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Original Articles

SOME ASPECTS OF RENAL SURGERY*

By Ramon Guiteras, M.D., New York.

Dr. Guiteras began his talk on the kidney by saying that as he understood the audience was formed of surgeons, physicians, specialists and general practitioners, he felt that he could not divide his slides in such a way as to give a talk to any particular group that would be interesting to other groups, and that he would therefore stroll through his slides, showing them hastily.

He began with anomalies of the kidney, and took up first the variety known as single, unilateral or assymetrical, stating that they were very rare, and that, according to statistics, such a condition was found once in between four and five thousand bodies at autopsy—that in a period of ten years at Guy's Hospital, London, during which 4,632 autopsies had been performed, there had only been one case of single or unilateral kidney. He further stated that in teaching operative surgery on the cadaver for eight years, during which time he had frequently had eight or nine classes of four each running at one time, and in each class both kidneys were operated upon, he had never seen a case of unilateral kidney; and yet, in a small hospital—the Columbus—with which he was connected (of less than 100 beds), in a period of nine months, during which only 15 autopsies were performed, that three of these cases, or 20 per cent., proved to have but one kidney. He showed the three specimens from his slides, calling attention to their large size, and also to the fact that they were all lobulated and fissured,

*An illustrated lecture, delivered before the Academy of Medicine, Toronto, February 4th, 1913.

and said that such a condition was typical of a unilateral kidney. In one of these cases one fissure was very deep, extending from the pelvis to the outer border, and dividing the organ into two parts. Both the upper and lower segments of the kidney had each a fissure extending nearly half-way across it at right angles to the pelvis. This kidney had but one ureter, and was in the proper position, and it showed how easy it would be to have such an organ converted into two, if there had been two ureters present and one-half of the kidney in each renal fossa; or to have found such a kidney displaced low down in the median line, with its two segments attached by an isthmus, which would form an organ corresponding to a horseshoe kidney. The lecturer showed that a large quantity of tubercles were scattered over the kidney, and stated that statisticians, in speaking of unilateral kidneys, said that they were frequently affected with tuberculosis. This particular unilateral tubercular kidney had been referred to him from the medical side, with the diagnosis made a number of years ago, for operation on the following day, and he had made an incision down to the kidney, found it tubercular, and had removed it. The patient developed anuria immediately after the operation, and died of asthenia in eight days. There were no uremic symptoms. Autopsy showed the absence of the kidney on the right side, although there was a long projection of liver extending down, which closely resembled a kidney on palpation. An operation of this kind would be rare to-day, as kidney cases are better studied now than previously. We do, however, find cases in which we cannot feel the kidney on the other side, nor see its ureter nor catheterize it, if we do see it, and in such cases we must believe that no kidney is present on this side; and even if we contemplate operation on the other kidney, we must confirm our belief by an exploratory lumbar incision. In some cases, if we do see and catheterize the ureter, we find no urine coming down from it, and it is in such cases, as well as in cases of unilateral kidney, that we must believe that either both ureters go to the same kidney, or, more probably, that a non-functionating kidney is present on that side, and that the removal of the kidney on the other side would be followed by death.

He then took up the subject of another variety of anomalies—that of misplaced or ectopic kidneys—which he considers very interesting and instructive. He stated that they must not be confused with the displaced kidneys which were known as movable, which are held out of place by adhesions, the blood-vessels of which come from the normal side. The misplaced or ectopic kidneys which he

had encountered had the origin of the vascular pedicle below the normal site. He stated that the usual sites of ectopic kidney were at the sacro-iliac synchondrosis, on the promontory of the sacrum and in the pelvic cavity. He then showed the slide of a kidney in the pelvic cavity which had been mistaken for an ovarian cyst; another slide of a kidney situated at the sacro-iliac synchondrosis, and still another slide of one situated high up in the pelvis. In the case of the one situated at the sacro-iliac synchondrosis, he had considered it a case of movable kidney, which had become adherent to the tissues in that region. He had made the ordinary kidney incision in the loin, and thought that he felt the organ moving up and down with the respiration, and in an effort to cut down upon it through the mass of fat present, he went through the peritoneum and exposed a flattened spleen with a rounded border. He closed the peritoneum, and, cutting down farther, found the kidney, which was hydronephrotic. After freeing it, he pulled it up as far as possible and fixed it. The patient, however, suffered more pain than before the operation, and as the amount of kidney tissue was not great and the other kidney was perfectly healthy, he removed the organ, which he showed as a specimen of hydronephrosis. He said that all cases of ectopic kidney that he had had were hydronéphrotic.

He then spoke of the study of a recent case of ectopic kidney. He stated the patient had entered the hospital complaining of some difficulty in urinating, of a swelling in the hypogastric region, of constipation and a general feeling of discomfort in the pelvis, which prevented him from work. When standing up, no tumor could be felt, but when lying down, one could be easily outlined, extending from the pubes up to within two inches of the umbilicus. Bimanual palpation showed the tumor beginning above the prostate. The patient, after emptying his bladder, was catheterized, and no residual urine was found present. Cystoscopy revealed a normal bladder; the ureters had normal mouths and were easily catheterized, although the excursion of the cystoscope was somewhat impeded behind. Many diagnoses were made by the different attendants connected with the hospital. His own diagnosis was that of an hytadid cyst or a misplaced hydronephrotic kidney. The patient was prepared for operation, and, assisted by another surgeon of the hospital, he opened the abdominal wall down to the peritoneum, and found the anterior wall of the bladder normal. He incised the peritoneum above the bladder and found a tumor situated in the lumbo-sacral region, and extending down into the pelvis, very much as a woman's net containing her hair hangs over

the occiput. There was no hydatid cyst present. The tissues over the tumor were tense. An aspirating needle was inserted, and some fluid withdrawn. He sent this specimen to the laboratory to be examined for urea and pus, and waited for the report. In a few minutes the report came back that neither urea nor pus was found, but that there was albumin. This eliminated from his mind the presence of a misplaced kidney, and he thought it must be some kind of a cyst situated outside of the peritoneum, and that it would be advisable to unite the anterior and posterior layers of the peritoneum, leaving sufficient space to open the cyst, put a drain in and treat it as one would a cystic cavity. This was done. The following day, on going to the hospital, he learned that both urea and pus had been found in the fluid escaping through the drainage tube, pointing to the probability of an ectopic kidney. Shortly after this he had the patient radiographed with X-ray catheters in place, and found that while one catheter went up to the pelvis on one side (the left) that the right one curled up in what resembled the bladder. The patient was then cystoscoped, and the instrument allowed to remain in place during the radiograph taking, thinking, perhaps, that the catheter might have slid down from the ureter into the bladder. This showed that the one catheter had gone into the pelvis of the kidney and the other had gone into a cavity over the lumbo-sacral region, and had curled up there. Accordingly, collargol (10%) was injected, giving a beautiful view of the pelvis of the left kidney, which was seen to be in place, and also the shadow of a large mass in the lumbo-sacral region. This mass corresponded in position to the cyst that had been operated upon. Six (6) ounces of collargol had been injected into it. He feared if he had injected more it might have given rise to too great reaction. As it was, the reaction was marked. It was then decided to again operate upon this patient, and an incision was made from just above the anterior superior spine of the ilium down along Poupart's ligament, giving sufficient space to pull back the peritoneum and tissues contained in it to the other side until the kidney was reached. The kidney was then removed and a slide was shown, giving the position of the renal vessels and the ureter. The squeezing of the kidney forced the urine from the pelvis into the bladder. The specimen of the kidney was then shown, and the hydronephrotic condition easily seen.

The lecturer then threw upon the screen three kidney specimens, showing three different grades of hydronephrosis, and the condition, size and shape of the pelvis of the kidney in these cases,

as well as the condition and position of the ureters. He spoke of the various causes of hydronephrosis, and then stated that it usually began early in life, in which case it was dependent upon the valvular conditions of the ureter, which were probably congenital. When it began later it was acquired and due to obstruction.

Rupture of the kidney was then considered briefly, and the different varieties described. He showed a slide representing the body form of a patient who had had a fall of some 20-odd feet eleven days before entering the hospital. It resembled a large watermelon tucked into one side of the peritoneal cavity, extending from the diaphragm to the pubes. "As the patient had no hematuria, and there was no history of any, it appeared to be a rupture of the spleen, and an anterior abdominal incision was made, extending through the peritoneum. The intestines were found to be flattened out between the anterior and posterior peritoneal walls on account of something situated posteriorly to it which pushed the posterior layer forward. I accordingly closed the wound, turned the patient on to the healthy side, and made a loin incision into the kidney region, evacuating several quarts of reddish-brown fluid, containing whitish particles, typical of the fluid present in case of rupture of the kidney. Whether this was due to some action of the urine or whether pus was present, I do not remember. At any rate, if pus was present at the time, it was but a very small percentage. The fluid was evacuated and the cavity was washed with peroxide and salt solution, and a drain inserted. After a few days the patient began to run a temperature, and it was found that pus was present in the cavity about the kidney. A second operation was performed, and the kidney was found to be ruptured, and also the pelvis. The other kidney was found to be in good condition and the diseased kidney was removed."

Dr. Guiteras then showed a picture of the ruptured kidney, with the urine extending through both the pelvis and the kidney. He stated he believed that a kidney which has an enlarged pelvis, dilated either by urine (hydronephrosis) or by pus (pyonephrosis) is more liable to be injured than any other variety, and he thinks that a pyonephrotic kidney due to stone is especially liable to rupture. He said that this was a case of subparietal rupture of the kidney, with an extensive accumulation of blood and urine about it; that he would later show a case of subparietal rupture, in which the fluid was subcapsular. He stated that he had had quite a number of cases of subparietal injury from one cause or another, but only one open wound, a direct injury resulting from a stab wound in the back.

Nephrolithiasis.—The lecturer then showed slides of a few kidneys containing calculi, illustrating the changes brought about in these organs through them. His first picture was that of the kidney of a middle-aged woman, who entered the hospital complaining of dyspepsia and malaria. She said that she had suffered from dyspepsia for a number of years, but it was only within the last few years that she had had the attacks of malaria, which had lasted from a few hours to a few days, accompanied by chills, fever and sweating, and then subsiding. On examining her abdomen, a large mass was found on the right side, tender to the touch, which she said was an enlargement of her liver that she had had ever since the malaria began. It was evident, however, that it was not the liver, but an enlarged kidney below it. It was quite prominent in the front. She was kept under observation for a few days, and her urine changed considerably, sometimes containing a large amount of pus, and at other times comparatively little. The pus came from the right side. Her attacks of malaria were evidently those of renal retention in a perinephritic kidney. When the urine was clear the kidney was enlarged and the patient was septic, and vice versa. The urine coming from the right side was mostly pus, and contained but a small quantity of the normal solids, showing that it was a case of pyonephrosis in a practically destroyed kidney. The other kidney was functionating sufficiently well to carry on the necessary elimination in case that it proved advisable to remove the right organ. A loin incision over the enlarged kidney showed it to be about nine inches long, and of relative width. It was removed, and on opening it, the five stones seen were found, one of which was bifurcated and four inches long. This particular stone evidently originated in two of the kidney calices, and they had grown down into the pelvis, and there formed a common trunk, which trunk engaged in the pelvis opening and caused from time to time temporary unilateral anuria; but when sufficient pus and urine had collected in the kidney pelvis to dilate it, a stretching of the organ caused it to push the pelvic opening away from the part of the stone lodged in it, and the retained urine escaped again. The other stones were from $2\frac{1}{2}$ to $1\frac{3}{4}$ inches in width, and were more or less rounded. It was the variety of kidney which called for removal. The stone showing the particular formation plugging the ureter was then shown. Very recently he had removed a kidney eleven inches long, with two such bifurcated stones, one of which was so wedged into the ureter that no amount of dilatation was sufficient to discharge it.

Another ney due to stone was then shown, which the lectu certain afternoon and which he had sent to the ' ation and probable operation. The patient had s 101, pulse of 90, respirations 36. On arrival at the hospital in an ambulance she had a temperature of 105, pulse of 130, respirations 46, and was in a state of collapse. She responded to stimulation, however. On examining her on the following day the well-defined renal tumor which had been felt the day before was simply an ill-defined mass in the loin. The case seemed a clear one of pyonephrotic kidney, with renal retention due to stone, which had ruptured during the trip to the hospital, giving rise to perinephritic abscess. The abscess was opened and drained. A few days later an exploratory nephrotomy was performed, but no renal stone was found on palpating the pelvis. As the patient continued to run a septic temperature and lose strength and weight, a nephrectomy was performed, showing a stone embedded in a large mass of fibrous tissue that had not been detected at the time of nephrotomy, into which a probe could be passed from the pelvis of the kidney. This was a displaced, movable, pyonephrotic kidney containing a calculus.

Another case of unilateral anuria with great enlargement of the pelvis of the kidney due to an impacted stone at the beginning of the ureter was then shown. The tumor had been an enormous one (9 or 10 inches in all diameters), convoluted and distended. It was considered an emergency case and was removed as such, although it should have been opened and drained. At the time of the operation the kidney was almost hidden, but later on, after the pelvis of the kidney had been opened sufficiently to see the impacted stone, there was sufficient leakage of fluid from the cavity to show the presence of considerable good renal tissue. It may here be said that a kidney 10 inches in length when removed, after it has been opened and the pus and stones removed, and it has been preserved in fluid, may decrease to less than one-half the size. He considered cases of anuria due to stone the most interesting in renal surgery, and stated that he had had numerous cases of patients with but one functionating kidney who had no idea that one of their kidneys was useless. At home he has slides of many such cases, which he calls derelict kidneys.

Cysts.—A few cystic kidneys were then shown. The first one was that of a large serous cyst, which are generally single, although there may be two in one kidney. In this case there were three small cysts and one large one. The kidney tissue was very much deformed and the lower part of the organ was almost entirely destroyed. The

lecturer said it was considered one of the best specimens of serous cyst ever removed.

Hydatid Cyst.—The next was a case of hydatid cyst of the kidney. The patient had come in suffering from great pain in the right loin. She had had a slight hematuria. The kidney was felt to be very long and very tender. The patient had slight elevation of temperature. Incision showed a very long kidney extending into the renal fossa downward to the iliac fossa. It was very adherent to the diaphragm. The lower end of the kidney was somewhat curled. A beautiful white cyst the size of a duck's egg but round was seen. It seemed to spring from the junction between the kidney proper and its pelvis. This was opened and a large number of small white cysts escaped, running down by the side of the ureter and out of the wound. A piece of very white thickened membrane was found and removed from the inner part of the sac. It was a typical case of hydatid cyst with daughter cysts present. The outer side of the cyst wall was cut away and the remaining part was treated with pure carbolic acid, followed by alcohol. The patient had ether pneumonia after the operation, but later had a satisfactory recovery. The lecturer stated that at the time of writing his book he had found no other illustration of hydatid cyst of the kidney than this case of his and that the literature of the subject had been thoroughly gone over.

Polycystic Kidney.—The next slide showed the kidneys of a patient in one of his hospitals who died of uremia. This patient was 55 years of age and his kidneys had been gradually increasing in size for many years. The right was 10 x 5½ inches, weighing 56 ounces; the left 9¼ x 5 inches, weighing 49 ounces.

The next slide showed an illustration of the larger kidney split in two—a beautiful exhibition of cystic development. It seemed wonderful how anyone could go through life with such enormous kidneys suffering but little inconvenience excepting from their weight. The urine in these cases showed about the same changes as in interstitial nephritis. They were probably due to congenital causes, either beginning at the time of birth or shortly thereafter, increasing gradually but slowly in size. Such cases should be considered inoperable, unless an abscess is present, when it can be opened and drained. The removal of one such kidney is very fatal, and in case of an operation the patient would probably not live as long as if the kidney had been left alone.

Malignant tumors of the kidney were then considered and the first slide shown was that of a sarcoma. The patient had entered

the hospital suffering from great pain on the right side, where a large tumor could be felt. He was much emaciated and had constitutional symptoms. Although his condition was very serious, an exploratory incision was made, revealing an enormous kidney with a papillomatous appearing mass sprouting out through the capsular propria. The growth was very extensive and so fragile and friable that a great portion of it could have been scraped away with the finger, but it was extremely vascular and bled profusely when touched. The bleeding was stopped by very hot water and peroxide and the wound was closed, a drain going down to the kidney. The patient died very shortly after the operation and the specimen was secured. He said that the specimen showed what great changes can take place after its removal, as this papillomatous mass of friable and fragile tissue composing the tumor after it had been kept for some days in the preservative fluid had changed into solid looking tissue which, on cross section, closely resembled a piece of beef. He further said that only a few days before he had removed a prostate tissue of which very much resembled that which he had described in the kidney; that he had immediately placed it in gauze and taken it to be photographed, and even in an hour's time it had changed so as to look like a mass of beef.

The lecturer then showed a beautiful specimen of carcinoma of the kidney. He had been called to see this patient on account of hematuria and had found him wearing a large truss just about Poupart's ligament, specially constructed. On removing the truss he found a very large round tumor, which was freely movable. He said that he had had this condition for some time which had been diagnosticated as a hernia and the special truss had been made for it, but that he felt a little worried over the blood in the urine. An examination of the urine showed the left kidney to be normal—this one (the right) to contain cancer cells. The patient was operated upon and the pedicle was found to be of unusual length; in fact so long that the tumor could be freely moved over a wide range and pushed down to the region of the bladder. The kidney was removed—nephrectomy. The patient was very uremic after the operation and only seemed benefited by purging with large doses of blue mass. A specially constructed pen had to be made around his bed, in which he constantly roamed about at night, in a delirious condition. The patient finally recovered and has lived six years, and much to my surprise his family report him comparatively well.

The next case shown was one of hydronephroma. He stated that whereas the yellow mass could be plainly seen on the outside of the

kidney, they were much more distinctly seen on cross section. There was nothing particular about this patient excepting that he had for some time been losing weight, suffering from hematuria, and had some dragging feeling and occasional pain in the left side. His right kidney, however, had been found perfectly well. He had a malignant cachexia and a very large varicocele on the left side (the largest he had ever seen). I mention this because the spermatic vein on the left side runs into the renal vein and tumors of the kidney on this side are liable to cause left-sided varicocele.

DR. LORD'S UNDERTAKING

By A. C. E.

They were a party of four—four physicians. In a retired corner of an up-town club to which one of the quartette had invited the others they sat four-square at a round table. Eight years before they had been classmates. Two were practitioners in the city; the others from the country; one, indeed, from the edge of civilization in the remote northland of New Ontario.

Their names were—oh, it doesn't matter who they were or what their names were, save one, Dr. Ferdinand Lord, of Scarth, New Ontario.

Reminiscences of college days had gone the rounds; stories had been told, some old, some new; and then, as frequently happens when medicos get together, the conversation drifted into "shop" talk.

"How on earth, Ferd," queried one, "did you with that name of yours ever strike for the wilds of New Ontario?"

"I'll tell you; but first give me a little more of that 'squirt,'" and Dr. Lord reached his glass over to the host.

"Sh-er-er-er!"

"When I was graduated," began Dr. Lord, "my people thought because I had taken the gold medal I should hang out my shingle in the city a few miles from father's farm, but I knew it would be slow going for three or four years. I had been to Scarth practising on my own hook in summer holidays of fourth year and liked the place and liked the people, and, I believe, the people liked me. Well, along about the first of August, when I was doing a land-

office business, a graduate came in, told the people I was only a student, had no license to practise; told me he had picked Scarth out for himself and that he was going to stay and that I had to get out. I was as big as he—for I am nearly six feet and weigh a few over two hundred—but I got.

"In the following spring, as soon as I got my valedictory off my chest, I made tracks for Scarth; and this time with my diploma in a quarter-cut oak frame, I went prepared to stay. I ran that 'sucker' out of Scarth in less than a year and I have been there ever since. The past four years I have always kept an assistant. Practically this is my first holiday in eight years. I didn't think he used me right when I was there as a student. Might have said to stay on and make all I could, for he knew I would be going in two months' time anyway," and Dr, Ferdinand Lord settled back in his chair as unruffled as though it were but a day since he had despatched his opponent.

"But what keeps you there now?" questioned the host. "Why not sell out and get into your home city? Haven't you had enough of roughing it?"

"I have. But I like those country people, primitive farmers, miners and lumberjacks though they be. There's lots of the simple life—plenty of room to move about; what you call go, excitement. I'd miss the long drives, the mud and the slush of the spring and the fall, the deep snow, the drifts, the sleet, the blizzards, the cold stormy days, the rainy nights. You parlor fellows don't know—have no realization of the satisfaction there is in doctoring in the northland," and the big, strong, robust country practitioner gave vent to a loud guffaw, which rattled the glasses on the table and banged up against the beamed ceiling—and started an electric bell ringing in a distant room.

Said the other city man: "One thing, Ferd, you're not troubled much with quacks, osteopaths, Christian Scientists, dead beats and others of such ilk."

"Am I no?" exploded Ferd. "By the same token I could tell you a Christian Science story, only it would take too long, and my little friend here from the country, 'Shorty,' as we used to call him, might feel jealous that he didn't get a chance to scintillate."

"Don't mind me. I'm (hic) enjoying myself," gurgled he responding to the name of Shorty.

They all settled down more comfortably in their arm chairs while Dr. Lord lighted a fresh cigar.

"It was the month of January, 19——well, I had been practising in Scarth three and a half years.

"The village had about six hundred inhabitants, fully one-half of whom were sawmill hands and lumberjacks. There was a scattered farming community extending thirty to fifty miles on each side of the village, which itself, as you may know, is on the north shore of a large lake. A railway ran through to the Soo, and I often used passenger trains, freights and even handcars to get to my outlying patients. Two and a half miles north the mine is situated, and I had to minister to the bodily ailments of two hundred miners. So you can see I had no sinecure and had to keep going some to stay with my practice.

"I was busy in my office one night about seven o'clock, in the act of making up some powders for an old woman with the 'janders'—there were seven or eight waiting in the outer office—when I heard the door from the street shoved violently open and a voice I knew all too well calling out where the doctor was.

" 'I'm in here, Jack; come on in!' I called out to him.

"Now this farmer, who lived ten miles out of Scarth, had always been one of my best friends for reasons I need not now pause to explain, had a good three hundred acre farm with good buildings on it for that country, and I knew he would not hitch up his horse and come into the village at that time of night for nothing; and I well knew I would have to hitch up my horses and get away quickly. The people in the office would have to wait.

"It was a bitter cold night—twenty below—not that we minded that very much, but you fellows might thing it something down here.

" 'Doc,' he said, (there's not much 'Doctor' in that part of British America), 'you must come out right away to Joe Mead's. There's something wrong, bad, very bad, there.'

"Joe Mead lives on a little clearing of twenty-five acres, just alongside of Jack Newton, poor as a starved rat, and consequently the father of a large family—and with further bright prospects, I understood; and he and his wife, strange to relate, in that country, almost beyond the pale of civilization, were Christian Scientists—for which, you will perceive, I was not losing any sorrow nor sleep.

" 'Nothing doing, Jack. Joe Mead has never employed or even consulted me ever since I have been in Scarth. What's the matter with Nancy?'

"Nancy Younger was one of those old, flannel-petticoated, sack-tied-in-the-middle busybodies, the bane of every physician, ubiquitous, peripatetic, with some trouble or gossip always 'on the

anvil'—a better nurse and doctor in her own mind than anyone else; but she was away on a visit to a distant relative, so Newton had informed me.

"'Doc,' said Newton, 'you'll simply have to come. The children are all sick—five of them—sore throats; likely diphtheria; and the mother has expectations. Mead came to my gate and called me out of the house and told me all about his troubles about two hours ago. I knew you were health officer and you have got to go whether Mead wishes it or not.'

"'What did Mead say? Did he tell you to go for me?' I responded.

"'No. He said he didn't want any doctor bothering around him.'

"That settled it to my mind. I was the medical officer of health of that district and it was my duty to go and see what the matter was, so that, if necessary, I could quarantine the whole outfit and protect the neighbors. I had had some cases of diphtheria out in that school section just before the holidays, but considered I had it all stamped out.

"I got rid of the patients waiting in the outer office by telling them they would have to come back in the morning, sent Jack to have my man harness the team and put them to the cutter, and began fixing up my bag with antitoxin and spray mixture and swabs for diphtheria, as I pretty well calculated Jack had not made any mistake from what he had been told by Mead. I picked up a large red card and with pen and ink soon printed in rustic capitals: 'DIPHTHERIA HERE—STAY OUT.' If my surmise proved correct I would tack this on the roadside gate. I use red for diphtheria; you fellows down here use blue; or is it yellow?

"In a few minutes my man drove up with a dash and a jingle of sleigh bells. I went back into my inner office, which was also drug room and sleeping room—a sudden thought had struck me—took off the bed a fine new buffalo robe, put on my black rat coat and cap and started for the door, picking up a foot-warmer on my way out.

"I had asked Newton how the roads were, if there were any drifts, and having been told they were like macadam, no sooner was I in the cutter and the reins in hand, than I gave them a shake and my team, always in splendid fettle, whisked us down the village street in a trice.

"At the end of the village there was a fine large brick house, owned and occupied by the superintendent of the mine, which,

you remember, I told you was two and a half miles north of the village. I pulled up here and gave a loud 'Hallo!'

"While some one is coming to the door, I may as well tell you I had a nurse there, just finishing a case of typhoid, who was going home the next day to your city. Her name was Miss Christie; probably you two fellows know her, but I'll not stop to ask you.

"The superintendent came out himself.

" 'Mr. Metcalfe,' I called, 'tell Miss Christie to hurry up and bring her uniform and other paraphernalia. I'm going to take her for a drive in the country and may bring her back in a couple of hours or may leave her out there for a couple of weeks. I don't know yet.'

"Miss Christie came to the door as I finished and heard the latter half of my order.

"She flew away and was out in a few minutes; and as the moon was shining brightly I thought she looked very fetching coming down the path in the snow, clad in a long black Persian lamb coat and cap to match.

" 'How thoughtful of you, Dr. Lord!' she exclaimed as her feet rested comfortably on the foot-warmer. I shoved the buffalo robe well in beside her with my left hand, took the reins in both hands again, gave the team a flap with them, and we were off for our ten-mile drive in real earnest.

"As we jingled along past white-capped stumps, the stake-and-rider fences, the stump fences on either hand seemed one long, interminable streak. We soon caught up with and passed Jack Newton, he turning out to allow us to go by, I calling out to him to 'hook on'; past the scattered farm houses, patches of woods on either side, a big boulder or a Christmas tree. I knew my team could easily do the distance under fifty minutes, so I left them pretty much to themselves.

"I commenced telling Miss Christie what I suspected was the matter at Mead's, whither I was bound; and when I would turn to see if she were snug and comfortable I found myself contrasting my position with yours down here. You would envy me, I knew, sitting there that beautiful moonlight night by the side of that pretty nurse skimming through the wilds of New Ontario. But I suppose you were sitting down here somewhere toasting your patent leather pumps before a gas or electric grate.

"When we reached Mead's and drove up his lane to the little farm-yard, I handed the reins over to Miss Christie and told her to just walk the horses around in the yard while I went in to spy out the lay of the land.

"In response to my knock, Mead himself opened the door and I went in. I tell you, boys, I never want to see a sight like that again. You can talk of your slums in the city, but there are poor, miserable wretches in the country as well.

"In a bed placed a few feet from a small cook stove were the five children, three at the head and two at the foot; and on her knees at the side of the bed away from the stove, was the mother, praying. The children, who ranged from ten to two years were all sleeping save one, the eldest, a rather good-featured girl.

"As my first glance was taking this in, I could see beyond the bed a door leading into another room, where there was another bed, which seemed to have been occupied, as, indeed, it had been, for the mother arose whilst I was taking off my coat and quietly withdrew to her room. I saw also at this glance that the eldest child was very pale, breathing hard, croupy, was, in fact, dying.

" 'Mead,' I said, 'that child is dying of diphtheria before I look at her. Why didn't you send for me three days ago?'

"He sat in front of the little stove and all he did was just to shake his head sullenly and utter one word, 'No,' without even looking up at me.

"I was astounded at the apathy of the man. What was it—grief, indifference, or simply stubbornness?

"But I was not to be balked now. I was on the ground and saw the state of affairs. I decided to take a firm stand.

" 'Here! Hold the lamp 'til I look at these throats!' I commanded in a steady tone. I was not prepared for his answer.

" 'What are you going to do?' jumping to his feet. 'I didn't send for you. I want no doctor to come into my house and order me around. I want no doctor at all. They're not sick. I sent Jack Newton for Nancy—Nancy Younger,' and he faced me across the bed.

" 'Nancy Younger is away,' I replied. 'Nancy Younger would be no good to you in a case like this. She might if your wife needed her. Come! Hold the lamp!' and I moved nearer the head of the bed.

"He looked at me, stupefied.

" 'Nancy away—and my wife going to be sick, possibly to-night,' he gasped.

"In the silence of the moment a happy thought struck me. I had not said a word to Miss Christie about this family professing Christian Science principles, so I said to him:

" 'Mead, there is a nurse out in the cutter, a real good, Christian, scientific nurse—I slurred the 'scientific' a trifle—who will

attend your children, and wife, if necessary, until they get well. I'll bring her in'; and before he could raise any objections or acquiesce I slipped on my coat and cap, went out, tied and blanketed the horses, and brought in Miss Christie.

"I was fearful now that Miss Christie might make a blunder and give it all away; but I was determined on trying to pass her off as a Christian Scientist, and trust to luck and their illiteracy in helping me out.

"Upon my re-entering he seemed a different man. The mother was again on her knees at the side of her children. Mead came forward and shook hands with Miss Christie and said:

" 'And so you're one of us?' questioningly.

"Miss Christie scarcely knew what he meant, except, perhaps, that she was to live with them for a week or two, and so gave the best possible answer under the circumstances, by simply inclining her head and replying 'Yes.'

"All going along well, so far, I renewed my efforts for an examination of the children.

" 'Well now, Mead, as health officer, I must examine these children and then I will leave them to the nurse. I suspect they have all got diphtheria, and if so your house must be quarantined. It'll never do to allow neighbors to come in here—and they're not likely to anyways.'

"He looked appealingly at the nurse, who, having divested herself of cap and coat, quietly conducted the mother to her room and then simply went and got the lamp and held it for me; and I awoke them all, one after the other, and found a regular nest of it—all had it—and one, I knew, was dying.

"While examining the throats I was saying nothing, but thinking, and I had come to the conclusion that I would take the nurse to a corner of the room and tell her what to do, in a whisper; not to talk any more than she could help, but just give them all antitoxin and attend to them all in the regular way; also, even going so far as to give immunizing doses to the father and mother, if she could. I did this before I left; told her also, in my opinion, the eldest girl—there were two, and three boys—would probably die through the night, I felt sure, but to give her a dose first and wait to see. Then I hurried off home to my office, after getting a stone from the shed where I had tied the horses, and with tacks from my pocket, tacking up the big red card.

"The next morning I drove out to see the nurse. Miss Christie had had a trying time of it, but she was there and proved herself a

true, Christian, scientific nurse. She told me that on my leaving the night before she immediately prepared to give them all antitoxin. On Mead asking her what she was going to do she told him, and he objected right off the bat. The wife from her bed joined in the objections. But on Miss Christie assuring them that everybody always used antitoxin in diphtheria nowadays, when she said *we* always use it, with the accent on the *we,* they made no further objections.

"You see, Mead thought I had said I had a good Christian Science nurse with me, when I had said a good Christian, scientific nurse—and so she was.

"About one in the morning the eldest child had died; and almost immediately after the mother was taken ill and about six the stork paid another visit to that little household in the northland. Miss Christie had followed out my directions explicitly and had kept her mouth closed as much as possible.

"On entering the house that morning, as health officer I explained, I saw the nurse had not been idle for a single moment. She had screened off the little bedroom, had her uniform on, and had moved the children's bed as far away from the new brother as possible. The dead child she had laid out on a small table in the children's bedroom, now unoccupied on account of the sickness and the cold. She had, in fact, done everything possible to do under the trying and very exceptional circumstances.

"I took Mead a little to one side, told him I was sorry for his trouble, and that I would do anything I could for him in his helplessness and misfortune. I was very careful not to make any mention of doctoring or of leaving any medicines, or of even going near the children at all. I left that all to the nurse. I got a chance to tell her to give them all another shot and double-up on the next child, a boy, who, I could hear without looking at, was also becoming croupy.

" 'Now, Mead,' I said, 'Newton has a family; the undertaker in the village has a family, and he himself is down with pneumonia; and the minister, too, has a family of small children—if you agree, I'll drive in and get the little casket, instruct the sexton to open a grave—it will be pretty hard work with so much frost—and then I'll come out again to-morrow morning and act as undertaker, and you can bring your own horse and cutter or sleigh, with which to return.'

"The poor fellow could only squeeze my hand and say nothing. I saw he was suffering badly, and apparently that some sort of a struggle was going on within him.

"Well, I acted as undertaker to that little funeral the next day; and I arranged for the minister to come and stand a rod or two away and read an abbreviated burial service. Mead looked at him, but kept quiet. When all was over, I said to him, kindlier like:

" Joe, I'm sorry to have to tell you, but I heard that eldest boy croupy this morning. It's getting into his windpipe, and I am afraid there is more trouble in store for you.'

"He broke down utterly.

" 'Oh, doctor, don't let him die too! Come out and do all you can for him. I've been a fool. My wife's been a fool too; and she knows it now and so do I. She said this morning to me there must be something in doctoring, when you have gone to all the trouble you have and done what you have for us this day.'

"So, as soon as I could I drove out to Mead's again, but this time as the doctor, not as the medical officer of health, nor as the undertaker; but it was of no avail. These two had taken the disease first. I had to repeat the little funeral scene the following day.

"In due course of time and under the able, Christian, scientific nursing of Miss Christie, the rest got well, and no new cases developed. I have never seen a more grateful man or woman.

"It is only recently that I undeceived them with regard to Miss Christie's principles and nursing. I was in a tight place that first night and I did the best I could."

The three other physicians surveyed Dr. Lord silently, as he blew a big whiff of tobacco smoke from a long pull at his cigar, up at the beamed ceiling.

"By George! that nurse was a brick, though, boys," exclaimed the host, the only unmarried man of the party. "I should like to meet a nurse like that. Where is she now, Ferd?"

"Mrs. Lord," was the laconic reply.

THERAPEUTIC NOTES

Pyelitis.—Hunner (*Surg., Gyn. and Obs.*) states that the object of treatment is to rid the patient of pain and discomfort and to restore the kidney to the secretion of urine free from pus and bacteria. Pelvic massage may have to be employed if the pyelitis does not clear up under dietetic and hygienic measures. He has had good success in colon bacillus infections with silver nitrate solutions. These are first used in 1:3000 strength, with subsequent flushings of normal saline or boracic acid solution. Then he uses 1:1000 strength, and with this flushings may be unnecessary.

Tubercular Glands of the Neck.—Mutschenbacher (*Beitr. z. klin. Chir.*) comes to the following conclusions regarding the conservative treatment of tubercular glands of the neck:

1. Surgical treatment should be either extremely radical or absolutely conservative. Partial curettage or excision do more harm than good.

2. Treatment should be begun conservatively, as it can do no harm and frequently converts an inoperable case into one which is favorable for radical treatment.

3. Conservatism should be practised in cases of recurrence following operation.

Fracture of Patella.—Gelinsky (*Zentralbl. f. Chir.*) advocates early movement as essential in the after-treatment of fractured patella. This overcomes the tendency of muscular contraction and contraction of the soft parts, which would produce a stiffened joint. He devised a splint which permits graded flexion and extension of the joint without change of position. It is a double inclined plane with ratchet attachment at the angle. In the base of the apparatus runs an endless screw, the thread of which is very fine and the attached handle very long. This provides for graded movements. Flexion gradually stretches the muscle, and if tension occurs it is at once stopped. In ten or fifteen minutes it can be repeated. The exercises can be performed in this way twelve hours a day. At the close of the day's exercise the space traversed is gone over rapidly several times by simply turning the handle backwards and forwards. The splint has also been used effectively in gonorrheal and other inflammatory affections of the knee-joint.

Puerperal Sepsis.—W. Ward (*Am. Jour. Obs. and Dis. Women and Children*) reviews the last 8,000 deliveries in the Sloane Maternity, New York. In these there were 39 cases of puerperal sepsis, 0.485 per cent. Of the 39 cases, 33 had no interference postpartum except simple vaginal and intrauterine douches. There were four digital examinations on four patients. In two of these that was sufficient. In the other two extension into the parametrium had taken place, requiring later posterior vaginal sections. In one of the remaining two patients delivery had been by cesarean section, and there was breaking down of both abdominal and uterine wounds. The remaining case was opening by laparotomy an intramural abscess of the uterus. There were eleven deaths, a mortality of 28.2 per cent. One of these, however, died of pulmonary embolism and another of pernicious anemia. Five deaths were due to general septic peritonitis and four to pyemia and exhaustion. The prophylactic treatment consists in extreme care, limiting antipartum, intrapartum, and postpartum examinations, also interference and instruments. The active treatment consisted in adequate uterine drainage by simple vaginal and uterine saline douches. If this proved insufficient, the uterus was explored once with the finger. Secondary foci were treated expectantly as they arose and the general condition of the patient supported.

Alimentary Toxemia.—Saundby (*B. M. J.*) does not consider that infrequent or incomplete evacuation is a cause of this condition. Nor is the danger of poisons introduced with food to be so much feared as under physiologic conditions; the natural protective agencies in the alimentary system will shield the organism if they are not present in overwhelming amount. Wholesome food in reasonable quantities may consist of animal or vegetable protein, carbohydrates and fat in due proportion. The evidence is not conclusive that animal protein is directly or indirectly the cause of the condition. Treatment consists in elimination of the poison already present, prevention of further introduction and reinforcing the natural protective agencies. If there is extensive disease of the wall of the colon, the exclusion or removal of this organ is justifiable after a reasonable trial of medical methods.

Carbuncles.—J. Reynolds and R. J. Reynolds (*The Lancet*) administer internally dilute sulphuric ac. B. P. in 20 to 30 minim doses, each dose diluted with two ounces of water, every four hours.

Small doses are of no value. By this method of treatment the infiltrated area becomes strictly circumscribed in twenty-four hours; the slough softens; in the next few days pus discharges freely; the whole affected area shrinks, and healthy granulations form. Healing takes place in a comparatively short time. The only external dressing is one of phenolized petrolatum (1 in 20). Boils, pimples and severe cases of acne have yielded readily to this treatment. In cases of infection it has also been employed successfully, so-called blood-poisoning, bronchiectasis and in pulmonary tuberculosis.

Uses of Apomorphin.—R. B. Epting (*Int. Jour. Surg.*) says apomorphin is especially useful as an emetic, as it acts on the vomiting centres, is prompt, and, therefore, a quick remedy in poisoning. It is useful in gastralgia and acute indigestion, croup, asthma, hysteria, hystero-epilepsy, eclampsia, tetanus and convulsions, even from strychnine poisoning. If drowsiness has not yet supervened, it may be used even in opium poisoning, before the stomach pump. Where relaxation is wanted, 1/20 gr. and 1/12 gr. morphine acts promptly. For delirium tremens, or a big drunk, a small dose, with a small dose of morphine and atrophine and some heart stimulant, will sober the patient in a short time. As an expectorant, it may be used in small, frequent doses by the mouth. In hepatic or kidney colic relaxation can be produced with 1/30 grain of apomorphin added to morphine, and with less bad after-effects. Reasonable care should be taken in giving apomorphin to the weak, aged and small children.

Insomnia.—Taussig (*Int. Med. Jour.*), reviewing recent literature, states a definite advance in our knowledge of the best way to use hypnotics was marked by the work of Buergi. He showed, on the basis of animal experimentation, that if two or more hypnotics of the same pharmacological character are used in combination, the resulting effect is merely that of the sum of the two taken separately. Two or more hypnotics, of a different pharmacological action, on the other hand, given together, exhibit a potency much greater than the sum of their individual power. Thus there is nothing to be gained by giving veronal and trional together, or either with chloral. On the other hand, the addition of a small amount of morphine or bromide to a methane hypnotic greatly increases the power of the latter. Bromural is an example of this.

Another group of drugs that apparently increases the activity of these hypnotics is that of the antipyretics. The combination of acetphenetidin with veronal, first advocated by von Noorden, is especially useful, comparatively small doses of the combination producing results equal to those of larger doses separately.

Vermin-infested Clothing.—J. R. Currie (*Med. Off.*) issues cards to parents as follows: "To destroy lice, shirts and similar articles of clothing should be washed well with soap and water and then boiled. Any clothes that would be damaged by washing or boiling should be thoroughly steamed. Then, after drying, the clothing should be searched for nits. These are of small size, and tightly fixed to the stuff. They are chiefly found in seams and creases. To destroy nits, turn each article of clothing inside out, and iron it thoroughly with a hot iron, especially at seams and creases. If there is lining, as in frocks, sleeves of coats, etc., iron well on the lining. In dealing with trousers, first turn them inside out, then turn over the free edges of the seams on both sides and iron firmly close up to the sewing. Then remove dead nits and brush the clothes thoroughly. To cleanse the child, give a hot bath, washing well all over with soft soap. If the child's bed has become infested, the bedding and bedclothes should get prompt attention also."

Leucorrhea.—Plique (*Bull. Méd.*) says in some cases of leucorrhea in young girls bathing in tepid alkaline water containing one-half pound of sodium carbonate may suffice for relief. He also advocates local washings with one per cent. borax solution, or, if the inflammation is severe, two per cent. decoction of althea root. Where these measures are not effective, douching with normal saline or borax should be advised. If there is more or less odor, some preparation containing sodium hypochlorite should be used. In young girls search should be made for constipation, pin worms, chlorosis, or scrofulous chloroanemia.

Alopecia Areata.—Kolipinski (*Merck's Report*) uses a 1 to 2 per cent. aqueous solution of nickel sulphate for compresses, or applied the lotion to the diseased area and left it to dry. After the expiration of a week a growth of fine new hairs was observed, and in six weeks the normal covering of the scalp was restored.

Retention of Urine in Paralysis.—Taddei (*Policlinico,* Rome) says strychnine by subcutaneous injection has a remarkable action in overcoming the paralysis of the bladder. He uses four to twelve injections, each 0.02 c.c. of a 1 per thousand solution, and commences this at the first sign of retention, suspending as the function returns, and renewing on appearance of symptoms. Taddei has used strychnine with marked success since 1904 at the insane hospital in his charge. He summarizes thirty-two cases of successful treatment.

Local Infective Processes.—S. A. Pfauneustill's (*Merck's Reports*) new method of treating local infective processes consists in the administration of sodium iodide(or potassium iodide) to the infected tissue through the circulation, and applying hydrogen peroxide externally. By the interaction of the iodine salt and H_2O_2 in the blood, iodine is set free, and to its bactericidal power the effectiveness of the method is due. It is only of value in ulcerative infective processes. It is indicated in tuberculous laryngitis (H_2O_2 inhalations externally), in lupus and in external tuberculosis, in lupus of the mucous membranes and in non-tuberculous local infections. He has also obtained good results in the treatment of old wound cavities after operations for empyema and osteomyelitis, and in old infected ulcers of the leg, as well as in fresh operation wounds of abscesses and cellulitis.

Chronic Bronchial Affections.—Singer (*Deut. Med. Wochen.*) writes of the "thirst cures" in chronic bronchial affections, such as bronchiectasis, bronchoblenorrhea, putrid bronchitis, bronchial asthma, etc. Ordinarily in the treatment of these the aim is to secure an expectorant effect. This is brought about through inhalations, drink cures, climatic and hydriatic procedures, balsamics, posture cures, compression cures, etc., the opposite idea of a dry cure. This may be carried out as follows: For three days, fluids to extent of 200-400 cc.m. in form of water, milk and soup, or entirely as white wine. If extreme thirst develop, use the juice of oranges or lemons. On the fourth day as high as 2000 cc.m. may be drunk. If necessary, thirst may be treated by a few drops of anesthin or eucain solution. On dry days the sputum is much lessened, not only during those days, but permanently. Sweating cures, electric light baths and atropin will enhance this treatment.

Reviews

Heredity and Eugenics. A Course of Lectures Summarizing Recent Advances in Knowledge in Variation, Heredity and Evolution and Its Relation to Plant, Animal and Human Improvement and Welfare. By WILLIAM ERNEST CASTLE, JOHN MERLE COULTER, CHARLES BENEDICT DAVENPORT, EDWARD MURRAY EAST, WILLIAM LAWRENCE TOWER. Chicago: The University of Chicago Press.

At a time when eugenics is commanding so much attention from scientists, the profession of medicine, legislators, educators, the press and educated people in general, this book cannot fail of a hearty reception. It embraces a course of lectures delivered during the summer of 1911, on heredity and allied topics, at the University of Chicago. To those interested in genetics the book will be found to give the latest and best information on the subject. To those who wish to learn something of this comparatively new science, close study will well repay them. The chapters are as follows: 1. Recent developments in heredity and evolution. 2. The physical basis of heredity and evolution from the cytological standpoint. 3. The method of evolution. 4. Heredity and sex. 5. Inheritance in the higher plants. 6. The application of biological principles to plant breeding. 7. Recent advances and the present state of knowledge concerning the modification of the germical constitution of organisms by experimental processes. 8. The inheritance of physical and mental traits of man and their application to eugenics. 9. The geography of man in relation to eugenics.

W. B. Saunders Company, publishers, of Philadelphia and London, have issued another edition (17th) of their handsome illustrated catalogue.

In going through this edition we find it describes nine new books and ten new editions, not described in the previous issues. These new books are of great interest to the medical man, because they treat of subjects being daily discussed in medical circles.

Any physician can get a copy of the Saunders catalogue by dropping a line to these publishers. A copy should have a place on the desk of every physician, because it is most valuable as a reference work of modern medical literature. Send to Saunders to-day for a copy.

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

Are the British militant suffragettes insane? Their tactics, or crimes, can only be paralleled by the extreme ways and means of the anarchists, who never hesitate to employ arson and bombs, which have culminated in murder.

Or are they hysterical? And is the militant movement an epidemic of hysteria?

There seems to be no scientific word properly applicable to the condition known as "hunger strike."

Sitophobia has been mentioned, but sitophobia or sitiophobia is a morbid dread of taking food, so great that often the sight or smell produces vomiting.

Possibly a better appellation would be sitiirgia, a term for hysterical anorexia, as proposed by Sollier.

Whatever the condition may be, there seems now to be a developing opinion that some neurosis constitutes the basic principle, which first manifests itself in the employment of so-called militant methods which lead to criminal acts. The crisis comes in the "hunger strike."

The "hunger strike" calls for forcible feeding, which meets with disfavor from humane and intelligent people, *i.e.*, as it is administered often by unskilled and inexperienced persons in prisons and jails.

Forcible feeding as practised in hospitals for the insane is not made much ado about. As practised on criminals, however, it has not proven a success.

The suggestion has, therefore, been made that hospitals for the insane could better administer treatment than the State can administer punishment.

It should be borne in mind, also, that other criminals may adopt the "hunger strike" as a means to an end.

Psychologists should be called upon to testify to the sanity or otherwise of persons who so persistently outrage the law of the land.

Impulsive actions, often silly and senseless, and again dangerous and destructive, are not unknown actions in psychical enfeeblement, which, when combined with grandiose ideas that reforms may be precipitated by these destructive and dangerous deeds, would appear to place the individual pretty close to the borderline.

HISTORICAL MEDICAL MUSEUM

The Historical Medical Museum, organized by Mr. Henry S. Wellcome, which is to be opened in London towards the end of June next, will include some objects of exceptional historical medical interest.

An important exhibit in the science section will be a large collection of the original apparatus used by the famous Galvani in making his first experiments in galvanism in the 18th century.

A remarkable collection of votive offerings for health will be exhibited. The custom of presenting these offerings in cases of sickness is a very ancient one, and the collection that will be shown is probably the finest ever brought together. It will include Graeco-Roman votive offerings of special anatomical and pathological interest in silver, bronze, marble and terra cotta, together with a number of similar objects used for the same purpose in medieval and modern times.

Ancient microscopes and optical instruments, gathered from all quarters of Europe, will form another important feature, and a selection of surgical instruments used by famous surgeons when operating on historical personages is promised.

The collection of amulets and charms connected with English folk medicine will be very complete, and will constitute an exhibit of more than ordinary interest.

A fine collection of early medical medals and coins from the Graeco-Roman period, ancient manuscripts and early printed medical books will also be shown, together with many other objects of interest to medical and scientific men.

Editorial Notes

THE INTERNATIONAL MEDICAL CONGRESS IN LONDON, AUGUST 6th TO 20th, 1913

The Seventeenth International Congress of Medicine, which will be held in London next August, under the patronage of H. M. the King, will be opened by H. R. H. Prince Arthur of Connaught as the representative of His Majesty, at a meeting in the Albert Hall at 11 a.m. on Wednesday, August 6th.

The last meeting of the Congress in London took place in 1881, when Sir James Paget was President. This year the President is Sir Thomas Barlow.

The central office of the Congress will be in the Albert Hall. The sectional meetings will be held in rooms in the University of London, the Imperial College, the Royal School of Science, the School of Art, and the Central Technical College. These bodies have generously placed their buildings, which are all close together in South Kensington, at the disposal of the Congress. The Royal College of Physicians, the Royal Society of Medicine, St. Thomas' Hospital, the Royal Army Medical College at Millbank, and the Royal Dental Hospital are also offering accommodation for sectional meetings. The Students' Union of the Imperial College will serve as the men's club, and the authorities of Alexandra House have kindly lent rooms for a ladies' club.

There are in all twenty-six sections and sub-sections. Their sessions will be held in the morning and in the afternoon. The morning sessions will be devoted to discussions on fixed subjects, which will be introduced by eminent medical men from every part of the world, who have been invited for the purpose. The invitations have been very generally accepted, and there seems no doubt that the discussions will be of great interest and importance. The work which the several sections purpose to do will be noticed in future issues.

Five general addresses have been arranged. These will be delivered by Professor Chauffard (Medicine), Professor Harvey Cushing (Surgery), Professor Ehrlich (Pathology), Mr. W. Bateson (Heredity), and the Right Hon. John Burns, M.P., President of the Local Government Board (Public Health). They will be delivered in the Albert Hall.

It is estimated that about 5,000 medical men and 2,000 ladies will attend the Congress.

The organization of the Congress has been going on for nearly three years. It will give some idea of the magnitude of the task to state that it has taken a complete year to arrange the personnel of the various committees, and another complete year to settle the programme of the discussions in the sections. The latter was issued on September 30th last. There are several discussions for which two or more sections have been combined. At the present time the reports drawn up by those chosen to introduce the discussions are being received and set up in type. It is hoped that all these reports which will form the basis of discussion will be printed and bound as a separate volume for each section before the Congress opens. A second volume for each section will be published subsequently, containing the speeches delivered and the independent papers presented at the Congress itself.

A circular will be issued on April 30th giving information on travelling facilities, both to London and in London; on hotels and boarding houses, on the location of the various sections, and on other points likely to be useful to members. Early in June the final programme of the scientific business will be published, which will include the list of independent papers accepted by the sections and the names of intending speakers.

Subscriptions to the General Fund of the Congress should be forwarded to the Treasurers of the Seventeenth International Congress of Medicine at the same address. It should be borne in mind that the membership subscription of £1 only suffices to meet the expenses of producing the Volume of Transactions subsequently delivered to each member. The entire cost of organization and conduct of the meeting has therefore to be provided for by private subscriptions to the General Fund. A list of the subscriptions already received will be published shortly. Office of the Secretary of the Canadian Committee, 134 Bloor St. West, Toronto.

CANCER OF THE UTERUS

Kamperman has studied the 212 cases of uterine cancer which have occurred in the university and private clinics of Dr. Reuben Peterson, and comes to the following conclusions:

1. Cancer holds fifth place as a cause of death in Michigan.

2. The death rate due to cancer during the last five years has increased 15 per cent., while the death rate due to tuberculosis has decreased.

3. Among gynecologic patients, one in every 25 has cancer of the uterus.

4. Five-sixths of uterine cancer is primary in the cervix; one-sixth in the body.

5. The age limit is from 28 to 75 years, average being 48 years.

6. Carcinoma of cervix is more frequent from 35 to 45 years of age; carcinoma of the body between 45 to 65 years of age.

7. Carcinoma of the body develops over a longer range of years than carcinoma of the cervix.

8. Patients with cancer of the cervix give a history of child-bearing in 92 per cent. of all cases; with cancer of the body in 72 per cent.

9. Though more carcinoma in parous women, carcinoma of the uterus may develop in nulliparæ.

10. Heredity has very little part in the development of uterine cancer.

11. Carcinoma of the uterus can be cured by operation in early cases.

12. The early diagnosis of carcinoma of the uterus depends on giving close attention to the earliest symptoms. An increase in the bleeding in a woman approaching the menopause demands a careful investigation and a microscopic examination of tissue from the cervix and body.

13. The first symptom in 73 per cent. of cases is an increased menstrual or an irregular intermenstrual discharge of blood.

14. Watery and foul discharge and pain are symptoms occurring at a later stage of the disease.

15. Carcinoma of the uterus occurs in many healthy and robust-looking women. Cachexia occurs only in advanced stages of the disease.

16. The radical abdominal operation offers the only absolute cure for carcinoma of the cervix.

17. Carcinoma of the corpus can be cured by a less radical operation. In inoperable cases, temporary relief can usually be secured by a palliative operation.

18. Most of the patients afflicted with this disease die either from some terminal infection or from uremia.

19. To obtain early diagnosis, the profession as well as the laity must be educated.

20. All women must be taught that the menopause means lessened flowing, and that an increase at this time may signify disease.

21. An organized campaign of education is necessary if more patients are to be saved from cancer in all its forms.—*Surg. Gyn. and Obs.*

THE LONDON MEETING OF THE CANADIAN MEDICAL ASSOCIATION

The medical profession in London are making strenuous efforts to make the next annual meeting of the Canadian Medical Association an unqualified success. The meeting will be held on the 24th, 25th, 26th and 27th of June. Already arrangements are well advanced. The first two days will be devoted to Sections in Medicine, Surgery, Gynecology and Obstetrics, Pathology, Public Health, Eye, Ear, Nose and Throat, and X-rays. On the forenoon of the third day Dr. McPhedran, of Toronto, will open a discussion on Diseases of the Stomach, and Dr. Stockton, of Buffalo, Dr. Martin, of Montreal, Dr. Aaron, of Detroit, H. J. Patterson, F.R.C.S., London, Eng., and others will take part. On the afternoon of the same day a symposium on the Thyroid Gland will occupy the attention of the Association, and Dr. Ochsner, of Chicago, will open the discussion on the surgical aspects of diseases of the Thyroid. On Friday forenoon Dr. Billings, of Chicago, will conduct a medical clinic before the Association. On the afternoon of that day Dr. J. B. Murphy, of Chicago, will give a lantern demonstration on Surgical Diseases of Bones and Joints. Among others outside of Ontario who have intimated their intention of being present are Dr. McKechnie, of Vancouver, Dr. Lehman, of Winnipeg, Dr. Angus McLean, of Detroit, Dr. Halpenny, of Winnipeg, and Dr. Emil Beck, of Chicago. The last-mentioned will give a lantern demonstration entitled "Eight Years' Experience in the Treatment of Sinuses with Bismuth Paste." Drs. Gallie and Robertson, of Toronto, will contribute a lantern demonstration of experiments in Bone Transplantation. The Presidential address will fall to Dr. H. A. MacCallum, of London, the President-elect; the address in Medicine will be given by Dr. Barker, of Johns Hopkins, and the address in Surgery by Dr. Hutchison, of Montreal.

It is confidently expected that a return rate on the railways at single fare will be ensured by the attendance, and in order to make that more certain all members, however near the place of meeting, are specially requested to secure a standard certificate from the railway agent at the place of starting. The single rate will be a material consideration to those attending from a distance.

London is one of the most attractive cities in the Dominion, especially in the summer months, and this fact, coupled with the outstanding reputation of a large number of the men who are to take part in the programme, should ensure a large attendance. The Forest City promises its guests a generous hospitality on the occasion of this meeting.

MEDICAL DEGREES FOR QUEEN'S MEN

Degree of M.D.C.M.—W. Boake, Vancouver, B.C.; G. W. Burton, M.B., Great Shemogue, N.B.; M H. W. Fizzell, Schomberg; W. G. Hamilton, M.B., Elgin; H. M. Harrison, M.B., Kingston; J. L. Tower, B.A., Belleville; G. N. Urie, B.A., Deloraine, Man.

Degree of M.B.—S. M. Asselstine, Marlbank; V. Blakslee, Sydenham; F. W. Burden, St. Johns, Nfld.; C. T. Coulter, Thornton; K. C. Dean, Brighton; J. S. Dickson, Kingston; J. A. Dobbie, B.A., Ottawa; A. B. Earl, Athens; W. R. Jeffrey, St. Mary's, N.B.; A. W. Johnson, Oak Leaf; R. F. Kelso, M.A., Wallacetown; W. W. Kennedy, B.A., Stratford; V. T. Lawler, Kingston; F. L. Leacock, Crystal; L. M. MacDougall, M.A., Kingston; J. F. Maciver, Gould, Que.; W. M. MacKay, Cornwall; H. Mackinnon, Lake Anslie, N.S.; C. G. Merrick, Kingston; D. J. Millar, North Battleford, Sask.; W. M. McLaren, Cobden; L. J. Nacey, Oswego, N.Y.; J. Norman, Cupids, Nfld.; R. B. Richardson, Norwood; N. Sanford, Montego Bay, Jamaica; A. B. Simes, Sweet's Corners; J. C. Smith, Kingston; M. T. Smith, Greenbush; E. G. Springer, Hyinn, Barbadoes; E. L. Stone, Forfar; C. K. Wallace, B.A., Kemptville; G. A. Williams, Allenford; L. E. Williams, St. Thomas.

Prize List.—Faculty Prize in Anatomy, S. R. McGregor. Faculty Prize, $25.00, for highest marks on second year examinations in Anatomy, Physiology, Histology, Chemistry and Materia Medica, C. B. Waite. Faculty Prize for highest percentage of marks on second year examination in Materia Medica, C. B. Waite. The N. F. Dupuis Scholarship for highest marks in Chemistry of the second year, value $60.00, G. T. G. Boyce. The Dean Fowler Scholarship for highest percentage of marks on the work of the third year, value $50.00, D. E. Bell. Faculty Prize for best written and practical examination in third year Pathology, M. D. Graham. The Chancellor's Scholarship, value $70.00, for highest percentage of marks on five years' course, not granted. Medal in Medicine, E. W. Boak. Medal in Surgery, V. T. Lawler.

ONTARIO HEALTH OFFICERS' ASSOCIATION

The Annual Conference of Medical Officers of Health for Ontario will be held at the Parliament Buildings, Toronto, on Thursday and Friday, May 29th and 30th next.

The following papers have been promised:

1. Duties of the Modern Medical Officer of Health—Chas. J. Hastings, Toronto; George A. Dickinson, Port Hope.

2. The Exanthemata—James Roberts, Hamilton; M. B. Whyte, Toronto. "Diagnosis of Smallpox"—R. W. Bell, Toronto.

3. Tuberculosis—"Sputum Examination in Ontario"—C. D. Parfitt, Gravenhurst; Duncan Graham, Toronto; Miss Eunice Dyke, Toronto.

4. The Milk Question—"Essentials for the Production of a Safe Milk Supply"—G. G. Nasmith, Toronto. "Importance of Milk as a Food"—A. W. Macpherson, Peterborough.

5. Disposal of Waste and Garbage—In Cities, R. C. Harris, Commissioner of Works, Toronto. In Towns, W. R. Hall, Chatham.

6. Disposal of Domestic Sewage in Suburban and Rural Areas—Robt. E. Wodehouse, Fort William.

7. The Scope of Work in Home Hygiene—Chas. A. Hodgetts, Ottawa.

8. A Paper—C. N. Laurie, Port Arthur.

9. A Paper—John A. Amyot, Toronto.

10. President's Address—Adam H. Wright, Toronto.

11. The Use of Vital Statistics in the Public Health Service—Professor George C. Whipple, Harvard University.

Arrangements are being made for reduced railway fares. As there are about eight hundred and fifty Medical Officers of Health in Ontario, the prospects are for a very large meeting.

EMERSON BULL,
W. H. JEFFS,
GEORGE G. NASMITH,
Committee on Papers.

J. W. S. MCCULLOUGH,
Secretary.

A NEW METHOD OF GRADING MILK AND CREAM

In the improvement of the sanitary conditions on dairy farms, the score card has been of service, but it was lacking in one important feature, as there was no means by which the consumer could judge of the wholesomeness and nutritive value of the milk. To overcome this deficiency the Health Department of the District of Columbia has devised a new method for grading the finished product. This is set out in detail in the U. S. Public Health Reports for February 21, 1913.

By this method of grading 100 points are allowed for the dairy farm, both equipment and management; 100 points for the cattle; 100 points for the milk-distributing station (when there is one);

100 points for chemical analysis; 200 points for bacteriological examination—total 600 points. By dividing the total number of points allowed by the total number of points possible, a figure is obtained in the form of a decimal fraction representing the grade of milk.

The nutritive value of the milk is determined by the total solids, and the scale is based upon this and not upon the butter fat. This scale runs from 11 per cent. or less, when the rating is zero, to 13 per cent., but not more than 13.25 per cent., when the rating is 90; more than 13.25 per cent. the rating is 100. Forty points are deducted if any sample contains added water.

The rating for bacteriological findings, raw milk and pasteurized milk, is as follows: For the first 1,000 colonies of the colon group or streptococci, whichever may be the more numerous, deduct 20 points, and deduct 10 for each subsequent 1,000; in pasteurized milk, for the first 100 colonies of the colon group or streptococci, whichever may be the more numerous, deduct 10 points, and deduct two points for each subsequent 100.

By this method the dealer, in order to obtain a high grading for his milk as delivered to the consumer, will have to obtain it in the first instance from farms which score high, and will also have to see that it is carefully handled after it comes into his possession. He will have to keep in closer touch with the farms that produce milk for him; and the farmer will so have to conduct his farm as to obtain the highest score possible.

NOTABLE FEATURES ON THE PROGRAMME OF HYGIENE CONGRESS

The Fourth International Congress on School Hygiene, and the first to be held in America, at Buffalo, August 25th-30th, according to an announcement of the Executive Committee, will be by far the most elaborate effort yet made in this country toward getting the problem of school hygiene before the world. The first International Congress was held at Nuremberg in 1904, the second at London in 1907, the third at Paris in 1910.

The objects of the Buffalo Congress are:

1. To bring together men and women interested in the health of school children.

2. To organize a programme of papers and discussions covering the field of school hygiene.

3. To assemble a school exhibit representing the best that is being done in school hygiene.

4. To secure a commercial exhibit of practical and educational value to school people.

5. To publish the proceedings of this Congress and distribute them to each member.

In addition, there is a plan on foot to effect a permanent organization for the purpose of carrying out school hygiene reforms in all the individual communities in this country, if not all over the world.

One of the interesting features of the Congress will be the presence of delegates representing the community interest in school hygiene, including those appointed by mayors and governors, by women's clubs, by school boards, boards of health, by mothers' congresses and charity organization societies and boards of trade. Their help is being solicited with a view of organizing the community in a campaign of school hygiene reform.

The Programme Committee announces a programme of two hundred and fifty papers and fifteen symposiums, taking up hygiene from the following points of view:

1. The hygiene of school buildings, grounds, material and upkeep.

2. The hygiene of school administration and schedule.

3. Medical, hygienic and sanitary supervision in schools.

The contributors to the programme make up a notable list of speakers, college presidents and professors; state, city and county commissioners of education; teachers and superintendents of public schools, medical college professors; state, county and city health officers; physicians in private practice, engineers and architects.

Special discussions are being arranged on the following subjects:

School Feeding: Arranged by the Committee on School Feeding of the American Home Economics Society.

Oral Hygiene: Arranged by National Mouth Hygiene Association.

Sex Hygiene: Arranged by the American Federation of Sex Hygiene.

Conservation of Vision in School Children: Arranged by the Society for the Prevention of Blindness.

Health Supervision of University Students: Arranged by Dr. Mazyck P. Ravenel, University of Wisconsin.

School Illumination: Arranged by the Society of Illuminating Engineers.

Relation Between Physical Education and School Hygiene: Arranged by the American Physical Education Association.

Tuberculosis Among School Children: Arranged by the Society for the Prevention of Tuberculosis.

Physical Education and College Hygiene: Arranged by the Society of Directors of Physical Education in Colleges.

The Binet-Simon Test: Arranged by Professor Terman, Stanford University.

The Mentally Defective Child: Arranged by Dr. Henry H. Goddard, Vineland, N.J.

Various citizens' committees of Buffalo are arranging an elaborate entertainment for the benefit of visiting delegates. There will be receptions and a grand ball, a pageant of school children, and excursion trips to the great industrial plants of Buffalo, and to the scenic wonders of Niagara Falls. The Boy Scouts will act as official guides.

Delegates will attend from every college and university of note in this country, from other leading educational and hygienic institutions and organizations, and from every country in which an active interest is being shown in the welfare of school children, which includes all the leading nations of the world.

The Congress is open to all persons interested in school hygiene upon the payment of a fee of five dollars. Application for membership should be sent to Dr. Thomas A. Storey, College of the City of New York, New York City.

President Wilson has accepted the honorary office of patron of the Congress. The President of the Congress is Mr. Charles W. Eliot, of Harvard University. The Vice-Presidents are Dr. William H. Welch, of Johns Hopkins University, and Dr. Henry P. Walcott, President of the recent International Congress on School Hygiene and Demography, and chairman of the Massachusetts State Board of Health.

MEDICAL COUNCIL OF CANADA

The next meeting of the Medical Council of Canada will be held at Ottawa on the 17th of June and four following days, and it is expected by that time the Council will be in a position to open the new register to all those who have been in active practice in Canada for ten years prior to the 7th of November, 1912, which was the date on which the Act came into force.

News Items

Guelph, Ontario, will aid its General Hospital to the extent of $30,000.

Dr. W. A. Young, Toronto, is spending a month's holiday in Atlantic City.

Dr. Charles Sheard, Jr., Toronto, has gone abroad for graduate study for three years.

Dr. J. S. Sprague, Perth, Ontario, a frequent contributor to the medical press, has moved to Belleville.

Dr. Chas. A. Clouting, New York, was in Toronto recently on his way home from a four months' visit in England.

Dr. H. E. Langis, Vancouver, B.C., paid a visit to Toronto on his return from spending the winter in Europe.

Dr. John Stewart, Halifax, N.S., has been selected to receive the honorary degree of Doctor of Laws from the University of Edinburgh.

Dr. T. A. Lomer, of Montreal, has been appointed Medical Officer of Health for Ottawa. Dr. Lomer is at present in Paris pursuing a special course of study.

Dr. Tait Mackenzie, Philadelphia, exhibited his magnificent statue, the Boxer, at the International Congress of Physical Education in Paris, March 17th to 22nd.

Prof. J. George Adami, McGill University, delivered the Address in Medicine at the annual meeting of the Medical Society of the State of New York, at Rochester, April 29th. The title of his address was: "Certain Elementary Concepts in Education Applied to Medicine."

Dr. George W. Ross, Toronto, by invitation read a paper on "The Polygraph" before the annual meeting of the Medical Society of the State of New York. He also took part in the discussion on "Human Serum Treatment for Hemorrhagic Diseases of the New-Born."

Dr. J. E. Lundy, Portage la Prairie, Man., died Sunday, the 27th of April. He was born in Galt, Ontario, 38 years ago, and went West in 1901, engaging in practice with his brother, the late Frank B. Lundy, of Portage la Prairie. He was a son of the late Dr. Lundy, of Preston, Ontario.