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Original Contributions.

DR. JAMES H. RICHARDSON, ONE OF TORONTO'S GRAND
OLD MEDICAL MEN.

BY W. A. YOUNG, M.D., L.R.C.P. (LOND., ENG.),
Coroner County of York, etc., etc.

ON the evening of April the fifteenth the former students of Dr. James H. Richardson tendered their old professor a greeting in the form of an oil-portrait of himself, the work of Mr. Dickson Patterson, R.C.A., presented at a dinner given at McConkey's, in celebration of the recent completion of his fiftieth year as teacher of anatomy in Toronto. Never did man deserve the esteem and affection of his army of students more truly than Dr. Richardson. Direct, convincing, thorough and inspiring as a lecturer, as dexterous in his ability to show, if necessary, his skill in using physical force by which to impress his students, as he was gracious in using moral suasion first at all times. A gentleman of the old school, self-contained and self-respecting, he knew to a nicety the value of the oratorical pause, and his silence often meant much to the youth who thought he knew it all.

From the days when I, as a "freshie," sat at Dr. Richardson's feet, learning how fearfully and wonderfully I was made—and that seems but a few years ago—it has frequently been my privilege and very great pleasure to drop in at the old homestead on Clover Hill, and spend a pleasant hour in the doctor's cosy den, and many a time

" Jests went round, and laughs that made
The house-dog answer with his howl,
And kept astir the barn-yard fowl."

And then came tales of his stern pioneer days, when the practice of medicine in Toronto meant all work and no play. The facts of

Dr. Richardson's early years as student and teacher are, to me, so interesting that I feel I should like my old fellow-students, now perhaps living at a distance from Toronto, to hear them also, and with apologies to Dr. Richardson, and assuming the entire responsibility of "telling tales out of school," I give the following very short sketch of the years he spent as medical student, physician, and teacher of anatomy:

Dr. Richardson is a descendant of one of the early settlers in the Province of Upper Canada, his grandfather, after serving under Rodney in the Ramillies, having settled in 1786 in the vicinity of Kingston.

His father was born in that town in 1791, served in the Royal Navy under Commodore Yes, as lieutenant during the war of 1812, lost his arm at the shoulder in the attack upon Oswego, and for many years before his death in 1875, officiated as Bishop of the Methodist Episcopal Church.

Dr. Richardson was born at Presqu'Isle, near Brighton, removed with his family to York in 1826, received his early education at the Grammar School, conducted by Mr. Boyd, father of the present Chancellor Sir John A. Boyd; afterwards in Cazenovia, N.Y., at the Grammar School, connected with Dickenson College, Carlisle, Pa., and finally at the Victoria Seminary, Cobourg, and Upper Canada College, under Dr. McCaul.

He commenced his medical studies in 1841, with Dr. Rolph, then an exile in Rochester, N.Y., his studies being confined to anatomy and surgery, his text-books the "Dublin Dissector" and Sir Astley Cooper's work on "Surgery." His dissections were performed in a room which adjoined his bedroom, and his subjects were sent to him from Toronto by the late Professor H. H. Wright.

In 1843, upon his return home, he entered, as a matriculated student in medicine, King's College University, a special "dispensation" being granted inasmuch as he was not a member of the Church of England.

The only other matriculated student in medicine was Mr. King, nephew of the Professor of Medicine.

Lectures commenced in the fall of 1843, and were delivered in the Parliament Buildings, which were vacant, inasmuch as Parliament had been removed to Kingston. Dr. Richardson was the sole attendant upon Professor Beaumont's lectures on Surgery, both professor and student sitting before the capacious fireplace, in strict academical costume.

In the fall of 1844 he went over to England, and entered as a pupil in Guy's Hospital, London.

It has been stated that he was the first Canadian who went to study in London, but he is unable to say whether Mr. Givins, son



DR. JAMES H. RICHARDSON.

Half-tone of oil portrait presented by his former pupils, to be hung in Toronto University.

of Col. Grivins, who was a student at St. Bartholomew's at the time he was at Guy's, preceded him or not. He was joined in 1845 by the late Dr. Small, in 1846 (or 1847) by the late Dr. Bethune and James Langstaff, of Thornhill.

Among his fellow-students who became eminent afterwards may be mentioned Mr. Lund, who for many years was the leading surgeon at Manchester; Dr. Roper, brother-in-law of Mr. Crickmore, barrister at Toronto, and consulting obstetrician at the Lying-in Charity, at Finsbury Circus; Drs. Habershon and Wilkes, physicians to Guy's; Cooper Foster, surgeon to Guy's, and Hon. Dr. Helmcken, who went out with Sir George Simpson in the early fifties, to Victoria, B.C., where he still lives, as the recognized head of his profession.

The staff at Guy's then comprised: Surgeons, Charles Ashton Key, surgeon to Her Majesty; Bransby Cooper, nephew of Sir Astley Cooper; Mr. Morgan. Physicians, Addison, Babington, Barlow, Bird, and Gull. Alfred Taylor, world-wide known in forensic medicine, occupied the chair of Chemistry and Medical Jurisprudence.

At the close of his first year Richardson was, after examination, awarded first prize in anatomy, ranking equal with Mr. Roper, Mr. Habershon and Mr. Lund receiving the second, also ranking equal.

Shortly previous to 1846, the dresserships, which up to that time were obtainable only upon the payment of a large fee, were presented to such students as were deemed worthy, and Richardson received one under Mr. Morgan, serving during the session 1846-47.

During that time he had an experience which created considerable interest among the staff and students, and great anxiety to himself. He was sleeping in the dresser's room, when a messenger arrived, who stated that a man who had been admitted on the day previous into Samaritan Ward, and had been examined by Mr. Morgan, who thought he had merely a trifling ailment of the throat, was suffocating and requiring immediate relief. Samaritan Ward was upstairs, in a building near the foot of the lane, and a large window opposite the door commanded a view up to the rear of the main entrance of the hospital.

He ran at once to the residence of Mr. Cock, one of the junior surgeons, who lived close by, whom he found in bed, and who promised to come immediately. He then roused Mr. Hill, who had charge of the hospital instruments, and obtained the tracheotomy case, containing knives, trochars and canulæ, and hastened back to the patient, whom he found to be in extreme peril, unable to inhale a breath, his eyes staring, and the muscles of his neck protruding from his efforts to breathe.

The instruments were laid out, everything was in readiness for the operation, and Richardson ran from the patient to the window again and again, watching for Mr. Cock's appearance. When the patient seemed to be *in extremis*, Richardson said to the sister (the head nurse), "Sister, I cannot bear to see this man die without an effort being made for his relief. Shall I operate?" With the sister's approval he operated, and passed the longest canula into the trachea; but it was too late, the man was dead.

After cleansing the instruments he returned to the dresser's room, and met Mr. Cock at the front entrance to the hospital. He had been unexpectedly detained. When Richardson told him that the man was dead, and that he had operated, his reply was (he stuttered): "The dev—the—the dev—the devil you did," and turned on his heel back to his house.

As might be expected, the excitement that morning was intense. That a man, who twelve hours before had seemed to have only a slight inflammation of the throat, had been operated on by a mere student, no one being present except the sister, and was dead, was unprecedented.

Twenty-four hours had to elapse before the autopsy could be performed, and during that time Richardson neither ate nor slept. He had never seen a case of œdema of the glottis, nor the operation of tracheotomy. Whether there was œdema of the glottis, whether the impeded respiration was caused in some other way, and whether the operation had been skilfully performed, were questions upon which depended his reputation, if not the serious charge of manslaughter, for none were authorized to perform such operations who had not received license.

At the autopsy, which was performed by Mr. King, the discoverer of the safety-valve function of the tricuspid valve, the operation was pronounced to have been skilfully performed, the glottis to have been completely occluded by œdema, and Richardson was not only relieved from all censure, but was justified in his effort to save the man's life.

During that year he spent six months in Paris, where he had the advantage of attending the lectures and the hospitals under Louis, Lisfranc, Laennec, Piorry, Trousseau, Ricord and others, who were lions in their day.

He was also present at the first administration of ether in London as an anesthetic. The use of anesthetics is such an invariable practice now that surgeons can scarcely realize the suffering of the unfortunate patient nor the embarrassment of the surgeon prior to their discovery.

Dr. Richardson returned home in 1847, with the diploma of an M.R.C.S. (Eng.), and commenced practice in Toronto. In 1848 he

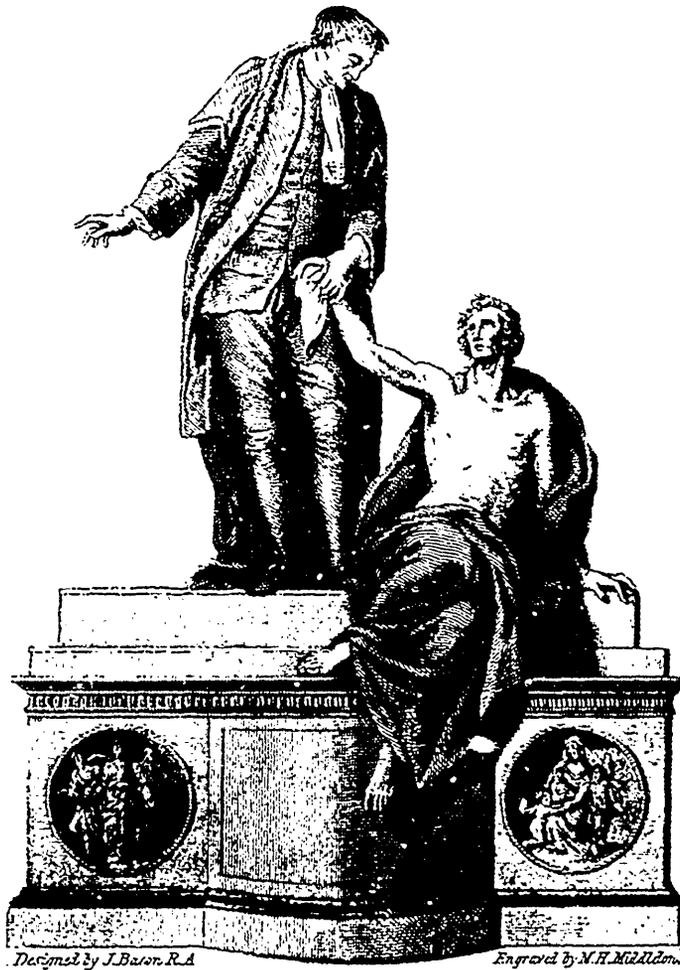


STATUE OF "THOMAS GUY, FOUNDER."

Situating in the Court in front of Guy's Hospital.

passed the examination at King's College, and presented a Latin thesis on the motions of the iris, in which he endeavored to show the anatomical relations between the optic nerve and the nerves which controlled the motions of the iris, and was admitted to the degree of M.B.

I think it will be interesting to the large number of Dr. Richardson's professional friends to see the kind of attendance certificates which were issued over fifty years ago at Guy's Hospital, and I append two, just as they appeared in 1847. My readers will also find an exact photographic reproduction of the license to



STATUE IN GUY'S HOSPITAL CHAPEL.

practise in Canada issued to Dr. Richardson the same year. It was with considerable effort that I induced the doctor to allow me to publish them, but after several refusals he at last kindly acceded to my request. The letters inserted in this article are from men like Sir W. W. Gull, Drs. Barlow, Cock, Taylor, Bransby Cooper and others, who were Dr. Richardson's teachers during his term at Guy's Hospital from the year 1844 to 1846 inclusive. Full of interest, they go to show what an industrious student he was, and how he applied himself to his work with such assiduity that he was awarded the highest honors the hospital could confer.



Medical School

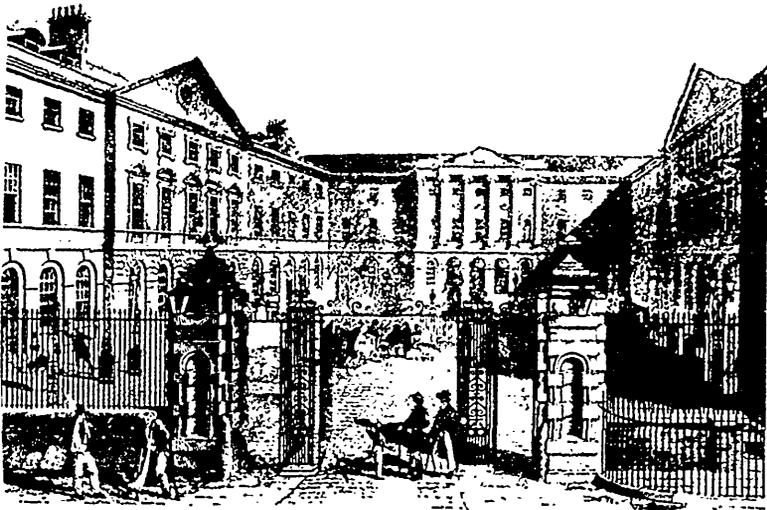
St. George's Hospital

It is hereby certified that M. J. H. Richardson
 has attended Two Courses of Lectures on the
 Theory and Practice of Medicine
 by which he hath had an Opportunity of
 being made acquainted with the Principles
 of this Science

Wm. Mayne
 10 St. Dunstons

Physician
 to
 St. George's Hospital,
 SOUTHWARK.

London 11th May 1857



Medical School

Guy's Hospital

This Certifies that Mr. J. H. Richardson has been a
PUPIL TO THE PHYSICIANS' PRACTICE
of this Hospital for eighteen Months, during
which Time he has had every Opp. of acquiring a Knowledge of
Diseases, and the proper Methods of treating them.

Thomas Hodgkin
Wm. Babington
J. B. Barlow

Physicians
 TO THE
 Hospital.

London, 17th May 1844

License issued to Dr. Richardson in 1847.

Province of Canada

By His Excellency The Right Honorable James
Earl of Elgin and Kincardine, Governor
General of British North America and Captain
General and Governor in Chief in and over
the Provinces of Canada, Nova Scotia, New Brunswick
and the Island of Prince Edward, and Vice-Royals
of the same, &c. &c. &c.

To all to whom these presents shall come, —
Greeting. —

Know Ye that I do hereby grant this
my License to James Henry Richardson of the City
of Toronto in the County District of the Province of
Canada, Elgin, to practice Physic, Surgery, and
Midwifery in the said Province of Canada, — the
said James Henry Richardson having exhibited the
proof of qualification and produced the other testimonials
required by law in that behalf. —

Given under my Hand and Seal
at Montreal, this ~~thirteenth~~ day
of July, in the year of Our Lord One
thousand eight hundred and forty
seven and in the eleventh year of
Her Majesty's reign. —

By Command. —

Alfred Heriot

D. Day
Secy

I have the greatest pleasure in having an opportunity of expressing the high opinion I entertain of the professional qualifications of Mr. James H. Richardson. I have known him intimately from the time of his first coming to Guy's Hospital, and can state that, through the whole course of his studies here, he has distinguished himself by his abilities and gentlemanly deportment, having had the highest honors of our hospital conferred upon him as a reward of merit. It is with feelings of esteem and the sincerest desire that he will hereafter obtain a full return for his labors that I conclude this testimonial.

(Signed) WILLIAM W. GULL, M.D.,
Lect. on Physiology.
Guy's Hospital,
May 19, 1847.

I can bear testimony to the great attention bestowed by Mr. James Richardson on the various objects of interest at Guy's Hospital during the long period of study at the surgical school of that institution. He has had great opportunities of making himself well acquainted with the principles and practice of surgery, and is qualified for the active duties of the profession by zeal and natural intelligence in the acquisition of knowledge. I hope to hear of his success in whatever quarter of the globe he may settle.

(Signed) C. ASTON KEY,
Senior Surgeon, Guy's Hospital.
London,
May, 1847.

I hereby certify that Mr. Jas. H. Richardson attended the lectures which I delivered in this hospital on Chemistry and Practical Chemistry during the years 1844-5, that he was a very diligent and attentive student, and that, from personal observation, I have every reason to be satisfied with his conduct as a pupil during the period of his studies.

(Signed) ALFRED S. TAYLOR, F.R.S.,
*Lecturer on Medical Jurisprudence and
Chemistry in Guy's Hospital.*
Guy's Hospital, London,
May 13, 1847.

Mr. Bransby Cooper cannot speak too highly of the assiduity and proficiency made by Mr. James H. Richardson in the prosecution of his studies during his three years' pupilage at Guy's Hospital, and can most conscientiously say that he believes Mr. Richardson's departure from England will be equally regretted by the physicians and surgeons of the hospital, as by his fellow-pupils who have labored with him in search of science. Mr. Cooper feels assured that the due reward for excellent moral and gentle-

manly conduct awaits Mr. Richardson upon his return to his own country, where he will be certain to obtain the affectionate esteem of his friends, and the confidence of the public at large, for his great attainments in professional knowledge. The best wish Mr. Cooper can offer to his pupil and friend is that he may meet with his just deserts.

I have much pleasure in stating that I have known Mr. Jas. H. Richardson for a period of some years, during which he has been a student at Guy's Hospital. Whilst at that institution he enjoyed ample opportunities of acquiring a sound knowledge of medicine and surgery, and of these opportunities he diligently availed himself. Upon those grounds I recommend him as worthy of confidence in the profession.

(Signed) G. H. FARLOW,
 Union Street, Southwark, *Physician to Guy's Hospital.*
 May 14, 1847.

I have known Mr. Jas. H. Richardson during the entire period of his attendance at Guy's Hospital, where he has pursued and completed his studies with the utmost zeal, industry and success. I entertain an excellent opinion of his abilities, and am convinced that his well-grounded and practical knowledge of medicine and surgery, together with the opportunities he has enjoyed for observation and experience, are such as will qualify him to practise his profession with the utmost credit to himself and the best advantage of his patients.

(Signed) EDWARD COCK.
 April 15, 1847.

It is with much satisfaction that I comply with Mr. Richardson's request to give him a testimonial on his quitting Guy's Hospital. I have had the opportunity of knowing the steady, persevering industry with which he has worked at his profession during his pupilage at this school, and I feel persuaded that his sound, practical knowledge of every branch of his profession will not fail in after life to secure for him a large measure of success. I have noticed Mr. Richardson's regular attendance in the lecture room, and I know that he has availed himself of the Lying-in Charity at Guy's Hospital to become practically acquainted with midwifery, and I feel confident that he will discharge the duties which belong to an accoucheur with much judgment, discretion and success.

(Signed) HENRY OLDHAM,
Physician, Accoucheur and Prof. of
Midwifery at Guy's Hospital.
 May 15, 1847.

19 Myddelton Square, London,
May 10, 1847.

Mr. James H. Richardson, having completed his career as a student at Guy's Hospital, I cannot permit him to leave England without bearing with him my testimony of his high deserts. I have seen Mr. Richardson almost daily from the time he commenced his studies in London to the present time, and I can declare with confidence that none of my pupils have exceeded him for untiring zeal, patient industry and gentlemanly and urbane conduct. I beg confidently (so far as any introduction emanating from myself has influence) to earnestly and strongly recommend Mr. Richardson to the notice, patronage and support of my professional brethren in Canada, as well as to the public at large. The former will find in him an intelligent, scientific and industrious confrere; the latter will meet with in Mr. Richardson all the medical skill and intelligence which can be rendered to the sufferer in the hour of affliction.

(Signed) GOLDING BIRD, A.M., M.D., F.R.S.,
*Fellow of the Royal College of Physicians, Physician
to and Professor of Materia Medica at Guy's Hos-
pital, and to the Royal Coll. of Physicians, London.*

I gladly embrace the present opportunity of expressing the very high opinion that I entertain of the professional abilities and acquirements of my friend, Mr. James Richardson. For several years past I have had the pleasure of his acquaintance and I can therefore with the greatest confidence recommend him as a most able and skilful surgeon, possessing every information requisite for a sound and accomplished practitioner.

(Signed) ALFRED POLAND.
Demonstrator of Anatomy, Guy's Hospital.

May 4, 1847.

I have great pleasure in bearing my testimony to the untiring zeal and great diligence with which Mr. James H. Richardson has pursued his studies at Guy's Hospital. I can more especially speak of his acquirements in midwifery, and most truthfully do I state that he has omitted no opportunity of making himself acquainted with this department of the profession. Wherever he may settle he will be an acquisition.

(Signed) JNO. W. LEVER, M.D.,
*Physician, Accoucheur and Prof. of
Midwifery at Guy's Hospital.*

April 27, 1847.

I have much pleasure in offering my testimony in favor of my former dresser, Mr. James H. Richardson, whom I believe to be a well-educated and well-informed surgeon, and in every respect perfectly qualified to practise his profession with honor to himself and advantage to his patients.

May 20, 1847.

(Signed) JOHN MORGAN,
41 Finsbury Sq.

I have much pleasure in bearing testimony to the industry and gentlemanly conduct of Mr. Jas. H. Richardson whilst a pupil at Guy's Hospital, and in expressing the favorable opinion I entertain of him as a medical man.

(Signed) THOMAS ADDISON, M.D.,
Sen. Physician and Lecturer at Guy's Hospital.
"Guy's," May 17, 1847.

I have the greatest pleasure in bearing my testimony to the professional acquirements of Mr. Jas. H. Richardson, which I fully believe to be of the highest order. During the period of his studies at Guy's Hospital he has always been distinguished for his industry, ability and urbanity, and I feel confident that he will practise his profession with honor to himself and to the advantage of those seeking his advice.

London,
May 12, 1847.

(Signed) JOHN BIRKETT,
Demonstrator.

In 1849, the Professor of Anatomy, Dr. Sullivan, being prevented from lecturing, on account of illness, from which he died the next year, nominated Dr. Richardson to supply his place, and the nomination having been confirmed, he (Dr. Richardson) commenced lecturing that fall.

The chemical and anatomical departments then occupied an oblong building, west of the Parliament Buildings, and was lighted by sky-lights. His room contained two raised benches, and the class numbered about eighteen, some matriculated, but the majority studying to pass the Medical Board. At the close of the session the students presented him with a testimonial, expressing their satisfaction at the way in which the duties had been performed.

In 1850 the chair became vacant, on the death of Prof. Sullivan, and Dr. Richardson was selected out of three applicants, who had been recommended by the Caput of the University, as Professor of Anatomy and Curator of the Museum. He was required to relinquish all practice, and to give his undivided attention to his duties, and received therefor a specified salary, the other professors being paid by the fees received from students.

His colleagues were gentlemen of the highest ability in their departments.

Professors Beaumont, F.R.C.S. (Eng.), in Surgery, and Croft, in Chemistry, had been selected in London, upon the recommendation of the highest authorities there; Professors Gwynne, King, Herrick, Nichol and O'Brien were chosen from the leading practitioners in the city.

The Medical Department of the University rapidly extended, and more commodious quarters being required, a large brick building, afterwards called Moss Hall, was erected upon the site of the present Biological Building. It contained commodious theatre, lecture rooms, museum, private rooms for each of the professors, and a large dissecting room, which extended upwards through the second story.

Everything gave promise of continued prosperity and progress. The Faculty were working diligently and harmoniously, the accommodation was ample, the students had increased so that Dr. Richardson's list alone numbered over sixty, until the assembly of Parliament, in the winter of '53, when, without a note of warning, a bill was rushed through Parliament which provided that, after the next July, there should not be any longer either the Faculty of Medicine or Law in the University of Toronto, and that the professors who did not resign their chairs should be paid up to that date, and those who did resign should receive a year's pay.

The animus of this Act was shown in a clause in which was laid down directions concerning the endowment of chairs in the University, to which was added the proviso that it should not be lawful to endow any chair for the teaching of the branches of medical education, or any subject allied thereto. The intent of the Act was shown in the clause by which students should be admitted to examination in the University for degrees in Medicine, only from such medical schools as might be chosen and specified by the Provincial Governor-in-Council. That school was the one of which Dr. Rolph was head. As to the political circumstances which enabled him, then a member of Hon. Mr. Hinck's Cabinet, to secure the passage of an Act so injurious to the University, and unjust to the professors of the two faculties, it is only necessary to say that Hon. Mr. Hincks, replying to a letter to him from the Rev. John Roaf, in which Mr. Roaf upbraided him for supporting the bill, stated that, in order to secure a refractory section of the Reform party, so as to carry out his Grand Trunk measures, he had given control of the University question to Dr. Rolph.

Some years afterwards, Dr. Rolph, having separated from his colleagues in his school, and established another in Yorkville, Dr. Richardson accepted the invitation of the late Dr. W. T. Aikins to lecture in the Toronto School of Medicine. He con-

tinued his connection with that school until the restoration of the Faculty of Medicine in the University, and was, with almost all of the lecturers, restored to the professorship he had been deprived of, more than thirty years.

The reason assigned by the supporters of the Act of 1853 was that institutions teaching professional education should receive no support out of the public funds, but after Dr. Rolph had separated from his colleagues and formed his new school, negotiations were carried on through the Hon. Dr. Widmer for the re-establishment of the Faculty of Medicine, and Dr. Bovell had submitted the names of Dr. Rolph, Drs. Hodder and Bovell from the Trinity College School, and Drs. Nicol and Richardson from the old University staff. As soon as Drs. Nicol and Richardson heard of the move they called upon Dr. Widmer and informed him that their names had been submitted without their having been consulted, and that they would have nothing to do with the scheme. Dr. Widmer's answer was characteristic, "You are d—d fools." To this they replied, "May be, but their self-respect will not permit them to take professorships along with a colleague who had been instrumental in procuring the destruction of the Faculty." The scheme in consequence went no further.

When the University of King's College became the University of Toronto, in 1849, the Chair of Divinity was abolished, but the professor retained his connection with the University as Professor of Ethics, and the University became completely undenominational, and open to all with equal privileges. A Royal Commission of Visitation was issued, "to organize and regulate" the new body. The members of the commission were Chancellor Blake, Hon. J. H. Cameron, Mr. Justice Wilson, Mr. David Buchan, and Dr. Richardson, of whom Dr. Richardson is the sole survivor.

Dr. Richardson taught anatomy in the University of Toronto Medical Faculty till about seven years ago, after having completed fifty years of medical teaching in Toronto, so that our dear old friend was not only present at the birth of the chair he so worthily filled, but held his professorship long enough to see Toronto University occupy the wondrous position it holds, and those walls will now be adorned by a painting of the old professor. The portrait, as shown on page 307 of this article, represents him standing in a characteristic attitude, while lecturing—erect for his years, his right hand falling loosely by his side, his left hand extended, and in it holding up to view, as if demonstrating to a class, the temporal bone. His eyes are as blue and clear as a June sky—such young eyes, without a trace of ennui, as

"He looks the whole world in the face
For he fears not any man."

Only in the throat has the artist allowed the deep shadows of old Father Time to leave their impress, and perhaps in a strenuous vein or two in the finely modelled hands. The quiet tones of soft golden brown which form the background, merge beautifully and fittingly into the outlines of the figure of this man of oak.

"Old friend, kind friend, lightly down
Drop Time's snowflakes on thy crown!
Never be thy shadow less,
Ne'er fail thy cheerfulness."

* * * * *

"I, -- the man of middle years
In whose sable locks appears
Many a warning fleck of gray,
Looking back to that far day,
And thy primal lessons feel
Grateful smiles my lips unseal,
As, remembering thee, I blend
Olden teacher—Present friend.

145 College Street, Toronto, April, 1903.

SEVERE EXTRINSIC TRAUMATISMS OF THE SPINE.*

BY THOMAS H. MANLEY, M.D., NEW YORK.

SEVERE spinal injuries reduced to an anatomical basis may be divided into two classes: First, those which involve the rachidian structures alone, the osseous, ligamentous, muscular, and vascular.

Second, those in which the effect of violence fall with greatest force on the central organ, the cord, its meningeal investments, its ganglia or medullary substance.

The former or extrinsic injuries are much the most common, and though not so serious to life or function may, by extension of pathological processes, involve the deeper or more vital parts; but in most cases they are recovered from, however, sometimes leaving deformity or impaired function.

The osseous structures of the vertebral column consists essentially of two parts; first, a segmented whole, made up of the vertebral bodies, with an intervertebral substance, and an enveloping sheath of a tough, fibrous structure.

This, properly speaking, is the triple curved backbone, which supports the head and carries the whole trunk. This is a flexible structure which, within various limits, may be bowed or twisted with remarkable impunity.

Secondly, the posterior stage work of the spinal column, the vertebral apophyses which serve chiefly the double purpose of pro-

*Abstract of essay presented at Mississippi Valley Medical Association at Kansas City October 16th, 1902.

viding a hollow tube for the cord, and attachments for ligaments, muscles, and tendons.

All the structures external to the theca spinalis are provided with an abundant circulation, while the cord itself and its membranes are but very sparsely supplied with vessels.

The primary extrinsic lesions of the spine are:

1st—Contusions, blows, or falls.

2nd—Sprains, hyperflexion, or torsions.

3rd—Hemorrhage—intra and extra-rachidian.

4th—Fractures—simple and open.

5th—Diastases—fracture and luxations.

6th—Visceral complications.

Contusions, blows, or falls on the back seldom involve danger to the spinal structures, except when the volume of force is great and force is concentrated on a limited area. The spinal defences provide frequent immunity by sudden sinking of the head, the projecting shoulders and ribs, the iliac crests, the ponderous lumbar development and gluteal projections. A sudden violent blow over the neck is the most serious, because of the large sympathetic ganglia here located, and its contiguity with the bulb at the base of the brain.

The pneumatic, thoracic areas are well calculated to resist shock, and, lower down, afford protection to many of the solid, floating organs of the abdomen.

The spinal cord ends at the last dorsal vertebra, and hence, concussive force on the lumbar or sacral regions can only effect the terminal nerve cords contained therein.

The effect of a blow on the lumbar or sacral region is from direct concussion and contre coup effects, transmitted shock.

Sprain of the spine, implies the effects of a complex force, with consecutive complex pathological conditions, entorse and arrachement torsion with over-stretching or sundering of ligaments are invariably essential factors.

The neck, the most mobile segment, suffers most frequently, and grave sprains there are most commonly produced by the body being projected against the occiput, as in diving, or falls on the side of the head. The costal bases which laterally support the thoracic spine, safeguard this segment against torsion injury. The lumbar region frequently suffers from sprains after great efforts in various exercises, or in making heavy lifts with the spine in a laterally inclined attitude.

A severe sprain of a joint is always a serious accident; of the spine more so, because of vital and delicate organs which it encases. Spinal sprains may involve a diastasis of the vertebral segments, though generally the apophyseal articulations alone are engaged. In lumbar sprains the tendons may suffer rupture or luxation.

Spinal hemorrhage may be broadly divided into two varieties, viz., that which occupies the cord and that which occurs external to the theca in any of the overlying structures. The former can never occur, as a primary, uncomplicated lesion; the latter, the extrinsic variety, occurs frequently in nearly every type of severe spinal injury; it is usually venous, it may take place in the vertebral hollow, alongside the cord, or into the subcutaneous intermuscular spaces, posterior to the apophysis.

The most confused ideas prevail in relation to "spinal hemorrhage," the prevailing impression being that the blood escapes into the meninges or the medullary elements of the cord, hematomyelia, while quite invariably the blood leak is into the hematomyelachis. The latter is, of itself, rarely a cause of serious apprehension, but when complicated it becomes an aggravating factor in provoking pathological changes, tending to meningitis, or myelitis, ascending or descending. The gravity of this hemorrhage depends on its site, volume and complications.

Fractures of the spine should always be considered in a category separate to itself. This fracture may exist—a broken back without any definite symptoms at all. Diagnosis of it, by any means known to art, may at times be absolutely impossible. When the spinal cord escapes impingement, as it does in the greater number of cases, restitution and integraum may speedily follow, or the fragments may unite, leaving an ankylosis, or a deviation, most commonly a kyphosis. This involves a deformity with impairment of function, in the mechanical action of the column, in its oscillatory movements and its strength, but in no manner impairing the function of the cord.

Fracture of the spine is seldom attended with palpable displacement, the ligamentous attachments being so numerous and firm that the fragments are usually sprung into position automatically. This fracture only assumes a serious aspect when the cord is divided or fatally crushed.

Diastasis, or fracture-luxation: A genuine, complete luxation of the spine, without simultaneous destruction of the cord, can be only imagined, it can never occur without destruction of the cord.

A displaced vertebral body is a diastasis and not a dislocation, because, the intervertebral junctions are not true joints, and luxation of the apophysis can only occur with co-existent fracture of an arch or pedicle, except in the cervical region. It is very frequently impossible to distinguish an apophyseal luxation from a fracture, except possibly in the neck, and even here, a luxation of the vertebrae has often been suspected, when on autopsy none was found, but a fracture of the base of the skull. Again, I have known of an exploratory operation for luxation-fracture when none was discerned through the incision, but it was later known that one existed three vertebrae farther down.

Visceral complications, co-existent or consecutive to violent spinal injuries, are not infrequent. The thoracic and abdominal organs most frequently suffer. Mediastinal, pleural, or pulmonary hemorrhage may occur after a fracture through the vertebral blocks, or a diastasis through the intervertebral substance, in consequence of a laceration of the anterior ligaments and intrarachidian plexus of vessels. The heart or great vessels may suffer from the effects of violent commotion of the thorax.

In the abdomen the kidney may suffer displacement, contusion, or laceration; the spleen, pancreas, or liver are liable to similar lesions; a distended gall or urinary bladder, or stomach, may suffer rupture and leakage; the pregnant uterus in any stage may sustain shock with the premature expulsion of its contents.

In many severe extrinsic rachidian injuries, though the spinal cord may previously escape such damage as will induce paralysis, yet later symptoms may follow, suggestive of meningeal changes, or disturbances of nutrition, and pronounced disturbance of the ganglionic connections with the sympathetic involved.

In all this class of traumatism it will be well to be reserved in prognosis until at least the primary effects have been recovered from the function is fully regained.

LEGISLATION NEEDED FOR THE PRESERVATION OF THE TEETH OF THE SCHOOL CHILDREN OF CANADA.

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THE statement which I am about to make, while it may be somewhat startling to the ordinary physician, is one which should merit the closest attention of the profession. My statement is this: That the most neglected, yet the most important, health reform affecting the well-being of the American people is in relation to the deterioration and decay of the teeth of the children of the present generation, and the almost universal neglect of the proper measures for prevention of the loss of the permanent teeth of school children. I am well aware that this statement is a bold one, and one which will not meet, at first sight, with the endorsement of physicians who have not given special attention and study to this subject. However, it is my firm conviction that in far-reaching results and as a predisposing and exciting cause of disease, and as effecting the health, beauty and vigor of the race, there is no more serious menace to the welfare of the future American citizen than this same question. Over a dozen years ago, my opinion was

that tuberculosis was the greatest menace to civilization, and as a pioneer in the movement for the prevention and alleviation of consumption in this country, my recommendations in favor of a consumption sanitarium and other measures for the prevention of the disease met with the disapproval of the majority of the profession, and of the various medical societies of this country, but my study of the subject has been so exhaustive that my advice as to the importance of sanitarium for consumptives meets with general approval to-day, and while there were only two consumptive sanitariums in America at that time, now there are several in Canada, and millions of dollars have been spent in this direction in the United States and elsewhere. We have now consumptive hospitals for the poor, but dental hospitals are also necessary if we are to prevent wholesale destruction of the teeth of the children of our poor, and just as necessary is the early notification of the parents of the school children of the presence of caries of the teeth. The most important measure to this end is the periodic inspection at least two or three times a year of the teeth of the school children. No one should be allowed to attend school without having their teeth examined at least twice a year by a dental inspector, or without bringing a certificate from their dentist certifying to the fact that the condition of their teeth had been examined by him. When we consider that 95 per cent. of all the children of Canada, between the ages of 6 and 16 have been shown to have decayed teeth, or have lost beyond possible recovery, except by artificial method, one or more of their permanent teeth, the universal need of this measure will readily be seen. If our people are to cope with the people of other lands in the race of civilization, something active and aggressive must be done and done at once in this direction, as millions of permanent teeth are being lost every year forever from the mouth of our children. Not only should every opportunity be taken to attract the attention of the profession of dentistry and medicine to this subject, but efforts should be made to obtain the co-operation of boards of education and of the Legislature. Of nearly twenty millions, boys and girls, of all ages, in the various schools of America to-day, it is a sad fact, indeed, to think that less than 5 per cent. of these have all their permanent teeth sound and healthy, while it is not uncommon to find that many of the old pioneers of the country retain in good form all their permanent teeth. It is not only in America that this condition prevails, but in foreign countries the condition of the teeth of children is so bad that in Russia, Germany, and elsewhere, progressive measures are being taken for the prevention and alleviation of this growing evil.

The legislation needed in Canada to remove this great national calamity is to enable school boards to require school children to

bring a dental certificate from their family dentist certifying that the teeth have been examined by him, or else requiring them to undergo a periodic examination by a dental health inspector, who would be specially appointed for making such examinations at least once or twice a year. By this means parents would not be unaware, until too late, of the real condition of the mouths and teeth of their children, and if dental hospitals were established, or other arrangements made, for the caring for the teeth of poor children, this national evil could be largely remedied.

Wood Alcohol Poisoning.—Dr. Brehm, an American physician, drank three bottles of Columbian Spirits on July 27, 1898, and two days afterwards became entirely blind. He now sues the drug firm who made the spirits, claiming that his blindness was due to wood alcohol used in its manufacture. The spirits is acknowledged to have been made from Jamaica ginger, wood alcohol, 30 per cent.; grain alcohol, 50 per cent., and water, 20 per cent. This formula reminds us of the taste of divers and various drinks with which we have quenched our thirst in Scott Act days. We still see—at any rate well enough to be on the lookout for Columbian Spirits.

A Serum Which Will Put an End to Cholera Infantum.—The recently discovered serum which kills the bacilli of cholera infantum has been injected into animals at the Wilson Sanitarium, near Baltimore, Md., and has been found to be wonderfully efficient. The experiments have been conducted by Dr. J. H. M. Knox. Dr. Simon Flexner, new head of the Rockefeller Institute for Medical Research, has also attained similar results, and believes the anti-toxin can be given to the world by the end of this year. It was the death from the disease of his little grandson, "Jack" McCormick, that led John Rockefeller to found the institute. The effect of the serum upon human beings has not yet been tried and it is not expected that a trial will be made until it has been greatly improved upon. All physicians interested in anti-toxin are hopeful of perfecting the remedy so that it may be successfully used in the treatment of children. Flexner is working to this end at the Mulford Vaccine Farm, near Philadelphia. Preparations are being made to engage thirty trained students in the laboratory work, and others will be sent to various localities to study the peculiarities of the disease under different conditions. While the discovery of the germ was made by the two Johns Hopkins students, the fact that cholera infantum was due to the existence of a germ was first learned through the researches of army surgeons in the Philippines.

Selected Articles.

SIX YEARS OF MEDICAL JOURNALISM —A RETROSPECT.

BY JAMES C. JOHNSTON, A.B., M.D., NEW YORK.

Recently Acting Editor of the *Journal of Cutaneous and Genito-Urinary Diseases.*

HAPPINESS, they say, is accomplishment. Mine in this connection lies in the fact that I have accomplished my term of service and am free to sit down and write, while they are fresh in my mind, the reflections born of the experiences of those six years. It is not an unusually long period, as these things go, for journalism is, like eczema, a blood disease, and can rarely be cured in a lifetime. I had served an apprenticeship of four years under Dr. J. A. Fordyce before Dr. Swinburne and I assumed the management, as well as the ownership, of the *Journal*, so, perhaps, in view of the dual role, if not the experience, I may be excused for the rashness of getting into cold type with reminiscences. Of our troubles as publishers, struggles with printers, photo-engravers, lithographers, papermakers, post-office authorities, and, especially, with non-paying debtors, of whom we met some two thousand, I shall have nothing to say. The experience is valuable, but only to the individual; what I have to present relates to the editorship and, I have faint hopes, will tend to promote a better understanding between authors and readers, on the one hand, and the editorial staff, on the other. If a bias in favor of the latter is discovered, it will be forgiven on the ground that

“Each in his separate star,
Must paint the thing as he sees it
For the God of things as they are.”

The god is the public, the only tribunal from which there is no appeal. Its judgments should be moderated on that account alone.

The worst of the many evils with which the medical profession has to contend is one of which all our national experience has taught us the folly, decentralization. It is evident throughout. Its business is worse handled than any other. Instead of trusts, in which overproduction is restrained, in which wages can be fixed and maintained, and in which the incompetent and superfluous

are eliminated, it is every man for himself, and the devil and his colleagues for the hindmost. This is true of its material for investigation, and of the journals it supports, as well as actual practice.

Our exchange list numbers more than one hundred and twenty, the total varying from time to time, owing to untimely deaths and summary removal when a contemporary was caught in too barefaced a theft from the *Journal's* abstracts. Of these, the large majority, seventy-odd, are American. No imagination, however fertile, can conceive a use for so many. That some of them serve no purpose is amply testified by their contents. The whole of one man's time would be necessary to review them in the most superficial manner. We are 125,000, but it would be enough for us if we had only a few weeklies and monthlies, and a periodical devoted to each specialty for the work which is too technical for the general reader. Their capacity would be limited, and it would be possible for them to accept only what is really valuable. The reader would be saved the sifting process he goes through at present, authors would be compelled to be sure that they have something to say, and that it be said in the tersest manner, and the journals themselves would be adequately supported. Such a beautiful Utopia, as late Senator Ingalls said of purity in politics, is an iridescent dream. Being a practical people, we will have none of it, and the gentleman from the backwoods or the metropolis, with an experience of two cases will go on piling up statistics of the result of treatment to the end of time. Worst of all, his work goes to leaven the lump, and all the world gains mental indigestion, nothing more. We struggled against the flood of literature for a year, but self-preservation drove us with a consuming regret to file about fifty periodicals in the waste basket, their wrappers still intact. Things are getting to a pretty pass when not every hamlet, but every medical society in that hamlet, is of its dignity and importance impelled to acquire an organ. A crumb of comfort lies in the fact that the American mote has an exact counterpart in the beam in the European eye. Two journals are published regularly in Great Britain which contain only the burning words of their editors. The pertinence of these remarks lies in the explanation they give of the character of much of our literature, as well as of the fact that few men read anything nowadays out of their special lines, and in them the work of those whose names they know.

ORIGINAL ARTICLES.

Two motives, in the main, lead a man to present his views to the public. They are that he wishes to add a mite to the sum total of knowledge, or that he wishes to gain a reputation, vulgarly speaking, to advertise himself in the only way legitimately open

to him. Both are entirely worthy, but both are subject to perversion. In the first case he may not be able to judge of the value of his own work; he may be so young that enthusiasm betrays him into error (this type of youth has been known to last for fifty years), or his experience may not be sufficient to justify a hearing at all. It does not matter that his work has been supervised by elder men; it must stand on its own merits. I have known not a few instances in which publication has been preached as the gospel of living by those who should know better. Few workers' activities are perennial like Virchow's, and it is not too much to say that medical men do their best work before fifty. This is the point at which the editor should appear as counsellor and friend, and advise a postponement or a touch here, an amplification, verification or condensation there. His efforts are often taken amiss, and the manuscript is withdrawn by the indignant author for publication elsewhere. It is the ideal editor I am speaking of; certainly not myself, a person of judicial temperament and something near to omniscience, who has the courage of conviction. The letters the editor gets are pretty scurrilous at times. My experience is that nothing occasions an author more annoyance than the return of his article, but when the thing is hopeless, it must be done. Let me say that the editor gathers no great pleasure from the proceeding; in fact, it is the most difficult thing he does. The paper may have been read before the Medical Society and received with the courteous comment that means so little, "this painstaking and erudite contribution to our knowledge." You know the phrase. Just the same, back it goes, and the editor is arraigned for a numskull who can't see beyond his nose.

When the work is good and is accepted, the troubles are by no means at an end. Few of us can write our beautiful mother tongue. In most instances not a particle of attention is given to style, sometimes not even the spelling is correct. The sentences are lame, they convey no meaning, and they are jumbled without an effort at continuity of thought. People have no time to dig for nuggets in this age. Unjustifiable conclusions are drawn from the data presented, and good workers sometimes require twenty years to eliminate the error.

It is curious to see how mistakes of this sort are clung to, as to our dearest hopes. Authors are incorrectly quoted, and references, often not looked up, are given in the same way. Does the man who writes naevus "nevus," like you to tell him that it is Latin, not English, he is using? His enthusiasm at your kindness is not noticeable to the unaided eye. Lastly, and this is most distressing of all, there is a good fellow, doing his level best, with almost no equipment to keep up with the procession, who reads truly astounding things into banal findings. The "hysterical pseudo-scientist"

is a creature whose opportunities should enable him to know better, and who may be, but rarely is, dealt with without compunction.

Verbosity is inexcusable. Commend me to a man who clips his phrases until not a word can be spared without obscuring his meaning. Circumnavigation of the circumnambient is still a favorite pastime of medical authors. There is no necessity for excusing a publication if it contains its own excuse. I have known a thousand words to be too few for apologies. (There is no doubt that twice ten thousand would be too few sometimes.)

There is something to be said on the author's side in this connection. It is not fair to make him conform to a style of spelling with which he is not familiar, and for which, perhaps, he has sovereign contempt. He cannot be expected to remember that sulphur is spelled with an "f" in one journal and thyroid with a central "e" in another, but he may be expected to do his spelling one way. It is not fair to make him say "I think" for "it seems to me," if the latter seems better to him, and he has the perfect right to style himself "the author." His pet phrases should not be cut unless they are ambiguous. By no law, human or divine, is an editor empowered to make hash of the manuscript or bibliography. It should be sent to the author in order that the injected sentences may not stultify him completely. I know half a dozen editors who thrive on the rows they start in this fashion.

A reference may be given in only one way: author's name; journal not abbreviated out of easy recognition; volume *and* year; page. Within these limits, the writer may, and should, be allowed to write his bibliography as he pleases.

There are instances of manuscripts having been held unpublished for two years, good material, too, in order that the editor's school pupils or colleagues may have first place. In the meantime the story becomes stale or has been forestalled. There is no redress, but it is a cruel wrong. On the other side, writers should remember that an editor does the best he can with a limited space, and may be compelled to delay publication for three or four months.

A nice editorial discrimination is required in the case of a man who writes for reputation. If he has something worth hearing, by all means let him have his opportunity, no matter what his reputation for advertising. If he dashes madly into print with the result of a Bottini operation before the knife is cold, or because he has found a few cell inclusions and thinks they prove parasitism as the cause of cancer, plead with him as a brother. If he will not listen, pass him on to another editor. His feelings cannot be hurt. His next dash will be wilder, if possible. Killing is altogether too good for the man whose object is to puff a proprietary preparation under the guise of a contribution to science. A meaner man than the one who married on Christmas a girl

whose birthday was on the twenty-fifth of December, is he who sends his article to all the journals he knows of at once, and prays for an immediate hearing. Fortunately, the game can never be played but once, even when the culprit is a genius, like the one who recently secured admission to twenty journals, with no returns as yet from the mountain counties. It is possible for an editor to joke about these things when his race is run, not before.

Perhaps the worst of the lot is the thief (no need to mince matters), who steals another's work, his cases, his methods, even his photographs. The editor knows nothing of the matter until he hears from the victim; of course the harm is done, for the article is printed. He makes what amends he can, knowing himself innocent, but the wrong seems without redress. No one pays any attention to the owner's claims after the fact. They are laid to jealousy and dismissed. Subvarieties of this genus are those who carefully compound articles from quotations, minus the marks or plus them, as the case may be, and those who polish old jewels of wisdom and offer them as new. These two are not invidious like the first, and may be dealt with gently and firmly.

A word as to titles. Let the author remember the unfortunate whose evil state forces him to make the volume's index and, remembering, not make his title a synopsis of his communication. It is enough to tell a reader whether the subject attracts him. If one or two words will do, so much the better; but it is entirely possible for the caption to be misleading when the error is on the side of brevity.

BOOK REVIEWS.

There is one desideratum in a book review, and that is to tell the truth about the book. When it comes to the editor's desk, he does one of two things with it—he reviews it himself, if he has time, or he sends it to some one he thinks fitted for the task. If he selects the latter course, he does so in fear and trepidation. Time goes on and no review materializes. After a few months the publishers politely request to know if there is any likelihood of a notice ever appearing. After several notes, interviews and telephone conversations, the review is sent. It is evidently written from the preface, is perfectly perfunctory, and winds up with: "This work deserves a place in every library." It goes in and the editor hates himself.

Occasionally he gets a surprise, and the reviewer makes his comments in fine style. The author is never pleased, but that is beside the issue. His feelings and his publisher's cannot be considered. Good friends are lost that way, but duty points to the good of the reader. The best reviewer is one who not only knows the subject, but has written on it, if possible, a book. His justice is then tempered with mercy, and he writes with authority as

well as infinite sympathy. What he says may go a long way if he signs the review, a good practice in most instances. The average critic thinks his work done when he has picked all the flaws he can find. If there are mistakes, misprints or omissions, by all means let them be pointed out, because these points are helps in preparing a new edition, but it is not possible that any work on medicine is wholly composed of error. Destructive criticism is about the easiest of literary pyrotechnics, and, while it may be a choice spectacle, there is nothing left but acrid smoke. Indiscriminate praise is no better. Any man who reads a review (there are not many) wants to know why the book excites admiration. When the work is a monograph on one topic, a good plan, instead of reviewing it in the ordinary sense, is to give the gist of its contents with a comment or two. One sort of book may be treated with any amount of contumely the critic chooses to heap upon it, the one which presents nothing to think about on a subject already worn threadbare. Patience is short these days.

CORRESPONDENCE.

There is no cordial liking in newspaper offices for unsigned letters. Anonymity is the coward's cloak. The writer is, in plain English, afraid to let his identity be known, and for good reasons. His object is almost invariably a personal attack. If the editor knows him and can vouch for him, he may publish the letter in case its object is to right a wrong. Why reputable journals publish, as they have in my knowledge, bitter personal attacks, unsigned, or, indeed, at all, passes my comprehension.

There is a place for correspondence in medical publications, and that is to present minutie not worthy of expansion into original communications.

SOCIETY PROCEEDINGS.

Generally, after the medical stenographer has taken his notes, they are sent to the debaters for correction. This practice affords a double opportunity of correcting the mistakes of both, so that what appears is fortunately, in rare cases only, what has been said. Few physicians have silver tongues; but it would be a pity, indeed, if the experience gained from "the speaker's nine thousand cases of dandruff, in private practice," should be lost to the dear public. It is this pure altruistic motive which leads societies to pay stenographers ten dollars an evening. Symposiums are rehashes; set debates are as futile a pastime as making bouquets of dandelions, and in extemporaneous ones, if you know your man, you can generally predict what he will say, even the stories he will tell. From all this may be gathered that society proceedings, in my opinion, are useless. They are—except to the editor who fills space with them.

The case is proved by the exceptions. The transactions of clinical societies are vastly useful if the cases are presented with proper histories. In this way we may escape the reporter's deductions, in which we have not the remotest interest, and at the same time get the benefit of the case. I am not so familiar with other lines, but there is just one dermatological society in the world which reports its cases properly, and that one is in Paris.

The rest are useless, even to the trained observers who can read between the lines. I have been more abused for the transactions my journal published than for any other feature. I accepted it in proper spirit, knowing that it was deserved and the pruning knife had been used too little.

ABSTRACTS.

As a race we are said to take our pleasures sadly, everything else in tablet form. The habit, the latter that is, is growing. Things are pretty nearly at a pass where no one with anything to do has time to read literature in any line but his own, and often not in that. That *rara aris* in metropolitan communities, the general practitioner, is in even worse case. The editor knows what is expected of him, and knows, too, the cost and result. How many appreciate the labor that has gone to make the finished product lying in their desks once a week or a month? No more than count the cost of lighthouse building or powder making. The parallel is not perfect, but the toil is the same. I served my time, five years, in the making of abstracts, and there is nothing except the index, for which I have greater loathing. Some one must do it. The question is, who? We must abstract from Russian, Polish and Scandinavian tongues, if we can; must be able to winnow wheat from chaff, make it readable, and compress the work of ten years into not more than five hundred words. It is not too much to say that every abstract, properly done, represents from two to three hours' time. Count up the years contained in the single issue of the *Philadelphia Medical Journal* of December 13. If an article is worthless, it can be dismissed in two lines, but the mind that weighs it should be judicial. "Nothing new" is a sad commentary on an "original" article. My idea is that an abstract should merely indicate the trend of the author's observation, not attempt to give the whole substance, unless it is an epoch-making production. If the reader is really interested, he will study the original for himself; if not, he will get all he will ever remember. Journals are not published to encourage laziness. The chief reason for any notion of the abstract is that, with all the good intention possible, the reviewer often misrepresents the author through misunderstanding or carelessness. The error is copied, carried into books and embalmed for a generation. This is the reason why many writers of late have taken to making

their own abstracts. The polyglot genius with medical training who can weigh evidence and sum it up, does exist. There are several of him in my ken, but, so far as my experience goes, he works when he lists, sometimes for glory, sometimes for the love of it, and sometimes for money or the journals. Whatever the motive, the reader is his debtor, but his word should not be taken as gospel. Quite as useful as the man who pursues original lines of investigation is he who presents an able critical summary of the results of that work. Small thanks he ever gets for it.

THE PUBLISHER'S DEPARTMENT.

One word and I am done. I am not of those who hold that medical literature is on so high a plane that there must be an absolute divorce between it and the advertising which makes its existence possible. The journals subsidized from one source or another are in a fortunate position, for they are not compelled to carry advertising. The rest are. They could no more live without it than could the lay periodicals; moreover there is no discernable sense in their attempting to do so. Having accepted it, the management may offer a *douceur* to the advertiser, not under any circumstances to publish his matter in the regular reading pages, but to give him space for "write-ups" in a publisher's department, the character of which is plainly indicated. The subscriber may read or not, as he chooses, but the obligation has been discharged. Close supervision is absolutely necessary, for advertisers having the inch make a practice of demanding the ell. If the matter is new, and tests of the preparations well done, so much the better. In case they are not, they must at least be abstracts from recent publications, not mere puffs. This department is a regular feature in many of our best general magazines, and it is merely a matter of business, to be viewed in no other light, but the advertiser should not expect, as he does, to get the notice for nothing. He would not do so if he did not know himself to be dealing with a class notoriously not business men.

I have not touched upon the department of news, for presenting that is a function of the medical newspaper and not of the special journal. The same I hold to be true of editorial writing. It may not be entirely well to tell professional secrets, but there are many difficulties in the making of a magazine which its subscribers seem not to appreciate. I shall have accomplished my object if there comes that better understanding between them and the gentlemen in editorial chairs of which I have spoken. I am not a reformer. Medicine and its literature are too old to be remodelled now, but the paths of both parties in this case may easily be made much smoother.—*Philadelphia Medical Journal*.

THE ANATOMY ACT—ITS PROVISIONS—THE “RESURRECTION MEN” AND THEIR METHODS.

THERE is occasionally an outcry against the practice of handing over the bodies of indigents and friendless deceased unfortunates to the local medical schools for dissection. The arguments usually adduced against the practice are sometimes of a religious and sometimes of a purely humanitarian nature. The defenders of the system say that a surgeon to be thoroughly competent to deal with the various ills and accidents that befall mankind must not only receive anatomical instruction, but also practice in dissection. They contend that it is as impossible to make a surgeon by simply showing him a living human body and expounding to him the various parts of which it consists, as it is to make an artist by showing him pictures, or a carpenter by giving an exhibition of men nailing and planing in a workshop or on a building. The painter must acquire dexterity in the use of his brush, the carpenter must handle the tools himself and the surgeon must dissect the parts of the structure which he has to keep in repair and rehearse on a dead body those operations which he may have to perform on the live body in the sick chamber, surgical ward, or battlefield.

The medical and surgical students who come annually to Toronto for this kind of education, including dentals, who also take practical anatomy, are in number about nine hundred and eighty. To provide practical anatomical work for these embryonic surgeons, on an average of one hundred “subjects” annually pass over the dissecting tables of the medical schools of the city. The source of supply is provided for by law, and it is not within the memory of Inspector Stark, of the local detective force, that there has been any instance of the legalized source of supply not being equal to the demand in Toronto. That is to say, the local police have not been called upon, for a good many years at least, to investigate alleged instances of body-snatching or “burking” to supply the medical faculty with subjects. In the event of a decreased supply, accompanied by an increase in the number of students, who might be hampered in their pursuit of technical knowledge by the lack of subjects for dissection, it is hard to imagine what the consequence might be. However, the present situation does not warrant pessimistic speculation. Indications are that the atrocious crimes of the early part of the eighteenth century in England, excused as beneficial to science, need never be re-enacted in Canada, with the encouragement and connivance of the medical profession.

What is familiarly known as grave robbing is not classed as theft in the Canadian Criminal Code. Under the common law it was held that the corpse of a free man, which belongs to no person, could not be stolen. Persons stealing the body of a slave, however, could be indicted for theft. Therefore, under common law, the disinterment or abuse of dead bodies was no crime. Section 206 of the Code, however, provides that any person who offers any indignity to a corpse or neglects to perform his duty with respect to the burial of the corpse, shall be liable, upon conviction, to five years imprisonment. The Anatomy Act is a Provincial statute. It sets forth that the body of any person found dead, publicly exposed, or sent to a public morgue, or who immediately before death had been supported in a public institution, unless claimed within twenty-four hours, shall be handed over to the local inspector of anatomy. This official is empowered to then turn over the corpse to the faculty of one or other of the medical schools for dissecting purposes. According to the Act, each subject must be preserved whole in the anatomical room of the institution to which it is delivered, for fourteen days, to give a further opportunity for relatives to come along and claim it, paying a reasonable sum, "not exceeding \$10, for expenses of detention." The inspector of anatomy is entitled to receive \$5 for each subject delivered to the faculties of the medical schools, who are bound in the sum of \$50 to see that the "bodies are decently interred after they have served the purposes required."

The proverbial pauper's grave, nowadays, generally speaking, is reached by a circuitous route over the dissecting tables of an anatomical demonstration room. All the "subjects" dissected in Toronto, have not necessarily died here. There is a big field to draw from, inspectors of anatomy in districts where there is no medical school being enjoined by the Act to send the bodies in their charge along to the nearest city in which there is a medical school. The county poor-houses purvey extensively in this manner for the benefit of science.

Towards the end of the eighteenth century, the law, as well as public opinion, in England was decidedly adverse to any adequate dissecting operations in the London colleges. The only legal means for instructing the thousands of medical and surgical students who went to London year after year were the bodies of hanged murderers, generally on an average of about a dozen annually. The medical men of the time were either driven to abandon the practice of dissecting altogether, and allow surgery to relapse into prehistoric incompetency, or be parties to illegal and barbarous body-snatching operations. The latter alternative was adopted, and the methods used were of the most abominable kind. Ruffians called

"resurrection men" gained a precarious and dangerous livelihood by breaking open graves, extracting the recent inhabitants, and selling the proceeds of their depredations to the professors of anatomy. An appalling instance of the brutalizing nature of the pursuit was presented in the career of a man named Burke, who lived by catering to the demand from the medical schools for "subjects." He became at last so insatiated with the love of his work that he actually murdered people to secure their corpses and sell them for lucre. He was hanged in Edinburgh about the end of the year 1828, for smothering to death an old woman whose body he sold for seven pounds sterling. Burke's crimes and his career created a new word in the English language, "Burkism," or the art of killing persons for dissecting purposes, is a monument to his crimes.

But Burke was only one of the many who made a living by body-snatching. The trade was carried on quietly for a long time, as, indeed, the interests of the men engaged demanded. The churchyards in and around London and other cities, where medical schools are situated, were ransacked by these men, who eventually cultivated an extraordinary skill in getting out bodies. Their practice was to select the graves, which were sometimes marked during the day, and at night to repair to the churchyard or cemetery with a cart, in which were placed sacks and the various implements required. They cleared away the earth at the head of the coffins, then the lid was raised with a lever and broken under the pressure of the earth above it. The corpse was then drawn out by the head, the clothes removed, and put back again. The hole was filled up, and the gruesome cortege departed. The body-snatchers could thus take a body from a coffin buried deep in the ground, and restore things to their normal appearance, all in about three-quarters of an hour. The clothes were invariably carefully replaced, as to take them would be committing what was in those days a hanging offence—theft. The bodies were taken into the city in the cart concealed, perhaps, under vegetables, so that the horrible cargo looked like a market-gardener's produce.

Although, by an English statute, passed in 1788, disinterment was made a misdemeanor, prosecutions were not common, and offenders, when taken, were usually liberated. The magistrates winked at the crime, in the interest of surgery. A man named Murphy stated openly before a Parliamentary Committee in 1810, that he had, during the preceding two years, supplied to schools in England 305 bodies of adults at about four guineas each, and 44 bodies under three feet, which he sold at so much per inch. Murphy admitted that he had cleared £100 in one evening's work, after deducting the salaries paid to the several "resurrection men"

who worked for him. He was probably the greatest artist in his line.

Exhumation, though the chief was not the sole means of illegally procuring bodies for the dissecting table. A case is recorded in Faulkner's "English Crimes," where a body-snatcher saw a man fall dead in the street, he stepped forward, claimed relationship to the man, had the body delivered to him, and sold it to the faculty of a neighboring medical school. Frequently the body-snatchers would break into a house where a body lay in a coffin awaiting burial and steal it. So common was this method of securing corpses that one of the London policemen alone recovered 75 of the bodies in this way. There is a story told, too, of a squad of resurrectionists breaking up an Irish wake and rushing off with the body, trailing it through the muddy streets stark and lacerated.

In 1831 an Anatomy Bill, something similar to that now in force in Ontario, was passed in the British House of Commons, but thrown out by the Lords. Encouraged by this the body-snatchers, as a profession, made the following year a record-breaker in the history of the craft.

They went around in armed bands and no corpse in any graveyard was safe in its supposed last resting-place. Dying people, for whom death itself had no terror, were appalled at the poor prospects for the repose of their earthly remains. "Burking" was rampant; all missing persons were promptly registered as victims of Burkism and searches were made for them in the dissecting rooms of the colleges. This brought matters to a climax, and the following year saw the adoption of the Anatomy Bill by both Houses.

The robbery of graves for the procuring of hospital "subjects" was quite common in Quebec Province until about ten years or so ago, when the scandal assumed such grave dimensions that the Government was compelled to intervene, and enacted legislation upon the lines of that now in force in Ontario, whereby the hospitals and medical schools were given all unclaimed bodies from coroners' inquests. The body-snatching years were filled with many queer incidents, some humorous and some serious. One of the former was enacted at the well-known road-house kept by Mrs. Lunkin, at Cote des Neiges, at the back of Mount Royal. One bitter cold night fifteen winters or so ago, a party of roystering snowshoers, who were preparing to go back to the city after a night's amusement in the dancing hall, were suddenly startled by an awful scream from the front of the hotel. Rushing out they saw the driver of a sleigh on the verge of insanity. He had been engaged by a party of three young men in the city for a night's

drive. They went out to Cote des Neiges, and left him at the hotel while they went for a walk. Shortly afterwards they returned, supporting a fourth, who, they told the driver, was a friend who had been overcome by the cold. They placed the supposed friend in the sleigh and went inside to have a final drink before going back to town. One of them came out with a drink for the "friend," and then returned to the hotel. Time passed on, and the driver, becoming anxious, got off his seat to speak to his new passenger. He spoke and got no answer, and then bending forward to see what was the matter, was horrified to find that the passenger was a corpse, still in its grave clothes and wrapped up in an overcoat to cover the evidences of his last earthly habiliments. Poor cabby nearly had a fit. His alarm roused the whole district, but his original passengers did not turn out with the rest of the crowd; they evidently "smelt a rat," and made themselves scarce. Anyway the cabby had to finally drive the corpse under escort of the local physician to the mortuary at the Cote des Neiges cemetery, where it finally found a resting-place. The newly disturbed grave was found the next morning in the section of the cemetery devoted to paupers.

One of the tragedies of body-snatching was enacted at the Hotel Dieu, Montreal, just about the same time. The operating room was filled with students, the "subject" was on the operating table, and one of the students was assigned to perform the particular operation which the surgeon in charge desired to illustrate. He went forward, but suddenly gave a yell and fell in a faint on the floor. It was subsequently discovered that the "subject" was the body of a girl in a country village in Soulanges county, about fifty miles away, to whom he had been paying attentions. Her finger still bore a ring which the student had given her. It was presumed that the "subject" was procured by some of the professional body-snatchers, who used to operate in the graveyards in the country districts around Montreal, and that the young woman had died without the student being notified. The student is now a respected practitioner in Montreal, but it is doubtful if he will ever have such a shock as he was given that day in the operating theatre of his hospital.

Secret Medicines in Japan.—Very stringent laws have been enacted in Japan in regard to secret proprietary medicines. The importation of those containing a poison from which accidents might result is absolutely prohibited, as is, also, the sale of those that have deteriorated. The retailer must be informed in regard to the ingredients, proportions and doses, and must specify them in applying to the authorities for permission to sell the medicines.

School Hygiene.

THE CARE OF FEEBLE-MINDED CHILDREN.

A CONFERENCE was held at Leicester in November, 1902, upon the treatment of the mentally defective, at which Mrs. E. F. Pinsent, chairman of the After-Care Committee of the Birmingham School Board, read a valuable paper "On the Permanent Care of the Feeble-Minded." The After-Care Committee was first formed to find situations for feeble-minded children who were capable of working. Among forty-eight of such children, it was impossible to trace thirteen at all; of the remainder, sixteen were at work, their average age being 17 years, and their average weekly wages 5s. 9d., one boy earning as much as 10s. per week. Of the others, one has died, five are in some asylum or home, and the rest are being more or less cared for at their own homes. The writer reminds us that in the end these poor children will have to be supported by the community, and asks if it would not be wiser to do so at once instead of waiting until matters have been made worse. The paper concludes as follows: "The ultimate aim of this inquiry is, of course, to collect evidence showing the necessity for boarding-schools, to be supplemented by permanent industrial colonies, permanent custodian homes, to which children who were unfit to face life on their own responsibility could be transferred from such boarding-schools. In this way they would never be allowed the liberty which they can only misuse to their own degradation, and to the degradation of the society in which they live. Theoretically it may be hard to decide what degree of mental deficiency renders people morally irresponsible for their actions, but when it comes to the practical side the question as to which cases will ever become independent of help and self-supporting, it is not nearly so hard a matter. . . . Ultimately such people do have some restriction or other put upon their personal liberty; too often in gaol, too often in the penitentiaries, and most often, perhaps, in the work-house. We are only asking for restriction a few years sooner, and we offer instead of the usual story of crime, shame and pauperism, that these years should be spent happily and safely, and filled in with pleasant and honest labor." This question needs attention in Ontario just now.

H. MACM.

SCHOOL NURSING.

TIME has shown that district nursing or home nursing is a good and necessary work, especially in our large cities. In addition to this, school nursing has now been established in London, Liverpool, New York and other cities. In Liverpool nineteen schools are visited from one to three times a week, five or six thousand dressings being done each month. The cost for each school is about ten pounds per annum, or at the rate of one penny a year for each child in a school of two thousand children. The expense is met by the School Nursing Association, assisted by private subscription. The work of the nurses is much appreciated by the school authorities, the parents, and the children themselves. Ophthalmia, eczema, neglected cuts, broken chilblains, etc., are the most common complaints, the average number of children seen at one time varies from fifty to one hundred, and the nurse has a cloak-room, classroom, or gymnasium, placed at her disposal as a temporary dispensary.

School nursing in New York City has developed very rapidly. The arrangements differ somewhat from those in London and Liverpool. In October and November, 1902, one school nurse was at work in New York City. On December 1st, eleven nurses were appointed by the Board of Health, the Board of Education undertaking to give dressings and supplies. It is hoped that in March, 1903, the staff of nurses will be increased to twenty-five, and that about one hundred schools will be visited regularly. This work is done in connection with the medical inspection of schools, and the nurse sees only the children sent to her by the doctor in his daily rounds. The nurse records the names and ages of the children treated in her book, and gives each child a slip of paper, which is to be given to the teacher, stating whether the child is to return for further treatment.

Measles in Schools.—From the special report of Dr. Young, medical officer of health for Stockport, it appears that 2,520 pupils were absent from school on account of an epidemic of measles. As the average absence from school for measles is four weeks, it will be seen that the result is a record of 10,080 weeks of education lost. In some towns a school is closed when the average attendance is diminished to the extent of 10 per cent. by one single disease. Dr. Young suggests that an outbreak of measles may be limited by closing the schools for two reasons: by the removal of susceptible children from infected surroundings, and by the removal from close contact with susceptible children of some one in an infectious condition.

Proceedings of Societies.

CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

The President, Dr. Alexander Lyle, in the chair.

TRACHOMA.

DR. EARL CONNOR read a short paper on trachoma. He said, in part: Under "trachoma" are grouped a variety of conditions, apparently dissimilar, whose chief characteristic is hypertrophy of tissue. Clinically, we can safely accept the teaching of Prof. Born as to the differential diagnosis. First, there are cases which may be classed under the head of lymphoid hypertrophy or follicular or granular conjunctivitis. The condition is one of slight consequence to the health of the eye, as it may exist for weeks or months, until absorption takes place, and the mucous membrane returns to its normal condition. Cases in which lymphoid hypertrophy and ulceration co-exist, the so-called "mixed" cases, lead to confusion. These are the ones that are subjected to operation and promptly cured, but they get well under the use of simple astringents and by the correction of the strumous condition which underlies it. The cervical glands are nearly always hypertrophied.

True trachoma is characterized by minute ulcers on the epithelial surfaces of the conjunctivæ and cornea, with more or less profuse cell infiltration. In the lymphoid cases there are no changes in the structure of the lids or cornea. In the ulcerous type the changes are more or less extensive and progressive, and it is not a self-limited process. The infiltration and cicatrization continue until a state of atrophy of the conjunctiva is reached, and a more or less dense opacity of the cornea results.

Sequelæ.—It is only the patients who have the lightest attack or those who come under treatment early, who escape more or less serious impairment of the eyes. Distortion of the eyelids, with faulty disposition of the cilia, is common. In extreme cases the cilia are brought into constant contact with the cornea, causing pain and increased reduction of the poor vision by cell infiltration. The construction of the cicatricial tissue causes atrophy of the mucous glands, and, in the final stages, reduces the conjunctiva to a dry, cuticular membrane.

Corneal opacities are the after-effects of both ulcers of the cornea and of pannus. A recent pannus, it is true, may disappear completely by a process of reabsorption, so that the cornea reacquires its normal transparency, but often further changes take place in the pannus, which render its disappearance impossible. Transformation into connective tissue occurs if the pannus is of long duration. Such a cornea never becomes perfectly clear again. This is true of cases in which the pannus is complicated by ulcers; the regions which are occupied by the latter likewise become permanently opaque. Trachoma is a disease which is distinguished by its duration, in many cases rendering those who are attacked by it wholly or half blind. Add to this the fact that because of its infectious nature it is exceedingly apt to spread, and one can understand why, in those regions in which it is endemic, it is a veritable scourge.

Treatment.—In the acute stages the application of silver nitrate until the secretion is lessened, and then of sulphate of copper (blue stone) as the condition demands more or less stimulation, will give the best results.

Dr. W. E. Lambert, opening the discussion, said that there is a great deal of uncertainty regarding the pathology of trachoma, as the bacillus has not yet been discovered. There is little doubt however, that it is contagious. The so-called various forms of trachoma are simply different stages of the disease. He differed with Dr. Connor as to treatment, stating that he was convinced by considerable experience that, in all cases in which granulations are present, the operation of expression gives the quickest and best results.

RENAL CALCULUS.

Dr. J. A. Bodine showed a renal calculus which he had removed from the pelvis of the kidney of a patient 55 years old. For the past nine years the man had suffered from a dull, aching pain in the right loin. During the first two years this pain was characterized occasionally by acute exacerbations, which were so severe as to necessitate rest in bed and opiates for relief. During the past five or six years, however, these exacerbations lessened in severity and duration. He found that by lying down and raising his feet above the level of his head, the pain would disappear. His urine at no time showed kidney detritis or abnormality of any kind. A radiograph was taken, and showed accurately the presence of the stone. Its removal was very easy, and if, the speaker said, in all kidney work the placing of the patient in a prone position, over an air cushion, were taken advantage of, surgery of the kidney would be greatly facilitated. In this case when the kidney was withdrawn through the wound, the stone was felt

lying in the pelvis. An incision was made through the parenchyma of the kidney along its convex surface, sufficiently large to permit the introduction of a finger into the pelvis over the stone. Incision into the pelvis of the kidney offers greater liability of persistent urinary fistula, and unless such incision can immediately be sewn up, it is better to make the incision through the renal substance. This case demonstrated the fact that the primary renal calculus may remain for years in the pelvis of the kidney without exciting inflammatory changes in the renal tissue or causing abnormalities in the urine. The change in the acuteness of the exacerbations of pain was another proof that in primary stone in the pelvis of the kidney the danger and pain are in inverse ratio to the size of the stone.

GLASS REMOVED FROM THE EYE-BALL.

Dr. W. E. Lambert showed a piece of glass which he had removed from the lens of a patient, preserving the eye-ball in a practically normal condition.

FATAL THROAT COMPLICATION IN THE CONVALESCENCE OF TYPHOID FEVER.

Dr. F. J. Quinlan said that he had been called to the New York Hospital, on the morning of January 5th, to see a physician convalescing from typhoid fever, then in his ninth week. Previous day his temperature had been normal. The night previous, following a slight cough, he developed laryngeal symptoms, such as hoarseness, which abated after a while, but increased again so much that dyspnea was alarming. The patient was in a very bad condition, almost unconscious and cyanotic, and it was at once decided not to intubate, but to perform a tracheotomy. This proved of only temporary benefit, as he died a short time afterwards. The speaker said that he had seen five such cases during the past five years. It seemed to be a vaso-motor disturbance of the mucous membrane. All the patients were adults.

DIAGNOSTIC AND PROGNOSTIC DATA IN NERVOUS AND MENTAL DISEASES.

Under this title the paper of the evening was read by Dr. W. B. Pritchard. He said, in part: Diagnosis in neurology and in mental diseases demands consideration from two standpoints: general and specific. The issues in surgery are direct and relatively narrow, as in ophthalmology, dermatology, etc. The most intimate and essential relationship exists between nervous diseases and all other diseases. An old history of renal colic in a neurasthenic may prove the guiding factor in treatment. Auto-intoxica-

tion from a stomachic or intestinal deficiency is often the causative factor of a neurosis or a psychosis. The dependence of all bodily functions upon the integrity of the related nervous supply and action is conspicuously obvious. Hence the neurologist must be an evolutionary development from the general practitioner. By collateral territory requiring consideration, I mean such factors as race, environment, temperament, occupation, age, sex, social and educational status, heredity, etc. Detailed study of the temperament is of special importance, and should always be made exhaustive, since the personal equation depends upon it, and an exact knowledge of the personal equation is often the determining factor in results. Neglect of this equation prevents a sympathetic understanding, lessens your patient's capital in confidence, and by so much diminishes your chances of successful results from treatment.

Environment is sometimes a significant factor. Neurasthenia is much more common among residents of the city than the country. This is true also of chorea, and since syphilis is a disease of the city, its sequential nervous manifestations are much more frequent in metropolitan practice. Age, sex and occupation are of especial etiological interest. Chorea, poliomyelitis, and to a less degree, perhaps, epilepsy, are all diseases of childhood. Posterior sclerosis, and its cerebral equivalent, parietic dementia, are diseases of adult life. Women tend to the minor, men to the major neuroses. Organic disease of the nervous centres is more common in males than in females. Neurasthenia and kindred affections are so peculiar to the cultured, educated classes as to appear almost a penalty. It is a waste of time to hunt for neurasthenia, except the traumatic form, in the uneducated laborer; the diagnosis would make a paradox.

The prognosis in nervous disease and the insanities is far better than is generally supposed. I believe the proportion of recoveries is as great as in almost any other specialty. Certain forms of nervous diseases are, however, hopeless. I have yet to know personally of recovery in general paresis, Landry's palsy or multiple sclerosis. Decided benefit may be obtained from treatment in tabes, in paralysis agitans and in epilepsy. The prognosis in neuritis and in neuralgia is nearly always favorable, although tic douloureux is often viciously intractable and sciatica obstinate. Excluding the tuberculous variety, more than 50 per cent. of recoveries occur in meningitis. The most discouraging cases of myelitis, especially when traumatic, may turn out well, and many hemiplegias, especially if syphilitic, recover. A syphilitic etiology favorably modified the prognosis in mental and nervous diseases except in tabes, general paresis and epilepsy. Among the insanities all of the non-organic type are recoverable, and the majority

give excellent and prompt results from treatment. A vicious heredity always makes worse the prognosis. The more anomalous the type in epilepsy, chorea and neuroses generally, the better, as a rule, the prognosis. Etiology is relatively unimportant in its bearing upon prognosis in many of the neuroses. Removal of the cause, to be effective in promoting cure, must be prompt, so prompt, indeed, as to almost precede a diagnosis. If allowed to continue, a vicious habit is induced, which persists in spite of the removal of the cause. This is an important fact to be borne in mind in estimating the prognosis in traumatic epilepsy, in reflex chorea and other neuroses, in various neuralgiae and in certain monoparesis.

Dr. J. P. Tuttle, in opening the discussion, said that he wished to emphasize the influence of the digestive and intestinal tracts upon neuroses and psychoses. From time to time he had seen patients with delusions, manias, melancholia, etc., and his part of the work had been treatment of their intestinal conditions. Three cases of unconsciousness, followed by delusions, were due to fecal impaction, and the patients recovered after the putrefactive matter had been removed. He had also seen two cases in which the melancholia had been completely removed by opening up and draining the gall-bladder. Black bile is generally due to an infection of the gall-bladder and absorption of its toxic principles, and has something to do with making the patient "blue." He had seen a patient who had suffered from insomnia for two weeks, apparently without reason. His bowels had not moved satisfactorily for three weeks. He had had movements, but there was always an inclination to have further passage. Examination with the sigmoidoscope showed a mass which could not pass the sigmoid and rectum. Introductions of a 15 per cent. solution of peroxide of hydrogen removed the mass. The next night the patient slept perfectly, and his insomnia has apparently passed away.

Dr. D. S. Dougherty read the following report of a case of

SYSTEMIC INFECTION THROUGH THE TONSIL.

Patient, a girl, 20 years of age, previous health good; family history good; occupation, a fur worker. First seen May 4, 1901, complaining of sore throat, headache, pain in the muscles of limbs and back and feeling of general malaise. Temperature normal. Examination of throat showed mucous membrane of fauces and pharynx congested, right tonsil and peritonsillar tissues slightly swollen and edematous, having a darker hue than the surrounding tissues. Throat externally exceedingly painful to touch. Diagnosed as phlegmasia tonsillitis, with probable beginning peritonsillar abscess. Painted it with a 20 per cent. solution of nitrate

of silver, and gave one grain of calomel every hour for six hours, followed by a saline and 5 grains of salicylate of soda.

May 6th.—Temperature normal; pulse 80. Felt much better. General condition of throat much better, but right side still slightly swollen and inflamed.

May 9th.—Severe headache and pain in muscles, but especially in back of neck. Temperature 100.3 degrees F.; pulse, 120. Throat continued much the same, except that the peritonsillar tissue was of darker hue and more swollen. Suspecting pus, a puncture was made, but could find none, even on deep exploration. During the next two days the throat symptoms subsided, but the patient still complained of pain, headache, slight nausea and vertigo on lifting head. Temperature ranged from 99 to 100 degrees F. Took a couple slides of mucoserous exudation from tonsil. Took blood for Widal test.

May 13th.—Pulse ranged from 120 to 180; temperature 100 to 103 degrees F. Patient developed positive coma, muttering delirium and spastic condition of muscles of neck and back. Respiration was short and rapid, pulse feeble and jerky. Seen by Dr. A. R. Robinson, who confirmed the diagnosis of leptomeningitis. Was now administering bromides and morphine hypodermically; ice-bags and sponge baths.

Patient continued in this way until May 15th, with intervals of consciousness, when she complained constantly of photophobia and headache, and she developed a bad cough. Examination showed bronchial breathing over both lungs. Pulse 140, temperature 100 degrees F. Began small doses of strychnine sulphate.

May 17th.—Attention was called to white swelling on shoulder, which, on palpation, proved to be a large abscess in joint. This day administered antistreptococcic serum of board of health. Temperature fell slightly, and patient seemed to recover consciousness, but again relapsed into coma.

May 18th.—About a quart of pus evacuated by Dr. J. A. Bodine. Second dose of serum without results.

May 19th.—Evacuated abscess in right hip, and on May 21st in left hip. These abscesses were thoroughly drained, and washed daily with normal salt solution. Rectal enemata of normal salt solution were administered every four hours. Breath became fetid.

Until May 29th the patient continued in coma, with temperature from 100 to 103 degrees F.; pulse from 140 to 160, and respiration from 30 to 40, with periods of muttering delirium. On May 29th, physical signs of pulmonary edema; patient suddenly seized with a violent struggle to cough, evacuated through the mouth about half a pint of pus, and died.

THE AMERICAN CONGRESS ON TUBERCULOSIS FOR THE PREVENTION OF CONSUMPTION.

DR. CHARLES O. PROBST, of Columbus, Ohio, has been appointed a member of the Executive Council; Dr. Charles Wood Fassett, of St. Joseph, Mo., has been appointed fifth vice-president.

The next meeting will be held in St. Louis, Mo., U.S.A., July 18th to 23rd inclusive, 1904.

For the purpose of completing the organization of the International or World's Congress on Tuberculosis on strictly ethical lines, the following well-known physicians have been asked to serve on an Advisory Committee to assist the council in perfecting plans for the meeting. All have accepted, and a large number will be added to this list:

Drs. R. M. Reilley, surgeon-general U.S. Army; J. N. Hurty, secretary State Board of Health, Indiana; H. Beaumont Small, secretary Canadian Association for Prevention of Consumption; George W. Webster, president State Board of Health, Illinois; A. G. Young, secretary Maine State Board of Health; J. B. Maxwell, Mt. Carmel, Ill.; Thomas F. Harrington, 128 Merrimack Street, Lowell, Mass.; Willis F. Westmoreland, Atlanta, Ga.; Henry D. Holton, president American Public Health Association; J. C. Shrader, secretary State Board of Health, Iowa; A. C. Bernays, St. Louis, Mo.; Irving A. Watson, president N. H. Medical Society; J. A. Egan, secretary State Board of Health, Illinois; P. M. Rixley, surgeon-general U.S. Navy; H. M. Bracken, secretary State Board of Health, Minnesota; J. Harris Pierpont, president Florida State Medical Association; Charles Hicks, president Georgia State Medical Association; W. A. Evans, president Chicago Medical Society; E. M. Reading, 6501 Kimball Avenue, Chicago, Ill.; J. B. Walker, Effingham, Ill.; H. H. Stone, Phoenix, Arizona; William Oldright, Toronto, Canada; Charles O. Probst, secretary American Public Health Association; Benjamin Lee, secretary State Board of Health, Pennsylvania; P. H. Bryce, secretary Provincial Board of Health, Toronto; Frank Paschal, secretary Texas State Board of Health; Manning Simmons, president South Carolina Medical Society; Dr. Donald Campbell, Butte, Montana.

The other committees will be named as soon as they can be selected. It is earnestly requested that the secretary be informed of the date of all meetings of medical societies, names of officers of same, and other information that would aid him in his work.

Respectfully,

GEORGE BROWN, *Secretary.*

The Canadian Journal of Medicine and Surgery

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

Orthopedic Surgery—B. E. MCKENZIE, B.A., M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Surgeon to the Out-Patient Department, Toronto General Hospital; Assistant Professor of Clinical Surgery, Ontario Medical College for Women; Member of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Orthopedic Surgeon, Toronto Western Hospital; Member of the American Orthopedic Association.

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

Surgical Pathology—T. H. MANLY, M.D., New York. Visiting Surgeon to Harlem Hospital. Professor of Surgery, New York School of Clinical Medicine, New York, etc., etc.

Gynecology and Obstetrics—Geo. T. MCKEON, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Newmarket, Ont.

Medical Jurisprudence and Toxicology—ARTHUR JEWES JOHNSON, M.B., M.R.C.S. Eng.; Coroner County of York; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P. Lond.; Coroner County of York, Toronto.

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

Medicine—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

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

Mental and Nervous Diseases—N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Beech Park, Toronto; and EZRA H. STAFFORD, M.D.

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

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

Pediatrics—AUGUSTA STOWE GULLEN, M.D., Toronto, Professor of Diseases of Children Woman's Medical College, Toronto; A. R. GORBOON, M.D., Toronto.

Pathology—W. H. PHILLEN, M.D., C.M., Trinity University; Pathologist Hospital for Sick Children, Toronto; Demonstrator of Pathology Trinity Medical College; Physician to Outdoor Department Toronto General Hospital; Surgeon Canadian Pacific R.R., Toronto; and J. J. MCKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology and Ology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Laryngology and Rhinology—J. D. THORBURN, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

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

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

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

VOL. XIII.

TORONTO, MAY, 1903.

NO. 5.

Editorials.

THE SELF-DRUGGING HABIT AND THE NEWSPAPERS.

THERE is little doubt that the self-drugging habit is prevalent in Canada. The drug stores parade the newest styles in patent medicines; the advertising space in street cars and the dead walls proclaim their virtues, while their portrayal catches our eyes when we open the morning paper. Fashionable people, even ladies who would scorn to wear ready-made clothing, or shrewd ones who would not buy a property without legal advice, purchase a patent

medicine and take it as readily as they swallow the advertisement in which it is described. And yet they cannot disclaim all fear of imposition, if they wish to be taken for ordinarily clever people. Thus, many of the most frequently advertised nostrums are suspected of containing a large percentage of alcohol. Dr. Bumgardner (Transactions of the Colorado Medical Society, 1902) says that Greene's Nervura contains 17.2 per cent. alcohol, Hood's Sarsaparilla 18.8 per cent., Paine's Celery Compound 21.0 per cent., Burdock Blood Bitters 25.2 per cent., Ayer's Sarsaparilla 26.2 per cent., Warner's Safe Tonic Bitters 35.7 per cent., Hostetter's Stomach Bitters 44.3 per cent., and there are others. Some folks are unkind enough to say that the popularity these medicines enjoy depends on their alcoholic strength. From the recent action of the Canadian House of Commons in passing the Bickerdike resolution, which calls for the enactment and enforcement of a law prohibiting the importation, manufacture and sale of cigarettes, it would seem that our legislators are prepared, even at a financial loss, to remove one source of physical degeneracy from the path of the Canadian youth. Why stop there? Why does not Dr. Sproule or Dr. Roddick introduce a resolution calling for a law doing away with the importation, manufacture or sale of "bitters," which have a greater alcoholic strength than any kind of beer, wine, or waiskey? The newspapers will certainly not take the initiative in such a reform, and it would be in every way suitable if the assault in the Legislature on patent medicines of a dangerous character were led by physicians who are in a position to know the pathologic effects of such preparations.

The self-drugging habit is fostered by the newspapers. On the railway train, by the fireside, during the winter evenings, the daily or weekly newspaper is conned over, not omitting the advertisements. There is the young daughter of the house, who has gastro-intestinal dyspepsia from hepatic insufficiency. Being pale and anemic, she is treated to Pink Pills. Noting the representation of a naked athlete decorated with a flaming belt and in the act of bounding over a jumping-bar, papa recalls that he himself is not so vigorous as he used to be, or fears that the supply of energy in his stomach is not sufficient to dispose of what he puts into it, and accordingly he invests in an electric belt. Besides, the

newspapers kindly give medical information to the ladies, showing them how they may be relieved of menstrual irregularities and painful periods. There are kidney pills, warranted to cure backache, sideache, diabetes, Bright's disease, etc.—and Paine's Celery Compound, the alcoholic strength of which we have quoted, which is advertised in leading papers to tone up "the run-down and shattered systems of invalids with uniform success."

It is clear, therefore, to anyone who stops to think, that the all-pervading influence of the newspaper is put at the service of the advertising quack for a monetary consideration, and that people, already prone from natural inclination to indulge in self-drugging, are induced, by deliberate misrepresentations in newspapers, to buy useless, or even dangerous, preparations. Is it not a monstrous appeal to ignorance, when an advertiser claims that a kidney pill can cure diabetes. His pill would, forsooth, do away with the carefully regulated diet, which everyone knows of. The patient may eat starch or sugar just as he wishes. Surely the public deserves to be protected from errors of this kind. Why should the law compel the physician to give guarantees of knowledge before admitting him to practise or fine an unqualified practitioner for giving MEDICAL ADVICE, and allow *carte blanche* to the advertising quack?

Individual physicians cannot struggle against the press; the Ontario Medical Council can do so with a greater chance of success. There is analogy for such a course. Recently during an interview between the Ontario Government and representatives of the Congress of Trades and Trades Unions, a resolution was read by the latter body, "urging legislation prohibiting the repapering of walls and ceilings without removing the old wall paper, which was a menace to public health, breeding germs of every conceivable disease." Hon. Mr. Stratton, who is charged with the Ontario Health Department, promised that something would be done in this matter. We will admit, for argument sake, that there is a health question involved in the matter referred to, but, at all events, it is clear that the painters and decorators have had representations laid before the Ontario Government, which may lead to a limitation of the liberty of a citizen in repapering his rooms, compel him to spend more money than is necessary, and inure to the financial benefit of the tradesman who does the job.

The lesson we wish to inculcate from this resolution and its treatment by the Ontario Government is, that if it is right for the Congress of Trades and Trades Unions to ask Hon. Mr. Stratton to inquire into the hygienic influence of papering walls without stripping them, why should the Ontario Medical Council hesitate to ask him to put down the mendacious and injurious advertisements appearing in the daily papers? With what face could the physicians on the Provincial Board of Health ask owners to desist from repapering the walls of apartments without stripping them, and yet condone, extenuate, or, perhaps, laugh at highly-paid-for advertisements in respectable newspapers, which strongly recommend the sale of pills guaranteed to cure diabetes! J. J. C.

PRESERVATIVES IN FOOD.

THE use of preservatives in food is discussed in a memorandum forming part of Bulletin No. 83. issued from the laboratory of the Inland Revenue Department, Ottawa, and special reference is made to the evidence taken by a departmental committee of the British Parliament upon the subject of food preservatives. From the evidence brought before the British committee, it would appear that of the 4,251 food samples examined for the committee in the government laboratory, 1,659 samples, or 39 per cent., were found to contain preservatives, as follows:

Boric acid.....	1247	samples.
Salicylic acid.....	320	"
Formalin	20	"
Sulphites	143	"

Preservatives are stated to be extensively used in certain foods imported into the United Kingdom from the colonies and foreign countries, especially in butter from Australia and ham and bacon from Canada, and in butter and margarin from France, Holland and Belgium. Of the temperance beverages received from all parts of the United Kingdom, 83.5 per cent. of those sold as temperance wines and cordials contained preservatives, chiefly salicylic acid, and to a less extent sulphites.

Mr. Vasey, who has been employed for upwards of ten years to examine foods and beverages, on behalf of the *Lancet*, stated that he had found boric acid in meat peptone and beef jelly intended for invalid use, and that practically all the samples of

invalid foods which he had occasion to analyze, contained chemical preservatives.

Dr. Voelcker testified from personal observation to the casual and hap-hazard manner in which farmers and venders add preservatives to milk. The evidence given to the British committee by physicians, many of them of world-wide renown, clearly indicates that their opinions were conjectural, and did not repose on the solid basis of experiment. In 1902 experiments were instituted at the Imperial Health Office, Berlin, in order to settle this question.

A very interesting series of experiments has recently been inaugurated at Washington, D.C., under the management of the Bureau of Chemistry, of which Dr. H. W. Wiley is chief. About a dozen young men of scientific training have volunteered, and will be divided into two equal lots, one of which will eat preserved food, while the other will receive only food that is known to be pure. The conditions will be controlled as carefully as possible, and the presence of nitrogen, phosphoric acid and energy, expressed as heat of combustion, will be determined. The preservative used will be determined in the food, as well as in the excrement and urine, and careful observations will be made daily regarding the physical conditions of the men. A "clinical" sheet will be kept for each man.

Writing us from Washington, April 4th, 1903, Dr. Wiley says: "Our experiments on the effects of preservatives and coloring matters on the health of the consumer have not been prosecuted far enough to make a report. It will probably be several months before the first of these reports is issued. I will, however, take pleasure in sending you a copy as soon as it appears."

The report of the Washington committee will be looked forward to with much interest by the medical profession, manufacturers, and the general public.

J. J. C.

DR. JAMES H. RICHARDSON'S JUBILEE.

"DELIGHTED, I assure you" was repeated often enough on Wednesday evening, April 15th, to make even inimitable "Teddy" Roosevelt feel proud of the popularity of his heartily-voiced and favorite form of expression. More than one hundred pupils,

many from other points in Canada, sat down to a dinner given in honor of Dr. James H. Richardson, their old teacher in anatomy, who for almost half a century has unearthed the skeleton in the cupboard, but, of course, only in the interests of science, for the training of the young medicals in Pat's component parts, so that later on, if they find they cannot tie him together, surely they shplice him!

The dinner was an immense success. Mr. Irving H. Cameron was chairman, and called upon Prof. Ramsay Wright, in



DR. JAMES H. RICHARDSON.

the absence of a clergyman, to officiate, which he did by asking grace in the Latin tongue.

McConkey, as usual, gave complete satisfaction in the appointments and serving of the dinner, crimson carnations and candle-shades giving a warm note of color. The menu card was set up like a souvenir programme, bearing on the outside a half-tone, taken from a photograph of the oil portrait of the guest of the evening.

The toasts were really so well proposed and responded to that they might easily be termed after-dinner speeches. Mr. Irving

Cameron's toast to "The King" was given in his usual dignified, Latin-besprinkled style, and we only regret that we have not the space at our disposal to report it in full, as we will not do this scholarly physician less than the graceful justice of completeness. Then came the pleasant duty of unveiling the portrait of Dr. Richardson, and its presentation to the University of Toronto on behalf of his old pupils by one of them, Dr. G. S. Cleland, of Toronto. Dr. Cleland's remarks were well chosen in the extreme, after which the painting was formally accepted on behalf of the University by Vice-Chancellor Moss.

The toast to "The University" was proposed by Dr. Thomas S. Cullen, now of Baltimore, Md., but whom with pleasure we still claim as our own "Tommy," Toronto. Response was made by Principal Loudon.

The toast of the evening, to "The Guest of Honor, Dr. James H. Richardson," was proposed by Mr. Cameron, in a manner hardly to be excelled. The old Professor, in replying, seemed almost overcome for the moment by the enthusiastic salute of handkerchief and cheer, and showed every "symptom" of being pleased beyond measure at the expressions of esteem from so many of his old pupils. He spoke of his early life, much of which we have related in an article on another page of this issue of the *JOURNAL*, and his speech was a chain of pleasant memories to him; but, to all who listened, it seemed the tale of a long day's work well done, and was an inspiration to every one to make life not all "a having and a getting—but a being and a becoming."

W. A. Y.

EDITORIAL NOTES.

The Implantation of Dead Bone in Contact with Living Bone.—In a communication made to the Academy of Sciences, Paris, February 16, 1903, Drs. Cornil and Coudray gave the results of their studies on the implantation of a button of dead bone in the gap made by the trephine in the cranium of a dog. In a preceding communication these gentlemen had shown that a button of live bone, trephined from a dog's cranium and immediately replanted, was almost quite reabsorbed in three months and replaced by new bone tissue. According to them, when a piece of

dead bone is used, it becomes quickly surrounded by a thick, fibrous capsule, but takes very little part in what goes on around it. In eight days one may observe at the edge of the ring of bone from which the button has been cut, and at its posterior surface, between it and the dura mater, a new formation of bone. A good deal more new bone appears in these parts, in eighteen and thirty-five days; but the button of dead bone, surrounded by its fibrous capsule, is, at these periods, not yet attacked, neither lacunæ nor giant cells being observable at its borders. In six months the button of dead bone has undergone a partial fragmentation at one of its sides. The osseous neoformations observed at the beginning of the process diminish a good deal in importance and are partly replaced by rows of fibrous bands. At certain points near the dura mater the osseous cells of the osteoblasts are seen to be changed into branched connective tissue cells. The dead bone behaves almost as though it were a foreign body. The reporters think that ultimately fragmentation of the bone may take place, but at the sixth month its reabsorption was scarcely at all noticeable.

Unfermented Grape Juice.—As unfermented grape juice is commonly used as a beverage, it may be desirable to know if any antiferment is added to it to give it keeping qualities. We have received "Bulletin No. 82" from Mr. Thomas MacFarlane, chief analyst, Inland Revenue Department, Ottawa, in which appear analyses of fifteen samples of unfermented grape juice, nine having been found genuine, and six containing salicylic acid as a preservative. The analyst also shows, by his own work, that samples of unfermented grape juice, sold in various parts of Canada, do not contain salicylic acid, and the inference is plain, that manufacturers who are in the habit of using this preservative should desist from such a practice, and, in future, preserve their goods by sterilization alone. It does not appear that in Canada deleterious results have been traced to the use of unfermented grape juice containing salicylic acid, and it may be that the quantity of the drug employed by the manufacturer is usually quite small—and therefore harmless. Mr. MacFarlane does not mention the quantity of salicylic acid which is found in any of the samples in which it was present. However, as unfermented grape juice is a popular beverage, and as its keeping qualities can be maintained by sterilization,

the use of salicylic acid or other preservative, even in small quantities, is objectionable. If a preservative is used in unfermented wine, its name and the quantity employed should be mentioned on the label of the bottle.

Syphilis the Cause of General Paralysis.—Researches carried out in the Pathological Laboratory of the London County Asylums by the Director of the Laboratory, Dr. F. W. Mott, and published in the first volume of the "Archives of Neurology," go to show the all-important part played by syphilis in the production of general paralysis. In the second volume Dr. Mott supports the view that tabes dorsalis is etiologically identical with general paralysis. This doctrine of the unity of tabes and general paralysis is admitted by most of the leading authorities in England, and the majority of the leading neurologists in England and Germany believe that syphilis is the chief factor in the causation of polymorphic disease. Assuming Dr. Mott's thesis to be proved, physicians should urge legislators to enact laws for the repression of syphilis, thereby forestalling the erection of asylums for tabes and general paralysis. Syphilis, being a communicable disease, is preventable. As the reviewer of Dr. Mott's report in the *British Medical Journal* says: "Here we can only sorrowfully echo our present sovereign's still unanswered question with regard to typhoid fever and other 'preventable' diseases: If preventable, why not prevented? This is a question which ought to enlist the best efforts of physicians, hygienists, philanthropists, or, in fact, any who love their kind, and strive for the improvement of the race, and particularly the prevention of 'preventable' diseases."

Alcohol as a Food compared with Fat and Sugar.—Dr. H. Roger, of Paris, in an article published in *La Presse Medicale*, March 4, 1903, asks "if there is anything useful to be gained by using a combustible, which, for equal weights, does not produce more calories than some other substances, yet which costs more than they do, and spoils the motor rapidly. or which, if the dose be large, provokes dangerous diseases and irreparable lesions in the body? There can be no doubt about the answer to this query. Dr. Roger acknowledges that alcohol is a food, the same as any substance whatever which can supply calories, but he considers it a costly and a dangerous food. He suggests that, if French people would take a little more butter and sugar at their meals, they

could, without any fear of the consequences, give up the use of alcoholic beverages. The calorific power of butter or cream is universally recognized; that of sugar is not so well known, although all children have an instinctive craving for it. We notice that the supporting power of sugar has been recognized by the medical authorities of the German army, and during a forced march each soldier of that army is supplied, in addition to his ordinary rations, with a few lumps of sugar. The results to the soldier are said to be excellent. As a producer of calories, sugar has many of the advantages and none of the disadvantages of alcohol.

Purification of Potable Water by Means of Ozone.—A German Imperial Sanitary Commission recently undertook at Berlin a series of experiments in order to show the effects produced on potable water by the use of ozone (*Arbeiten aus dem Kaiserlichen Gesundheitsamte, 1902 t. xviii, fas. 3*). The following results were obtained: (1) Ozone destroys a notable quantity of the microbes in water; its purifying action is more energetic than that of the filtration of water through sand. (2) Ozone kills the bacilli of cholera and typhoid fever. (3) From a chemical standpoint, water is influenced by ozone in this sense, that its power of being oxidized is diminished, and the quantity of free oxygen it contains is increased; these two modifications contribute to the improvement of the water. (4) The ozone, which is dissolved in water during its ozonization, is harmless, both from the technical and the hygienic standpoints, because it is soon changed into oxygen. (5) Ozonization improves water by destroying coloring matters, which may be present in it. (6) Neither the taste nor the smell of the water is changed under the influence of ozone.

Lead Colic in the Diagnosis of Appendicitis.—Two apprentices to a jeweller in Paris recently contracted lead poisoning in a peculiar way. They were engaged in setting pearls on gold mountings, and, in order to prevent the gold from showing through the pearls, which would alter the whiteness of the stones, they interspersed white paste, made of gum arabic and white lead. They contracted the bad habit of removing the overplus of paste from the gold mountings with the tongue, and so contracted lead poisoning. It seems that lead poisoning was not suspected in their cases, but, on account of the severe abdominal pains they complained of, it was supposed they had appendicitis. One of the apprentices was

operated on for appendicitis, but his appendix was found to be quite healthy. It would seem, therefore, that in making the diagnosis of appendicitis, it is necessary, among other signs, to look for the blue line on the gums.

Remote Results of Symphysiotomy.—Dr. Fissier, of the Fontenay-aux-Roses Asylum, reported to the Obstetrical Society of Paris, February 19th, 1903, that he had noticed the occurrence of unsatisfactory results in patients who had undergone the operation of symphysiotomy. In twenty such cases only four had recovered completely. Sixteen suffered from different disorders, particularly difficulty in walking, and also from persistent disorders of the urinary organs (ten cases of incontinence of urine); all of which would go to explain the reasons why many accoucheurs, who, a few years ago, regarded this operation with favor in cases of dystocia, have now given it up.

J. J. C.

PERSONALS.

DR. HELEN MACMURCHY has removed to 133 Bloor Street East.

DR. ALBERT A. MACDONALD is thinking of moving on to St. George Street.

DR. J. ALGERNON TEMPLE has removed to his new residence, No. 333 Bloor Street West.

DR. F. N. G. STARR spent a couple of days last month with his friend, Dr. Raikes, of Midland, Ont.

DR. J. M. MACCALLUM is thinking of adding his worthy self to the rapidly growing number of automobilists.

DR. G. P. SYLVESTER returned about three weeks ago, after spending some weeks in and around the New York hospitals.

DR. E. HERBERT ADAMS, who has been suffering from an attack of diphtheria, contracted while attending a malignant diphtheria patient, has recovered, and will resume practice in a week or so.

A SPECIAL meeting called by the Mayor to discuss the vaccination law was held in St. Andrew's Hall on April 9th. Special

invitations to be present were sent to Dr. Sheard, Medical Health Officer; Dr. Geikie, Dean of Trinity Medical College, and Dr. P. H. Bryce, secretary of the Provincial Board of Health.

DR. E. HERBERT ADAMS has received a letter from his brother, Dr. William F. Adams, late of Toronto, who is about to locate at Kiating, Province of Sz-Chuen, Western China. At the date of writing, January 29th, the doctor was on a houseboat, one thousand miles up the Yang-tse-kiang River. He has been engaged as a medical missionary by the Canadian Methodist Missionary Society, and it was his original intention to settle at Chen-tu, the capital of Sz-Chuen, but a suitable house could not be obtained there. Dr. Adams says nothing in his letter of the Boxer movement, nor does he appear apprehensive of any danger from them.

THE firm of Reed & Carnrick, Jersey City, N.J., are to be congratulated upon a recent pamphlet issued by them containing several colored plates, showing the muscular system of the human body, as viewed from the front and back, and a similar section of the chest and abdominal cavities, showing the relation to one another of the different organs of the body (front and back), as also a large part of the arterial and venous systems. The plates are splendidly executed, and are most correct, the delicate coloring adding to their appearance and value materially. Physicians can secure a copy of the pamphlet by addressing the firm.

DR. HOLFORD WALKER'S private hospital on Isabella Street, in this city, has for months now been "full up," or nearly so. This institution has for several years numbered among its inmates patients sent for treatment to Dr. Walker by members of the profession all over Canada, and the hospital is now known as one of the most up-to-date and best-managed institutions in the province. The profession may always rest assured that any patients referred there will receive the best of care, the medical superintendent being always jealously careful of the interests of those referring cases to him. To his having pursued that path can be attributed entirely his success in the past.

Obituary

THE LATE DR. GILBERT GORDON.

As our April journal went to press our esteemed confrere, Dr. Gilbert Gordon, was still lingering between life and death, and his friends were hoping against hope, but, like many another, after a brave fight for life and all that medical skill and change of climate could do, he entered into rest on the morning of March 28th.

Gilbert Gordon was born in "Indian Lands," Glengarry County, December 24th, 1858. His early education was received in the "Little Log School" there till 13 years of age, when the family removed to Oxford County, chiefly for better educational advantages, where for two years he attended the village school at Harrington. In 1873 he, with Charles—"Ralph Connor"—entered the High School in St. Mary's, Ont., which he attended for four years (matriculating in 1877 at Toronto University), and having as masters such distinguished men as Mr. John E. Hodgson, Toronto, then classical master, and now inspector of high schools and collegiate institutes; Mr. John E. Thom, Seaforth, public school inspector, Huron County; Mr. James McMurchy, late principal Harriston Collegiate Institute; and Prof. Dale, of Toronto University.

He then taught a rural public school in Mitchell district for two and a half years, when he entered the University, taking the Natural Science course, graduating four years later, when he entered Upper Canada College as resident master, under the late Principal Buchan, and the late Mr. Martland, during which time he began and completed his medical course at Trinity Medical College. For some years past Dr. Gordon occupied a position on the Faculty of Trinity Medical School.

Dr. Gordon died at Baltimore, Maryland (whither he had been removed from Old Point Comfort, Va.), surrounded by those he loved best on earth, his wife and his brothers, Dr. Andrew Gordon

and Rev. Charles Gordon. They accompanied his body home to Toronto, and the impressive funeral services took place from the Bloor Street Presbyterian Church, of which he was an elder. More than eight hundred persons, including many of the prominent Toronto physicians, personal friends, and old patients, assembled to show their love and respect to the one whose quiet, good life and unswerving devotion to duty made him as man and physician worthy of universal appreciation.

Soon after acquiring his medical degree he married Miss Minnie Wilson, the youngest daughter of Mr. and Mrs. William Wilson, of "Edgewood," College Street. When scarcely more than a bride, his young wife died, leaving him a tiny daughter. After some years had elapsed, Dr. Gordon married a Miss Taylor, daughter of Sir Thomas and Lady Taylor. Mrs. Gordon and her children have the very sincere sympathy of a large circle of personal friends, and of all physicians, who now cherish as a lasting memory his genial and courteous friendship.

W. A. Y.

The Weight of the Brain.—Sir James Crichton Browne, lecturing the other day, gave it out with the weight of his opinion that the mass and weight of the brain were the most important criteria of intelligence. Although mind and matter had no relation to each other as cause and effect, they were, in the brain, invariably in definite union with each other. The growth of the brain was indicative of mental activity, and the failure of mental faculties was a measure of the decay of the brain. Close attention or active exercise of the thoughts caused a rise in the temperature of the brain. The heaviest organ of the body, next to the liver, the brain of the average male European, weighed 49 ounces, and of the female four or five ounces less. There was necessarily a relation between brain bulk and body bulk, and hence it was found that the taller races were generally the most intellectual, which the lecturer sought to demonstrate by this table:

Nationality	Average Stature.	Brain Weight.
Scotch	5 ft. 8 $\frac{1}{2}$ in.	50 oz.
English	5 ft. 7 $\frac{1}{2}$ in.	49 oz.
German	5 ft. 6 $\frac{1}{2}$ in.	48.3 oz.
French	5 ft. 6 $\frac{1}{2}$ in.	47.9 oz.
Hindu	5 ft. 1 $\frac{1}{2}$ in.	45 oz.
Aboriginal Australians	5 ft. $\frac{1}{2}$ in.	42 oz.
Bushmen	4 ft. 2 $\frac{1}{2}$ in.	35 oz.

Although the size of the brain indicated mental power it was only one of the conditions.—*London Leader.*

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

RE THE MENTAL INVALID—A PLEA.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR SIR,—The timely article in the March issue of your journal, referring to the overcrowding in the Ontario asylums and the inhuman treatment of the insane poor, should touch a tender chord in the breasts of those who in spite of repeated associations with such conditions have not grown callous to the appeals of mental suffering, and to the demand, in the absence of scientific treatment, for the adoption of at least a measure of mercy in dealing with this most pitiable invalid class. Why in the management of the insane should all therapeutic principles, all recognized methods of medical and surgical assistance be apparently forgotten, and the mentally sick be subjected to treatment characteristic of the ignorance of a century ago is an enigma, and a condition that should cause our profession to blush with a sense of its own indifference or ignorance. Is it not high time that we apply to this invalid class the well-tested methods of modern medicine instead of surrounding these sufferers with an environment that can but intensify the mental abnormality, with no attempt to remove or eliminate the underlying physical disease? What can be the effect of the stone walls and iron bars of a city "lock-up" upon a sensitive, irritated, nervous system, but to intensify and prolong abnormal psychic action? A mere glance at the psychology of asylum commitment is sufficient to remind the thoughtful observer of the "devil-possession" period and reveals a condition not entirely consistent with our much-vaunted professions of humane treatment of the sick poor.

But mere fault-finding will not alter conditions. We must be constructive in suggestion, after having been destructive in criticism. The suggestion I have to make in this direction may involve some additional legislation *re* the commitment of lunatics, but that would follow the demand by the profession for the adoption of the process which I outlined in an article published recently in the *Medical Sentinel*, Portland, Oregon. I am, etc.,

Victoria, B.C.

ERNEST A. HALL.

News of the Month.

SEPTIC TANK SYSTEM OF SEWAGE DISPOSAL FOR TORONTO.

THE defeat of the proposed septic tank system of treating sewage in the eastern section of the city has but emphasized the unsatisfactory sanitary condition of that district. The territory east of the Don as far as Leslie Street has fairly good sewerage. This is the limit of the Queen Street sewer, with the exception of a box drain near the Woodbine, which is laid on Ashport Street, south to Queen Street, then west a short distance to Knox Avenue, thence to Ashbridge's Bay. A petition has been received for the extension of the latter sewer east on Queen Street for 200 feet to accommodate occupants of new houses erected in that locality. There are very few dwellings in the immediate vicinity of the Woodbine track to the west and north, but east of Woodbine Avenue to Balmy Beach, and between the city limits on the north and the lake there is a large resident population all the year round. This popular and thriving locality, however, is absolutely without any modern system of drainage. Only the most antiquated accommodation is afforded. This is a growing menace to the health of the community, and, as Dr. Sheard points out, must be dealt with seriously in the near future, and from a broader standpoint than has marked the consideration of the subject in the past.

Dr. Sheard, Medical Health Officer, when spoken to on the subject recently, said: "Regarding the proposal to place septic tanks at the foot of Woodbine Avenue, or near it, as a method of solving the sewage disposal problem in that section of the city, I regret the work is not going to be proceeded with. I think the residents would have found the septic tank system highly satisfactory.

"The difficulty of drainage in that locality appears to be an insufficient fall to the sewer, and the constant likelihood of the mouth of a sewer being blocked by sand, gravel and other accumulations washed in by the lake. It is not possible, in my judgment, to remedy this.

"If sewers were extended, this would not overcome the difficulty, and, moreover, the sewage deposited at considerable distance in the lake would wash back and foul the beach. As the

latter is used by a great many citizens for summer resort purposes, this arrangement will not prove satisfactory.

"Some other method, in consequence, has to be devised, and, naturally, the one suggested is the treatment of the sewage by the septic tank process, which, though expensive, has been fairly satisfactory, and it would have furnished a good illustration of the possibility of the process as applicable to the sewage treatment of the entire city.

"The absence of proper drainage in the locality will furnish a reason for the improper disposal of slop and excreta upon or in the ground of the locality, which in time will pollute the soil to such an extent that a proper sewage system for the district will become an imperative necessity. The longer it is delayed the less opportunity for preserving a good sanitary condition.

"The soil there is marshy, and in many places boggy. It has been saturated at various times with surface overflow, and is in good condition to be more polluted by continued organic deposit, which is a matter of considerable concern to those who use the locality in hot summer weather for their family outing.

"Moreover, a perfect sewage system would effectively remedy the evil caused in the spring and fall by rainfall and flood, which more or less injures the roads, and makes those near the lake front at times impassable.

"I can quite sympathize, however, with those who own large tracts of land, for the most part unremunerative and highly assessed, not wishing to have a still greater burden upon them. This is one of the evil results of the local improvement system.

"I do not think any system of sewage disposal by common sewer or sewer extension can be devised which will give satisfaction or be other than a continued trouble, and reflect discredit upon any tentative measure of relief.

"I am strongly of the opinion that those interested would best serve their own interests by a careful reconsideration of the subject in all its bearings, with a view of so adjusting the cost of the work—which is the real sticking point—as to fairly distribute the necessary expenditure among those to be benefited thereby."

TORONTO UNIVERSITY CONVOCATION HALL FUND.

ALL subscriptions to the University of Toronto Convocation Hall which have been received up to date amount to \$32,734. The committee of the Alumni Association is much gratified by the encouraging response to its request for assistance in this laudable object from the graduates and friends of the Provincial University. The erection of a convocation hall is now assured. The sum of

\$50,000 must be raised, and subscriptions are given upon that condition. A building affording suitable accommodation cannot be erected for a smaller sum. Only some \$17,000 of that minimum amount is still lacking. The committee earnestly request that the graduates and friends of the University who desire to help in the undertaking will send in their subscriptions at the earliest possible date. It is hoped that the above minimum may be largely exceeded, and that it will be thus possible to erect a more commodious and handsome building.

No feature of the subscription list is more pleasing to the committee in charge than the enthusiastic co-operation of the undergraduates. The distribution of the subscriptions to the fund so far is indicated by the following analyses:

First analysis—Members of the different faculties of the University of Toronto, \$6,597.50; graduates, undergraduates and friends of the University resident in Toronto other than members of the faculties, \$18,227; graduates, undergraduates and friends of the University outside of Toronto, \$7,909.60; total, \$32,734.10.

Second analysis—Graduates of the University of Toronto in all faculties, \$18,028. Undergraduates—Arts, \$2,871; applied science, \$995; Harmonic Club, \$50; friends of the University other than graduates and undergraduates, \$10,790.10; total, \$32,734.10.

The different years in Arts and Medicine have contributed to date as follows: 1854, \$25; '57, \$150; '59, \$200; '60, \$225; '61, \$55; '62, \$520; '63, \$390; '64, \$25; '65, \$20; '66, \$300; '67, \$150; '68, \$100; '69, \$35; '70, \$175; '71, \$85; '72, \$275; '73, \$2,220; '74, \$300; '75, \$25; '76, \$495; '77, \$75; '78, \$1,100; '79, \$275; '80, \$500; '81, \$250; '82, \$800; '83, \$395; '84, \$325; '85, \$170; '86, \$680; '87, \$343; '88, \$370; '89, \$556; '90, \$150; '91, \$272.50; '92, \$1,033; '93, \$505; '94, \$160; '95, \$544; '96, \$245; '97, \$213.50; '98, \$262; '99, \$400; '00, \$166; '01, \$53; '02, \$190; '03, \$625; '04, \$766; '05, \$858; '06, \$637.

The undergraduates in applied science have contributed by years as follows, 1903, \$170; 1904, \$230; 1905, \$295; 1906, \$300.

Subscriptions should be forwarded to Dr. J. C. McLennan, Dean's House, University of Toronto.

The King's Sanatorium.—The site selected for the King's Sanatorium for Consumptives is close to Hindhead Common, and about two miles from Haslemere. It is a fine stretch of well-wooded land at an elevation of six hundred feet, and comprises 125 acres. The building will have 100 beds, mostly allotted to necessitous patients. A few beds will, however, be set apart for paying patients at a cost of about £5 a week.

X-Ray Outfit Cheap.—A new Static X-Ray machine never used will be sold at just half what it cost, \$65, free of duty. It is now in Montreal. Address B. R. Lyster, Lyndonville, Vermont.

Polk's Medical Register.—The eighth revised edition of this well-known work is now under way, and will appear in due time. Send for descriptive circulars, and do not be deceived by imitators. Polk's Medical Register and Directory has been established sixteen years. R. L. Polk & Co., Publishers, Detroit, Mich.

The Toronto Western Hospital.—The managers of the Toronto Western Hospital are making arrangements for the erection of a large addition to the building, which will accommodate in the neighborhood of seventy-five patients, furnishing a very excellent arrangement of private and semi-private wards. During March 83 patients were admitted and 101 discharged, leaving 73 in the institution at the end of the month.

To Abolish Secret Remedies.—A bill has been introduced into the Pennsylvania Legislature providing that proprietary and patent medicines shall bear on the label a copy of the formula, including the several ingredients and the quantities of each. The bill provides, also, that none but a regular graduate of pharmacy properly registered under the laws of the State may prepare such medicine. Violation of the act renders one liable to a fine of \$1,000 and imprisonment for one year, or both, one half the fine to go to the informer.

Ontario Medical Association.—The 23rd annual meeting of the Ontario Medical Association will be held in Toronto, June 16th, 17th and 18th, 1903. Any member desiring to read a paper will kindly forward the title to the secretary by May 15th. Papers must be in the hands of the committee by May 31st. Fifteen minutes are allowed for the reading of a paper. If too long to be read in this time, an abstract may be presented. Dr. W. P. Caven is chairman of Committee on Papers and Business, and Dr. Harold C. Parsons is general secretary, his address being 72 Bloor Street West.

A Banquet to Sir James Grant.—A banquet was recently given to Sir James Grant, K.C.M.G., on the occasion of his jubilee as a physician in Ottawa. Sir James has frequently been asked to write his reminiscences, for, having been physician to the Governor-General of Canada for some thirty-five years, he has a rich store of memories. Sir James has been received with the greatest distinction when in England, her late Majesty Queen Victoria sending for him to pay her a visit when at Balmoral, and giving him the honor of a private interview. When in London last summer, one of the best seats at the coronation in June was reserved for him.

Dr. W. H. Drummond in Toronto.—The announcement that Dr. W. H. Drummond, author of the "Habitant" and "Johnny Courteau," was to give an evening of descriptions and readings in Massey Hall, on Thursday, April 23rd, was received with great interest. Dr. Drummond described the impressions of a habitant who crossed the ocean and visited England for the first time last summer at the time of the coronation. There were charming selections from Dr. Drummond's new works, and the favorites already published. During the past winter Dr. Drummond has lectured with great success in New York, Brooklyn, and Philadelphia. In New York he gave no less than ten lectures.

To Prevent Infection.—A practical and helpful series of rules for the sanitary management of contagious and infectious diseases has been prepared by the Palisade Manufacturing Company, of Yonkers, and issued in pad form with cover. It is intended that when called to a contagious case the physician shall sign and hand to the attendant one of these printed sheets of "Precautions to be observed by patient, family and attendants." This series of rules, couched in plain, every-day English, has been carefully prepared, and the information given is accurate and up-to-date. The delivery of such a signed code of instructions not only impresses the family favorably, but also relieves the physician of all responsibility should any of the necessary precautions be omitted. The advertising of Borolyptol is so arranged that, if the physician desires, he can detach all reference to the preparation before handing the directions to the family. One of these pads (thirty-two sheets) will be mailed to any physician who may apply for same.

Trachoma in New York.—The health authorities are at last waking up to the necessity of dealing with trachoma, which threatens to become a scourge in the schools. According to the examinations made by the officers of the Board of Health of over 50,000 school children, one in every eight has some contagious eye disease, some schools showing one child in every four. Out of 6,690 children excluded from school because of contagious eye diseases, 5,571 were found to have trachoma. To meet this state of affairs the Health Department Eye Hospital and Dispensary was opened. From Dec. 17 to Jan. 20 this hospital treated 3,591 new cases of trachoma. Can anything more appalling than this be conceived of. This remarkable spread of trachoma is due to the incoming of the European immigrants, rich in trachoma, if not in this world's goods. The United States refuses entrance to many of these people, who then enter Canada without let or hindrance. This menace to public health demands prompt action on the part of the authorities, lest we, too, awake too late to a condition of affairs as bad as that in New York.

The Physician's Library.

BOOK REVIEWS.

The Internal Secretions and the Principles of Medicine. By CHARLES E. DEM. SAJOUS, M.D., Fellow of the College of Physicians, Philadelphia; Member of the American Philosophical Society, the Academy of the Natural Sciences of Philadelphia, etc.; Knight of the Legion of Honor and Officer of the Academy of France; Knight of the Order of Leopold of Belgium, etc.; formerly Lecturer on Laryngology in Jefferson Medical College, and Professor of Laryngology and Dean of the Faculty in the Medico-Chirurgical College; formerly Professor of Anatomy and Physiology in the Wagner Institution of Science. Volume I, with forty-two illustrations. Philadelphia: F. A. Davis Company, Publishers. 1903.

So much attention has been paid of late to the use of the adrenals in therapeutics, that a theory, which offers to explain the functions of these glands in a living body of which they form a part, naturally excites curiosity. In a work the first volume of which is now before us, the author, Dr. Sajous, gives very fully his views on the physiology of the adrenals. He claims, that the function of the internal secretion of these glands comes into play in the pulmonary alveoli, in which it holds in combination the constituents of hemoglobin, and endows the latter and the blood plasma with their affinity for oxygen. Following the route of the circulation, this agent is carried to the various tissues of the body. Oxygen, it is said, reaches the tissues finally thorough the blood plasma, and not through the red blood corpuscles, the latter acting the part of "mule carts" to bring the oxygen to the vicinity of the nervous, muscular and other tissues, the finishing touches in nutrition being the work of the plasma. This is an endeavor to explain tissue respiration, the means by which oxygen combines with tissues in the living body and the means by which the metabolism of living tissues is produced.

The author also endeavors to discover the functions of other ductless glands, viz., the thyroid gland, the spleen, the pancreas. Thus, he says, the joint secretion of the pancreas and spleen contains a proteolytic ferment, which converts trypsinogen into trypsin and also destroys toxic albuminoids in the blood, thereby assisting in immunizing processes.

As the adrenals are directly connected with the anterior

pituitary body through the solar plexus, the splanchnic nerves, and the cervico-thoracic ganglia of the sympathetic, the author thinks that the functional activity of the anterior pituitary body influences the adrenals, and increases their secretion, thereby influencing the activity of all vital processes, or, when depressed, inhibiting adrenal secretion and reducing the quantity of oxygen distributed by the blood.

He contends, that the physiological function of the thyroid gland is to sustain the functional activity of the anterior pituitary body.

The thyroid, the anterior pituitary and the adrenals thus form an autonomous system, which the author terms the adrenal system. The patient's vital resistance is ascribed to fluctuations in the activity of the anterior pituitary body. The posterior pituitary body is described as the chief functional centre of the nervous system. It is said to be the centre, from which emotions of excitement or depression react. It also co-operates with the anterior pituitary body in sustaining cellular metabolism. While the anterior pituitary body insures oxygenation of the blood through adrenal secretion, the posterior pituitary body adjusts and governs the functional activity of all organs through the nervous system.

Important conclusions are also made regarding the influence of iodine, biniodide of mercury, quinine and other drugs on the adrenal system. The work gives evidence of care and assiduity in sorting out scientific data and of constructive power in weaving them into a fabric. Opinions as to the value of the conclusions must naturally be left to the physiologists.

J. J. C.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by HENRY W. CATTELL, A.M., M.D., of Philadelphia, U.S.A., with the collaboration of JOHN B. MURPHY, M.D., Chicago; ALEXANDER D. BLACKADER, M.D., Montreal; H. C. WOOD, M.D., Philadelphia; T. M. ROTCH, M.D., Boston; E. LANDOLT, M.D., Paris; THOMAS G. MORTON, M.D., Philadelphia; JAMES J. WALSH, M.D., New York; J. W. BALLANTYNE, M.D., Edinburgh, and JOHN HAROLD, M.D., London; with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Vol. IV.; twelfth series. Philadelphia: J. B. Lippincott Company. Canadian Agent: Charles Roberts, Montreal. 1903.

In many serial publications we not uncommonly find that when a favorable impression has been created by the first few volumes,

either from the exhaustion of good material or from want of care on the part of the editor, indifferent articles creep in, and the ultimate success of the publication is largely interfered with. This is certainly not the case in these Clinics; far from it. Every volume is full of well-selected, new and interesting lectures, and this volume, not less so than the preceding ones, by men who are evidently thoroughly up to their work. A monograph of Dr. Thomas R. Brown, of Johns Hopkins Hospital, on "The Blood in Health and Disease, with a Review on the Recent Important Work on this Subject," is all that the title implies. Great care in arrangement and exhaustive research is shown in every paragraph, and makes the article one of great value to all those who are specially interested in this subject, as well as to those who have to treat disease generally. For those who wish to read something not too scientific, and yet of interest and value, particularly just now, there is an article on "The Sanitary Tent and Its Use in the Treatment of Pulmonary Tuberculosis," by Dr. Charles Fox Gardiner, of Colorado Springs. The author goes thoroughly into the best way to build and arrange a tent for an invalid, and shows his readers that this tent, and the one we all know from experience in our hunting and fishing trips are two very different things. Besides these this volume contains an unusual number of interesting articles on Therapeutics, Medicine, Neurology, Surgery, Dermatology, and Ophthalmology. Two biographical sketches, one of Dr. Horatio C. Wood, and the other of Dr. Wm. W. Keen, will be found full of interest to their old friends and pupils.

A. J. J.

Twentieth Century Practice. An International Encyclopedia of Modern Medical Science, by Leading Authorities of Europe and America. Edited by THOMAS L. STEDMAN, M.D., New York City. In twenty-one volumes. Volume XXI., Supplement. New York: William Wood & Co. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. 1903.

It is but two years or so since the last volume of this "System of the Practice of Medicine" was published; but in that short space of time so many advances have been made in various directions in medical science that the author and publishers have thought it wise to add an additional volume to the set, in order to render it the more complete, and bring it in every respect up-to-date. After looking carefully through the supplementary volume, we think it has been a wise thing to do, as it can be readily understood that, in the compilation of so large a work as this, a considerable length of time must elapse, so that some chapters become more or less stale before it is possible to get the entire set off press. Among the contributors to Vol. XXI. are such men as Dr. W. B.

Coley, of New York; Winslow Anderson, of San Francisco; Carl Peck, of New York; Sir Dyce Duckworth, of London; A. E. Garrow, of London; S. A. Knopf, of New York; G. Frank Lydston, of Chicago; Thomas J. Maclagan, of London; Sir J. W. Moore, of Dublin; W. T. Ritchie, of Edinburgh, and George W. Sternberg, of Washington, D.C. It would be difficult, in a short review, to go into the details of what Vol. XXI. contains. Suffice it to say that it touches upon all of the recent views advanced in such subjects as the Roentgen rays and their application, yellow fever and its transmission through the agency of the mosquito, dysentery in its dual form, cancer, whether parasitic or not in origin, and hematology, including cytodiagnosis. All those possessing "The Twentieth Century Practice" should complete the set by purchasing Vol. XXI., as it adds materially to its value. W. A. Y.

Selected Papers on Operative and Clinical Surgery. By the late WILLIAM STOKES, M.D., M.Ch. (Univ. Dub.), F.R.C.S.I., Knt.; Surgeon in Ordinary to Her Majesty in Ireland; Surgeon to the Meath Hospital and County Dublin Infirmary; Professor of Surgery, Royal College of Surgeons; ex-President of the Royal College of Surgeons, etc. Edited by WILLIAM TAYLOR, B.A., M.B. (Univ. Dub.), F.R.C.S.I.; Surgeon to and Lecturer on Clinical and Operative Surgery, Meath Hospital and County Dublin Infirmary; Visiting Surgeon Cork Street Hospital; Member of the Council and Demonstrator of Anatomy, Royal College of Surgeons, Ireland; Fellow and Member of the Councils of the Surgical and Anatomical Sections, Royal Academy of Medicine, Ireland. With a memoir of the author by ALEXANDER OGSTON, M.D., Regius Professor of Surgery, University of Aberdeen; Surgeon in Ordinary to the King in Scotland. London: Bailliere, Tindall and Cox, 8 Henrietta Street, Covent Garden. Dublin: 16 Lincoln Place. 1902.

The "Operative and Clinical Surgery" of Sir William Stokes, consisting, as it does, of papers on various subjects of surgical interest, will be principally of interest to physicians in various parts of the world not already acquainted with the career of the distinguished Irish surgeon. A perusal of several of the articles in the book would leave the impression that in addition to the possession of a polished literary style and a keen appreciation of the work done by others in the surgical field, Sir William Stokes was himself a sound thinker and a very successful operator.

His article on fracture of the patella, though brief, is instructive and should be read by every surgeon. The author must have been in the habit of going on both knees on the floor and not on a narrow kneeling stool, or, in advocating a direct, vertical, central in-

cision over the patella, he would not have mentioned the fact, that in the kneeling posture "it must be remembered that the pressure is not so much on the patella as on the tubercle of the tibia below the cicatrix." He differs with Lucas-Championniere and Lister in preferring silk to wire for suturing the patella.

In his observations on the treatment of one hundred cases of stricture of the male urethra he advocates the use of the *Maison-neuve* urethrotome for the division of permeable strictures, preferring the use of the cutting instrument to the method by rupture. He restricts perineal urethrotomy to the impermeable strictures, but is satisfied with the division of the stricture and does not mention excision of the strictured part of urethra. Certainly a most readable lot of papers.

On the front page a fine photograph of the author appears. The book is illustrated with twenty-six plates and fifty-two figures. The printing of the book has been carefully done, and its binding is quite tasteful.

J. J. C.

Hygiene and Public Health. By LOUIS PARKES, M.D., D.P.H., London University, Fellow of the Sanitary Institute and Member of the Board of Examiners, Lecturer on Public Health at St. George's Hospital Medical School, Medical Officer of Health and Public Analyst for the Borough of Chelsea, late Assistant Professor of Public Health at University College, London; and HENRY HENWOOD, M.D., D.P.H., F.C.S., Fellow of the Sanitary Institute and Member of the Board of Examiners; Assistant Professor of Public Health at University College, London; Medical Officer of Health and Public Analyst for the Borough of Stoke Newington. With illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

As the authors say in the preface to the first edition, the present work is a recasting of an older work of the same title, written by one of them which had gone through five editions in two years. It was thought better to retain the name of so well-known a book, and so the authors joined hands in pruning it and bringing it up-to-date. That their work was well done is shown by the fact, that a second edition has become necessary within a year of the first edition.

It is more especially designed for physicians who are studying for the various public health diplomas; but will also be found useful by any member of the profession, who desires the latest information on topics connected with public health.

The style in which it is written is such that the lay reader can use the work with ease, the use of generally understood terms and the avoidance of those of technical application being notable. The work is divided into twelve chapters in which the following

subjects are treated: Water; The Collection, Removal and Disposal of Excretal and other Refuse; Air and Ventilation; Warming and Lighting; Soils and Building Sites; Climate and Meteorology; Exercise and Clothing; Food, Beverages and Condiments; The Contagia, Communicable Diseases and their Prevention—Hospitals; Disinfection; Statistics; Sanitary Law and Administration—followed by an Index. There are 88 illustrations. The typography and binding are creditable to the publishers.

J. J. C.

First Aid to the Injured and Sick. An Advanced Ambulance Hand-book. By F. J. WARWICK, B.A., M.B. (Cantab.), M.R.C.S., L.S.A., Associate of King's College, London; Captain Royal Army Medical Corps (Vols.), London Companies; late Lecturer on Ambulance to the School Board for London; Honorary Life Member, late Lecturer and Examiner of the St. John's Ambulance Association, and Honorary Divisional Surgeon of the St. John's Ambulance Brigade; and A. C. TURNSTALL, M.D., F.R.C.S. (Edin.), Captain Commanding the Fourth or City of London Volunteer Brigade Bearer Co.; Honorary Associate of the Order of the Hospital of St. John of Jerusalem in England; Honorary Life Member, Lecturer and Examiner of the St. John's Ambulance Association; Honorary Divisional Surgeon of the St. John's Ambulance Brigade; Surgeon to the French Hospital, and to the Children's Home Hospital. Third and revised edition; twelfth thousand. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. 1903.

Medical men in general practice and nurses or those who are liable to meet emergency cases will find this little book a *multum in parvo*. The chapter on bandages and bandaging is very full and well illustrated. It alone is worth the price of the whole volume. Fractures and dislocations, poisoning, artificial respiration, burns and scalds, the transportation of the sick and injured are fully dealt with from the view of a first aid. We can heartily recommend the work to our friends.

W. J. W.

Diseases of the Stomach. A Text-book for Practitioners and Students. By MAX EINHORN, M.D., Professor of Clinical Medicine at the New York Medical School and Hospital; Visiting Physician to the German Dispensary. Third revised edition. New York: William Wood & Co. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. 1903.

It is just seven years or rather less since Dr. Einhorn gave to the medical profession this work on "Diseases of the Stomach," and he cannot say that at that time, as well as the present, he did not receive most encouraging returns for his labor from the pro-

profession at large. Those who purchased "The Twentieth Century Practice" will remember the splendid series of articles contributed by Dr. Einhorn on this subject, so that it is not to be wondered at that he decided, in 1896, to publish a work under his own name, in which he might marshal all the material collected by him on diseases of the stomach, a subject on which he is more than usually familiar. During the past few years there has been made considerable advance in our knowledge of gastric affections, which has, of course, led to a more successful therapy, not only by diet, but by the more recent mechanical methods of treatment. For those reasons the author has almost entirely rewritten his book, bringing it in all respects up-to-date, thus giving the profession a concise, boiled-down, yet sufficiently full work on a subject with which the general practitioner is called upon to cope almost daily.

W. A. Y.

American Edition of Nothnagel's Practice.

Diseases of the Bronchi. By DR. F. A. HOFFMANN, of Leipzig.
Diseases of the Pleura. By DR. O. ROSENBACH, of Berlin.
Pneumonia. By DR. F. AUFRECHT, of Magdeburg. Edited, with additions, by JOHN H. MUSSER, M.D., Professor of Clinical Medicine, University of Pennsylvania. Handsome octavo volume of 1,030 pages, illustrated, including seven full-page colored lithographic plates. Philadelphia and London: W. B. Saunders & Co. Canadian Agents: J. A. Carveth & Co., Toronto. 1902. Cloth, \$5.00 net; half morocco, \$6.00 net.

This is the fourth volume of the American edition, issued by Saunders. It is quite up to the highest standard of any of the preceding volumes. Where all is so good, it is difficult to select any for special comment. Diseases of the bronchi are fully dealt with, and the editor has made several valuable additions. The article on pneumonia is an extremely valuable one, probably the fullest that has yet been written. He strongly emphasizes the view that pneumonia is a fever resulting from general pneumo-coccic infection, which does not necessarily cause a pulmonary inflammation, but may excite local disease in any other part, as in the pleura, the meninges, the pericardium, etc., and furthermore, that the chief danger is from the general toxemia rather than from the local lesions. The least satisfactory article in the volume is that on embolism, thrombosis and infarct. It lacks clearness; this may be in part due to the translation too closely following the German text. The volume is a large one, and it is quite impossible to do justice to it in a brief notice. It is to be hoped that the work will find its way widely into the libraries of the profession of this country. It is needless to say that the publishers have done their part well.

A. M'P.

A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, M.A., M.D., LL.D., Prof. Emeritus of Materia Medica, General Therapeutics and Hygiene, in the Jefferson Medical College of Philadelphia; formerly Professor of Materia Medica and Therapeutics, and of the Practice of Medicine in the Medical College of Ohio; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society; Honorary Fellow of the Royal Medical Society of Edinburgh, etc. Eleventh edition, revised and enlarged. New York and London: D. Appleton & Co., Canadian Agents: The George N. Moran, Co., Limited, Toronto. 1903.

Nearly four years have now elapsed since the last edition of this Treatise came from the press; but, during that space of time, great advances have been made and almost innumerable theories brought forward in almost all the branches of materia medica and therapeutics, so that Dr. Bartholow found it essential to largely rewrite his book, in order to bring it up to what it should be. It is safe to say that the eleventh edition of "Bartholow" is in every respect creditable to both author and publisher, and can be looked upon as being one of the most practical, complete and modern volumes upon the subject to be procured.

Manuel de la Prostatectomie Périneale pour Hypertrophie. Par le DR. ROBERT PROUST, Prosecteur à la Faculté. Un volume in-8° carré de 186 pages avec planches et figures cartonné. Prix, 4 frs. Paris: C. Naud, Editeur, 3 Rue Racine.

In this work Dr. Proust first lays before the medical public the scientific data upon which perineal prostatectomy rests. Secondly, his book is practical, describing the operation in a thorough manner, so that a surgeon, though unfamiliar with perineal surgery, would be enabled, by a careful study of Dr. Proust's work, to perform ablation of the prostate in a proper manner.

Under the first head, the author treats of the surgical anatomy of the prostate in one chapter: its pathological anatomy and the pathogenesis of prostatic hypertrophy are described in a second one.

The practical part of the book is divided into three chapters. In the first are described the indications for prostatectomy; in the second the instruments used by the author and the preparation of patient: in the third, the operative procedures and the subsequent care of the patient.

Dr. Proust's book is very richly provided with plates, every anatomical region and every operative act described being fully illustrated. In fact it may be described as a manual of prostatectomy.

Surgeons who may be called upon to perform prostatectomy would do well to familiarize themselves with this excellent manual; the plates alone are worth more than the price of the book. J.J.C.

Conjuror's House. By STEWART EDWARD WHITE, author of "The Westerners," "The Blazed Trail," etc. Toronto: The Copp, Clark Company, Limited. Cloth, \$1.25.

A beautiful tale of the great northern wilderness, the home of the Indians, trappers and wild beasts. The action and plot of the story centres around the Factor's house, with its small settlement, where once a year the Indians and voyageurs come to barter and trade their pelts with the Factor (the great agent of the Hudson's Bay Company). A free trader from Quebec comes in and is captured. He is a magnificent specimen of young manhood, and falls in love with the beautiful young daughter of the Factor, although her father has just condemned him to take "*la longue traverse*," the long journey through the forest out to freedom, alone, unarmed, and which usually ends in death. However, all's well that ends well. The descriptions are word-pictures, glowing and beautiful, of this lonely land. "Beyond the butternut, beyond the maple, beyond the white pine and the red, beyond the oak, the cedar, and the beech, beyond even the white and yellow birches, lies a land, and in that land the shadows fall crimson across the snow."

The Practical Medicine Series of Year-books, comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume IV., Gynecology, edited by EMLIUS O. DUDLEY, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago; and WILLIAM HEALY, A.B., M.D., Instructor in Gynecology, Northwestern Medical School. March, 1903. Chicago: The Year-book Publishers, 40 Dearborn Street.

This volume contains 237 pages and an index. It is divided into six parts. Part I. deals with General Principles; Part II., Infections and Allied Disorders; Part III., Tumors; Part IV., Traumatism; Part V., Displacements; Part VI., Disorders of Menstruation, Sterility. We are very much pleased with this little work, both as to its form and contents. The selections are the best possible from the year's work, and are presented in a most convenient and readable form.

W. J. W.

Lovey Mary. By ALICE HEGAN RICE. Toronto: William Briggs.

This little story is of interest and will be read by many, because of its forerunner the inimitable "Mrs. Wiggs of the Cabbage Patch." In this sketch she is still alive, and is the same com-

mittee of one on ways and means in her community, and comes into Lovey Mary's life like a ray of sunshine. The reader closes Mrs. Hegan Rice's latest book with a smile at the dry humor, well sustained, which it contains, and a memory of Mrs. Wiggs (as Lovey Mary's train pulls out, taking her to Niagara Falls for the summer) pushing close to the car, and holding an empty bottle toward Lovey Mary, exclaiming, "I want you to fill it for me. Fill it full of Niag'ry water. I want to see how them Falls look."

Surgical Anatomy. A Treatise on Human Anatomy, in its Application to the Practice of Medicine and Surgery. By JOHN B. DEEVER, M.D. In three volumes. Vol. III., Abdomen, Pelvic Cavity, Lymphatics of the Abdomen and Pelvis. Thorax Lower Extremity. Philadelphia: P. Blakiston's Son & Co. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal.

At last we have the pleasure of perusing the pages of Vol. III. of Deever, and when one reads it and sees the enormous amount of work put upon it, we can't wonder that it has taken a good deal of time to prepare. It certainly is a better volume than one was led to believe it would be, and for this the author and the publishers particularly are to be commended. As in the other volumes, the drawings are excellent. The study made of the lymphatics of the abdomen and pelvis is a valuable addition to anatomical literature. Throughout the book the text is good, but in addition to the beautiful plates, the excellent dovetailing of the descriptive with the practical side of anatomy is manifest.

F. N. G. S.

Materia Medica for Nurses. By JOHN E. GROFF, Ph.G., Apothecary in the Rhode Island Hospital; Professor of Materia Medica, Botany and Pharmacognosy in the Rhode Island College of Pharmacy. Second edition, revised and rewritten. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. 1903.

This is a neat little work of 169 pages. It takes up in concise form all the materia medica required by a nurse, besides chapters on dosage, weights and measures, both English and metric. We are sure this work will be heartily welcomed by nurses, as it is so much better suited to their needs than anything we have seen.

W. J. W.

SAUNDERS' FORTHCOMING BOOKS.

THE following are the new books which W. B. Saunders & Co., of Philadelphia and London, will publish during the next few months' time:

"The Vermiform Appendix and Its Diseases." By Howard A. Kelly, M.D., Professor of Gynecology, Johns Hopkins University, Baltimore; and E. Hurdon, M.D., Assistant in Gynecology, Johns Hopkins University, Baltimore.

"Myomata of the Uterus." By Howard A. Kelly, M.D., Professor of Gynecology, Johns Hopkins University, Baltimore.

"A Text-book of Legal Medicine and Toxicology." Edited by Frederick Peterson, M.D., Chief of Clinic, Department of Neurology, College of Physicians and Surgeons, New York City, and Walter S. Haines, M.D., Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College, in affiliation with the University of Chicago.

"The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis." By William Allen Pusey, M.D., Professor of Dermatology, College of Physicians and Surgeons, Chicago, and Eugene W. Caldwell, B.S., Director of the Edward N. Gibbs Memorial X-Ray Laboratory, and University and Bellevue Hospital Medical College, New York City.

"Tuberculosis." By Norman Bridge, M.D., of Los Angeles, Emeritus Professor of Medicine, Rush Medical College, in affiliation with the University of Chicago.

"A Text-book of Diseases of Women." By Barton Cooke Hirst, M.D., Professor of Obstetrics, University of Pennsylvania, Gynecologist to the Howard, the Orthopedic, and the Philadelphia Hospitals.

"A Text-book of Pathology." By Joseph McFarland, M.D., Professor of Pathology and Bacteriology, Medico-Chirurgical College, Philadelphia.

"The Blood in its Clinical and Pathological Relations." By Alfred Stengel, M.D., Professor of Clinical Medicine, University of Pennsylvania, and C. Y. White, Jr., M.D., Instructor in Clinical Medicine, University of Pennsylvania.

"A Thesaurus of Medical Words and Phrases." By Wilfrid M. Barton, M.D., Assistant to Professor of *Materia Medica* and Therapeutics, and Lecturer on Pharmacy, Georgetown University, Washington, D.C., and Walter A. Wells, M.D., Demonstrator of Laryngology and Rhinology, Georgetown University, Washington, D.C.

New editions of the following books will shortly appear:

"Medical Jurisprudence and Toxicology." By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical

Jurisprudence, Jefferson Medical College, Philadelphia; Member of the College of Physicians and Surgeons, Philadelphia, etc.

"A Text-book of Modern Therapeutics." By A. A. Stevens, M.D., Lecturer on Physical Diagnosis, University of Pennsylvania; Professor of Pathology, Woman's Medical College, Philadelphia.

"Practical Points in Nursing," for Nurses in Private Practice. By the late Emily A. M. Stonev. Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass.

"The Care of the Baby." By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children, University of Pennsylvania; Physician to the Children's Hospital, Philadelphia, etc.

"THE KEYS TO SUCCESS."

LIKE many aspiring youths, Edward W. Bok turned to one who had been brilliantly successful for the password which would open to him the golden gates. He asked Chauncey Depew what was the secret of success. "My boy," replied the genial diplomat, "there is no secret to it. It is just dig, dig, dig." That the hint was taken can be judged from the position Mr. Bok now holds. Being called upon to relate how he had succeeded so strikingly, Mr. Bok told the story. In the course of his lecture on "The Keys to Success" (which is given *in extenso* in "Modern Eloquence," from which we quote), he shows marked ability for crystallizing fact into epigram, as can be seen from the following examples:

Every young man who is striving to succeed must put success in its rightful, simple place.

To carry to a successful termination what one starts to do is what success really is and means.

The correct definition of success is accomplishment.

Hard work must become a habit before any degree of success whatever is attained. The success most highly regarded in the business world is that which is won on conservative lines.

Thoroughness is the surest key to success in business.

When a young man overlooks the small things, or thinks they are not important enough to do them well and thoroughly, he leaves out of his calculations one of the most important elements of success.

No town is too small for success.

A man's success never depends on the place in which he lives; it depends on the man.

Thoroughness is the earning power of success.

You cannot hurry success. It is like respect; you must earn it.