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## Original Contributions.

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUBIN.

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### SURGERY AND FACTS.\*

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BY JAMES F. W. ROSS, M.D.,

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ALLOW me to thank you for the very great honor you have done me by electing me to preside over this Association at its tenth annual meeting. To me the associations of these years have been among the most pleasant of my life. Kindly actions and words of encouragement have gone hand in hand with firm friendships. Many changes have occurred in our ranks as a consequence of death and resignation, but changes must occur in every association. We have been sorry to lose Fellows by resignation, and we mourn over those who have been removed by death. New life has been imparted to our ranks by the introduction of new material. I am sure that we all wish these younger Fellows every success as they struggle up the ladder of science, and we trust that they may climb higher than those who have gone before them, that they may achieve greater things than their predecessors. The young should be encouraged and guided by their seniors. All of us must have some pleasant reflections as we look back upon the action of some one of the older men in our profession. We may,

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\* President's Address, delivered at the Annual Meeting of the American Association of Obstetricians and Gynecologists, at Niagara Falls, August 17th to 20th, 1897.

perhaps, have some unpleasant reflections, because, unfortunately, some of the older men are unable to tolerate advance of the youths among us.

It ought to be pleasant for any of us, when our hands shake with age and our eyes are dimmed as a consequence of senile changes, to be able to point to one of the younger men and say: "This is one of my pupils. See what he has done. He is a credit to all who have been connected with him." And the young men should never fail to retain a certain amount of fatherly respect and reverence for those to whom they owe so much. Opinions of others demand respect; it is sometimes difficult to understand their meaning, because we put our own interpretation upon that meaning. Unfortunately for us, the men among us, the men of genius, are oftentimes unpleasant companions. They are oftentimes bumptious and arrogant, but still they are useful members of society, and must be tolerated with all their faults.

Ten years have passed since first we met. Time is moving ever onward; the throb of the human heart is just as it was hundreds of years ago, and we hear the same cry of anguish and observe the same thrill of joy as were observed by the ancients. To the family physician are entrusted the lives of the people. He owes his ability to fulfil this very sacred trust to his teachers. As the teacher moves on to "that mysterious realm where each shall have his chamber in the silent halls of death," his words are remembered and his writings read. All that he says should, therefore, be said with judgment; when he writes, he should write down facts. We are all of us teachers, we speak and we write. We have met again to compare our notes of another year of work and observation. We, as teachers, are gathered together to teach one another.

For ten years we have been meeting together. Nine records have been scattered to the four quarters of the earth, to guide and to teach the healers, and to assist and alleviate the suffering. These books are the milestones of our progress, and they have already become a living monument of the thrift and labor, order and literary attainments, of our indefatigable secretary, Dr. Potter. If I may be allowed to express myself in modest language I may surely say that our work has been creditable. We are none of us seeking personal renown or mercenary reward from the work that we do in this Association. When we meet we are like pebbles on the ocean beach, washed to and fro by the turbulent waves of thought, deprived of useless particles of mould and seaweed, burnished by friendly attrition with one another, and when the surface is highly polished each is shown in his true light of worth.

Our medical literature is in no respect different from general literature. In general literature we have our poets and our prose writers. Many prose writers write volumes that are soon forgotten, and our ablest poets, in the whole cycle of their lives, are only able "to spin one or two sunbeams into gold."

It is impossible for us to take note of all the advance of modern science; much is written, much forgotten, much disappears into the depths of the unheeded past. But progressive thought is moulded on thought that has gone before, and our present utterances may effect a perhaps imperceptible influence in moulding the thought of the future. In our department we set the measures of the march; let us see to it, then, that it is not too fast, heedless and rushing like a mountain torrent bursting from all control, but that it pursues a calm and even course like the navigable streams that bear the commerce of the busy world. Science must progress so that benefit to mankind ensues.

Some facts are facts, and some facts that we think are facts are not facts. The scientist gives forth to the world something that he claims is a scientific fact; another soon disproves the assertion, but the very discovery of the fallacy guides scientific thought into other channels, and we are brought thereby much nearer in our approach to the truth. How much sometimes depends on a simple truth! One of the best examples that we have of this is our knowledge that we are enabled to do much if we observe the "law of cleanliness" in its strictest sense. It should be a simple law, but we find it difficult to carry out in all the preciseness of detail required.

Asepticism was for a long time disguised and concealed by the mask and robes of antisepticism, until the hand of science robbed her of her mask, and tore away the robes and left her standing as a naked truth, *the greatest truism of the nineteenth century*. Lister will be looked upon as one of the greatest men of the nineteenth century.

In other avenues of thought we have been slothful. There are clouds floating about us that we cannot penetrate and depths that we cannot fathom with all our boasted wisdom. As in the days of Hippocrates, so now, tubercle, cancer and sepsis fill the tombs. We know that tubercle and sepsis are due to germ growth, but we are unable to prevent the ravages of these germs. Of cancer we know but little more than the ancients. We know what it looks like, but we do not know what it is. Surgery can carry us no further in the war we wage against these three dread scourges, and relief must come from some other quarter. The limit to which our knowledge may attain has not yet been defined, but it must have a limit, or we would be able eventually to prolong life indefinitely. We will never be able to prevent ultimate death. This is the one cloud that hangs over us that we can never dispel.

Our work in this Association is confined between the diaphragm, the perineum and the abdominal walls. We are met together to cultivate and promote a "knowledge of whatever relates to abdominal surgery, obstetrics, and gynecology." You will be called upon, during the session, to express your views and to criticise or support the views of others. We do not wish to deal with questions that are already settled, but with those that are unsettled.

Though the criticism should be friendly, I trust that it will be severe; no rash statements should be allowed to go from this Association unchallenged.

I would like for a few moments to call your attention to some unsettled questions: First, let us consider the question of peritonitis. Are we able to do more to save the lives of patients suffering from peritonitis in its acute form than we were ten years ago? Are we not but little better off, with all our antiseptic and aseptic washes, gauze and tube drains, and purgatives? I am satisfied that surgery can carry us no further when battling with this disease. Something else must come to our assistance. Perhaps it may come through serum therapy, or through our materia medica in the form of an antidote. We know that a poison is formed, that it is rapidly absorbed into the system and rapidly reformed. We know that we may wash it out, but that we are unable to prevent its reformation. We know that in some cases we are able to minimize its effects by using the two drainways—namely, the drainage tube and the intestinal canal. But in spite of this drainage large numbers die. I intend to try direct venous infusion of salines. The sulphate of magnesia seems to produce a peculiar effect in some of these cases. We know that ordinary salt is a preservative of meat and other albuminous materials. It may be that absorption of these salines into the blood may act as a harmless antiseptic, and may destroy the ptomaine poison present. I am speaking now, of course, of the peritonitis that we are unable to prevent, or peritonitis from contamination from within. When least expected, the *post mortem* examination will frequently reveal some hidden source of internal contamination.

I operated on a child for fecal fistula, following the necrosis of a large portion of the ascending colon. The opening was closed with as little disturbance of the parts as possible, and the abdominal wall closed over. The patient did not do well, appeared to be intensely shocked, and died within thirty-six hours. The wound looked well, all fecal discharge had ceased, and there was nothing in the outward appearance of the child to give any clue to the cause of this shocked condition in which she was found. The *post mortem* examination, however, revealed the fact that a small pus pocket existed at the time of operation, deep down between the mesentery of the colon and the spine on the right side, and that during the separation of the colon from its surrounding attachments a few drops of this pus had been permitted to ooze into the general cavity of the peritoneum unnoticed. Sterilized gauze had been carefully packed around the seat of the operation to prevent fecal contamination of the peritoneum. This extra care prevented the observation of what was taking place deeper down, and, as a consequence, death resulted.

I give this as but one instance of the relief of conscience that may frequently be afforded to the surgeon by a *post mortem* examination. He is relieved from the charge of having introduced the poison from without.

The questions of operations upon the appendix and diagnosis and treatment of ectopic gestation have been fairly well settled. The method of dealing with the pedicle in ovariectomy has been settled, except for the fact that some operators prefer silk while others are assured of the safety of catgut. Operations upon the gall-bladder and gall ducts have been performed many times during the past ten years, and they are now well recognized as proper surgical procedures. The operations of nephrectomy and nephrotomy are looked upon as everyday procedures justified by the consensus of surgical opinion. Abdominal hysterectomy is an operation that has been much improved and simplified, some operators being still wedded to the clamp, while others prefer some of the other methods. The advisability of oophorectomy for some fibroids cannot be doubted. But there are several procedures about which my mind is as yet in an unsettled state. There are two operations performed that I think are of doubtful value—namely, the fastening of the kidney to the side and the fastening of a uterus *anywhere*. I consider that these operations have been recklessly performed and unnecessarily done. Whether they should ever be performed will be decided by future generations, if not by the present one. I have satisfied myself of the fact that a kidney can be firmly fixed if suppuration is produced, but I do not believe that the uterus can be permanently fixed unless a severe grade of inflammation, that may be dangerous to life, is produced. By fixing the uterus I consider that the physical laws of nature are outraged. The arguments for and against this operation will be presented to you later by Fellows of the Association.

Nephrorraphy was discussed last year, but to my mind the discussion was not a satisfactory one. I have read it carefully. Regarding the advisability of removing the uterus in septic diseases in the pelvis, there will be a good deal said about this subject. There may be considerable misunderstanding; the advocates of total ablation by the vaginal route have not expressed themselves with that amount of clearness that could have been desired. They have written as enthusiasts write. There are undoubtedly cases in which the uterus may be riddled with abscesses, but such cases are rare. That the uterus has been unnecessarily removed in many of these cases will, I think, be the common verdict. That the vaginal route has certain advantages cannot be denied; this route has been used for years for opening pelvic abscess, suppurating ectopic gestation, ovarian abscess in which the patients have been so debilitated by prolonged suppuration that they are unable to withstand the shock of any attempt to remove the diseased mass through the anterior abdominal wall. These cul-de-sac operations, however, have been improved as a consequence of the attention that has been drawn to them. A bold operation is now done in place of the timid puncture with a curved trocar.

Operations to which more thought must be given are those

for intra-abdominal and intra-pelvic cancer. When peritoneal cancer has been diagnosed, surely exploratory operation is uncalled for. Exploratory operation should become less and less frequent as we perfect our methods of diagnosis.

Operations for other forms of cancer are of questionable utility. Take, for instance, resection of cancerous intestine, gastro-enterostomy, for pyloric cancer, removal of the uterus for uterine cancer. Gastro-enterostomy and resection of intestine are poor make-shifts. For carcinoma uteri, vaginal hysterectomy is the only operation that should be contemplated, but at best it prolongs life but for a short time.

I am afraid that many rash statements in regard to the after results of this operation have gone forth to the profession from many Associations. I have frequently performed vaginal hysterectomy for cancer of the cervix uteri. On two occasions I have removed the uterus for malignant adenoma confined to the body, without any implication of more than the mucus and a small portion of the muscular coat, without any appearance of implication of the peritoneum, and, in each case, the disease has returned within less than eighteen months after the original operation.

I must thank you for the patient hearing you have given me, and I trust that, in the meeting, though the President's address is not open for discussion, the questions I have mentioned will be given careful consideration.

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### PREVENTIVE MEDICINE IN THE CITY OF NEW YORK.\*

BY HERMAN M. BIGGS, M.D.,

Pathologist and Director of the Bacteriological Laboratories, Health Department, New York City, and Professor of Therapeutics and Clinical Medicine and Adjunct Professor of the Practice of Medicine, Bellevue Hospital Medical College.

*(Continued from last issue.)*

A large experience has also shown that in institutions devoted solely to the care of consumptives the general welfare of the patients is more easily fostered, the risks of fresh infection more certainly diminished and the chances for recovery more surely enhanced than in general hospitals in which all classes of cases are received.

From the beginning of this work, the officials of the Health Department of New York City have encountered, in the lack of proper facilities for the care of consumptives, a great obstacle to practical success, and I am convinced that the grave responsibilities which rest upon sanitary authorities generally in this matter cannot be properly discharged without the establishment, under

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\* Address in Public Medicine delivered before the British Medical Association in Montreal, August 31st to September 3rd.

their direct control, of additional hospitals for the care and treatment of this disease. No week passes in which the officers detailed to this work in New York do not encounter many instances in which the members of many households, numerous inmates of crowded tenement houses, employees in dusty and unventilated workshops, and many others, are dangerously exposed to infection from victims of this disease, who cannot gain admittance to the overcrowded public institutions, or who reject all proffered assistance and instruction, and, from ignorance, indifference, or inability through weakness due to the disease, scatter infectious material broadcast, and thus diminish their own chances for recovery and imperil the health and safety of others. In such cases sanitary suggestions are futile, and removal to a hospital constitutes the only effective action. I am convinced that no factor is so potent to-day in perpetuating the ominous death list from pulmonary tuberculosis as the lack of proper facilities for the adequate care of the poor stricken with this malady.

The measures designed for the prevention of tuberculosis properly include not only those which relate to the transmission of the disease from human beings to each other, but also those which relate to the transmission of the disease from affected animals, especially the bovine species, to human beings, through the meat and milk used as food. The Health Department of New York City, while feeling strongly that the most important source of infection is through the sputum of consumptives, yet has elaborated with great care methods for protecting the public, as far as is within its power, from infection by the meat and milk of tubercular animals. In order that a more effective control of the milk supply should be possible, an ordinance was passed in 1895 forbidding the sale of milk within the city without a permit from the Health Department, and requiring that all waggons used for transportation or delivery of milk should likewise have waggon permits. Before these permits are issued the holder of the permit must furnish information as to the source from which the milk is obtained, the number of animals, the character of the food supply, and the sanitary conditions surrounding the dairy. Special regulations have been established as to the conditions for the sale of milk, and permits may be revoked at any time by the Health Board, where evidence exists that the regulations have not been strictly complied with. All milch cows in New York City (about 3,000 in number) are now being subjected to the tuberculin test, under the supervision of the Health Department, and animals found to be diseased are killed. It is proposed, as soon as this work is completed in New York City, to require similar tests to be applied to all cows whose milk is sent to New York City. There also exists a careful inspection of animals slaughtered for food, and of all meat sent into the city, and the carcasses of these found to be tubercular are destroyed.

Most beneficial effects have already resulted from the various



measures instituted for the prevention of this terrible disease. Not only has there been a very material decline in the number of deaths occurring from it, but there has been a most gratifying increase of the knowledge and intelligence among the poorest class of the population as to its nature. The inspectors detailed for this work report, that on their first inspection, in nearly one-half of the cases occurring in many parts of the tenement house districts of the city, it is found that more or less efficient precautions are being taken for its prevention. Such precautions as the use of rags to receive the sputum, which are later burned, instead of handkerchiefs; the use of cups containing water or a disinfecting solution; the separation of the clothing of the patient from that belonging to others, and similar measures.

This increase of intelligence, and the precautions resulting from it, afford the greatest promise in the future, of a persistent and still more rapid decline in the frightful morbidity and mortality caused by the tubercular diseases.

Investigations made by the department, showing that the dust in the street cars and various public places was often infectious, led to the enactment of an amendment to the Sanitary Code prohibiting the spitting on the floors of street cars, ferry boats and other public conveyances, and requiring that all companies should post in their cars, boats, etc., printed notices forbidding this. This regulation is very difficult of enforcement; but, while the results have been far from satisfactory, there has yet been a definite improvement in the existing conditions.

The method employed for recording and plating cases of diphtheria is also used for cases of tuberculosis. I have had prepared transcripts from the maps on which are platted the cases of diphtheria and tuberculosis, to show the distribution of these cases in certain wards of the city. These wards have been selected in each instance because of the large number of cases of the respective diseases occurring in them.

Maps 1 and 2 show respectively the 4th and 6th wards, with the distribution of reported cases and deaths from tuberculosis in these wards during three years. The cases and deaths in 1894 are platted with a circle; cases and deaths in 1895 with triangle, and the cases and deaths in 1896 with a dagger. The dwelling houses in the maps have been colored so as to put them in contrast with buildings not occupied as dwelling houses. Thus the dwellings which had one or more cases of tuberculosis during this period are colored pink, and those free from tuberculosis during these years are colored blue. The plots which are uncolored are not dwelling houses, but occupied by business buildings, warehouses, etc.

These maps argue more forcibly for the infectious and communicable character of this disease than could any words. It should be said, however, that in some instances where a large number of cases have occurred in one house during these years, the house had been occupied as a Chinese lodging house. This is especially true of several of the houses on Pell and Mott streets.

Maps 3 and 4 show the distribution of cases of diphtheria for the same period in wards 10 and 13. These maps, as has been said, are simply transcripts, reduced in size, from the maps on which are platted, day by day, the reported cases and deaths from these diseases throughout the city.

TABLE I.

ANALYSIS OF DISTRIBUTION OF REPORTED CASES AND DEATHS FROM TUBERCULOSIS IN WARDS IV. AND VI.

Years 1894, 1895, 1896, to March, 1897.

WARD IV.

According to the census of 1896, there were 663 inhabited houses in Ward IV., with a population of 18,323, or an average number of 27.6 persons per house.

No. of houses in which cases occurred .....	248
" cases in 1894 .....	173
" " 1895 .....	161
" " 1896-97 .....	207
Total number of cases in three years .....	541
Average number of cases per infected house .....	2.81
Percentage of houses infected .....	37.3
Average number of cases per house in ward .....	0.81
Cases per 1000 population in 1894 .....	9.4
" " " 1895 .....	8.7
" " " 1896-97 .....	11.2
Total cases per 1000 in three years .....	29.3

TABLE II.

WARD IV.

Tuberculosis (3 or more cases per house).

No. of houses in which 3 or more cases occurred .....	70
" cases in 1894 .....	88
" " 1895 .....	95
" " 1896-97 .....	119
Total cases in these houses in 3 years .....	302
Average number of cases per house .....	4.3
Comparing these figures with those obtained for the whole ward :	
Total number of infected houses in Ward IV .....	248
Number of houses in which 3 or more cases occurred ...	70
Percentage of total infected houses .....	28.2
Total number of cases in ward .....	541
Cases occurring in 28.2% of the houses infected .....	302
Percentage of total cases .....	55.8
Total number of inhabited houses .....	663
Number of houses in which 55.8% of cases occurred ...	70
Percentage in total houses .....	10.5

It is thus seen that of the infected houses 28.2 per cent. contained 55.8 per cent of the cases, and these occurred in only 10½ per cent. of all the houses in Ward IV.

TABLE III.

## WARD VI.

According to census of 1896, there were 630 inhabited houses in Ward VI., with a population of 22,897.

No. of houses in which cases occurred.....	239
“ cases in 1894.....	1.7
“ “ 1895.....	127
“ “ 1896-97.....	191
Total number of cases in 3 years.....	465
Average number of cases per house.....	1.94
Total number of dwellings in ward.....	630
Number of houses infected with tuberculosis.....	239
Percentage of infected houses.....	37.9
Average number of cases per house in ward.....	0.72
Cases per 1000 population in 1894.....	6.8
“ “ “ 1895.....	5.5
“ “ “ 1896-97.....	8.2
Total cases per 1000 population in 3 years ...	20.5

TABLE IV.

## WARD VI.

## Tuberculosis (3 or more cases per house).

No. of houses in which 3 or more cases occurred.....	45
“ cases in 1894.....	72
“ “ 1895.....	56
“ “ 1896-97.....	78
Total cases in these houses in 3 years.....	206
Average number of cases per house.....	4.5
Comparing these with the figures obtained for the whole ward ;	
Total number of infected houses.....	239
Number of houses in which 3 or more cases occurred... ..	45
Percentage of total infected houses.....	18.9
Total number of cases in ward.....	465
Cases occurring in 18.9 % of the houses infected.....	206
Percentage of cases in same.....	44.3
Total number of inhabited houses.....	630
Number of houses in which 44.3% of cases occurred ... ..	45
Percentage in total houses.....	7.1

Thus, 44.3 per cent. of the cases occurred in 18.9 per cent. of the infected houses, and these constituted only 7.1 per cent. of all the houses in Ward VI.

I desire to refer briefly to the system of medical school inspection, instituted by the Health Department during the last year, which has given thus far most satisfactory results, and which promises greater good in the future.

Early in 1897, under the authority of a special resolution of

the Board of Estimates, 150 Medical School Inspectors were appointed by the Health Board, after Civil Service examination. The duties of these inspectors consist in the examination daily, at the opening of the primary and grammar departments of each of the public schools and of the parochial and industrial schools, of all the children who are set apart by the respective class-room teachers as not appearing to be entirely well. These children are examined in each school by the inspector detailed to the school, and are either excluded from the school, or returned to the class-room, depending on the result of the examination. Every pupil found to be suffering from any form of general contagious disease, or any contagious disease of the eye or parasitic disease of the skin, is sent home with a written statement to the parents, of the cause for the action, and in case of the eruptive diseases and diphtheria, reports are immediately forwarded to the Chief Inspector of Contagious Diseases, and by him referred to the various District Medical Inspectors for inspection and supervision.

During three months, 65 school days, in which this system has been in operation, there have been examined 63,812 children who had been set aside by the teachers as not appearing entirely well; 4,183 children excluded for the following reasons:

Measles.....	88
Diphtheria.....	167
Scarlet Fever.....	32
Croup.....	11
Whooping cough.....	26
Mumps.....	117
Contagious eye diseases.....	702
Parasitic diseases of head.....	2,627
Parasitic diseases of body.....	108
Chicken-pox.....	130
Skin diseases.....	175

4,183

The children excluded because they were thought to be suffering from measles, scarlet fever, diphtheria and chicken-pox, were afterwards seen by the medical inspectors and in the majority of cases the original diagnosis was confirmed.

The educational work of the Health Department, I believe, constitutes a very important feature. It has been the custom of the department for some years past to issue from time to time circulars of information on various topics and especially those connected with infectious diseases, their diagnosis, treatment or management. Some of these circulars are popular in character, very large editions being published, 50,000 or more at a time, and are designed for general distribution, particularly among the tenement house population.

Examples of this class are the following: "Information for Consumptives and their Families," "Infant Feeding," "Methods of Transmission of Contagious Diseases," and numerous others on

similar topics. Circulars of information are also issued which are designed for distribution among the medical profession. These relate to the work of the Health Department connected with infectious diseases, or to the bacteriological products of the laboratories. Many such circulars have been issued on various topics connected with diphtheria, such as "Bacteriological Examinations for the Diagnosis of Diphtheria," "Relation of Membranous Croup to Diphtheria," "Diphtheria Antitoxin," "Persistence of Diphtheria Bacilli in the Throat during Convalescence from Diphtheria," "Occurrence of Diphtheria Bacilli in Healthy Throats and in Catarrhal Angina," etc. Other circulars of information have been issued on "The Importance of Bacteriological Examinations in the early Diagnosis of Pulmonary Tuberculosis," "The Nature and Causation of Pulmonary Tuberculosis," "The Measures adopted by the Board of Health for the Prevention and Restriction of Pulmonary Tuberculosis," circulars on the use of "Mallein," "Tuberculin," "Tetanus Antitoxin," "Glycerinated Bovine Vaccine Virus," etc.

As these various circulars are published by the Health Department, copies of them are sent to the medical journals published in New York City and to the daily press. Thus they gain at once a wide circulation. In addition, some one or more of these circulars is included in each report of the results of the bacteriological examinations in diphtheria and tuberculosis, as they are sent from the laboratory. As more than one hundred reports daily are sent out, a large circulation is again attained among physicians in this manner. In some instances, circulars considered to be of unusual importance have been delivered by messenger to the house of every physician in New York City.

Aside from the circulars described, numerous scientific bulletins have been issued from time to time from the bacteriological laboratories, detailing the results of original investigations in connection with infectious diseases, and these bulletins are widely distributed among the profession of New York City.

I do not believe that the importance of this educational work can be overestimated. Its value is incalculable in disseminating widely popular and scientific information in regard to the results of the latest studies in infectious diseases, and there have been constantly exhibited in New York the most gratifying indications of the influence of the information thus distributed, on both the general public and the medical profession.

More than this, the circulars keep constantly before the medical profession and the laity the work, the duties and the functions of the Health Department, as related to the people and the profession.

It has been frequently urged, especially in the earlier work of the New York Health Department, that the methods proposed were theoretically commendable enough, but that they were impracticable. This criticism has been often made, particularly in

Europe. The best reply to this is, that the results have shown that they are not impracticable. What has been described is not something that it is proposed to do, but it is a statement of what has been done, and the work, as briefly outlined in some of its phases, is to be considered as only introductory.

It is the purpose of the Health Board to establish a supervision of all infectious diseases along the lines which have been thus far developed in relation to tuberculosis and diphtheria, as rapidly as the scientific knowledge at command will make such a course possible.

The final test of the efficiency of any scheme of sanitary control and of the healthfulness of any community or locality is found in the morbidity and mortality statistics, considered in relation to the causes of sickness and death. It is not simply the number of deaths or cases of sickness in proportion to the population, but also the nature of the diseases which cause morbidity and mortality.

In comparing the statistics for different localities, however, the special factors relating to each locality must be taken into consideration, for a death rate which would indicate unusually favorable conditions in a large city, might show far from favorable conditions in a rural population. The density of population has generally a very definite relation to the mortality.

Dr. Farr attempted to deduce a formula by which the mortality of any locality could be translated into that of another having a different degree of aggregation of the population. He showed that when the population has reached a certain density, there is a constant and uniform increase in the death rate with any further increase in its density. For example, in fifty districts in Great Britain with a population of 2,500,000 and 650 persons to a square mile, the death rate was 20.5 per thousand. In those districts which contained 2,100 persons to a square mile, and a population of 2,000,000, the death rate has increased to 24.4; with a population of 2,800 to a square mile the death rate had further increased to 25.5, and with a population of 6,144 persons to a square mile, the death rate was 30.2.

The local variation in mortality with the density of population has not been constant in New York City, for in some of the wards where the density of the population is greatest, the mortality has been below the average, and in other wards with a relatively scarce population, the mortality has been extremely high. Other factors have exerted an even greater influence on local variations of mortality than density. The highest death rates have been found in the lower and oldest parts of the city where the buildings are old and the sanitary conditions in many respects unfavorable.

The nationality of the population has a definite influence, as has been shown in an analysis of the death rates in different parts of New York City by Dr. Roger S. Tracy, Registrar of Vital Statistics. Those districts with the densest population, where the

rates are comparatively low, are largely inhabited by Russian and Polish Jews, who are a hardy race and proverbially long lived. On the other hand, the wards having the highest death rates, or nearly the highest, are occupied largely by Italians, among whom, in the United States at least, the death rate is exceedingly high.

The sanitary problems presented in a city like New York are unusually difficult on account of the diversity and cosmopolitan character of the population. The presence of large numbers of foreign born inhabitants of many different nationalities, grouped often in restricted localities and retaining their native customs and modes of life, and the great density of the population constitute factors which largely complicate the situation.

The physical conformation of Manhattan Island is, in some respects, exceedingly unfavorable. The island is long and very narrow, and as a result certain parts of the city, and in fact the island as a whole, is overcrowded. Fully three-fourths of the population live in tenement houses, which are five, six, or more stories in height, and contain from two to four or more families on each floor. Each house is placed on a lot not more than 25 x 100 feet, and frequently twenty families, numbering more than one hundred persons, live on an area of this size.

The average density of population in New York City, below the Harlem River, that is, on Manhattan Island, is greater than that of any of the other great cities of the world. The only localities approaching in density of population certain wards in New York are a small area in Paris, where the population is 430 to the acre; one district in Prague, where the population is 485 to the acre; the Whitechapel district in London, which has a population of about 300 to the acre in Spitalfields, Mile End and Newtown; and 365 in Bethnel Green. In New York City, Sanitary District A, of Ward 11, has a population of more than 800 to the acre; Ward 10, over 640 to the acre; Ward 13, 540; Ward 17, 430; Ward 7, 360; and Ward 14, 295.

These facts must be kept in mind in considering the mortality statistics of New York, as compared with those of the large cities of Great Britain and the Continent. With them before us, the diminution in the death rates, and the present death rate, are most significant.

A comparison of the mean total death rate for decennial periods in New York City since 1834 shows that there was an increase during the first three periods ending in 1863, and that since that date there has been a continuous and very heavy decline in the rate, especially marked in the most recent years. The mortality in New York rose to such a high point that the inhabitants became alarmed, and in 1866 the Health Department as now constituted was organized. In the decennial period ending in 1843, the mean death rate was 28.03; for the period ending 1853 it had risen to 33.81; the next period ending in 1863 it was 33.94. Since that time it has declined to 31.11 for the decennial period ending in

1873; to 26.87 for the period ending in 1883; to 25.78 for the period ending in 1893, while in the year 1894 it was 22.76; in 1895, 23.10; in 1896, 21.54, and for the first half of 1897, 19.60. The population meanwhile had increased from 312,000 in 1840, to an estimated population of 1,990,000 on July 1st, 1897.

The mortality rate is normally higher for the first half of the year than the second half, and it is therefore probable that the rate for 1897 will be a fraction over 19, or a diminution of 25 per cent. on the death rate for the decennial period ending in 1893.

The percentage of mortality occurring in children under five is always high, and has been long regarded as an excellent index of existing sanitary conditions. The injurious effects of unsanitary conditions and surroundings always fall heaviest upon the youngest element of the population.

TABLE V.

NEW YORK CITY.

Annual death rate for all causes, and for certain diseases, 1886-1896, inclusive, and January to July, 1897.

YEAR.	All causes.	Diphtheria and Croup.	Phthisis.	All Tubercular Diseases.	Measles.	Small-pox.	Scarlet Fever.	Typhoid Fever.	Diarrheal Diseases of Children under five years.	Diphtheria and Croup, all Tubercular Diseases, Measles, Small-pox, Scarlet Fever, Typhoid Fever, and Diarrheal diseases of children under five years.
1886 .....	25.99	1.87	3.79	4.42	0.46	0.022	0.26	0.23	2.08	9.34
1887 .....	26.32	2.06	3.56	4.06	0.52	0.067	0.40	0.22	2.20	9.53
1888 .....	26.39	1.68	3.46	3.99	0.39	0.050	0.89	0.24	2.00	9.24
1889 .....	25.32	1.46	3.31	3.86	0.30	0.0006	0.79	0.25	2.00	8.66
1890 .....	24.87	1.11	3.41	3.97	0.45	0.001	0.25	0.22	1.86	7.86
1891 .....	26.31	1.19	3.11	3.56	0.40	0.001	0.74	0.23	1.92	8.04
1892 .....	25.95	1.23	2.95	3.55	0.51	0.050	0.57	0.23	1.85	7.99
1893 .....	25.30	1.45	2.91	3.51	0.22	0.060	0.31	0.22	1.65	7.42
1894 .....	22.76	1.59	2.57	3.16	0.32	0.085	0.30	0.18	1.50	7.14
1895 .....	23.11	1.05	2.77	3.34	0.42	0.005	0.25	0.17	1.51	6.75
1896 .....	21.52	0.91	2.58	3.06	0.37	0.0005	0.21	0.15	1.32	6.02
Jan. July 1897. }	19.60	....	2.44	2.97	0.20	0.021	0.30	....	....	....



TABLE VI.

NEW YORK CITY.

Death rate from all causes and for certain diseases, by decennial periods, 1844 to 1893; by years, 1894, 1895 and 1896, and January to July, 1897.

	ALL CAUSES.	Over 6 Years of Age.	* Under 5 Years of Age.	† Miasmatic, Diarrhoeal and Tubercular Diseases.
§ 1844 to 1853 .....	33.81	....	....	....
1854 to 1863 .....	33.94	....	....	....
† 1864 to 1873 .....	31.11	17.2	123.3	13.2
1874 to 1883 .....	26.87	16.4	104.7	11.8
1884 to 1893 .....	25.78	16.8	95.1	9.3
1894.....	22.76	14.7	85.3	7.5
1895 .....	23.11	15.1	85.3	7.2
1896.....	21.52	14.5	76.4	6.4
January to July, 1897.....	19.60	13.9	64.8	‡ 5.4

Table VI. shows the death rate from all causes, and the rate over and under five years of age, for the decennial periods since 1866, and for 1894-95-96, and the first half of 1897.

As will be seen, the average death rate in children under five for 1894, '95 and '96, was 40 or more per 1,000 less than the average rate during the eight-year period ending in 1873, and in 1896 was 47, or 38 per cent. less than for this period. In 1897 there will undoubtedly be a still greater diminution, although the death rate for children under five for the first six months of the year cannot be taken as the average for the year, as the deaths from diarrhoeal diseases are always much lower during the first half of the year. The death rate from all causes, however, for the first half of the year is normally higher than for the second half, and it may be fairly assumed that the rate for the six months ending July 1st represents the probable rate for the year 1897.

This table also shows the combined death rate from miasmatic,

\* The population under five years of age is computed for each decennial period or year as 11.37 per cent. of the total population, based on the census of April, 1895. In 1880, the percentage of population under five years to total population was 11.63, based on the United States census of that year.

† Eight years only, 1866 to 1873.

‡ This rate is too low, as the deaths from diarrhoeal diseases are at a maximum during the third quarter of the year.

§ The general death rate prior to 1851 is below the actual rate, as the registration of death, where burials occurred within the city limits, was not required by law.

|| Miasmatic diseases include—Small-pox, Measles, Scarlet Fever, Typhoid Fever, Typhus Fever, simple and ill-defined and irritative fevers, Diphtheria, Croup and Whooping Cough.

diarrhoeal and tubercular diseases for these same periods and years, and, as will be noted, there has been a diminution of more than 50 per cent in the deaths from these diseases during these years.

The search for the causes of diminished mortality from all causes shows that the largest reduction has been in the zymotic death rate, including diarrhoeal diseases of children under five, and there has been also a steady and important decline in the tubercular death rate since 1886. (Table V.)

Investigation further shows that a special reduction in the mortality from diphtheria and croup, amounting to nearly 40 per cent., has occurred since the introduction of diphtheria antitoxin with the beginning of 1895. This reduction has taken place in spite of an increase in the number of reported cases of this disease. Up to the beginning of 1895 there had been a steady increase for some years in the mortality from diphtheria and croup, and for the year 1894 the death rate was higher than that from any other single disease, excepting tuberculosis and pneumonia—pneumonia really including a number of different affections. The combined death rate from measles, scarlet fever, diphtheria, croup, small-pox and typhoid fever has been reduced almost exactly one-half within ten years. The rate for 1896 for these diseases being 1.64 per 1,000 population, as contrasted with 3.26 for 1887, for 1897 it will apparently be still lower.

Sanitarians may point with pride to the remarkable demonstration of the value and efficiency of sanitary methods presented in London, the greatest city of the world, with a population of nearly 5,000,000, and which still shows the lowest death rate of any of the great cities of the world. The mortality rates of London we hope to equal, notwithstanding the greater difficulties and obstacles.

The government of the United States is democratic, but the sanitary measures adopted are sometimes autocratic, and the functions performed by sanitary authorities paternal in character. We are prepared, when necessary, to introduce and enforce, and the people are ready to accept, measures which might seem radical and arbitrary, if they were not plainly designed for the public good, and evidently beneficent in their effects. Even among the most ignorant of our foreign-born population, few or no indications of opposition or resentment are exhibited to the exercise of arbitrary power in sanitary matters. The public press will approve, the people are prepared to support, and the Courts sustain, any intelligent procedures which are evidently directed to the preservation of the public health. The belief is never aroused in any class of the population, however ignorant, that the institution or enforcement of any sanitary measure is primarily designed for the restriction of the individual freedom. There is nowhere to be found any jealousy or distrust of law or government, as such. It is, therefore, possible to adopt measures more arbitrary in many respects than could be adopted in most other countries, simply because our government is democratic.

This gives the key-note to the attitude of the sanitary authorities of New York. The most autocratic powers, capable of the broadest construction, are given to them under the law. Everything which is detrimental to health or dangerous to life, under the freest interpretation, is regarded as coming within the province of the Health Department. So broad is the construction of the law, that everything which improperly or unnecessarily interferes with the comfort or enjoyment of life, as well as those things which are strictly speaking detrimental to health or dangerous to life, may become the subject of action on the part of the Board of Health. It attempts not only to increase the healthfulness of the city, but also to render it a more enjoyable and comfortable place of residence. In its relation to the medical profession, it aims to give every assistance which the latest scientific investigations can place within its power, in the treatment and management of communicable and infectious diseases, and not to interfere in any way with the privileges or prerogatives of the medical attendant, unless such interference becomes necessary for the protection of other persons from possible infection. It prescribes specific regulations as to the management of infectious diseases, the violation of which may be followed by the forcible removal of the patient to its hospitals. The public press, quite without reference to its political affiliations, offers a unanimous and most cordial support to all the actions of the Board.

The conduct of sanitary matters in New York is restrained by no traditions or precedents. It is determined, from month to month, by what is believed to be for the best good of the inhabitants, in view of the most recent knowledge and the latest developments in scientific medicines.

The limits of this address do not permit, nor is it desirable, that I should touch upon many of the other phases of the work of the Health Department indirectly related to the prevention of disease, and the preservation of the public health.

It has been my purpose, as was stated in the introduction, to simply detail some of the features which have more particularly distinguished the work of the New York City Health Department, and describe some of the phases of the sanitary supervision of certain infectious diseases, which have been introduced by it.

I believe it may be truly said that there is no great city in the world to-day which, in the broad sense, is cleaner and healthier than New York. By clean, I mean the purity of the atmosphere, the cleanliness of the streets, the abundance and purity of the water supply, and the efficiency of the sewerage system. I wish that so much could be said as to the character of the habitations of the poor, the public baths and public convenience stations, the breadth of its parks and public commons, and the type of its charitable and penal institutions. In many of these respects New York is deficient; but great and rapid advances have been made and are being made in these matters.

When I say no city is healthier, I mean, considering all the

sanitary factors in the situation, such as the size and density of the population, the varied nationality of the inhabitants, the character of climate, etc.

Nowhere can there be found a fuller recognition than in the United States, of England's high standard of excellence in public medicine, or a more sincere appreciation of her vast contributions to the progress of sanitary science. But she must look well to her laurels, if her cities are to be kept cleaner than the great cities of the United States, or her urban population to be made healthier and happier than the same class on this side the Atlantic.

In the United States we are prepared to adopt, without hesitation, the best that she produces, or the world affords, in public medicine, as well as in science, art, commerce, and all things; and notwithstanding the persistent and determined efforts of our sensational press, the feelings of the medical profession, and of the people of the United States, towards Great Britain are those of sincere respect for her institutions, profound admiration for her great achievements, and warm affection for her people.

If I have appeared in this address to have dwelt too long and described too fully some of the sanitary methods followed in New York, I would urge in extenuation that it has been from a desire that you should know our institutions and methods, as well as we know yours, and that through the medium of this great medical association, the greatest and most influential in the world, the two great English-speaking nations might, in this respect, be brought into somewhat closer and more intelligent relations with each other, and thus greater good redound to preventive medicine. Then the people of both nations will live healthier, and therefore happier and longer lives.

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THE United States Government has added to its quarantine regulations the use of Formaldehyde gas in disinfection.

THE sale of hospital stamps in England (the suggestion of *The Daily Mail*, London) has been very large. The estimated results are in the neighborhood of £50,000.

SOME of the London dailies have been filling up their columns during the "dog days" with articles on the overcrowding of the medical profession.

DR. JOHN BRAXTON HICKS died recently at the advanced age of 72. "Dr. Hicks was a pioneer in England in obstetrics and diseases of women."

THE *Indian Lancet* of August 16th gives a very flattering notice of Miss Winchler, of Cochin, the only lady graduate in medicine and surgery from the Madras College this year. She carried off the Viceroy's Silver Medal, the Seetha Bhai Gold Bangle, the Bharati Lakshmi or Maharajah Travancore's Gold Medal, awarded for proficiency in midwifery and diseases of women and children, and crowned her success by taking the L. M. and S. degree. All these hard-earned honors for "only a woman."

## Pediatrics.

### CINNAMON IN THE TREATMENT OF SCARLET FEVER.

(From the *British Medical Journal*, May, 1897.)

SIR,—In the article on scarlet fever, in the second volume of Professor Clifford Allbutt's *System of Medicine*, recently reviewed in the *British Medical Journal*, at page 173, while dealing with the complications of that disease, the writer says:

The treatment of the recognized complications of scarlet fever is important. During recent months, while testing upon a series of cases the value of decoction of cinnamon—for which drug an abortive action had been claimed by Dr. Carne Ross in cases which could be brought under treatment at a sufficiently early date—I was surprised to find a considerable reduction in the incidence of some of the more common complications of the disease. Indeed in a series of 200 consecutive cases which were put under this treatment within twenty-four hours of the appearance of the rash, the incidence of adenitis, rheumatism, nephritis, and albuminuria was found to be about fifty per cent. below the average. The general death-rate, however, showed no reduction.

Whether rightly or wrongly, the complications of scarlet fever are greatly dreaded by the public at large, and a reduction of fifty per cent. in the incidence of these complications, following on the administration of cinnamon, is so fairly satisfactory a result, as I hope to justify me in asking you to allow me space in your columns to describe my method of treatment; and also to state, as briefly as I can, the general theory on which that treatment is based. Vaccination, which attempts to sterilize a patient against some disease by itself giving the disease in some altered form, suggested to my mind some years ago that it might also perhaps be possible, if you got a patient very early in any disease of microbic origin—so early that the microbe had not had time to lay down a large cellar of ptomaines, if I may be allowed such an expression—that at this period of the disease it might be possible so to saturate the patient with some drug that had no selective action, and was absolutely non-poisonous, and could therefore be employed in enormous quantities, that he should practically become tanned or sterilised; and that if this could be effected, then possibly the microbe would cease to flourish, and if the microbe ceased to flourish, the disease might in consequence run a mild course. It seemed to me that, if successful, this method would have this advantage over inoculation, that it would be absolutely devoid of danger, and would possibly be equally applicable to any microbic disease.

It is unnecessary to explain here why I elected to employ cinnamon, or why I took twenty-four hours from the onset of a disease as a time limit, and determined not to experiment on any cases where illness had existed for a longer period.

Having experimented on a certain number of cases of influenza,

measles, and scarlet fever, and my results seeming to fulfil my expectations, I three years ago laid my views and the results I seemed to have obtained before the late Dr. John Syer Bristowe, whom I had the happiness and privilege to number in the list of my personal friends. Dr. Bristowe, in reply, informed me that, as far as he was aware, the line of inquiry I was pursuing was entirely new, and that the results I appeared to have attained, he considered, demanded investigation, and that he had written to Dr. Caiger requesting him to carry out a series of experiments, to test the value of my work, at Stockwell Fever Hospital. This Dr. Caiger has done, and the result is stated above; and I desire to take this opportunity of expressing my deep sense of the obligation I am under to Dr. Caiger for his kindness in thus carrying out Dr. Bristowe's suggestion.

With regard to these experiments, however, I would point out that the conditions met with at a fever hospital make it impossible to carry out the treatment perfectly, for patients rarely come under observation at such institutions till they have been ill for a good many hours; and, though a reduction of fifty per cent. in the incidence of the complications of scarlet fever above named is a satisfactory result, still, judging from cases of scarlet fever treated within the hours from the onset of disease, and also judging, by analogy, from what I have seen in cases of influenza treated within five hours from the onset of the disease as compared with those treated where twenty-four hours from the onset had elapsed, I believe it will be found that in camps, or in schools where careful supervision obtains, and where patients consequently might be subjected to treatment almost immediately after the onset of the first rigour, a much better result than a reduction of fifty per cent. in the incidence of adenitis, rheumatism, nephritis, and albuminuria might be looked for, though that reduction for the present is good enough as it stands.

I elect to stand or fall by the results of my treatment in scarlet fever, and, therefore, I refrain from speaking of the satisfactory results I seemed to have obtained in the treatment, by cinnamon, of measles and influenza; but with regard to the latter disease, I would merely say that during the last four years, I have never had occasion to pay more than four visits to any patient suffering from influenza who was subjected to treatment within twenty hours from the onset of the disease, and in not a single case have any complications occurred. The treatment is perfectly simple. I give half an ounce of decoction of cinnamon every hour for twenty-four hours; at the expiration of this period the same dose is repeated every two hours till the temperature falls to normal: when the temperature has fallen to normal, the same dose is repeated four times daily for three days.

If there is any sore throat, gargle or swab the throat every two or three hours with decoction of cinnamon; in children the dose to be reduced according to age, but the same method of administration to be observed.

Messrs. Woolley & Sons, of Manchester, and Mr. Horsey, Chichester street, Upper Westbourne Terrace, W., have for some years kept an excellent and identical preparation of decoction of cinnamon; but, as I would not like anyone to suppose that I have any property in its sale, I here describe the method of its preparation till some better method is suggested: A pound of Ceylon stick cinnamon in a sufficiency of water *in vacuo*, to be raised to 180° and kept there for a time, to be then slowly boiled till the fluid is reduced to a pint and a quarter: pour off without straining; ten per cent. of glycerine being added, the preparation will keep for months.

I am, etc.,

J. CARNE ROSS M.D. (Edin.),

*Physician to Ancoats Hospital.*

Manchester, April 10, 1897.

A. S. G.

## Public Health and Hygiene.

### MONTHLY REPORT OF AND DEATHS FROM CONTAGIOUS DISEASES IN ONTARIO FOR AUGUST, 1897.

PREPARED BY P. H. BRYCE, M.A., M.D., DEPUTY REGISTRAR-GENERAL.

		Total Reported.	Per cent. of Whole Reported.
Total population of Province.....	2,233,397	1,289,661	57
" Municipalities.....	745	405	57
" Cities.....	13	12	92
" Towns and Villages.....	236	124	52
" Townships.....	496	269	54

  

VARIOUS DISEASES REPORTED.									
Municipality.	Pop. Reported	Typhoid.		Diphtheria.		Scarlatina.		Tuberculosis	
		Deaths	Rate per 1000 per Annum	Deaths	Rate per 1000 per Annum	Deaths	Rate per 1000 per Annum	Deaths	Rate per 1000 per Annum
Cities.....	419,972	12	.3	12	.3	2	.06	50	1.4
Towns and Villages	233,684	4	.2	3	.15	1	.05	23	1.2
Townships.....	636,005	6	.1	7	.13	3	.05	47	.9
Total Pop. Reported	1,289,661	22	.2	22	.2	6	.6	120	1.11

P. H. B.

# The Canadian Journal of Medicine and Surgery

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Advertisements, to insure insertion in the issue of any month, should be sent not later than the fifteenth of the preceding month.

VOL. II.

TORONTO, NOVEMBER, 1897.

NO. 5.

## Editorials.

### MILITARY SURGERY.

IN detailing the treatment appropriate to fracture of the femur from a rifle bullet, Bryant says: "If the femoral artery and vein have been divided, any attempt to preserve the limb will certainly prove fatal." A notable exception to this rule has been reported in *La Presse Medicale*, Sept. 25th, 1897. The observation was made at the military hospital, Athens, in the service of Dr. Cambanio. The patient, an Italian, 29 years old, had been shot in the right thigh at the battle of Domokos, May 2nd, and his wounds having



been dressed at the field ambulance, had been sent on to Athens, where he arrived May 7th, five days after the battle. The wound of entrance, on the anterior aspect of the limb, was three inches below the inguinal arch, and directly over the femoral artery, and the wound of exit was on the external aspect of the limb. The femur was seen to be fractured. The temperature was normal. The wounds were dressed, and a fracture apparatus applied. Next day, however, May 9th, seventh day, the axillary temperature rose to  $101\frac{2}{3}$  in the morning and  $102\frac{2}{3}$  in the evening. The general condition indicated great danger. On May 10th the patient having been anaesthetized, the surgeon enlarged the wound of entrance, and discovered a pocket filled with fibrinous detritus and clots of pus. These having been cleaned out, he found quite a number of splinters of broken bone, which he removed with forceps and fingers. The seat of the fracture was washed, and it was then observed that the femoral vessels had been completely cut through and obliterated, the upper part of the artery beating strongly at the superior border of the wound. No pulse could be found in the posterior tibial and dorsalis pedis arteries; but the limb presented no alteration. A catgut ligature was cast around the upper end of the obliterated artery, and the seat of the fracture was left open, being simply stuffed with iodoform gauze. On the next day the patient's temperature was  $99\frac{5}{10}$  in the morning and  $100\frac{2}{3}$  in the evening. On the 12th and 13th of May, the second and third days after the operation, the patient's condition became alarming. He moaned continually, his face got a drawn look, the temperature rose ( $101\frac{3}{5}$ ,  $102\frac{2}{5}$  a.m.,  $103\frac{1}{5}$ ,  $104$  p.m.), his tongue became dry and diarrhoea began. After a while the wound appeared to secrete a liquid substance, but there was no hemorrhage. Subcutaneous injections of artificial serum were given. The temperature then fell to  $102\frac{2}{5}$  and on the next day, after the wound was dressed, to  $99$  a.m. and  $102\frac{2}{5}$  p.m., and afterwards the fever abated completely. The wound became clean and healed, the expression of the patient improved, the diarrhoea ceased, and everything betokened a happy termination.

This case is interesting in two ways. The operation revealed an unexpected lesion—the wounding of the femoral vessels—and yet the cutting of these vessels had not caused hemorrhage or any circulatory troubles in the limb. Then again, looked at from the standpoint of surgical treatment, here was a comminuted frac-

ture of the femur, complicated with wounded blood-vessels, which behaved in a simple manner, and was getting better by a conservative process, if the septic infection had not forced the surgeon to interfere, and, even then, the simple opening up and cleansing of the pocket sufficed to put the fracture in a favorable way, and restore the patient to health.

We may, therefore, conclude that, in military surgery, cases of fracture of the femur, even when comminuted and complicated with a lesion of the blood-vessels, may be treated in a conservative manner; and that amputation need not be the rule, as was the custom heretofore.

J. J. C.

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### THE LEBEL RIFLE.

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#### LE PROJECTILE LEBEL—FAIT SAUTER LA CERVELLE.

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THIS famous arm, which has been for some years past used in the French military service, seems calculated to increase the mortality, arising from unshot wounds inflicted in battle. We cannot say if the new six-millimetre rifle, with which the German Government has decided to re-arm its infantry, inflicts wounds as destructive as the French arm. Should it be so, then the next campaign between France and Germany will be remarkable for the number of combatants slain on the field, or so injured as to be of little interest to the army surgeon. As illustrative of the destructive injuries inflicted by the Lebel rifle, at short range, we quote the following from our esteemed contemporary, *La Presse Medicale*:

"A French surgeon, M. B. Szmiglielski, who served as a soldier during the Dahomey campaign in 1891, and was seriously wounded, has written the medical history of that campaign, as his inaugural thesis, and gives some interesting details of the wounds inflicted by the Lebel rifle. He shows that the penetrating force of the Lebel bullet is surprising. At the battle of Dogba, September 19th, 1891, the Dahomeans, covered by the Arabs, advanced to within twenty metres of the French camp. After the battle one could see three dead bodies of the enemy, one behind the other, all bearing penetrating wounds, at the same height from the ground, and inflicted by one bullet, which, prior to striking them had passed through the trunk of a palm tree.

The destruction of tissue caused by this projectile is very considerable at the wound of exit. An Amazon, who fought in the foremost rank, was killed at the very moment when she brought her gun to the shoulder. A Lebel bullet, fired at about sixty metres from the woman, had struck the lower extremity of the humerus, parallel to the axis of the arm, had followed the course of the bone, and made its exit in the supra-spinous region. The humerus had completely disappeared, nothing remaining of it, except the head of the bone; the region of the shoulder was all burst to pieces and the axilla dissected out. In the case of a warrior, who had been struck by a bullet in the middle of the forehead, the wound of entrance was rather small, but the occipital bone was swept away entirely, and the cranial cavity almost completely emptied.

J. J. C.

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#### ONTARIO ASYLUM FOR IDIOTS.

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THE very handsome building erected by the Ontario Government 1886-90, on the shore of Lake Simcoe, near the pretty town of Orillia, is devoted to the treatment of feeble-minded children. The park surrounding the institution is extensive, amounting in all to about sixty acres. Beautiful terraces, extensive lawns, well-made roads and walks, numerous flower-beds and flowering shrubs form the immediate surroundings of the buildings and add very much to the appearance of the site, the beauty and healthfulness of which are well adapted to the object in view.

The accommodation is large, and there is provision for 630 inmates, every bed, at present, being occupied; but this need not excite astonishment, when one learns that in Ontario alone there are probably 3,500 feeble-minded persons, the most of whom ought to be under restraint.

The Medical Superintendent is A. H. Beaton, M.D., who is assisted by an assistant physician, W. C. Laidlaw, M.B., and a staff of eight teachers, who have become experts in the training of imbeciles and idiots.

The methods of treatment employed are founded upon those of Edward Seguin, Itard, Bellehomme, Ferrus, Ferret, Felix Voisin of the French school, and other writers, notably Ireland, Duncan, Millard, as well as Wilbur, Howe and Kerlin in America, who have given valuable directions for the training of idiots in the institution and the home.

Dr. Ireland's views upon the education of idiots are briefly summed up as follows :

1. Treatment should be both mental and physical.
2. Teaching should commence with simple exercises.
3. The best time to begin the training of an idiotic child is at about seven years of age. The association together of idiots is not harmful, but, on the contrary, helpful.

In reference to the question of the proper time for commencing treatment, it may be remarked that Itard and Voisin taught that it should be commenced very early, from the appearance of the first signs of idiocy. A young feeble-minded boy does not know how to walk, cannot use his hands or the organs of the senses. He speaks badly or not at all. He does not know how to eat and is wasteful. Hence the first and formal indication is to begin by the education of the senses. This may be called the medical part of the treatment. Then simultaneously, or later, the education of the intelligence is begun. This is the pedagogic part of the treatment. Hence the origin of the term medico-pedagogic, which has been justly given to the treatment of such cases.

Beginning by the education of the organ of vision or the sense of smell, the teacher's task at the Orillia Asylum is made easier by pretty gardens, filled with bright flowers of different odours, where the feeble-minded child learns to see, feel, to touch and even name the different flowers which he sees in his walks, under the guidance of the teacher.

The same method is followed in educating the child to walk, and training the muscular sense—movements of flexion and extension, walking on the rungs of ladders, and walking up an inclined plane to a platform, from which he jumps to the floor. The Swedish movements and calisthenic exercises are considered an important part of the treatment, and much attention is given to them. Physical training is, indeed, more important than the mental for the feeble-minded, for the reason that only by manual pursuits can he assist in providing for his own wants, and those of others. Many of the children, however, make considerable advancement in elementary education, such as reading, writing, ciphering up to fractions, and acquire a good deal of general information, which will be useful to them throughout life. The girls are taught to sew, knit, and do fancy work ; they are taught to wash and iron their clothing, to make up their beds and keep their dormitories and rooms clean and tidy.

In fact, it may be claimed from the results obtained so far that at Orillia, as at Bicêtre, there is a possibility of ameliorating, in a very evident manner, the condition of the majority of feeble-minded children, and of elevating the intellectual condition of many of them to a degree sufficient to make them fit to live in society, on condition however, that the treatment is begun at an early date.

This, certainly, must give great encouragement and satisfaction to practitioners, who reflect on the results realized nowadays in a class of cases, which, not long since, were looked on as hopeless.

J. J. C.

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### THE FIRST BLOOD SPILT.

THE Commissioners of Charities in New York have been finally moved to undo the villainous and dirty work perpetrated by a batch of unprincipled conspirators of the medical profession of that place two years ago. The fourth division of Bellevue Hospital the Commissioners have taken into their own hands. Its candidate for Dr. Dana's place—one of their clique—the Commissioners ignored, and, instead, very properly appointed on their own account, Dr. Charles Nammack, a man who refused to be a hireling, and one of the most noted physicians in New York.

Let us now hope that the profession may press on and wipe away the scandal of '95, and restore every practitioner unjustly displaced.

T. H. M.

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### RETALIATION.

OUR readers will observe that the editorial entitled "First Blood Spilt," is couched in vigorous language. Apart from the arena, as we are in Canada, we can still easily understand the lengths some professional men will go to obtain position or preferment in a metropolitan hospital. In our profession, as practised to-day in large centres, the specialist uses the hospital as a highway to fame, giving his services to the poor gratis. Having, later on, obtained a post on the staff of some medical school, he poses as an authority and gets high fees for his services as a consultant. Where rival candidates strive for the coveted honor of being a hospital physician, there must necessarily be ill-blood between the rejected

suitor and the successful candidate. If sharp practice and Machiavelian views have contributed to the victory of the one party, it cannot be wondered at if the other strains every nerve to upset him later on.

The flexibility of the system of appointment to office in America has permitted and even encouraged the adoption of political methods among physicians. We should be sorry to think, however, that in this respect, American physicians are any more guilty than other men. They simply exemplify, in obtaining positions of place and power, the American motto of "getting there," no matter what happens to the other competitors, and, when overtaken by their vengeance later on, they certainly have no right to complain.

J. J. C.

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### THE PHYSICIAN AND THE DRUGGIST.

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THERE are few doctors, especially in the larger cities, who do not frequently meet with druggists who are constantly complaining of the way in which they, as a class, are being treated by the medical profession, in regard to their prescription trade. They say that those physicians who are mean enough to put up their own prescriptions by keeping a laboratory in connection with their offices, are, though they may not be aware of it, "marked men," and "woe betide them" if ever a patient wishes to call them up by telephone from the drug store, as they will be surely "knifed." The druggists go on to say that "the dispensing doctors," as they sometimes call them, are simply doing themselves the greatest injury, as not only do their patients suffer, by the doctor having to use some other preparation when he has not the one he really wishes to prescribe, but they declare that the patients infinitely prefer to go to a drug store for their medicine, "where they know they will get the best goods that can be procured." Now, there are two sides to every question. The Toronto druggists are a class who have a perfect right to expect the support of the medical profession up to a certain point, but no further. We do not wish to say that their demands for patronage are unreasonable, but the drug trade must bear in mind the fact that in their own flock, as well as among others, there are "black sheep." We are glad to know that the latter are, however, away in the minority. There are

some druggists in Toronto who seem to make a point of undervaluing the doctors by not only refusing to allow people to call them up across their telephone wire, but in some cases deliberately discussing disparagingly the medical men every opportunity they get, and frequently forcing on their customers their own nostrums, which are, they say, "superior" to the prescription given by the physician. There are some druggists in this city also, who think nothing of practising substitution continually, seldom taking the trouble to dispense the ingredients specified. Now, that being the case, how can the drug trade expect that the medical men will support them? Can they blame the doctor for dispensing his own prescriptions? We think not. It is a satisfaction to us to know however, that the larger number of retail druggists in Toronto, at least, are worthy of the esteem and confidence of the medical men, and in proportion as their ranks increase and the fakirs in their trade decrease, just in that proportion will their prescription trade be on the upward grade. This subject is very clearly treated in a paper written by Dr. Charles Gates, and read before the Medical Society of Santa Clara County last August, entitled "The Relationship Existing Between the Physician and the Druggist,"—so much so, that we think that it is quite apropos to append some of the statements made by the Doctor in his address.

He says: "It was once the custom among physicians to dispense their own drugs, but the practice fell into disuse through its inconvenience. Most physicians now prefer to distribute their drugs through the medium of a druggist, thereby creating a confidence in their relationship, which has become shamefully abused. The druggist can have little appreciation of the confidence placed in him if he abuses this trust. It takes money and hard work to build up a reputation in a locality, and a man does not want it destroyed or stolen from him, but under the present conditions it is harder to guard than virtue itself.

"It is said that there is a temptation for the druggist to encroach upon the province of the physician, and infringe upon the purse of the individual. There should be absolutely no temptation. For such an offence there is no pardon, and the usurper should be punished for the act, which ought to be considered more in the light of a crime than a misdemeanor. Shall the man who depends upon us for an advantageous market for his commodities, become independent of us and indiscriminately distribute drugs among our patients upon his own responsibility? When we have pre-

scribed one drug, shall we allow him to substitute another? It remains with us to meet and answer these questions.

"If drugs which we have prescribed do not act with the proper results, we must make necessary investigations, and in case of our being blamed, we must lay the blame where it belongs, and demonstrate the fact plainly to the patient. The abominable practice of substitution, as well as harming the physician and his patient, affects the manufacturing chemist as well. No reliable manufacturer wants a bad name given to the product of his toil. Our mixers of drugs often impose upon us concoctions made in some dirty back room, and sold from bottles labelled with the names of our leading manufacturing chemists. Any physician, to obtain results by prescribing such drugs, would certainly have to accompany the dose by hypnotic suggestion, and in case of a cure, call it a purely psychological success, or a modern miracle, as its therapeutic effect would be absolutely nil.

"Let the druggist order his drugs from some reliable source. Insist upon having the best, and see that you get it. The druggist's very name should be a guarantee of the quality of the drug on sale. With him rests the entire responsibility as to the correct filling of a prescription, and he must hold himself ready to be challenged at all points for investigation. Many proprietary preparations are put upon the market, to our detriment, for the druggist prescribes them to the laity, describing their several virtues (if they have any), and sells them, bottle, label and all. By this means the layman becomes his own physician, while the doctor sits in his office and wonders why business is so dull.

"It is an unaccountable fact that some individuals, suffering especially from chronic troubles, will consult the druggist before they do the doctor, and after taking his favorite prescriptions, and, perhaps, five or ten dollars' worth of patent medicines, and finding their symptoms remaining the same or increasing in violence, finally reach the doctor; and the druggist, through the latter, comes in for a double remuneration, and fattens his purse upon gross impecuniosity, for in all probability he will receive the receipts to fill which the doctor will prescribe.

"We have been imposed upon in this way long enough, and the sooner we stop it the better for us. Two-thirds of all venereal diseases among men are treated by druggists. All have their favorite prescriptions for treating these troubles, besides patent remedies, which they are always eager to sell.



"Every druggist is a self-constituted doctor, without a license or a diploma, treating all the common ills of life. He has cough cures, clap cures, kidney cures, and, in fact, everything from the skin to the rectum. The only diseases he does not treat, and refers to us, are those that give us much trouble, little pay, and make our hair grow prematurely grey. We cannot expect, by moral lectures, to induce druggists to abandon this lucrative field, as long as physicians will tamely submit. We must protect ourselves."

As to the amount of "counter prescribing" which is done by many druggists, it is simply a disgrace. True enough it is contrary to the Medical Act that such should be the case. All Toronto doctors will agree that, in Mr. Wasson, the College of Physicians and Surgeons of Ontario have a good, bright man, and one who is constantly looking after the profession's best interests, and watches the man, be he a druggist or not, who infringes the Act; but it would seem as if some more stringent action will have to be taken by our Medical Council as there are many druggists in Toronto who are to-day making a good income at the expense of the medical men, and who have their little back-room marked "private," where they in reality carry on a large consulting practice, thus robbing the profession of thousands of dollars per annum. Let some united action be taken by the profession to patronize solely the druggists in whom confidence can be placed, and utterly ignoring those who, by their inconsistent business transactions will eventually hasten their own commercial demise.

W. A. Y.

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### FROM FRESHMAN TO PHYSICIAN.

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THE past month has been one of greeting. Our colleges have opened wide their doors, and in from town, village and farm have flocked the students, and once more the voice of the "freshy" is heard in the land. The same old specimen that we were a few years ago, and oh! the memories, how they crowd on one, of the old days, of "the pleasure and the wit," until suddenly we realize we are listening to the introductory lecture of the session, and we collect our wandering thoughts together and smile to think how little this imposing ceremony has changed. Surely "custom cannot stale." The opening lectures of Trinity and Toronto Schools this

year, as ever, were excellent, and full of good advice, the latter filled with beauty of expression, and ideas bordering quite on the æsthetic.

Somewhere we have read, that long ago—about the sixteenth century—the question of wearing a beard came in for grave consideration by the students. Happily now the embryo medico may adorn his peculiar type of beauty as he chooses, or perhaps let some *fin de siècle* Beatrice voice for his benefit, "He that hath a beard is more than a youth, and he that hath no beard is less than a man; and he that is more than a youth, is not for me; and he that is less than a man, I am not for him." But soon, seriously, the student takes up his work, and on through the years, with now and then an "exam." to give added spice, and a chance to use (in private) a few choice quotations not recorded in the Revised Version, then the "capping," and the knight of the scalpel emerges ready to decide the question, "Where shall I practise?" God help him! What is he to practise on? Is the profession of medicine, then, so overcrowded? It is, and it is not. It is overcrowded, as are all the professions, with those who are content to sit idly by and achieve nothing, and who say the world owes them a living anyhow. It is not any use for a man to enter the battle of life without thorough preparation; a few years at a mill shop of a medical school, the hanging out of a "shingle" on a crowded street corner, a "top" hat and gold-rimmed eye-glasses are indeed a sorry preparation for a life-work.

The knowledge gained by long years of study, and the clinical knowledge attained in many a hospital, and then the skill that fought and conquered the grim monster beside the bed, perchance of some pauper patient, is the graded school of experience, out of which the men graduated who *do NOT crowd* the profession to-day.

The practice of medicine is not a business, there are not any wares to be shown or praised; but as the merchantman spends his thousands in putting capital into his business, let the medical man remember he must put his capital into his brain; he must buy—experience.

Let the young doctor spend more time in travel before settling down to practice. There are the hospitals of Europe and America to visit. We hope that it soon will be considered requisite before entering for a medical course that all students should attain a Bachelor of Arts degree, and then after securing their much-desired M.D., go abroad for a couple of years. Would they then come

back to overcrowd the ranks of the profession? We think not. They would soon make a place for themselves, and their confrères would delight to honor them.

In no other calling in life can be found a wider field of interest. The family physician, especially in the country, has many duties to perform apart from the giving of medical advice. "He is a witness of many plays on the stage of life, and if he would enter into the spirit of the actors he must be a man of many parts."

"Sink not in spirit ; who aimeth at the sky  
Shoots higher much than he that means a tree."

And so we welcome the students to our midst, and with their work yet scarce begun, if any should ask us, "Is the game worth the candle?" we will answer them in the words of Bliss Perry : "It is an impertinence to ask a man still in the game whether the game be worth the candle. He thought so once, no doubt, or he would not have begun playing ; and the courteous presumption is that he persists in his opinion. Whatever may be his secret guesses as to the value of the stake, your true sportsman will play out the game, and as long as he is playing his best, he makes but an indifferent philosopher."

W. A. Y.

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### DOCTORS AND ALCOHOL.

LAST month the largest Temperance Convention ever held in this or perhaps any other country convened in Toronto. It was, as our readers will at once recollect, the Women's Christian Temperance Union, and was under the able leadership of the world-renowned Miss Frances Willard. No one will deny that some of the cleverest and most original minds in this world have been those of women rather than of men. Woman must get the credit for having been the means of accomplishing a great deal that has been of immense benefit to the world at large. We regret to learn, however, that in the efforts of the W. C. T. U. to spread Blue Ribbonism throughout both hemispheres, they are "straining at a gnat and swallowing a camel." There is such a thing, even in a good cause, as going too far. In her report on "Heredity and Health," Mrs. S. J. Cray, of Compton, Que., we understand, said that it was necessary that the influence of the doctors be secured in temperance work. Thanks, awfully! She went on to say that physicians be at once requested

to immediately "use something other than alcohol as a base in their prescriptions." We think that the medical profession are perhaps as temperate a class of men as any other in the community, and are as much in favor of spreading the temperance cause throughout the country as are their neighbors, but at the same time they know enough of the duty they owe to their patients, as well as of professional ethics, to refuse to be influenced by extreme faddism. Alcohol as a medicine should be at least safe from outside assault in the chemist's laboratory. It serves its purpose admirably, in fact is indispensable. Its use as a therapeutical agent will be gladly discontinued when a substitute as efficacious as it has proved to be can be found; and we will be pardoned if we add that a great many people run their lives upon the same plan as the great reviewer who found fault with the way everything was done but never committed himself by saying how anything could be done better. "The destructive tendency is seldom allied to the constructive."

W. A. Y

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### SPECIALISM.

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No one need accuse us of "straining the quality of mercy" in giving a place to a quotation from Oliver Twist, "Over the Teacups": "Following my wife's urgent counsel I kept on for a whole year with my specialists, going from head to foot, and tapering off with a chiropodist. I got a deal of amusement out of their contrivances and experiments. Some of them lighted up my internal surface with electrical or other illuminating apparatus. Thermometers, dynamometers, exploring tubes, little mirrors that went half-way down to my stomach, tuning-forks, ophthalmoscopes, percussion hammers, single and double stethoscopes, speculums, sphygmometers—such a battery of detective instruments I had never imagined. All useful I don't doubt; but at the end of the year I began to question whether I shouldn't have done as well to stick to my well-tryed practitioner. When the bills for 'professional attendance' came in, and the new carpet had to be given up, and the old bonnet trimmed over again, and the sealskin sack remained a vision, we both agreed, my wife and I, that we would try to get along without consulting specialists, except in such cases as our family physician considered to be beyond his skill."

W. A. Y.

## INDIVIDUAL COMMUNION CUPS.

It is a source of satisfaction to us to notice, just on the eve of going to press, that at the meeting the other day of the American Public Health Association in Philadelphia, a resolution was adopted endorsing the action of a number of churches in adopting the use of individual cups or chalices in administering the communion wine, and the association recommended strongly the use of individual cups wherever communion cups are now in use.

W. A. Y.

DR. F. N. G. STARR, whose efforts in connection with the Department of Surgery in the JOURNAL have been so much appreciated, returns next week from London, where he has been giving special study to surgery.

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- New Form of Operation for the Cure of Inguinal Hernia. E. L. Swift, M.D. (3) Oct. 23rd.
- Nasal Bougies and Drainage Tubes. E. Pyncheon, M.D. (3) Oct. 23rd.
- New Stitch for Closing the Incision in Median Abdominal Section. W. V. Kingsbury, M.D. (35)
- Observations on the Surgery of the Gall Tracts. J. E. Allaben, M.D. (34) Oct. 2nd.
- Prostatic Hypertrophy. W. C. Cardwell, M.D. (68) Sept.
- Peculiar Form of Fatty Liver in Malarious Poisoning. F. J. Drury, M.B. (56) Sept.
- Pasteurized Milk as Dispensed in Yonkers; a Study of the Effect on Infant Mortality. S. E. Getty, M.D. (3) Oct. 9th.
- Post-Pharyngeal Abscess. T. C. Evans, M.D. (31)
- Picric Acid as a Primary Dressing for Burns. Alex. Miles, M.D. (7)
- Practical Points on the Administration of Chloroform. L. Ettinger, M.D. (1) Oct. 16th.
- Painless Eye Operations. W. H. Bates, M.D. (3) Oct. 16th.
- Post-Operative Complications and Reoperations. J. Price, M.D. (13)
- Puerperal Septic Infection. C. N. Miller, M.D. (46)
- Remarks upon Measles. J. A. Larabee, M.D. (31)
- Remarkable Angeioneurosis of the Tongue, due to the application of chromic acid to Granulations on the upper and posterior portions of the Tympanic Membrane. R. Lewis, jun. (3) Oct. 9th.
- Record of Dermatologic Therapy. J. A. Cautrell, M.D. (12) Oct. 16th.
- Rabies. N. G. Keirle, M.D. (5) Oct. 16th.
- Rational Treatment of the Constitutional Factor in the Causation of Hay Fever. C. P. Grayson, M.D. (24)
- Remarkable Case of Gunshot Wound of the Leg. F. E. Hinch, M.D. (9) Oct. 19th.
- Shock. S. R. Miller, M.D. (9)
- Surgical Treatment of Spastic Paralysis in Children. J. J. Clarke, M.B. (2) Oct. 9th.
- Section of Surgery (papers read at the British Medical Association in Montreal. (57) Oct. 9th
- Scarlet Fever. W. B. Haskell, M.D. (8)
- The Medical Relations of the Correction of Errors of Refraction. E. Jackson, M.D. (12) Oct. 2nd.
- Tonic and Spasmodic Intestinal Contractions, Report of Cases. X. O. Werder, M.D. (58)
- Threatened Death during Major Anesthesia, with a brief Digression upon Shock. H. M. Dawbarn, M.D. (4)
- Tendency to Bending of the Bones in Cretins under Thyroid Treatment. T. T. Smith, M.D. (2) Oct. 2nd.
- Typhoid Fever Neither Self-limited nor Self-protecting. H. G. Sigman, M.D. (18)
- Treatment of Bronchitis through the Nerve Centres and Respiratory Passages. B. O. Kinnear, M.D. (8)

- Treatment of Trigeminal Neuralgia. W. C. Krauss, M.D. (22)
- Telegony. Prof. Ewart, M.D. (7)
- Traumatic Infections and Their Treatment. W. T. Sarles, M.D. (9) Oct. 19th.
- Tuberculin, General Impressions from Six Years' Use of. J. T. Whittaker, M.D. (70)
- Unusual Cases of Hernia. A. H. Tubby, M.D. (37) Sept. 22nd.
- Ulcer of the Stomach. W. B. Metcalfe, M.D. (52)
- Uses of Normal Saline Solutions in Obstetrics. C. S. Bacon, M.D. (17)
- Uterine Hemorrhage. T. C. Feebles, M.D. (5) Oct. 9th.
- Use of Steel Pins in the Practice of Surgery. Prof. Annandale, M.D. (7)
- Vicious Proprietary Remedies. J. B. Shore, M.D. (31)
- Vaginal Hysterectomy. F. L. Dixon, M.D. (8)
- What are the Muscæ Volitantes? F. P. Pratt, M.D. (1) Oct. 9th.
- Wounded in Naval Battles between Japan and China—Sanitary Conditions Prevailing During the War. S. Suzuki. (2) Oct. 16th.
- Yellow Fever. A. K. Bond, M.D. (5) Oct. 2nd.
- Yellow Fever and Quarantine. W. Lee, M.D. (5) Oct. 23rd.

#### KEY TO MEDICAL PUBLICATIONS.

1. Medical Record, N.Y.
2. The Lancet, London, Eng.
3. New York Medical Journal.
4. Atlanta Medical and Surgical Journal.
5. Maryland Medical Journal, Baltimore.
6. Medical Summary, Philadelphia.
7. Scottish Medical and Surgical Journal, Edin.
8. Journal of Medicine and Science, Portl., Me.
9. The Railway Surgeon, Chicago.
10. Archives of Pediatrics, N.Y.
11. Montreal Medical Journal.
12. Philadelphia Polyclinic.
13. International Journal of Surgery, N.Y.
14. Medical and Surgical Reporter, Philadelphia.
15. American Medical Journal (Eclectic), St. Louis, Mo.
16. Medical Bulletin, Philadelphia.
17. Medicine, Detroit.
18. New England Medical Monthly and The Prescription, Danbury, Conn.
19. Canadian Medical Review, Toronto.
20. The Laryngoscope, St. Louis.
21. The Medical Age, Detroit.
22. Buffalo Medical Journal.
23. Cleveland Medical Journal.
24. The Therapeutic Gazette, Detroit.
25. Langsdale's Lancet, Kansas City.
26. Pacific Medical Journal, San Francisco, Cal.
27. American Journal of Medical Science, Phila.
28. The Maritime Medical News, Halifax.
29. The State Hospitals' Bulletin, Utica, N.Y.
30. Brooklyn Medical Journal, N.Y.
31. Pediatrics, N.Y.
32. Bulletin of Pharmacy, Detroit.
33. Magazine of Medicine, Atlanta, Ga.
34. North American Practitioner, Chicago.
35. St. Louis Medical and Surgical Journal.
36. Chicago Medical Recorder.
37. Medical Press and Circular, London, Eng.
38. Medical Brief, St. Louis.
39. Columbus Medical Journal, Columbus, O.
40. Chicago Clinical Review, Chicago.
41. The American Therapist, New York.
42. The Pacific Health Journal, Oakland, Cal.
43. The Dietetic and Hygienic Gazette, N.Y.
44. La France Medicale, Paris.
45. Medical Standard, Chicago.
46. The Medical Times, New York.
47. La Presse Medicale, Paris.
48. Le Progres Medical, Paris.
49. Quarterly Journal of Inebriety, Hartford, Conn.
50. American Journal of Surgery and Gynecology, St. Louis.
51. The Homeopathic Physician, Philadelphia.
52. Matthews' Quarterly Journal of Rectal and Gastro Intestinal Diseases, Louisville, Ky.
53. California Medical Journal (Eclectic), San Francisco, Cal.
54. Journal of Eye, Ear and Throat Diseases, Baltimore, Md.
55. Chicago Medical Times.
56. The Indian Lancet, Calcutta, India.
57. The British Medical Journal, London, Eng.
58. Annals of Gynecology and Pediatrics, Boston.
59. The American Gynecological and Obstetrical Journal, New York.
60. American Practitioner and News, Louisville, Ky.
61. The Medical Examiner, New York.
62. The Birmingham Medical Review.
63. The Alienist and Neurologist (Quarterly), St. Louis, Mo.
64. The Woman's Medical Journal, Toledo, O.
65. The Lancet, N.Y.
66. The Hypnotic Magazine, Chicago, Ill.
67. The American Journal of Insanity, Baltimore, Md.
68. The Tri-State Medical Journal and Practitioner, St. Louis, Mo.
69. Medical Review of Reviews, 252 Madison Avenue, New York City.
70. International Medical Magazine, Philadelphia, Pa.

W. A. Y.

## The Physician's Library.

*Diseases of the Eye and Ophthalmoscopy.* A hand-book for physicians and students. By DR. A. E. FICK, University of Zurich. Translated by A. B. HALE, M.D. Philadelphia: P. Blakiston, Son & Co. 1896.

Well printed, well illustrated, concisely and clearly written, this book is a reliable presentation of modern orthodox ophthalmology. It will commend itself to the general practitioner as being practical, for pathological hypotheses have been dealt with only so far as was necessary to illustrate and explain diseased conditions. To medical students its clearness of statement and fluency of style will render it a treasure trove. Indeed Fick himself says he intended the book especially for them, "aiming at a compactly written book, and yet one which would present the connection of things, the whys and the wherefores."

J. M. M.

*Lectures on the Malarial Fevers.* By WM. SYDNEY THAYER, M.D., Associate Professor of Medicine in The Johns Hopkins University. New York: D. Appleton & Co. 1897. Toronto: Morang & Co., Traders' Bank Building.

We think that this work by Dr. Thayer will secure a big sale, as we do not know of a book on the subject so thoroughly 'up-to-date' as this one is. It consists of a series of lectures, the opening ones being devoted to the methods of examination of the blood, the description of the hæmocytozoa of malaria, a clinical description of the malarial fevers, pernicious fevers, combined infections and masked malarial infections. Lecture 14 is devoted to the prognosis, diagnosis, treatment and prophylaxis. The charts representing the different fevers are very nicely illustrated and exceedingly clear, rendering the book much more readable in every way. We recommend this work to the Canadian profession.

*A System of Medicine.* By many writers. Edited by THOMAS CLIFFORD ALBUTT, M.A., M.D., LL.D., F.R.C.P., F.R.S., F.L.S., F.S.A., Regius Professor of Physic in the University of Cambridge, Fellow of Gowville and Cains College. Volume II. New York: The Macmillan Co. London: Macmillan & Co., Ltd. 1897. All rights reserved. Price, \$5.00.

This volume of Albutt, which has now become well known to the American and Canadian medical profession, is given over to Infective Diseases and Toxicology. Of the former department the book is divided into three main chapters, one on Infective diseases of chronic cause, a second on Diseases of uncertain bacteriology, and a third on Infective Diseases communicable from animals to man. Tuberculosis is the main discussion in the chapter on Infective diseases pursuing a chronic course. The subject is taken up in a most instructive manner, and is very full and thoroughly up-to-date. It is written by Dr. Sydney Martin. The Erythemata form the main part of chapter two, measles and rabella being written by Dawson Williams; mumps and whooping cough, by Eustace Smith, and constitutional syphilis, by the great Jonathan Hutchinson. The chapter by Sir Joseph Fayrer on the Fevers of India is well worthy of careful reading. The department devoted to intoxications is subdivided into poisoning by food, grain poisoning, mushroom poisoning, snake bite, alcoholism, opium



poisoning, and metallic poisoning, including poisoning trades.' The author accounts for the late appearance of this volume by the delay in the receipt of the report of the Commission on Vaccination. It is better that the volume should have been delayed than that such a valuable report be excluded, as it is worth a great deal to have such a record for reference. We feel that the publishers will meet with a hearty sale at the hands of the medical profession.

A NEW STORY, BY LYDSTON.—Every doctor who has heard Dr. Frank Lydston, of Chicago, tell one of his stories in his inimitable way, or has read "Over the Hookah," will be delighted to learn that a new story by Lydston will soon appear in the *Tri-State Medical Journal*, of St. Louis. It is entitled "The Doctor's Croesus—the Tale of a Generous Patient." It is of great interest, and will be fully illustrated. Physicians who are not subscribers to the *Tri-State Medical Journal* can secure the numbers containing the story by sending twenty-five cents to the Business Manager, 3509 Franklin Avenue, St. Louis.

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### COLUMBUS CITY (IND.) DIPHTHERIA EPIDEMIC.

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THE literature of diphtheria has become so voluminous, that it is almost impossible for one to become conversant with it. The importance of the subject shall be my excuse for attempting to add anything to it. These remarks were made by Dr. Geo. T. MacCoy, Health Officer, Columbus, Indiana, before the Indiana State Medical Society, at Terre Haute, last May. The doctor had personally observed one hundred and ninety cases of diphtheria during the epidemic. In speaking of the epidemic, he said: "During the last decade, many of you who are present to-day have watched with tender solicitude the eventful gestation of 'the Germ Theory of Disease.' From the moment of its conception to the hour of its nativity, you have carefully noted the gradual development of the embryo to the period of quickening and establishment of the fetal circulation, carefully and anxiously listened to the first sounds of the fetal heart, and watched every symptom in the process of preparation for the hour of final trial. The gestation was long and tedious, but the end came at last. The babe is born; it is a lusty infant, and was christened, 'The Germ Fact.' The legitimacy of the offspring is acknowledged by you all."

The Doctor reviewed the appearance, course and progress of the epidemic. It moved in a north-easterly direction, striking Columbus with great force late in August, 1896. Eleven cases appeared during the first forty-eight hours. These were apparently so distinct one from the other, that they appeared like so many sporadic cases.

From this the epidemic spread, in spite of all efforts to arrest it, sixty-five cases developing during the following month. This was a year of political agitation, and each political rally was followed by a fresh outbreak of the disease. Mild cases and