospitals. Save for the small dwelling on Mount Royal avenue, which is capable of housing about sixteen patients, there is no place in Montreal to which such patients can be sent. To be strictly accurate, there is one other resort, and that is to place the patient in a public conveyance to perambulate the streets, but this method of therapeutics is obviously open to objection.

The principle has been established, rightly or wrongly, that patients

of the Catholic faith shall not be treated in an institution where the formalities of that religion are not observed. This disposes of the plan for a hospital under civic control. Apart from religious considerations, there is something to be said for that view of the case, in the light of events which are reported to have happened in the civic hospital at Ottawa. Patients had entered that institution suffering from one disease and contracted and died of another. In addition to this inconvenience, the conduct of nurses and attendants does not appear to have been marked by that seemliness and austerity which is proper to a place in which death at any time may enter.

We are not here specially concerned with the care of patients of the Catholic faith. That community is attending to its own needs with that capacity for organization for which it has always been famous. The corporation of Notre Dame Hospital is erecting its new edifice on Sherbrooke street, between Maisonneuve and Plessis, upon an ample site containing more than 60,000 feet of land. The building operations are well advanced, and provision is made in separate pavilions for cases of scarlet fever, measles, diphtheria, and for doubtful cases. With the usual perspicacity of the community, the money is all in hand, having been secured from the *Credit Foncier* of Canada, partly upon mortgage and partly secured by a transference of the city subsidy. The hospital will be an integral part of Notre Dame. The physicians will be nominated by the Medical Board and elected by the Board of Governors. The nursing will be in charge of the *Sœurs Grises*, and Dr. E. P. Lachapelle will be the general superintendent of the whole institution. We are assured that the hospital will be open for the reception of patients in the summer of 1905. All this is entirely creditable to the Catholic portion of the community. How is it with the Protestants?

We are about to speak plain, but before doing so it will be well to recite the facts which have led up to the present situation. The modern history of the contagious diseases hospitals dates back to August, 1900, when a quarterly meeting of the Board of Governors of the Montreal General Hospital was held and received a resolution from the Medical Board that such a hospital was urgently needed, and recommending a renewal of the arrangement that had once existed with the city. The Governors adopted this advice, on the ground that the then existing Civic Hospital did not receive the confidence of the public. On October 10th of the same year a meeting was held of representatives of the Montreal General, the Royal Victoria and the Notre Dame Hospitals to discuss grievances against the Civic Hospital, and to urge joint control by those institutions. The result of this meeting was a resolution asking the city to build a hospital and to put it under experienced control, the

sum necessary to be raised by a special loan. On December 3rd, another meeting was held at the City Hall, when the new project was outlined, the control to lie with the City Council, though there would be representatives from the English and French hospitals. This led to a conference of citizens a few days later, at which a wide difference of opinion was revealed. Some preferred civic control; those with less faith in the infallibility of the Council advocated management by a committee of citizens; some were in favour of one hospital for both nationalities; some were in favour of two with dual control.

In the meantime a crusade was being carried on against the old Civic Hospital on Moreau street. There was abundant evidence that it was a disgrace to the city, that there was a lack of Medical attendance and of nursing, that, in short, the hospital was worse than a gaol, inasmuch as in a purely penal institution one is not in danger of his life from the contagion of disease. It was a matter of common knowledge that patients who went to the hospital ill of measles contracted scarlet-fever, and died of the more recently acquired disease. Under the influence of these facts some progress was made, and in January, 1901, a by-law was drafted for submission to a vote of real-estate proprietors. Under the terms of this proposal, the city was to erect, maintain and control the hospital with a minority representation from the outside; but a Medical Board appointed by the old hospitals was to have charge of the internal affairs. This plan received general support, and was officially commended by the Provincial Board of Health, though there was a doubt in the minds of many as to the capacity of the City Council for efficient management of any public institution of any kind.

On the 23rd January, 1901, the City Council received a communication from Sister Filiatrault, whose official title, *Supérieure Générale, Hôpital Générale*, gave it considerable weight. This lady undertook, on behalf of the *Sœurs Grises*, to contribute \$50,000 for a hospital for Catholics on condition that the city should contribute a like amount, and give a site for a building, with an annual subvention of \$10,000. A week later the Montreal General and the Royal Victoria made a similar offer in respect of the non-Catholic portion of the community. These offers were accepted in the main by the city; the annual subvention was increased, and the hospitals were to provide their own sites. The Catholics have carried out their part of the agreement; the Protestants have not carried out their part of the agreement.

The Montreal General and Royal Victoria hospitals at once applied to the Legislature at Quebec for a charter of incorporation for a new hospital to be called the 'Alexandra Hospital,' which should have a Governing Board of fifteen members, to be composed as follows:—The

President and three members of the Montreal General Hospital, the President and three members of the Royal Victoria Hospital, and the President and two members of the Western Hospital, making eleven ex-officio Governors. Of the remaining four, two are to be elected by subscribers of one thousand dollars and upwards, and two by subscribers of one hundred dollars and ten dollars annually.

At a meeting held in the Board Room of the Montreal General Hospital on the 17th March, 1903, the Montreal General Hospital was represented by Mr. J. Crathern, President, Mr. J. R. Wilson and Dr. H. Craik; the Royal Victoria Hospital by Mr. R. B. Angus, President, Mr. E. S. Clouston, Hon. George A. Drummond and Dr. James Stewart, and the Western Hospital by Mr. C. F. Smith, President, Lieut.-Colonel J. H. Burland and Dr. F. W. Campbell. The Hon. Mr. Drummond was elected President, Mr. Clouston Honorary Treasurer, and Mr. J. J. Robson was appointed Secretary.

The committee at once proceeded to find a suitable location, but in this they experienced more difficulty than the Notre Dame, because in the eastern portion of the city there were large tracts of vacant land, whereas, in the western section, most of the land was built upon and of much greater value. A contract was finally made for the purchase of a piece of land bounded by Mount Royal avenue, Esplanade avenue and St. Urbain street, which would have been a most suitable site, but as soon as the proprietor ascertained the purpose for which the land was required he declined to complete the contract.

Rather than engage in litigation the committee decided to look elsewhere. They turned their eyes towards Outremont, and found a desirable plot of ground on the Joyce property. Again the adjoining owners intervened, and that section had to be abandoned. Finally the committee was driven south of Pine Avenue and west of Bleury Street by an Act of the Legislature which the proprietors in the north and east of the city had influence enough to have passed into law. The whole suburbs of Montreal were searched, Cote St. Luke, Cote St. Catherine and Notre Dame de Grace, and finally the only available site was discovered in Point St. Charles. This plot of land lies to the south of Wellington Street, and extends to the river, from which it is separated by the embankment, and adjoins the railway shops on the east. It contains 970,000 feet, and was purchased for ten cents a foot, the intention being to retain 160,000 feet for hospital purposes, and dispose of the remainder to the Grand Trunk Railway. This, we understand, is being done. We are not contending that this site is an ideal one. The land is low, and from the beginning of time till the dyke was built it was under water for the whole or part of the year. It is in the thick

of railway traffic and in the path of the smoke of the city, which is driven in that direction by the prevailing winds. It is only fair, however, to assume that the committee, which is composed of men of affairs, made the best choice which could be made under the circumstances.

The committee next proceeded to secure plans. They invited designs from seven architects. They submitted the plans to a rigid scrutiny, and agreed upon a design, which, with the modifications already made, is in accord with the most modern views of hospital construction. Upon this matter of the plans we understand there was a disagreement amongst the committee, one result being that Sir George Drummond retired from the chairmanship and came no more to the meetings.

When it came to the point of inviting tenders upon the specifications, the committee were up against the fact that they were committing themselves to an expenditure of two hundred thousand dollars, whilst they had exactly thirty-six thousand dollars in hand. Being men of business, they declined to enter upon so perilous an undertaking. Therefore, they did nothing, and, so far as we can learn, nothing has been done since.

The question arises at once: Why did not the committee build according to their means? That would have been to perpetuate the abuse from which we have suffered too long. The good is ever the enemy of the best, and even a tolerably good building would have put a properly equipped hospital out of reach. A hospital for contagious diseases is one of the most expensive of edifices to erect. In reality, it is a congerie of hospitals—one for measles, one for scarlet fever, one for diphtheria, and yet a fourth for erysipelas, mixed and undetermined cases, with all the expense attendant upon their management.

The situation is very simple. If the citizens of Montreal who are not of the Catholic faith desire a hospital for contagious diseases, they may have it. The alternative is that they may send their children to the hospital which their Catholic fellow-citizens have erected, and the subsidy of fifteen thousand dollars a year which is now offered to them will quite properly go to Notre Dame.

It would be a waste of time to discuss the necessity for such an institution. The people want a hospital and, we believe, are willing to pay for it. They have left the matter in the hands of a committee. They expect at least that the committee will ask them for the money. Apart from a general appeal that has not been done. This committee, to accomplish results, must employ every device of the collector, appealing to every class in the community upon its own grounds, and even minister to the susceptibilities of the individual.

The profession is deeply concerned in this matter, though not more deeply than any other class in the community. We are ready as individuals and as a society to give to the committee every assistance by recounting our experiences of patients who have died for want of adequate care; of infection, which has been disseminated broadcast for lack of isolation facilities, and by urging the people to protect themselves against the menace of contagion. Nor is it the poor alone who are concerned. These pestilences are no respecters of persons, and fever in the most humble family is fraught with the possibility of dire consequences to every section of the community.

THE ANNUAL ADDRESS.

Dr. Tunstall, the President of the Canadian Medical Association, undertook in his address a consideration of four specific subjects. These were: the Canadian Medical Protective Association; the Federal Health Bill; the Dominion Medical Council; and the Treatment of Inebriates.

The President acknowledged frankly that the Protective Association had received but scant support, only 252 members having joined, or a little over five per cent. of the eligible members in Canada. The sole object of the Association, so far as we understand it, is to afford assistance in money and prestige to a member who may have a lawsuit unjustly thrust upon him. It is as great a wrong to assist in the defence of an unworthy member as it is to allow a worthy member to be persecuted and not come to his rescue. Before the funds of the Association can be employed, the council must satisfy itself of the merits of the case. It must adjudicate upon it and, in a sense, prejudge without full information on both sides. This a central council cannot do in a country so large as this, where the local disturbance may be a thousand miles removed. But there are throughout Canada sufficient strong medical societies, composed of sane, calm men, to whom a reference might be made by the council for a primary consideration of the case. If some such mechanism were devised, we believe the Association would receive support. Men are deterred from joining through fear that the funds of the Association might be employed unwittingly in an unworthy cause. An attempt of this kind was made recently in a notorious case which occurred in British Columbia.

In regard to the Dominion Registration Act, Dr. Tunstall brought a fresh mind to bear upon the subject, and demonstrated with the utmost candour that there was no desire or intention to interfere with the autonomy of any province. He was particularly happy in his reference to the susceptibilities of the Province of Quebec, to which he himself belongs, whose dominant language he has not forgotten after

so long a sojourn in the West. By his good sense and tactfulness in enlisting the sympathy of the French-speaking members of the profession in British Columbia, and of the visiting members from Quebec, he has advanced this desirable measure. Quebec will not be coerced. In time we shall be won by appeals to our reason and sense of justice. Already the Secretary of the College of Physicians and Surgeons has been instructed to communicate with the authorities in England in regard to the legislation which is pending.

The Federal Health Bill we fear has become involved with political considerations, from which it will be difficult to dissociate it. The matter will require wary handling, and nothing will be gained by pressing it unduly. The most that can be done is to submit the proposal to a thorough discussion within the councils of the profession. The views expressed by Dr. Tunstall regarding the treatment of inebriates are well worthy the consideration and support of every medical man in Canada. That the vast majority of these persons are more or less mentally affected there can be but little doubt, though their mental obliquity rarely fits them for commitment to our ordinary hospitals for the insane, where, in addition, their presence would be detrimental to those for whom such institutions are primarily provided. Such cases should be treated in Government establishments specially arranged for them, as is done in Massachusetts, at the Foxborough Hospital for Dipsomaniacs and Inebriates. The statistics of this institution show that much benefit has ensued from the treatment therein provided, no less than 25 per cent of those discharged having remained wholly abstinent for over a year after leaving the hospital.

LORD STRATHCONA'S GIFT.

The procedure common to British medical schools, that of opening the session with an introductory lecture delivered by a leader in the profession invited from outside, has much to recommend it. Those who were present at Dr. Abbott's lecture at McGill Medical College on the 20th of September could not but feel that the session had opened brightly and worthily, and that to the new-comers their formal entry into the ranks of the medical students was an inspiring occasion, an event which the Freshmen of this year will long remember. The speakers—the Principal, the Dean and the invited guest spoke in a cheerful tone; in short, the occasion was auspicious.

Elsewhere we print the text of Dr. Abbott's lecture. Here we would, more particularly, call attention to the announcement made by the Dean of one more generous gift from that old and tried friend of the Medical Faculty, the Chancellor of the University, Lord Strathcona—a

gift of fifty thousand dollars. The aid thus afforded to the Faculty is most opportune. Owing to a series of circumstances, which it is not necessary that we should detail here, the recent additions to the buildings of the Medical College, estimated to cost \$100,000, cost a very much greater amount, and so absorbed not only the donations of Lady Strathcona and the Hon. Mrs. Howard, but also all the accumulated funds of the Faculty, and in addition, made necessary a considerable loan from the Governors of the University. In the four score or so years of its existence it has been the pride of the McGill Medical School that it has been able to make ends meet and to keep out of debt. That it should find itself unable to maintain its tradition has been a source of grave anxiety to the Faculty, and so it will be understood that Lord Strathcona's gift has been received with a gratitude as thorough as the relief it has occasioned.

May others follow Lord Strathcona's good example and take to heart Dr. Abbott's pregnant remarks upon the policy of generously supporting this and other medical schools. Those remarks are worthy of a wide circulation. There is surely no better investment than an outlay tending to promote the standard of education and capacity of the general practitioner, and so to ensure betterment in the general health and well-being of the community at large. So great are the advances now being accomplished in medicine, so great the advance in medical education, that the thorough, all-round training of the practitioner is most expensive; and if McGill is to keep pace with the leading schools on this continent, she cannot be content to remain as she is but constantly advance. To remain at a standstill is, nowadays to be left rapidly far behind. There is no thought of remaining at a standstill; there is, however, an increased realization that, to keep even with its competitors, the Medical School requires this donation from Lord Strathcona as a stimulus to others to help the school.

THE STUDENTS' UNION.

Amongst the valuable donations announced by Principal Peterson in his opening address to the students was one of twenty-five thousand dollars by Lord Strathcona as a subscription towards a students' gymnasium, and of an equal sum from Sir William Macdonald towards the McGill Students' Union. Both these gifts tend towards a like object, namely, to improve and render more healthy the student's life in Montreal. It is but a relatively small proportion of the whole student body that can assure itself of regular exercise by becoming members of one or other of the athletic teams, and even that small proportion finds it

difficult to harmonize the calls of work and of the Campus. On the other hand, a university gymnasium affords to every member of the student body the opportunity for physical exercise at such hours that there is no clash between the two demands. Until now, the gymnasium facilities have been, to say the least, inadequate, and this despite the efforts of one who has rapidly taken a leading position amongst the authorities in physical education on this continent, namely, Dr. R. Tait McKenzie, who, we regret to say, leaves for a larger field just at the moment when his advocacy appears to be crowned with success.

Similarly the Students' Union, affording a meeting place, and assuring a place for lighter recreation, where students can meet and spend their leisure hours in cheerful surroundings, is destined to materially improve their lot and to supply an element of full university life which hitherto has been wanting in Canada. We understand that this sum of twenty-five thousand additional to the one hundred thousand already given by him is thus devoted by Sir William Macdonald in order to acquire an additional lot on Sherbrooke street, opposite to the University, so that the building may not be cramped, and may have room for further development.

THE HOUSE-SURGEON.

House surgeons, we feel sure, will bear with us whilst we instruct them, not in any matter pertaining to medicine or surgery, but in the procedure which they should follow, when in the exercise of their functions they are brought into contact with members of the medical profession other than their own immediate chiefs. It is altogether pardonable that house-surgeons should gain the impression that the hospital is the one refuge for the whole population in times of sickness. The records of hospital attendance give colour to that view. But there is yet a remnant of the people which employs its own physician—a man of grave aspect it may be, whose capacity has been well tried, who by years of patient labour and fidelity has won a place in the family life which is not invariably accorded to the house-surgeon when he makes his first visit upon the ambulance. When the hospital is called upon for an ambulance to remove a patient whose case has been diagnosed, and the house-surgeon accompanies it, his duties are chiefly those of an officer of transportation. If the family physician be present it is not necessary for the house-surgeon to make a diagnosis anew, or to discuss in the presence of the porters the diagnosis which has already been made. Because the family physician is of a shy and retiring nature, he may not, and being wise, he will not openly resent the intrusion of the masterful young surgeon. He knows that omniscience in Medicine

does not imply an intuitive recognition of every member of the medical profession, and that it is hard for a house-surgeon to comprehend that a man may be a physician and yet not wear a white coat in the streets. After a young man has attained to all knowledge of medicine and surgery, and has begun to employ it for the benefit of humanity, it yet remains for him to perfect himself in a knowledge of the relations which should exist between himself and those who are similarly engaged. The family physician pretends to stand in awe of the house-surgeon. In reality he regards him as a raw and inexperienced youth. The house-surgeon should think upon these things. Some day he may himself, when he has arrived at a wider knowledge, be called upon to fill the useful if humble role of the family physician.

At the last meeting of the Board of Governors of the Montreal General Hospital an enlargement of the constitution was made by which appointment to the resident staff will not be confined to graduates of British Universities. Cases have arisen in which very desirable candidates have offered themselves from the United States, and in future these will be eligible for appointment.

The quarterly meetings of the Montreal General Hospital are likely to be discontinued. For some years past they have been purely formal, and at times the attendance of governors was so small that the meetings have had to be postponed. If this be due to a decline of interest on the part of the governors in the affairs of the hospital, the abandonment of the quarterly meetings will not help to stimulate it.

Dr. Wills, of the Sanitarium for Tuberculosis at Calgary, died on the 22nd of September as a result of a bicycle accident. Dr. Wills will be remembered by the profession in Montreal as having visited this place last April in the interest of Calgary as a health resort. He was a valued contributor to this Journal. It was only in July last that he communicated his paper upon the climate of Calgary in the treatment of tuberculosis. He was but a young man, and his sudden taking-off will cause general regret.

The Conservatorium of Music in connexion with McGill University was opened informally on the 20th September by the Principal, the Dean of the Arts Faculty and the director, Mr. C. A. E. Harriss. A telegram, which had arrived most opportunely from the President of the Royal Academy of Music, London, was read to the following effect: "Royal Academy of Music, London, cordially wishes success to her

youngest sister." If this little sister could contrive in some way to keep her name out of the newspapers she would be doing something to win the regard of her old and austere brothers. The use that is being made of the name of the University for purposes of advertisement of pianos is an offence.

Reviews and Notices of Books.

A TEXT BOOK OF HISTOLOGY. By A. A. BOHM, M.D., and M. VON DAVIDOFF, M.D., of the Anatomical Institute of Munich. Second English Edition, edited by Carl Huber, M.D., Professor of Histology and Embryology, and Director of the Histological Laboratory University of Michigan. One volume of 528 pages, with 377 illustrations. W. B. Saunders & Co., Philadelphia, New York and London, J. A. Carveth & Co., Toronto, August, 1904.

Although the number of pages and illustrations is somewhat larger than in the first edition, the book is of a convenient size and shape for laboratory use. The first 56 pages are given up to a description of laboratory methods, including the use of the microscope and methods of fixing, cutting and staining specimens. The next 130 pages are devoted to general histology, and the remaining 342 pages to special histology. The book has been thoroughly revised, and embodies the results of the latest researches in histology. Recognition has been given to the results obtained by the use of plastic reproduction, which the authors state to be exceedingly useful in giving a clear and accurate conception of structures too small to be studied by the ordinary methods of maceration and teasing and too complicated to admit of full interpretation by means of sections. At the end of each chapter several pages are devoted to a description of the laboratory technique required in the study of the special tissue or organ considered. The illustrations, nearly all of which have been prepared for this work, are excellent. This is a good book for laboratory work and for reference.

THE PRACTICE OF OBSTETRICS. By J. CLIFTON EDGAR, M.D., Professor of Obstetrics and Clinical Midwifery in the Medical College of Cornell University, New York. Roy. octavo, 1,153 pages, 1,264 illustrations, including five coloured plates and 38 figures. Printed in colours. Second Edition. Cloth, \$6.00. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia; Chandler, Massey Co., Toronto.

The former edition of this work reached us in November, 1903, and was reviewed at considerable length in February of the present year. That edition was exhausted in four months, and this, the second, is

designed to replace it. The time which has elapsed since the issue of the first edition is so short that no complete revision of the work was necessary, nor is it necessary now to make any extended remarks upon it, beyond reiterating the opinion which was expressed upon the previous occasion, "that another good text-book has been added to the rich series produced by American authors within the last few years, that the work gives evidence throughout of the most painstaking thought in the arrangement and presentation of the subject matter, that it is practical and full of hopeful suggestions to the practitioner."

CLINICAL LECTURES ON MENTAL DISEASES. By T. S. CLOUSTON, M.D., Edin., Medical Superintendent of the Royal Edinburgh Asylum. Sixth Edition. Lea Brothers & Co., Philadelphia and New York. 1904.

The sixth edition of Dr. Clouston's *Clinical Lectures on Mental Diseases* marks the wide circulation of a favourite book. In it the distinguished author brings the study of psychiatry up to the level of our latest acquisitions, so far as it can be done in a clinical treatise. The chapter on the duties of medical men in relation to mental diseases, and that on the general treatment and management of insanity looked upon as a whole, are especially valuable both to the general practitioner and the specialist. Most of the pathological plates are new and especially good.

It is to be noted that, in his preface, Dr. Clouston, than whom there is no better authority or more brilliant writer, pays a well-merited tribute to the good work now being done by the younger men in hospitals for mental diseases.

T. J. W. B.

MAGEE & JOHNSON'S EPITOME OF SURGERY. A Manual for Students and Practitioners. By M. D'ARCY MAGEE, A.M., M.D., Demonstrator of Surgery and Lecturer on Minor Surgery; and WALLACE JOHNSON, Ph. D., M.D., Demonstrator of Pathology and Bacteriology in Georgetown University Medical School, Washington. In one 12mo volume of 295 pages, with 129 engravings. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1904.

This volume forms one of Messrs. Lea's well-known Medical Epitome Series, which is issued under the editorship of Dr. V. C. Pederson. This series is designed to include the whole field of Medicine. Each volume is to cover its own subject in all essential particulars, and the maximum of information is to be given for the cost of the book. The present volume fulfils these conditions; it is a small manual as distinguished

from a mere compend, useful alike to the practitioner and to the student. A volume upon Nervous and Mental diseases by Joseph Darwin Nagel has also appeared in the same series.

A TEXT-BOOK OF MATERIA MEDICA, Including Laboratory Exercises in the Histologic and Chemic Examinations of Drugs. For Pharmaceutic and Medical Schools, and for Home Study. By ROBERT A. MATCKER, Ph. G., M.D., Instructor in Pharmacology in Cornell University Medical School of New York City; and TORALD SOLL-MANN, M.D., Assistant Professor in Pharmacology and Materia Medica in the Medical Department of the Western Reserve University of Cleveland. 12mo volume of about 400 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. J. A. Carveth & Co., Toronto. Flexible leather, \$2.00 net.

This book contains all which it is essential for a student to know of Materia Medica, well classified and clearly presented.

PROGRESSIVE MEDICINE, VOL. III, SEPTEMBER, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 284 pages, 19 illustrations. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The contents of the volume for September are: Diseases of the thorax and its viscera, including the heart, lungs and blood-vessels, by William Ewart; Dermatology and Syphilis by William S. Gottheil; Diseases of the Nervous System by William G. Spiller; Obstetrics by Richard C. Norris. We require only to mention the fact the September volume has appeared, to note its contents and to say that it is as valuable and interesting as previous ones.

ESSENTIALS OF BACTERIOLOGY. By M. V. BALL, M.D. Fifth Edition. Revised by Karl M. Vogel, M.D. 243 pages, 96 illustrations. W. B. Saunders & Co., Philadelphia and New York. Toronto: J. A. Carveth & Co.

This volume of Saunders' Question-Compends gives an accurate notion of the more recent work in bacteriology, and contains a surprising amount of information in small compass. The chief characteristics of the principal bacteria have not often been so clearly presented. That section is given 40 pages of tabulation.

REGIONAL MINOR SURGERY. By GEORGE GRAY VAN SCHAICK, Consulting Surgeon to French Hospital, N.Y. Second Edition, enlarged and revised, 228 Pages, Bound in Cloth, Profusely Illustrated. Price \$1.50. *International Journal of Surgery Co.*, N. Y.

The usefulness of this book is indicated by the demand for a second edition in so short a time. This edition has been subjected to a thorough revision and additional chapters have been added.

A HAND-BOOK OF SURGERY FOR STUDENTS AND PRACTITIONERS. By Frederick Richardson Griffith, M.D., Surgeon, Bellevue Dispensary. 579 pages, 417 illustrations. W. B. Saunders & Co., Philadelphia and New York. Toronto: J. A. Carveth & Co.

Medical News.

CANADIAN MEDICAL ASSOCIATION.

VANCOUVER MEETING, AUGUST 23RD TO AUGUST 26TH, 1904.

Report of General Secretary of the Thirty-Sixth Annual Meeting, held at London, Ontario, August 25th to 28th, 1903.

The Constitution and By-laws of the Canadian Medical Association require a report from the secretary of the last annual meeting. Inasmuch as my report last year was referred to as being notable for its "brevity," I thought to make this one a trifle more extensive; and in so doing, in order to impress upon you the splendid growth in membership and in attendance, at the annual meetings, will present some statistics.

The first decade after the organization of the Association in 1867, shows an average attendance of seventy-one. The second decade, from 1877 to 1887, shows an average attendance of 74.8; the third, 107.6; whilst the average attendance for the past seven years is 139.1.

At the annual meeting last year, 303 names were entered on the treasurer's register. That was the second largest meeting up to that time, being only exceeded in attendance by the meeting in Montreal the previous year, when 341 names were inscribed. The third largest meeting was in Toronto in 1899, when 242 were present.

At the last meeting 111 new members were admitted, and there were present 83 members of the profession, who did not seek membership in our Association. This number is so large that I consider it important to call your attention to the fact that the mere signing of the treasurer's book and paying the annual fee, does not constitute membership in the

Association, but what is required is nomination on the regular application for membership forms, approved by the executive committee and election at a general session. By this process alone will your name be inscribed in the secretary's register of members.

It is very gratifying to record the large attendance at London last year,—303, and especially so in comparison with previous meetings in that city. It was the third time that a meeting had convened in London, the former occasions being 1880 and 1894. In 1880 the attendance was 60; in 1894 it was 92,—five times more than in 1880 and over three times more than in 1894.

Those figures emphasize, I think, the importance of Canada's national, medical organization, to the profession of this country, and certainly mark continued growth from year to year. I feel sanguine enough to prophecy that the attendance will never again go below the two hundred mark, if indeed it does not continue for the next five years to stay around three hundred or mount upwards.

Bearing this in mind, remembering the great good work it has done in the past, perhaps the most important to ourselves at all events being the organization of the Canadian Medical Protective Association—I cannot but feel it is time that the Canadian Medical Association be re-organized on the lines of the British Medical and American Medical Associations, so that we will be able to present a stronger and a more united body in the prosecution of work which lies before us.

We have in Canada, Provincial, County, District and City Societies, which could readily and easily be made branches of the Canadian Medical Association. Our provinces all have medical councils, whose territorial representatives would no doubt undertake to organize their districts into branches. In this way, systematically organized, the Canadian Medical Association would be made a power in promoting legislation and in restricting the exploitation of a class denominated "quacks," who in this keen commercial age are very often sharp, shrewd business men, having behind them frequently strong financial force.

The attendance at our two last meetings, coupled with the practice of economy, has made for the Association a bank balance of some \$550. This gives us a working capital. Surely it would be well for this Association to authorize its officers or a special committee to undertake the publication of an annual volume of transactions. Towards financing this I would suggest that the Treasurer be authorized to render an account to each member on the Secretary's register, on the 1st of January of each year, for that year's membership fee. Surely no one would refuse to pay this fee annually, promptly, for a bound copy of

the annual transactions of this Association. At any rate it is time this matter was taken up with serious consideration.

This report and the suggestions embodied therein are respectfully submitted to you for your attention and consideration.

GEORGE ELLIOTT, General Secretary.

RESOLUTION ON DOMINION REGISTRATION.

The Dominion Medical Association regrets that the present mode of registration, so often and so emphatically condemned by the entire profession, still continues in force. We regret the absence of Dr. Roddick from this meeting, and thank him for his great and persistent efforts to effect a change in the method of registration. We think the time has arrived when the profession should in every way take a more active interest, and demand in a most emphatic manner the change. From no part of the Dominion can this united effort emanate than from this charming, fast-growing and resourceful city. We think a small committee should at once be formed in each province to confer with Dr. Roddick, and to devise any means which may be agreed on to effect this long deserved object. Let this Association memorialize the legislature of the Province of Quebec to pass the necessary legislation to legalize the Canada Medical Act, popularly known as the Roddick Bill, and that the Secretary set forth on said memorial the many reasons which have been so strongly advanced at the meeting why it should be done, and further that an appeal be made by the Association to the College of Physicians and Surgeons of Quebec to use their all powerful influence to have the legislation passed, and that a copy of the resolution be forwarded to the various papers in the Province of Quebec for publication.

REPORT OF COMMITTEE ON PUBLIC HEALTH.

Your committee in charge of the question of the establishment of a department of public health by the Dominion Government have the honour to report that the matter has, to a certain extent, been in abeyance since our meeting at London last year. At that meeting you will recollect we reported certain interviews with the Prime Minister and the Minister of Agriculture, at which we were led to understand that it was not feasible for the Government to give us any assurance that our wishes in the matter could be practically considered. The resolution again passed at London pressing the subject on the attention of the Government as one closely associated with the country's welfare and best interests were duly forwarded to the Dominion authorities.

It was also pointed out to the Hon. the Minister of Agriculture by the convener of your committee that the medical profession of the Dominion

as represented by the Canadian Medical Association were united in their desire to have such a department created and that they were only actuated in the matter by motives of patriotism, feeling assured that the administration of public health in matters pertaining to the Dominion Government would be greatly facilitated and rendered more useful and satisfactory if it emanated from a central department instead of having a series of branches having executive authority scattered through a number of departments of the Government.

Your Committee are gratified to be able to report that there are evidences that, during the present recess, the matter will engage the attention of the Privy Council more seriously than it has hitherto done. Before legislation could be introduced, certain questions involving much consideration will have to be settled, and we are given to understand that these preliminaries will be weighed before Parliament meets. While it is to a certain extent unsatisfactory to be obliged to report in such an indefinite way, yet we trust the Association will understand we have not been idle, but that in a matter of this kind we are in the hands of the goodwill of the Government and that it would be neither judicious or delicate to compromise the present favourable opportunity by referring in detail to the reasons that have enabled us to hazard our present opinions.

Respectfully submitted,

R. W. POWELL,

Convener of Special Committee.

RESOLUTION RE PUBLIC HEALTH.

That the Canadian Medical Association regret that the Dominion Government have not seen their way clear to carrying out the suggestions contained in the several strong resolutions of this Association, passed during the past three years on the question of the establishment of a department of public health under one of the existing ministers of the Crown.

That it be further resolved that this Association continue to press the wishes of the medical profession of the Dominion on this subject or the attention of the Government, inasmuch as we feel assured that the difficulties to be overcome in order to bring about such a desirable end are of small consequence to the public welfare compared to the beneficial results that will follow.

That the sub-committee in charge of this matter be re-appointed at this meeting and requested to continue their efforts of the past three years.

That a copy of the resolution be sent by the General Secretary to the

Rt. Hon. the Prime Minister, to the Hon. the Minister of Agriculture and to the Hon. the Secretary of State.

RESOLUTION RE PATENT MEDICINE.

We beg to submit the following resolution to your approval: It is a well known and established fact that many of the most popular and saleable patent and proprietary medicines contain large quantities of alcohol and noxious drugs which are very injurious to the health of those making use of them, not only by their direct influence on the health but by creating a depraved appetite for their continued use, which lead to the loss and disability of many valuable lives, and that the sale of these medicines is largely due to the manner in which they are advertised, their vendors making exaggerated and misleading statements through the general press, literature, posters and pamphlets, as to their healing virtues and life saving qualities, thereby inducing sufferers from disease to purchase them to their very great injury, morally, mentally and physically. The great and growing increase in the consumption of these drugs is daily impressed on our profession by our observations of the injurious effects which are produced by them on a large and daily growing number of our population, and we feel that some urgent and effectual means ought to be adopted by those who are responsible for the health and welfare of the people that will control and restrict the sale of these most injurious and pernicious preparations.

And this Association, composed of the leading medical men from one end of the Dominion to the other, feels that the time has arrived when this great and growing evil to the public health must be suppressed; and this Association would strongly urge the Federal Government, through the department having the control and jurisdiction over matters of this nature, to take immediate steps to thoroughly investigate the nature and contents of these preparations and suppress the pernicious and misleading form of literature and advertising by which this sale is so largely brought about, and adopt such general and effectual measures in connexion with this matter as will insure the safety of the public health, and that a copy of this resolution be forwarded to the department of the Government having control of such matters.

COLLEGE OF PHYSICIANS AND SURGEONS.

The election of Governors of the College of Physicians and Surgeons of the Province of Quebec resulted as follows:—Universities—Laval, Quebec: Drs. J. M. Ahern, L. Catellier; Laval, Montreal: Drs. E. P. Lachapelle, L. D. Mignault; McGill: Drs. R. Craik, H. A. Lafleur; Bishop's: Drs. F. W. Campbell, J. B. McConnell.

Governors elected by the profession:—District of Montreal—Division No. 1: Drs. A. R. L. Marsolais, J. U. Bérard, Montreal; Division No. 2: Drs. R. Boulet, H. J. Chartier, Montreal; Division No. 3: Drs. J. A. MacDonald, G. A. Brown, Montreal; Division No. 4: Dr. A. Laurendeau, St.-Gabriel de Brandon; Division No. 5: Dr. J. A. Pominville, St. Vincent de Paul; Division No. 6: Dr. E. S. Quirk, Aylmer; Division No. 7: Dr. C. O. Ostigny, Valleyfield; Division No. 8: Dr. L. A. Lessard, Granby; Division No. 9: Hon. Dr. Jean Girouard, Longueuil; Division No. 10: Dr. F. H. Daignault, Actonvale; Division No. 11: Dr. I. Sylvestre, Sorel; Division No. 12: Dr. J. A. Ropleau, Montreal; Division No. 13: Dr. J. U. Lalonde, Ste. Cunégonde.

District of Quebec—Division No. 1: Drs. A. Simard, D. Brochu, P. V. Potvin, Quebec; Division No. 2: Drs. M. Fiset, A. Lamothe, A. Tobin, Quebec; Division No. 3: Dr. J. E. Ladrière, Lévis; Division No. 4: Dr. M. Brophy, Ste-Foye; Division No. 5: Dr. A. Riverin, Chicoutimi; Division No. 6: Dr. J. L. M. Genest, St. Bernard; Division No. 7: Dr. L. M. Moreau, L'Islet; Division No. 8: Dr. F. J. Langlois, Trois-Pistoles; Division No. 9: Hon. D. J. B. Fiset, Rimouski.

District of Three Rivers—Division No. 1: Dr. L. J. O. Sirois, St. Ferdinand d'Halifax; Division No. 2: Dr. L. P. Normand, Trois-Rivières; Division No. 3: Dr. D. A. Plante, Louiseville.

District of St.-François—Division No. 1: Drs. L. O. Camirand, Ls. C. Bachand, Sherbrooke; Division No. 2: Dr. A. Thibault, St.-Camille de Watton.

At a meeting of Governors held in Quebec on the 27th September, the following officers were elected:—President, Dr. F. P. Lachapelle, re-elected; First Vice-President, Dr. Brochu; Second Vice-President, Dr. J. B. McConnell; Registrar, Dr. Marsolais, re-elected; Treasurer, Dr. Jobin, re-elected; Secretary for Montreal, Dr. J. A. Macdonald, re-elected.

Before proceeding to the election of officers for the coming term and the appointment of the permanent committees, the Board took up the case of the contested election, Division No. 2, in Quebec, where a recount of ballots had been asked for and a special committee appointed. After having heard both sides, the committee decided that three votes were null, and so had to be deducted from the number of votes obtained by the returning officer. This decision altered the results of the election as returned to the Board by the returning officer, and in consequence Dr. Potvin was replaced by Dr. Jobin.

The Board then instructed the Executive Committee to undertake negotiations with the Universities of the province in order to ascertain if it was possible to come to an understanding so as to have a central

board of examiners established for the examination of all candidates for license.

The Board also authorised the Executive Committee to apply to the legislature at its next session to have the law amended so that the medical curriculum should extend over five years instead of four, as at present. It was also agreed that as soon as possible the whole of the medical act should be revised according to the needs of the time, to put the profession in the province on the same footing of efficiency as in other countries.

It was decided also that the Secretary for Montreal be authorised to put himself in communication with the General Secretary of the College of Physicians and Surgeons of England to find out what had been done with regard to the bill which was presented in the House of Commons in England amending the law so as to authorise the reciprocity of licenses between the British College of Physicians and Surgeons and the Colleges of Physicians of the different provinces in the British Colonies.

McGILL JOURNAL CLUB.

The McGill Journal Club, with a view to increase the value of its enterprise, has addressed to the French-speaking members of the profession a communication, of which the following is a translation:—

We desire, in a special manner, to draw the attention of our French-speaking confrères residing in Montreal, or the district of Montreal, to the establishment of the McGill Journal Club. The object with which this new society has been founded is the following:—The medical library of McGill University enjoys deservedly an enviable reputation throughout this continent; nevertheless, the list of its periodicals is far from complete, and not a few eager searchers after truth, hunting up a reference, have been met with the discouraging reply that the library did not receive the journal in question. To bring a remedy to this state of things is the object of the McGill Journal Club.

The club begins with a membership of nearly sixty, comprising a majority of the teaching staff of the Faculty. The subscription price has been fixed at \$2.00 a year; and the funds obtained are to be employed entirely in subscribing to such standard medical journals as are not received by the library nor by the various laboratories.

These journals are to be kept upon special shelves in the library, and the club members shall have the right to take them home for perusal, with due regard to the rules already in force for other journals in the library.

To our French-speaking confrères we wish, in this connexion, to

make a particularly cordial appeal; we desire them to know that the authorities of the McGill Library bid them heartily welcome at all times, but particularly so if they will join forces with us in this work. Every French physician who will do us the honour of coming to the library will be made welcome to the use of the library gratuitously.

There can be no doubt that our French confrères, in investigating a subject, have met the same difficulty as ourselves, that of a lack of standard periodical literature. For this reason is it that we invite them cordially to become members of the McGill Journal Club, which is, and always will be quite independent of the University or the library. We aid the library by subscribing to journals which it does not receive; but in exchange, it affords us the necessary room for the keeping of our periodicals, which at the end of each year are donated to the library for permanent preservation.

McGill possesses already a respectable number of French medical journals. In addition to these, the club has already decided to subscribe to others, whose numbers will increase in direct ratio to the increase in the French membership.

MONTREAL GENERAL HOSPITAL.

The quarterly meeting of the Montreal General Hospital, postponed from August, was held on the 20th September. A notice of motion was introduced that the quarterly meetings be discontinued, and that only the yearly and half-yearly meetings be held.

In connexion with the outdoor department, plans have been prepared and contracts given out amounting to about \$1,500 for the construction of two special rooms for skin clinic and neurology.

According to the report read by the acting secretary, 781 patients were treated to a conclusion during the quarter. There were 67 deaths, of which 26 occurred within three days of admission, making the mortality for ordinary hospital cases 5.5 per cent. In the outdoor department there were 9,072 consultations, as compared with 8,651 of the corresponding quarter of the previous year. The ambulances responded to 357 calls.

The receipts for the quarter have been \$16,071, or \$17.00 over the same quarter last year, and the expenditure \$21,521, or \$23.04 less than the corresponding quarter of last year.

There were admitted to the wards during the month of August 283 patients, 84 of whom were medical, 168 surgical, the remainder being divided among the specialties. During the month there were 16 deaths. In the Out-door Department there were 2,717 consultations, and the ambulance responded to 130 calls.

ST. FRANCIS MEDICAL ASSOCIATION.

The annual meeting of the district of St. Francis Medical Association was held in Sherbrooke on Wednesday, September 14th. Dr. L. C. Bachaud, President, occupied the chair, and there was a good attendance of the members.

The election of officers for the year 1904-5 resulted as follows:—President, Dr. F. J. Austin, Sherbrooke; 1st Vice-President, Dr. S. A. Banfill, East Angus; 2nd Vice-President, Dr. W. Lamy, Sherbrooke; Secretary-Treasurer, Dr. E. J. Williams, Sherbrooke; Assistant Secretary-Treasurer, Dr. J. I. Ledoux, Sherbrooke; Council, Drs. Camirand, King and Bachaud; Chairman of Surgical Section, Dr. A. N. Worthington; Chairman of Medical Section, Dr. W. Lamy.

The meetings of the society are held each alternate month on the second Wednesday.

ROYAL VICTORIA HOSPITAL.

Report for month ending August 31st, 1904: Patients admitted, 268; patients discharged, 264; patients died, 8; ambulance calls, 76; medical, 92; surgical, 108; ophthalmological, 26; gynæcological, 34; laryngological, 8. Outdoor department: medical, 885; surgical, 402; ophthalmological, 399; gynæcological, 137; laryngological, 253; total, 2,076.

WESTERN HOSPITAL.

Report for month ending 31st August. Indoor—There were 42 patients admitted during the month and 41 discharged; 4 died; of these 16 were medical, 19 surgical and 7 gynæcological. Outdoor—There were 620 consultations, 233 medical, 93 surgical, 112 gynæcological, 59 eye and ear, 63 nose and throat, 21 skin 39 genito-urinary.

CHILDREN'S MEMORIAL HOSPITAL.

Report for the month ending August 31st:—The aggregate number of days spent in this Hospital by all patients during August was 744, as against 611 during the month of July. The highest number on any one day was 25; the average number was 24.

The resignation of Dr. T. F. Chamberlain, Inspector of Prisons and Public Charities, has been accepted by the Provincial Secretary's Department. Dr. Chamberlain's health during the past six months has been such as to necessitate his taking this step. He will be succeeded by Dr. R. W. Bruce-Smith, assistant physician at the Asylum for the Insane at Brockville. Dr. J. C. Mitchell, of the Toronto Asylum staff, has been appointed assistant physician at Brockville, to succeed Dr.

Smith, and Dr. Harris, at present relieving officer for the public institutions, has been appointed to the position vacated by Dr. Mitchell. Dr. R. W. Bruce-Smith formerly practised in Seaforth, and in 1895 was President of the Ontario Medical Association. Prior to going to Brockville, he was assistant physician at the Hamilton Asylum.

The Marine hospital, which was erected by the Dominion Government at Louisburg last summer is practically completed.

The new hospital building at Rat Portage was formally opened on the 18th September. It will cost when finished \$15,000.

Mr. Cawthra Mulock has offered \$100,000 for the building, equipping and furnishing of an out-patient department in connexion with the Toronto General Hospital.

The corner stone of the Moose Jaw hospital was laid on the 19th September. The building when completed will cost \$20,000, of which over \$12,000 has been subscribed.

The Sanitarium for Consumptives which the National Association has built near Weston has been finished, and is now open for patients. The situation is a good one, on a high bluff above the Humber River, and includes about thirty-seven acres of land.

Dr. Cheffey, a prominent and well-known personality in the County of Simcoe for over half a century, died in Toronto on 10th September, in the 78th year of his age.

Retrospect of Current Literature.

SURGERY.

UNDER THE CHARGE OF GEORGE E. ARMSTRONG.

SPENCER GRAVES, M.D. "A New Operation For Pyothorax." *Medical Record*, Aug. 6, 1904.

The object of this report is to submit for consideration the following operation. Removal of the entire rib anterior to the opening for drainage, which should be as near the posterior wall of the suppurating cavity as possible, the purpose of this being to prevent deformity, and resection of rib above or below, for adequate drainage in some recent cases of empyema. Removal of entire rib if necessary, two ribs (except the head) with resection of one for drainage in chronic cases for the

purpose of contracting suppurating cavity. The rib removed should be the one passing over the centre of the cavity, or a little below this point. The sixth rib will generally be found to pass horizontally over the trough-like cavity a little below the centre. As the chest more readily contracts at this point than lower down, he believes in the majority of cases it will be found better to remove the sixth rib.

J. S. STONE, M.D. "Subperiosteal Fractures of the Humerus in Children." *Boston Medical and Surgical Journal*, Aug. 11, 1904.

Five cases of fracture of the surgical neck in children are reported. They illustrate the dangers of overlooking these fractures in children, and call attention to the symptoms by which such fractures may be diagnosed in the absence of the usual signs of fracture. A subperiosteal fracture is to be distinguished from a green-stick by the fact that in the latter we have an angular deformity but no lateral displacement, while in the former the fracture is transverse and accompanied by a lateral displacement. The term subperiosteal was applied to these cases because the slight impaction was considered to be insufficient to have held the fragments in relation to each other, and that when we have absence of shortening, or marked deformity, of crepitus, and abnormal mobility, they must be explained in part by impaction but chiefly by the toughness and strength of the periosteum.

When after a fall on the arm or shoulder children are unable to abduct the arm but present none of the other signs of fracture or dislocation and are able to move the arm in other directions most careful examination should be made to determine localized tenderness anteriorly just below the head of the humerus, together with a slight irregularity in the contour of the bone at that point. These signs are sufficient to establish a diagnosis of fracture of the surgical neck, and should deter one from further attempts to secure crepitus or mobility.

CLARENCE A. MCWILLIAMS, M.D. "Intestinal Obstruction Following Appendicitis Operations. Report of Eighty-Six Cases." *Medical News*, Aug. 27 and Sept. 3rd, 1904.

From a careful study of the cases reported the writer draws the following conclusions. The rarity of intestinal obstruction in comparison with the innumerable operations for appendicitis is noteworthy. Obstruction may follow an attack of appendicitis which has not undergone operation. This occurred in 10 per cent. of the cases reported. Obstruction may follow the interval operation, as it did in 9 per cent. Obstruction is most apt to follow appendicitis with abscess formation.

Eighty-one per cent were of this class. Hence the necessity for early operation. Mechanical obstruction may come on within a short time after the appendicitis operation when the differential diagnosis from that due to peritonitis may present great difficulties. Operation is advised when in doubt about such cases. Obstruction may occur years after the original attack or operation, ten cases occurred in the second year, when it may come on suddenly in perfect health or preceded by a period with symptoms denoting partial occlusion. There may be several attacks of true mechanical obstruction; eight per cent. gave such histories. The mortality for obstruction is placed at 33.7 per cent. The small intestine was occluded in all the cases where it was noted. The cause of obstruction is given in 53 cases as follows: Constrictions by bands in twenty-eight cases; volvuli in ten; kinking or angulation in eleven; and internal hernias in four. Prophylaxis consists in operation upon appendicitis before the formation of pus, the use of as little drainage as possible, and the least possible handling of the intestines at the time of operation. Vigorous abdominal massage with elevation of the hips may avert an impending obstruction. Frequent change in patient's position is likewise recommended. Since the exciting cause is in many cases an attack of acute indigestion, patients should have their diet regulated for them from four to six weeks after an attack of appendicitis or an operation.

A. W. MAYO ROBSON, F. R. C. S. "Peptic Ulcer of the Jejunum."
Annals of Surgery, August, 1904.

This report is believed by the writer to be the first case described in English literature. The condition has been recognized but recently, Braun having first described it only four years ago. Up to the present 16 cases are on record, but all of these were perforating ulcers, it goes without saying there must be many now unrecognized, and many others that have caused death by abscess, and in other ways in which adhesions and other complications have so obscured the parts that even an autopsy failed to diagnose the true nature of the disease.

The true cause of peptic ulcer is that of a mild infection, the sequence of events being septic gastritis, hyperchlorhydia, and ulceration. The source of infection in many cases would appear to be oral, as witness the greater frequency of this condition among the poorer classes.

Peptic ulcer is distinctly one of the sequelæ to be reckoned with after gastro-enterostomy, though much more likely to occur after the anterior than the posterior operation. So far it has not occurred after pyloroplasty. Eleven of the cases reported recurred after the anterior,

two after the posterior, and one after the Y operation of Roux. Out of 136 posterior operations the writer has not had one case of peptic ulcer fellow, and a colleague has the same result in 100 posterior cases. The writer's case was in a male, aged 44, and occurred three years and four months after an anterior gastro-enterostomy performed for relief of gastric ulcer. The patient's condition was such as not to warrant any prolonged operation so only a gastro-enterostomy was done, though at the time the pyloma and first part of the duodenum were very much thickened, evidently the result of ulceration. Pain referred to the epigastrium was the chief symptom, it was unaccompanied by vomiting, of a most intense character, occurring at first at intervals of a month or two, becoming more frequent until daily, and for a week previous to operation dark blood had been noticed in the motions. The stomach was found adherent to the anterior abdominal wall. On separating the adhesions it was found that ulceration had occurred at the junction between bowel and stomach, that it involved the whole circumference of the jejunum at that point, and to have completely extended through the intestinal wall at the front. The pyloric orifice was found to be completely occluded as a result of former ulceration. The ulcerated portion of bowel was excised and separated from the old opening in the stomach, the edges of which were pared, the distal end of the jejunal loop was implanted in this opening, the proximal end implanted into the jejunum four inches lower. Bone bobbins were used as aids in the anastomoses. The case is reported in good health six months after the operation.

JOHN B. MURPHY, Chicago. "A Method of Dispensing with Rubber Gloves and the Adhesive Rubber Dam." *Jour. Am. Med. Ass.*, Sept. 17, 1904.

E. W. SIKEMEIER. Contribution to Our Knowledge Concerning the Disinfection of the Human Skin." *Arch. f. Klin. Chir. Bd. 73. Heft. 1.*

To judge from the number of articles constantly appearing upon skin disinfection, we are still far from the goal of perfection in this matter, The two latest contributions above quoted are the latest, and represent well the two national types of scientific work; the German painstaking and exhaustive, bringing us a step farther upon lines already laid down; the American short and practical, with just enough laboratory work to prove the point desired, but bringing us into a new—and profitable—part of the field. The former occupies 16 pages, the latter one and a half.

Sikemeier found that the success of the ordinary brush, scrubbing

with the Mikulicz soap-spirits, now rather widely used in Germany, was much increased, if one preceded it with the ordinary alkaline (potash) soap, under a constant stream. This is the kernel of his communication. His procedure is as follows: Five minutes brushing with alkaline soap (Kaliseife) under a constant stream of water; another five minutes with ordinary soap and water; finally five minutes scrubbing with spirits of soap; following this ether and sublimate. All this is said to give almost perfect asepsis. Fifteen minutes with a stiff brush is required.

Murphy suggests a less strenuous, yet (to judge from the bacteriological reports), a more effective method of disinfection. It consists, briefly, in the application of a 4 to 8 per cent. solution of gutta percha in benzine or acetone—the benzine solution for use on the hands, the acetone for surface application at and around the field of operation. The 4 per cent. benzine solution has proven the best for wear. The method of preparing the solution should be read in the original. Murphy's conclusion, based upon the bacteriological examinations done by his assistant, Dr. Dunn, is that "the solution, while not so perfect a protection to the patient as intact gloves, is infinitely superior to the bare hands, and is equal to or superior to the glove, considering the chances of puncture."

MEDICINE.

UNDER THE CHARGE OF JAMES STEWART, F. G. FINLEY H. A. LAFLEUR AND
W. F. HAMILTON.

MAJOR C. DONOVAN, I.M.S.; "Human Piroplasmosis." *The Lancet*,
Sept 10, 1904.

The investigations carried on independently during the past year by Major Donovan and Major Leishman have added one more to the list of tropical diseases caused by sporozoan parasites. Many points concerning the life history of the parasite and the details of the symptoms and complications of the disease are not yet fully worked out, but at least the existence of a definite disease is established, which is readily recognized both clinically and pathologically.

The disease is apparently wide-spread, and very prevalent in certain districts. It includes many cases formerly classified as malarial cachexia, the disease known as kala-azar in Assam, many cases of irregular pyrexia in India, possibly Delhi boil and other diseases. It is a chronic affection, characterized by irregular pyrexia, enlargement of the spleen, bronchitis, œdema of the feet, subcutaneous hæmorrhages, diarrhœa and cancrum oris. The course of the disease is variable, usually lasting several months and it is almost invariably fatal. Quinine

and other remedies so far used are entirely ineffectual. The diagnosis depends on the demonstration of the parasite. This has been isolated from the blood and ulcers of the skin, but is most readily found in the blood obtained by puncture of the spleen. Its exact zoological position is still uncertain, some authorities classifying it as a trypanosoma and others as a piroplasma, similar to the organism causing Texas fever in cattle.

RICHARD C. CABOT, M.D. "The Relation of Alcohol to Arteriosclerosis."

Scepticism touching the etiological relationship borne by alcohol to arteriosclerosis is producing evidence to show that such a relation exists in but a small proportion of cases, if indeed at all. From clinical and post-mortem evidence, Dr. Cabot draws the following conclusions:—

1. Only 6 per cent of 283 cases of chronic and excessive alcoholism under 50 years of age showed any arteriosclerosis.
2. Of 45 cases of arteriosclerosis examined, only 13 per cent gave any history of alcoholism.
3. Of 656 autopsy cases of arteriosclerosis, only 95 or 14.5 per cent were under the age of 50.
4. Out of these 95 cases, under 50, in which arteriosclerosis was found post mortem only 21 per cent, and if we exclude cases complicated by chronic nephritis, only 17 per cent appear to have consumed alcohol in any notable excess.

G. W. CRILE, M.D. "Summary of an Experimental Research into Strychnine in Shock and Collapse, with Illustrative Protocols." *New York Medical Journal*, September 24th, 1904.

In the majority of instances, in the normal animal, when sufficient amount of strychnine was given to cause an increased excitability of the spinal cord, as indicated by heightened reflexes and an increased muscular tone, a rise in blood pressure was noted. In smaller doses, occasionally, a slight immediate fall, a slight immediate rise, or later irregularities were noted; but on making forty-eight careful measurements, it was found that no noteworthy change occurred. In a series of experiments in which convulsions were prevented by physiological doses of curare, and convulsive doses of strychnine given, the blood pressure rose as high as in the experiments in which convulsions did occur. In another series, both vagi and accelerantes were severed, curare given, and varying doses of strychnine administered. The general effect upon the blood pressure did not differ materially from

the effects of corresponding doses upon the normal animal. Small doses of strychnine, on the whole, seemed to improve respiration. Larger doses were frequently followed by respiratory failure. After the blood pressure had reached the stage of terminal helplessness, the administration of saline solution caused a rise, which continued for some time during the flow. On cessation of the saline infusion, the blood pressure fell to the previous level, and, if the infusion continued beyond a certain limited period of time, the blood pressure fell to or near its former level during the infusion.

F.F. RICKETTS, M.D., and J. B. BYLES, M.L. "The Red Light Treatment of Small-Pox." *Lancet*, September 17th, 1904.

Temperature charts and photographs of 13 cases are reproduced to show that the treatment "wholly failed to prevent or check the normal development of the lesions."

N. BISHOP HARMAN, M.B. "The Visual Fields in Tobacco Amblyopia" *Lancet*, 17th September, 1904.

The cases which Mr. Harman has investigated "indicate that the commonly received view of the visual field is not correct—i.e., the vision is not affected centrally alone, it is found to be diminished peripherally when a sufficiently delicate test is used, and perhaps also over the whole field. At the same time the fields show a reasonable explanation for the frequently repeated assertion of patients that they see better in the dim light than in full daylight."

The attention of the profession at this time of year is being directed to the value of various places in the United States as health resorts for the winter. Before the claims of Saranac, Ste. Agathe and Calgary, in connexion with the cure of tuberculosis, were admitted, Denver easily held the first place, and still does so in the minds of many. The claims of California are very strong, especially those of Los Angeles. In both of these places graduates of McGill are to be found; in Denver Dr. W. S. Philp, and in Los Angeles Dr. E. J. A. Rogers, who devote themselves to the treatment of those diseases for which the climate of these regions is held to be favourable. For the benefit of patients who may intend to make a sojourn in the United States, we have compiled a list of graduates of McGill who are resident there, and it may be had upon application. It is always a satisfaction to a patient in a strange place to secure the services of a physician of whose antecedents they are assured.