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WESTERN CANADA MEDICAL JOURNAL

VOL. I. JUNE, 1907 No. 6

ORIGINAL COMMUNICATIONS.

THE EARLY BRONCHO-PNEUMONIA OF TYPHOID FEVER

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The vague and often misleading nature of the early symptoms of Typhoid Fever is well known. One of the most puzzling modes of onset is that in which lobar pneumonia, introduced by a definite rigor or pleuritic pain, masks for a time the existence of enteric fever. This form, due to a mixed infection with the typhoid bacillus and the pneumococcus, receives careful attention in most treatises on the subject.

But another variety in which the disease is ushered in under the guise of broncho-pneumonia is hardly mentioned in most text-books, though Osler briefly alludes to it. I do not, of course, refer to the well recognized occurrence of broncho-pneumonia during the course of established typhoid fever, but to the existence of a broncho-pneumonic mode of invasion. This omission, no doubt, is to be explained by the comparative variety of this method of onset. But, as I have met with at least three examples of this myself, it may be less uncommon than the accounts

in text-books would suggest, and the cases, therefore, seem worthy of record.

Case 1.—Miss S. Æt. 12. Seen with the late Mr. E. C. Greene, of Chelsea, 15th March, 1891.

Patient was in good health till Feb. 25th, when, as she seemed out of sorts, her mother took her temperature and found it was 102°. In spite of the temperature remaining raised, no medical man was called in till Feb .28th, when Mr. Greene saw her. There were then signs of general bronchitis with pyrexia of remittent character, the temperature varying from 104° to 101°, but on four nights in the first week reaching 105°.

All along there was hurried respiration, with slight cough and scanty expectoration. Resp. 30—40 P. 90—100, at first dicrotous. Appetite had been poor, bowels at first constipated, afterwards loose at times, but stools not characteristic. Occasionally "stomachache," referred to umbilicus, no sweating. The general condition, temperature and physical signs varied little during the next fortnight. I saw the child on 15th March, 1891, and found a pale, very thin, bright child with a hectic malar flush and light cynosis. Alae nasi acting vigorously; no herpes. P. 108; R. 36; T. 103.7.

Tongue furred and rather dry. Abdomen free from tenderness, and of natural appearance. Spleen not felt, splenic dullness slightly increased. Heart, normal. Lungs, resonant throughout. Scattered small bubbling rales over the whole right side in front and at the right base behind. On the left side a few similar rales just outside the cardiac region and scattered over the whole back. Some rhonchi on both sides. The diagnosis made was broncho-pneumonia, probably acute tuberculosis.

The scanty muco-purulent sputum was examined several times for tubercle bacilli with a negative result. It may be mentioned here that the child's father had a cough and his sputum was found to contain tubercle bacilli.

The stools were at times loose and very offensive, but not characteristic. Examination for tubercle bacilli gave a negative result. A mixture containing ammonia and tincture of nux vomica was prescribed. But the condition did not improve. The temperature maintained a range of 104°—101° and was very

irregular. The child became depressed and drowsy, but she continued to take food well.

I saw her again on the 22nd March, a week later, and on my arrival Mr. Greene told me that he now had no doubt that it was typhoid fever, as some spots had appeared on the abdomen that morning.

The child was now very drowsy, but resented any examination. P. 108, dicrotous; R. 40; T. 103°. Physical signs in the lungs practically unchanged. The abdomen not distended; slightly tender on palpation. There were numerous small, rose-red papules, fading on pressure, on the abdomen and back. The spleen could not be felt, but the splenic dulness was still somewhat increased. Tongue dry, red, cracked and glazed.

The nature of the case was now clear, and in ten days' time the child was convalescent and made a good recovery.

Case 2.—James, C.B., Æt. 31, a bottle washer. Admitted into the London Hospital 22nd Nov., 1891.

The patient was brought up by his mother, as he was "raving mad." From the mother's account it appeared that he habitually got drunk every Saturday night at least. Five years ago he fell on his head, and had never looked well since; but he expressed himself as feeling quite well till three weeks ago, when he complained of "two great lumps in his sides." Ten days before admission, after getting drunk the previous night, he complained of "his head," but he continued to work till three days later, when he became "very bad indeed," and was delirious and violent. Ultimately the doctor ordered him to be removed to the hospital.

On admission he was in a state of restless delirium with marked tremor, constantly muttering about his work and picking at the bed-clothes. His tongue was moist and covered with a brownish fur. Bowels loose; motions not characteristic; abdomen natural. P. 128; R. 36; T. 103.2.

Lungs.—At the left apex front and back, slight dulness on percussion. Subcrepitant rales over this area and scattered over the right side, also on coughing. Rhonchi on both sides. Urine 1018 and contained a trace of albumin.

The patient looked very ill and was evidently suffering from profound toxæmia. The diagnosis was *septicæmia of doubtful* nature; broncho-pneumonia; delirium tremens. The sputum was examined for tubercle bacilli, but none were found.

The delirium continued, incontinence of urine appeared, and he died three days after admission from syncope, on the 25th of November, 1891.

SUMMARY OF THE AUTOPSY.

Lungs, œdematous. *Bronchi* down to their finest branches filled with muco-pus. At the apex of the left upper lobe some ill-defined patches of reddish consolidation and a few similar areas in the right upper lobe. At the base of the right lower lobe a hæmorrhagic mass of the size of a plum.

Larynx. Three or four small, roundish superficial ulcers with yellowish base on the internal surface of the arytenoid cartilages. *heart*, 12 oz., uncontracted. Aortic valve thickened. Aorta slightly atheromotous. *Spleen* 12 oz., large, soft and diffluent. *Kidneys*, 14 oz.; one contained a small yellow infarct. *Liver* 4 lbs. 8 oz., large, soft and slightly nutmeg. Peyer's patches in lower part of ileum swollen and the mucous membrane much injected. Four or five small superficial ulcers with yellowish base, close to the ileocaecal valve. Pericolic glands and some of the mesenteric glands enlarged, soft and red.

Brain, with its membranes and vessels, healthy.

Case 3.—Albert B. Æt. 8. Admitted into the London Hospital 26th May, 1904.

The history was that he had been ailing for two weeks, with headache, feverishness, cough, wasting and loss of appetite.

On admission, no rash, coryza, whooping, cyanosis, or glandular enlargement. Pulse 120; respiration 48; temperature 103°. The thorax was rickety, respiratory recession of the intercostal spaces was present, and small bubbling rales and rhonchi were scattered over both lungs.

Heart, normal.

Abdomen slightly distended. No spots. No tenderness. Spleen palpable. Stools constipated.

Diagnosis—broncho-pneumonia.

On the third day in hospital, the temperature rose to 105°.

2nd June. Widal test positive, and a subsequent examination confirmed this.

10th June. A crop of spots came out on the abdomen, consisting of small red papules and pustules, and some pustules subsequently appeared on the scalp. Some of the pustules developed into small abscesses and had to be incised. The pus contained a streptococci. On the same day the stools became pea-soupy and some sloughs were detected.

Defervescence took place at the end of the fourth week of the illness, the temperature falling in a critical fashion from 102° to 98.40 in the course of 24 hours. The child made a good recovery, and was discharged 13th July, 1904.

Although bronchitis of some degree is almost a constant accompaniment of enteric fever, it does not commonly attract much attention during the first week. But it may assume considerable proportions even at this early date, as mentioned by Osler and other writers. In the cases just narrated the bronchial affection was very pronounced from the beginning, and had evidently gone on to broncho-pneumonia. This was proved by the autopsy in Case 2, and there is every reason to believe that a similar condition was present in the other two cases also.

Case 1 was extremely puzzling. The child was taken ill rather suddenly, while in perfectly good health, with a febrile illness, which had all the characters of *broncho-pneumonia* The history of a fortnight's duration without any rash excluded measles. From the child's appearance and constitutional condition acute tuberculosis was strongly suggested, and it was not till the 26th day that evidence of typhoid fever was obtained. The spots appeared for the first time on this day, and convalescence began ten days later, i.e., about the 36th day of the illness. Whether the broncho-pneumonia was due to a mixed infection with the bacillus typhosus and other microbes, i.e., streptococci, or was a direct effect of the bacillus typhosus, is uncertain, though the former hypothesis is more probable.

In Case 2 the symptoms pointed to severe toxæmia occurring in a highly alcoholic subject, coupled with broncho-pneumonia. The patient was too ill to give any account of himself, and his condition prevented much physical examination. The results

of the autopsy suggested that death occurred during the second week of typhoid fever, and the early termination must be ascribed to the concomitant alcoholic poisoning and broncho-pneumonia.

In Case 3, in spite of the marked broncho-pneumonic character of the attack, the enlargement of the spleen excited suspicions as to the presence of enteric fever, which were confirmed in a few days by the results of the Widal test.

Attention may here, in passing, be drawn to the uncommon occurrence of an ecthymatous eruption on the abdomen and scalp during the fourth week, which persisted for more than a week after the temperature had fallen to normal.

The first two cases occurred at a time when the Widal test had not been discovered, so that the difficulties of diagnosis were much greater than would be the case now. Nevertheless, as broncho-pneumonia may arise early in the first week of typhoid fever, before a positive reaction to the Widal test can be obtained, the diagnosis may remain in doubt for at least a week. In a child the possibility of measles would at once be suggested, but in the absence of the exanthem after four or five days, this case may practically be excluded.

Whooping cough may give rise to a similar condition of broncho-pneumonia before the characteristic whoop develops. But the temperature in this case seldom exceeds 101°, even in quite young children, and the appearance of a paroxysmal cough and vomiting is not usually long delayed. My object in making this short communication is to direct attention to the existence of a mode of onset which may prove very misleading if the possibility of typhoid fever be not borne in mind.

TYPHOID FEVER—ITS TREATMENT IN RURAL DISTRICTS

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The season approaches when Typhoid is the chief disease to occupy the attention of physicians. Every medical man has his own ideas and methods of treating this disease.

A great deal has been written in the journals as to the cause of typhoid, and all are agreed on the point that the typhoid bacillus must be ingested either through fluids such as milk and water or solid matter. Personally, I believe that the disease is chiefly borne by flies—especially in country points—and that it cannot develop spontaneously but must have arisen from some previous case. In two of the epidemics that have occurred in my district the disease was undoubtedly carried by flies.

When I first commenced to practise some years ago, antipyretic treatment was in vogue, and is to a large extent still kept up. The antipyretic treatment may be all right when one has the opportunity of seeing one's cases frequently, as in towns and cities; but in the country it is, to my idea, decidedly dangerous on account of the depressant action of antipyretics as a whole. Further, under antipyretic treatment there appears to be a greater liability to complications, relapses and hemorrhages on account or the above reasons, as well as the general lack of satisfactory **nursing** (which I think is the chief treatment in typhoid). Owing to the distances I had to travel in the course of my practice, I had to alter my former lines of treatment and substitute my present method, which has proved, I am glad to say, very satisfactory, especially when I can state that for some years back, ever since I adopted my present method, I have had no relapses, no complications and no deaths. Of course, where it is possible to obtain the assistance of a trained nurse, the treatment will be still more satisfactory.

I will now proceed to give my line of treatment. First of all, on assuring oneself of the disease, give hourly one-grain doses of calomel until bowels have moved freely, whether there has previously been diarrhœa or constipation or not, and follow up on next visit, if no nurse is present, with a high rectal enema.

2. Order only a fluid diet—milk (diluted with water, lime or barley water), white of egg and lemonade, strong coffee, cocoa and buttermilk.

3. If no nurse, have patient bathed in hot water twice daily; if nurse is present, order sponging whenever the temperature is 101°F. or over.

4. Disinfect the discharges with formalin (6 oz. to a gallon of water), chloride of lime (6 ozs. to gallon), or bluestone (6 ozs. to gallon).

5. Medicinal treatment, which is not very much, viz. :—

R. Liq. Hydrarg. Perchlor ..... M xx.
Tinc. Ferri Perchlor..... ..... M xx.
Aq, ... ad 1 oz.
N.B. Children in proportion

This mixture to be given every four hours until the temperature falls—which it usually does within 24 hours. Then give every six hours also

R. Zinc. Sulpho Carbolate..... 1 gr.
Calcium " " ..... 2 grs.
Sodium " " ..... 3 grs.

dissolved in four ounces of hot water, three times in 24 hours.

This medicinal treatment to be kept up until the temperature has been normal for at least ten days.

I further administer a high rectal enema of

Salt, 1 dr.; water (hot) 1 pint every 2nd or 3rd day.

Under the above medicinal treatment I have noticed that the temperature is soon reduced and remains down during the course of the disease, i.e., never reaches such heights as usually seen; that the stools are not so offensive, and that when the disease is over your patient is not so anemic or weak.

I would be pleased if any of the country readers of the Western Canada Medical Journal would follow out the above line of treatment and communicate with me as to their results.

THE PRESERVATION AND PROMOTION OF HUMAN HEALTH

(Read Before Vancouver Teachers Association)

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Man's health is a precious gift. Its loss causes injury and harm, not only to the individual person, but also to the community. The individual whose health is impaired feels discomfort or pain, he loses the power for working, the ability for earning money and enjoying life. He is compelled to spend his time, and often what money he possesses, in search of health. In short, sorrow, disease, and misery for himself and his family may be the results of bad health.

The community, besides being a loser through the diminution of the working power of the individual citizen, has to bear a material, financial burden for the support of the indigent sick. In case of contagious diseases, sick persons are, moreover, a cause of danger to their neighbors.

Were we to make an estimate of the economic losses caused by illness, which are capable of being prevented by the observance of simple sanitary rules, I think some of our political economists would be astounded; yet we rarely hear of such persons advocating the enactment or enforcement of sanitary laws, and if we do, we always find that the great objection advanced to sanitary undertakings is that "it would cost too much."

The scope of the science of hygiene is the preservation and promotion of human health. its task consists, therefore, first of all, in the preservation, restriction and removel of sickness and disease, in the conservation and prolongation of man's life itself.

No matter how we theorize as to the nature of man, we can at least distinguish two essential parts—mind and body; and however we speculate as to their essence and mode of union, we know at least that all life long they are linked together for weal

or woe—they develop together, mature together, decay together, ever dependent on each other, reacting upon one another, sympathizing, suffering with each other. When we strengthen the body we invigorate the mind; when we starve and neglect the body we starve and enfeeble the mind. It follows, therefore, that for the proper development of the individual, the body must be considered and cared for as well as the mind.

Recognizing the elementary principle of social economic law that the continued existence of a free country depends on the general intelligence of its people, the State has assumed the right to enforce the education of her future citizens. The State has also assumed the right to prescribe the kind of instruction that shall be given in the public schools, and has thus become responsible for the results of such education.

The trend of recent educational thought has been in the direction of encouraging the proper development of the physical body as an aid to mental advancement. "A healthy mind in a healthy body" should be the motto for all public school teachers who have not set up a false standard of judging of education. It ought not to be considered that a boy or girl is fitted to graduate into the world of business activity, if he or she has attained to a certain intellectual standing which is meant by ability to procure answers to certain kinds of questions. The State pays large sums of money for educational purposes in order to qualify her citizens to hold their positon, not only in the race of man against man, but in the race of nations for superiority.

It has been pointed out by Herbert Spencer that the first requisite of success in life is to be a good animal, and that a nation of good animals is the first condition to national prosperity. Now what is the very laudable object of the State in establishing public schools? It is to ensure the proper development of the individual so that each citizen may be in a position to advance the interests of the State and thereby his own interests. According to nature's plan, body and mind develop simultaneously, not alternately. While bone, muscle and nerve are growing, the child is busy observing, testing, comparing, gaining a knowledge of his environment, and learning to think and reason. So the process goes on; but soon the child is sent to school. Is the same plan of development continued? Do teachers realize that

education should look to the physical as well as mental needs of their scholars, and that strong bodies are as essential to success in life as well-stored minds? When the school curriculum is examined we find there is no lack of prescribed studies—all are cared for; the highest authorities are taken as guides, and the teacher sets himself out to obtain the best possible results. But in how many schools is attention paid to the physical condition of the children? If they are bright and intelligent they are pressed forward and urged on to higher work. Is there any consideration given to the question of their physical ability for such work? I fear very little. Again, the backward children are reported as dull, stupid or lazy. That may sometimes be true, but is not always so, and I believe the majority of dull children are dull because of some physical obstacle. Do the teachers always look for such? I fear not.

Now I do not think it would be fair to throw the whole responsibility for this state of affairs on the teacher, for we all know that the idea is abroad that schools are places where certain subjects are taught and learned. Parents and trustees alike, held the teacher responsible for the progress of his pupils in intellectual work alone—no one ever thinks of holding him responsible for any physical imperfections in the children under his care, nor do they even expect that he report on such physical imperfections or that he take them in any way into his consideration. Yet he is paid to prepare the child, not only to be a good accountant or distinguished classical scholar, but to be a good, useful and patriotic citizen, capable of holding his own either in the office or in the field.

Judging by what can be observed almost everywhere, it is evident that the majority of men and women know very little about hygienic conditions, and when it is considered that the teacher alone has an opportunity of reaching all classes through the children, it becomes of the greatest importance that children should not only work under hygienic conditions, and be under a teacher who not only understands and appreciates such conditions, but also that they should be carefully instructed in the principles of hygiene so that the men and women of a few years hence may themselves know the meaning of proper conditions of living.

In order to impart a proper knowledge of hygiene, it is necessary that the teacher himself have sound and correct ideas of the principles underlying the science. Yet what do we find? That nine-tenths of our teachers have never had instruction in this subject, and that they take their cue from a book which makes hygiene almost entirely subservient to one branch, namely, the ill effects of alcohol and tobacco upon the human system.

All right-thinking people now admit that the taking of alcohol is seldom useful, and often may be very injurious; but it should be remembered that there are other health laws, and that the abuse of alcohol is but a single one of many broken laws. Others there are, and they should be taught in our schools.

Doubtless, opinions will differ as to what should be included in the instruction on hygiene in our schools. Is it necessary or advisable to teach physiology and as much anatomy as will explain the functions of the organs? The authors of our text books on hygiene evidently think so, but the wisdom of it may be doubted. I have known children to get the most absurd notions of these subjects, and indeed it is not fair to expect otherwise, for how can the subject be understood without deliberate or careful preparation. To ask children to appreciate a question on the chemical composition of muscles is not fair, and must be very confusing to the young mind. I opened the book on Elementary Anatomy, Physiology and Hygiene, used in the high schools, and the first question that caught my eye was: "Where do you find the crypts of Lieberkuhn? Describe them." How many high school teachers or inspectors understand anything of these glands? And if they do, where is the advantage? It must be dreadfully confusing to children, and in my opinion it is very unfair to burden their minds with matter they cannot understand and which is of no practical value to them.

A hasty glance over the books used for seniors and juniors conveys to me the impression that certain subjects, already referred to, are given undue prominence, and that a revision of these books would be in the public interest. I fear the enthusiasm of the authors has led them to make statements which are capable of being termed exaggerated. For instance, alcohol is treated in such a way that children must get the idea that anyone using it is not a fit person to be at large. Yet as these children grow

older they almost invariably find near relations and friends using alcohol, and they fail to see much difference between the user and abstainer. The inevitable result must be to shake the confidence reposed in statements once accepted as absolute. We all recognize the terrible curse of the abuse of alcohol, and admire those strong enough to entirely abstain for the sake of giving good example; but there are a great number not blessed with such a noble, self-denying spirit, and it is not right or just to condemn them wholesale. Tell the simple truth—which is bad enough, goodness knows—but do not lose the confidence of the young by exaggeration.

Our books on school hygiene take up the anatomy and physiology of the organs of respiration, but the need for pure air and the methods for obtaining it may be included without obtaining such knowledge. Useful and interesting object-lessons are at hand in every schoolroom and school building—the arrangements of the fresh air and foul air ducts, with a visit to the furnace, if one is in use; methods of ventilation; the composition, temperature and humidity of the air, and a measurement of its carbonic acid by a very simple and interesting method could be made pleasing; illustrated lessons by an intelligent and interested teacher would serve the purpose of firmly fixing in the minds of children the esential features of heating and ventilating and the necessity for pure air.

The nature of the skin, with but brief reference to its structure and function, could introduce a lesson on personal cleanliness, including bathing and clothing.

The boys would be specially interested in instruction for resuscitating the apparently drowned, which could be illustrated by two or three willing pupils.

The necessity for, the purposes and right way of exercising, could be dwelt upon in a manner that would point to the calisthenic exercises which should be practised daily in our schools, and the need for continuing the physical exercises in adult life be impressed on the children.

When some unfortunate pupil is stricken with a contagious disease, the whole subject of its germ production, the manner of its communication, the necessity for isolation and disinfection and cleanliness, could be so presented as to make a lasting impression

as to the cause and prevention of communicable diseases. The moral obligation of every person and family afflicted with a contagious disease to use every precaution to prevent its communication to thers, should form part of the instructions under this head.

The relation of the water and milk supplies to certain of the communicable diseases, and the manner of their pollution, with measures for its prevention, would naturally follow this lesson. Right methods of disposing of excreta, as well as household wastes, and the abhorrence of all that is dirty, could be inculcated without offending delicacy.

Lectures on "What to Eat," "How to Eat," and "When to Eat" would appeal to me, as an "old-time" general medical practitioner, as being most necessary, and from experience I have very little hesitation in saying that there is no organ in the body abused to such an extent as the stomach.

Many persons who forget that we live, not by what we eat but by what we assimilate, gorge themselves with all sorts of substances and at irregular hours. It seems to me that much information of a practical character could be imparted to the parents of the future, as to the true relative value of the common food stuffs; and I think the good resulting would effect more toward the public weal than a smattering knowledge of ancient history or the rules of drawing.

There are many other points I could take up with advantage, but I am here only to direct attention, and so must rest satisfied with what I have said. I fear that some of my views will not meet with your favor, but, believe me, I am honest, and as to whether I am correct, I hope to be in a better position to judge when I hear your criticism, which I now invite you to administer unsparingly.

CLINICAL MEMORANDA

Symphysiotomy

The patient, Mrs. F——, iv. Para., a small, delicate and anæmic Jewess, height 57 inches, weight 80 to 85 lbs., a twin. Her twin brother is a large, robust man. I first saw the patient when called to attend her in her third confinement. On examination I found the os fully dilated, vertex presentation first position, and a generally contracted pelvis. Conjugate diameter, 2¾ inches. Her pains were regular and strong, and after waiting a reasonable time and finding that the head would not engage in the pelvis, I administered chloroform and applied the forceps, and succeeded after much difficulty in delivering a 7 lb. stillborn child, whose head was very badly crushed. Her two first labors, I was informed, ended in the same disastrous manner. She had a double lateral laceration of the cervix, and extensive laceration of the perineum from the birth of the first child, and no attempt had been made to repair these.

I advised her strongly to avoid again becoming pregnant, if possible. Her reply was that "she would sacrifice her life for a living child." I informed her that in the event of again becoming pregnant, one of three courses was necessary, viz.:

(1.) Induction of labor at or before the eighth month.

(2.) Symphysiotomy.

(3.) Cesarean section.

I advised symphysiotomy as being the most promising procedure in her case, for herself and child. I did not see her again until called to attend her in labor, when I found the os fully dilated, and a breech presentation. I advised her removal to the hospital, as the house and everything about it were, to say the least, in a most unsanitary condition. This, however, was declined. I prepared her immediately for operation, Dr. A. N. Worthington, M.P., administering the chloroform, and the nurse supported the pelvis until after delivery. An incision two inches long was made over the symphysis and the joint divided with a

narrow, blunt-pointed bistoury, from behind forwards. The urethra was held to one side by a metallic catheter. The sacro-iliac joints, being very mobile, the severed bones separated fully three inches during the delivery of the child, which weighed 6¾ lbs. The body was delivered with comparative ease, but the after-coming head had to be extracted with forceps. The child, apparently dead, was resuscitated after prolonged artificial respiration. The wound was closed with silkworm gut sutures, which included the fibrous tissues about the bones. The pelvis was firmly supported by wide strips of adhesive plaster and a binder.

Recovery was uneventful—absolutely no rise of temperature, primary union, and no interference with locomotion.

Two years later, when living in Montreal, she was delivered with forceps at full term of a living child weighing 5 lbs. At this birth the symphysis readily spread apart but never caused any interference with walking.

About a year later she returned to me in very poor health owing to some prolapse and backward displacement, etc. I sent her to the hospital, where I repaired the cervix and perineum and did a ventro suspension of the uterus which relieved her symptoms. At the present time her health is very good.

Case 2. An interesting case came under my observation a few years ago, when I was called to see Mrs. J——, aged 30, vi. Para., in confinement. On arrival I found she had given birth to a large living child, which had been shot out of the vagina with the first expulsive pain. She had given birth to her children in rapid succession, and had a large, flabby and pendulous abdomen. She had experienced difficulty in walking about, accompanied with pain about the symphysis, for about five weeks before labor. On examining the pelvis I could readily place my finger in the symphysis, showing that the bones were widely separated.

I strapped the pelvis firmly and kept her in bed for three weeks. Three weeks later I was called, and found an abscess over the pubes. I had her removed to the hospital, and on opening the abscess found it communicated with the symphysis. The bones were separated nearly one inch, denuded of cartilage,

rough and cavious. I curetted the bones, and with the sutures and firm pressure over the trocantus succeeded in bringing the bones together. The pelvis was then firmly fixed with adhesive plaster, iodoform gauze drainage, and at each subsequent dressing I used an iodoform emulsion. As a result, I got good, firm union and recovery, without any interference with locomotion. There was no history of injury or tuberculosis in the family.

Cesarean Section

I was called by Dr. Martin, of Waterloo, Que., to see Mrs. X——, aged 35, ii. Para., a strong, healthy woman who had been nearly thirty hours in labor without having made any progress. On examination I found a well-developed pelvis, the cervix very high up, vertex presentation, os partially dilated, with firm, fibrous edges and apparently not dilatable. On palpating the abdomen immediately above and to the left of the pubes a firm, hard mass, about the size of a small orange, presumably a fibroid. Pains were good and strong, and had been throughout, but the woman was becoming exhausted. She had one child, eleven years of age; no miscarriages. Five years before, Dr. Wm. Gardner, of Montreal, had done a ventro-fixation of the uterus, as each contraction caused a great deal of abdominal pain in the median line I concluded that the ventro-fixation was interfering more with the labor than the fibroid.

The patient and her husband were very anxious to have a living child, and with the conditions existing I decided that cesarean section would be as safe a procedure for the mother, as a very difficult and prolonged high forceps operation with a non-dilatable os, while the chances for the child would certainly be more favorable.

The patient was placed on the table, abdomen disinfected, and an incision made in the median line, from the umbilicus down to about two inches above the symphysis. At the upper angle of the wound I entered the abdomen, but below this the abdominal wall was firmly fixed to the uterus by a dense mass of fibrous adhesions, 1½ inches wide, extending down as far as the finger could reach. I decided to leave these adhesions intact, and prolonged my incision upwards to the left of the umbilicus.

The uterus being firmly pressed against the abdominal incision throughout, I incised the uterus well up over the fundus, extracted the child, clamped the cord, and directed the anesthetist to give a hypodermic of ergotine, which I had previously prepared, while I separated the placenta. The loss of blood was comparatively trifling. The uterus promptly contracted as soon as emptied. On examination I found the mass to the left of the uterus was a fibroid firmly embedded in its wall. As the operation was done in a farm house, at 2 a.m., by lamplight, I concluded it best to leave the fibroid alone.

A wide strip of gauze was placed in the uterus, one end being pushed down through the os. The uterus was then closed with interrupted silk sutures, including all layers except the mucous membrane. A second continuous catgut suture was also used in the peritoneal covering of the uterus. The abdomen was thoroughly cleansed with dry sterilized gauze pads, and the wound closed in layers withVan Horn's catgut, silkworm gut being used for the skin; no drainage. No elastic bands used during the operation to control hemorrhage.

The child weighed 7½ lbs., and was very much alive. The patient's recovery was uneventful, union by first intention, no disturbance of temperature, etc.

Patient was up in three and a half weeks.

Extra-Uterine Pregnancy

Case 1. A telephone message from Dr. —— to drive out a distance of twenty miles and be prepared to operate on a case of appendicitis. On arrival I found the patient to be a woman, aged 40; pulse 140, small and compressible; subnormal temperature; marked pallor; abdominal distension and tenderness, especially over the lower portion. Her medical attendant informed me that a month previous she had been in bed for three or four days with an attack of appendicitis, pain and tenderness in the right iliac region, and a rapid pulse. These symptoms subsided in a few days, but there still remained an uncomfortable feeling in this region. About twelve hours before my arrival she had been suddenly seized with an intense pain about the right iliac region, and faintness, which her physician attributed to a rup-

tured appendix. From this on her condition continued to become more alarming.

On inquiry I found she had missed a couple of menstrual periods, the first about three months before I saw her, and her impression was that she was pregnant. Nothing definite could be made out by examination of the abdomen, and per vagina the fornices were found bulging downwards and tense, giving one the impression of fluid under tension in the pelvis.

Her condition and appearance was certainly one of internal hemorrhage, and from the history and symptoms most likely a ruptured tubal pregnancy.

I operated as rapidly as possible, and on opening the abdomen the blood spurted out. The pelvis was filled with clots and liquid blood, and was emptied as rapidly as possible, and the bleeding points clamped. A perfectly formed foetus about three months old was removed from the ruptured sack. The sack and tube were ligated and removed. Clots and free blood were present throughout the abdomen, which was freely flushed with normal saline solution and then closed. Time of operation, 35 minutes. Saline solution, subcutaneously, was freely used, but she failed to react and died in four hours.

The history, and a vaginal examination a month previous at the time of the first rupture, should have made a diagnosis easy.

Case 2. An urgent message from Dr. C. A. Edgar, Capleton, Que., five miles distant, to operate on a case of ruptured tubal pregnancy, was received. On arrival I found a young woman, primipara, living in a miner's shack; pulse 124, blanched and sighing respirations. History was that of symptoms of pregnancy dating back eight weeks, with a great deal of pain low down and to the left side of the abdomen.

On opening the abdomen the pelvis was found filled with clots, liquid blood, and a perfectly formed foetus about 2½ inches long. Bleeding was very active, and the bleeding points were clamped and the pelvis thoroughly cleaned out. As the ovary was involved in the mass of adhesions about the sack, it had to be removed, together with the tube and sack.

Abdominal wound closed, no drainage. Recovery uneventful.

In this case I did not even have the assistance of a nurse, but managed very well with self-retaining retractors.

Case 3. A Frenchwoman, aged 43; viii. Para. Sent to the S.P. hospital, under my care, by Dr. Edgar, complaining of a lump in her left side, which she had noticed for several weeks; weakness and loss of health for the past six months. In the beginning of her illness she had suffered a great deal of pain in that side, but attributed it to "change of life," as her menses had been irregular for over a year. She had not consulted a physician until a few days before her admission to the hospital.

On examination I found a delicate, sallow-looking patient, with a firm mass the size of a large orange, involving the left broad ligament; no pulsation to be made out, and very little tenderness; subinvolution of the uterus, and slight displacement towards the right side.

At the operation I found a large mass involving the whole broad ligament, covered on its upper surface by the peritoneum and adherent in all directions, which necessitated a tedious dissection. The whole mass was very friable, and appeared to be made up of an old blood clot, partially organized. The ovary and other structures could not be distinguished. In the centre of this mass was found a mummified foetus one and a half inches long.

The abdominal wound was closed with drainage. Recovery somewhat tardy, as she was very weak and emaciated at the time. When she left the hospital she was perfectly well, weighing over twenty pounds more, and had lost the sallow appearance.

W. Duncan Smith, M.D.

Edmonton, Alta.

WESTERN CANADA MEDICAL JOURNAL

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EDITORIAL NOTES

The recent dismissal at a month's notice of the Provincial Health Officer for Alberta, unless very good explanation can be given for so arbitrary a proceeding, certainly can only be viewed as an insult to the profession. A public servant holding an office of such importance to the community certainly should be treated with more courtesy. A domestic servant legally is entitled to a month's notice. This post goes with a yearly salary, hence, suitable or unsuitable, whoever holds it is entitled to a fair warning. We do not know anyone connected with the matter, either on the side of the official or the Government, but can see that the daily press of the Province, representing the public mind, seems to consider an injustice has been done to the man. We merely regard it from a professional point of view, and we hope the men of the Province will see that good and sufficient reason is given (none has been given so far) or undoubtedly the

status of the profession will be lowered. The Provincial Health Officer is the only representative of the profession that the Government has officially. If he be a man who puts politics before the well-being of the community, then, indeed, the public will suffer. The health office should be held for life or good conduct, and the man appointed one zealous only in health matters, with a perfectly free hand. As has been said, "Compulsion, not persuasion, is the keynote of State medicine." Inefficiency clearly proved should be the only cause for dismissal.

* * *

The Province of Manitoba voted largely in favor of reciprocity. The final arrangements regarding Reciprocity between Nova Scotia and Great Britain have just been concluded. One effect is noticed, that the Province of Nova Scotia is taking immediate steps to raise her standard. If the effect of Reciprocity is to cause the raising of the standard of medical education where needed it would be good for the profession generally. The president expressed the hope that other Provinces would follow suit. Regarding Quebec's application to the Privy Council, investigations are being made which will doubtless result favorably.

* * *

It is gratifying to notice that the profession is getting active on the matter of club and contract practice. As is seen from the last report of the Calgary Society. In such matters Union is the only way to abolish the evil. Such practice redounds neither to the credit of the medical man who engages in it nor to the good of the patient so treated. Indeed, how could anyone honestly do his duty to all for such remuneration as is given. All know clubs are looked on only as private advertisement. That the C.P.R. should prove the stumbling block in the matter is surprising, as it is to their interest to do the best for the country that supports the railway, and that proper medical attendance is given all means general good health—good health report to the world means much immigration. Later, when careful statistics are kept, these little points will tell. There is no doubt if the Calgary men would loyally stand together, refusing such work, the railway would be brought to see the error of its ways. In cities in both Italy and Australia the medical men, by union, forced their governments to come to their terms. Possibly some may have feared that

what occurred years ago in another place might occur in Calgary. All agreed and signed against, and in 36 hours two had broken their pledge, and in a few weeks the agreement was a dead letter. Still, that was years ago. Opinion now is strongly against contract and club practice. One of the evil results of such practice was seen the other day when a grand jury publicly censured a hospital used for medical cases from a railway camp. The men, the grand jury said, did not get what they paid for. One might say nine-tenths of contract work is neglected. Imagine the harm this does, both to the medical profession and the Public Health!

* * *

The minutes of the meetings of the Council of the College of Physicians and Surgeons, Manitoba, will be read with interest by all. We notice there are some representatives who have not attended a meeting of the past year. This does not promise well for the interest those in their district will take in professional matters. The general rule is—enthusiastic representative, enthusiastic district. The legal expense item seems large, no doubt, used in cases against charlatans, but details would be welcomed. Surely the large amount lying to the credit of the Council could be put to some use for the benefit of the profession of the Province. Many members feel it would be well if an annual meeting of members were held to receive the annual report, criticize, and put forth suggestions.

* * *

We hope all our readers will see the notice of the annual meeting of the British Columbia Medical Society, to be held at Victoria, August, 1907. A large gathering of medical men from the whole of the West would be of immense professional benefit. Many inter-provincial matters could be discussed and better understood. At this moment, when points of such vital importance to the future of the profession in the West are being settled, nothing could be more opportune than this meeting. The visit to this delightful city cannot fail to be enjoyable. We hope there will be a large gathering.

* * *

The Saskatchewan Medical Society is to meet at Prince Albert on the 20th and 21st June. We hope there will be a large gathering and successful meeting.

CORRESPONDENCE

Sunlight is Injurious to the Tuberculous.

To The Editor,

Western Canada Medical Journal

Sir,—I have read with much interest the several articles on the effect of sunlight, and beg space to call attention of your readers to the fact that every new idea is strenuously opposed by the profession as a body, and it often requires the outside criticism of laymen to effect reforms in practice or to eradicate false ideas. It is also a notorious fact that Jenner's discovery was rejected by every physician who was over forty years of age at the time of its publication, and vaccination was later established as orthodox practice by men who were under forty at that time. The older men went to their graves in opposition. A recent able work on the history of medicine, by Dr. Jas. J. Walsh, of New York, brings out the unhappy fact that every part of the science of medicine had a like experience in its early years. It is to be expected, therefore, that many physicians will fail to be convinced that light in excess is destructive to living protoplasm. They acknowledge that it kills bacteria, but they cannot realize that it injures or kills other unprotected cells also. They will never be convinced, and it is a waste of time to try. The only thing to do is to publish facts and let the young men learn. In time, all will come out right.

In the meantime, let me direct attention to one fact of practical importance in the management of tuberculosis. The out-door treatment has three factors which are different from in-door life—fresh air, cold and light. The profession now believes air and sunshine are necessary, but the coldness is rarely mentioned as a factor. If they would only stop and think a bit they would realize that sunshine is not a factor in the cure but the reverse. I lived in the Philippines, where we practically lived out-doors and had intense sunlight, but the disease is so fatal that unless

we send the cases promptly to cold, darker climates they perish in a few months or even a few weeks. On the other hand, the best results are obtained in cloudy mountain forests such as the Adirondacks, where the sunshine is rarely seen and the cold is intense. Finally, experience is universal that with the advent of warm and light summer, cases do not improve, but show remarkable improvement as soon as winter comes on with its coldness and darkness.

Nevertheless, the idea that light is never harmful is so strongly entrenched in our minds that we continue to condemn many a patient to death by sending him to a warm land of perpetual sunshine. Why does the medical profession not investigate the matter, and find out the facts? I have done the best I could in my book ("The Effect of Tropical Light on White Men") but am amazed that so many physicians have the audacity to condemn the ideas without even finding out what they are and the facts upon which they are based.

Almost every Pthisio-therapeutist repeats, parrot-like, the old baseless dogma about the need of unstinted sunshine, yet the most prominent of all, Dr. S. A. Knopf, of New York, has an article in the New York Medical Journal, May 25, 1907, showing why patients are so much better in the cold, dark winter than in the hot summer when they have unstinted light. The question of light still obtrudes itself, for he says the patient "should always place his chair where his body can be bathed in the rays of the sun while his head remains in the shade." If the coldness of the air is the main factor, as he believes, it can only do harm to put them in sun-warmed air. It is difficult to see what good the light rays do, for they cannot penetrate the six to ten layers of opaque winter clothing. The only unprotected surface—the face—is put in the shade.

One specialist, Dr. Burnham, is quoted as saying that the winter improvement is due to the absence of dust—the snow covering up the bacteria—although it is known that the improvement begins in the fall long before the snow appears. If light is so necessary, why is it so insisted upon that the patient should sleep outdoors at night, when there is no light? Perhaps there is more improvement at night than in the day, and it accounts for the

better condition of the patients in the morning than after a day of sunshine.

Only one Phthisio-therapeutist has mentioned the dangers of light. Dr. F. W. Burton-Fanning, in his work on "The Open-air Treatment of Tuberculosis," says (p. 96): "In the summer it is equally essential to provide protection from the sun. Nothing is more powerful to produce headache, anorexia, prostration and even fever than exposure to the glare of the sun." He might have added that in the tropics such sun treatment is rapidly fatal, and that sanitoria in very sunny cool climates are not so successful as those in dark cool ones.

It will take twenty-five years to convince the profession that excessive amounts of light are harmful, but I cannot understand why men will rush into print with the orthodox adverse opinions before they investigate.

I was delighted to see the article by the Rev. Mr. Heustis, and if a few more laymen will only take up this hygienic study, the profession will be brought to its senses, as it has been repeatedly before, and by laymen, too, as in the case of the venesection and nauseating drugging of a century ago. In "American Medicine," for April, there is a review of the subject of light therapy to date, and it should convince everyone that the matter of the destructive effects of light is of considerable importance; but the profession is proverbially slow and behind the times, instead of being abreast of the times, or even ahead.

CHAS. E. WOODRUFF, M.D.

SPECIAL ARTICLE

MEETING OF THE AMERICAN ORTHOPEDIC ASSOCIATION AT WASHINGTON, D.C.

BY HERBERT GALLOWAY, M.D.

Vice-President of the American Orthopedic Association and Professor of Orthopedics, Manitoba Medical College.

The twenty-first annual meeting of the American Orthopedic Association, one of the constituent societies of the Congress of American Physicians and Surgeons, was held at Washington, D.C., on May 7, 8, 9, 1907. Every year sees great advances in the work of this association, but it must have been the opinion of every one present that the meeting this year was, from the scientific standpoint, by far the richest and most important in its history.

The subject of Typhoid Spine was presented in two able papers, one by Dr. T. Halsted Myers, of New York, and the other by Dr. David Silver, of Pittsburg, and the literature of the subject was fully reviewed.

Dr. A. R. Colvin, of St. Paul, and Dr. Augustus Thorndike, of Boston, each presented papers on Bone Regeneration, illustrated profusely by radiographs. Reports of cases were presented and radiographs taken from the cases reported were used to illustrate the share taken by the constituent parts of bone in the regenerative processes following osteomyelitis, tubercular disease, etc. The ease with which Nature removes the dead bone in the young was dwelt upon and intelligent conservatism in the treatment of pyogenic osteomyelitis in the young strongly advocated. Instances of regeneration after very extensive destruction were freely quoted.

Dr. S. L. McCurdy, of Pittsburg, read a paper on the Treatment of Bone Infections, in which he strongly advocated the use of iodine as a disinfectant after removal of dead tissue, the cavity being then allowed to fill with an aseptic blood clot, healing in many cases occurring with surprising promptness.

The papers and discussions on Rheumatoid Arthritis, Osteo-Arthritis and Arthritis Deformans were so suggetive and helpful that one could not but feel greatly enriched by listening to them. Drs. C. R. Andrews and Michael Hoke, of Atlanta, presented an intensely interesting report on the etiologic relation of albuminous putrefaction in the intestines to these diseases, showing the effect of fermented milk in the treatment. Dr. Peckham, of Providence, R.I., reported most encouraging results in the treatment of rheumatoid conditions by means of physical therapeutics. Dr. R. H. Sayre, of New York, reported a case of rheumatoid disease of both hands, showing the comparative results of treatment by rest and by baking, the result being distinctly in favor of the rest treatment. Dr. Chas. F. Painter, of Boston, presented a paper on The Place of Operative Surgery in the Treatment of Chronic Arthritis. The writer, as well as many others, felt renewed hope regarding some of these discouraging conditions. A series of papers on Flatfoot, with discussion of methods of designing suitable boots and supports for the feet, were given by Dr. Royal Whitman, of New York, Dr. Albert H. Freiburg, of Cincinatti, Dr. Ansel G. Cook, of Hartford, and Dr. Robert B. Osgood, of Boston. The last-named presented a simple and ingenious foot-exerciser.

Lateral Curvature of the Spine received a large share of attention from both the pathological and therapeutic standpoints, papers being presented by Dr. Henry O. Feiss, of Cleveland, Dr. E. H. Bradford, of Boston, Dr. Robert Soutter, of Boston, Dr. McCurdy, of Pittsburg, Dr. Chas. H. Jaeger, of New York, and Drs. Hoke and Andrews, of Atlanta. The last-named reported cases treated by utilizing respiration as a corrective force in conjunction with plaster jackets, the latter being applied by means of special apparatus, and the jackets afterwards cut away from over the flattened chest areas. After being completed, the plaster dressing had the effect of limiting lung expansion over the hitherto maximum-expanding areas, and concentrating the maximum expansion upon the flattened areas.

The Symposium on Malignant Bone and Joint Disease was opened with an address by Dr. Roswell Park, of Buffalo, in which he discussed the etiology and pathology. Dr. Park is a strong believer in the infectious nature of cancer, and fully expects

that more exact knowledge will soon be in our possession. Dr. W. B. Coley, of New York, presented his latest conclusions on the diagnosis, prognosis and treatment of bone sarcona. He has had most striking results with the use of the mixed toxins of the bacillus prodigiosis and the streptococcus of erysipelas in a number of cases of apparently hopeless inoperable sarcoma. The results after amputation have been so discouraging that he is strongly inclined to advocate more limited operations, such as resection, together with the use of the toxins. The reports presented certainly seem to justify the statement that every surgeon who attempts to treat bone sarcoma should be prepared to use the toxin treatment at least as supplementary to his operative work. Dr. Joseph Bloodgood and Dr. Charles F. Painter also contributed papers to the Symposium.

Mr. Robert Jones, F.R.C.S., of Liverpool, took part in several of the discussions, and contributed a short address on the Mechanical Treatment of Ischaemic Paralysis.

The following group of papers on Bone Tuberculosis gave rise to much interesting discussion:—Treatment of Tubercular Abscess, by Dr. J. K. Young, of Philadelphia; Effect of Imperfect Hygiene in the Production of Bone Tuberculosis, by Dr. Charlton Wallace; Preliminary Report of Tuberculous Joint Disease Treated with Tubercule Vaccine (Wright's Method), by Dr. John Ridlon; Preliminary Statement Regarding the Treatment of Joint Tuberculosis with Marmorek's Serum, by Dr. A. H. Frieburg; Study of the Opsonic Index and Vaccines in Relation to Tuberculous Bone Disease, by Drs. E. T. Taylor and E. M. Knorr, and The Chief Cause of Flexion in Coxalgia. Young dwelt upon the importance of laboratory methods in guiding the surgeon as to the proper course to pursue in treating abscesses in connection with tubercular bone and joint disease. He thought conservative treatment justifiable when strict aseptic management could not be maintained. Operative treatment, he advocated, should be based upon the laboratory reports, incision, curettage and drainage being recommended in collections showing tubercle bacilli, or giving tuberculosis by animal inoculation, or where mixed infection is known to be present. Incision, curettage and complete closure without drainage was advised in the case of sterile collections. Reports on vaccine and serum methods of treatment of

tubercular bone and joint disease were encouraging, but no great enthusiasm had been aroused among those who were experimenting with such methods.

R. W. Lovett reported 24 cases of Spina Bifida operated upon by extirpation of the sac with an operative death-rate of 37½ per cent; the technique, indications and contra-indications were described. He stated that there was no danger whatever from the sudden evacuation of large quantities of fluid in these cases.

Charles H. Jaeger, of New York, showed a series of X-ray pictures illustrating Gonorrhoeal Exostosis of the Os Calcis, and reported ten cases treated by excision of the growth with uniformly good results.

W. S. Baer, of Baltimore, read a most important and practical paper on Operations on the Spinal Column. The paper was illustrated by a number of X-ray pictures showing exostoses and other rare conditions associated with the vertebrae. Nothing that the writer has ever seen more clearly demonstrated the extreme usefulness of radiography in the diagnosis of certain obscure surgical conditions.

B. E. McKenzie, of Toronto, presented a paper on The Undeveloped Hip-Joint, reporting cases which he illustrated by X-ray pictures. He contended that there is a class of cases where what may be called "potential" congenital dislocation of the hip is present, due to an undeveloped condition, or to imperfect anatomical constitution of the joint. These cases, if properly treated at an early age by mechanical means which he described, got well, but if neglected became true dislocations.

Dr. Augustus Wulson, of Philadelphia, reported a case of old fracture of the neck of the femur, with severe disability, successfully treated by the simple procedure of nailing the fragments together with a spike of coin silver, without making any exposure of the parts to effect freshening of the fragments.

Further papers were read on a variety of orthopedic subjects, including Arthrodesis, Arthroplasty, Spondylolisthesis, Chondrodystrophia Foetalis, Coxa Valga, Operations on the Knee Joint, Congenital Pes Calcaneo-Valgus, Fractures of the Head and Neck of the Radius, Isolated Fracture of the Greater Tuberosity of the Humerus, The Greater Tendency to Spontaneous Correction in Bow-Legs than in Knock-Knee. Still other papers, because of lack of time or the absence of the writers, were read by title, and will be published in the American Journal of Orthopedic Surgery. Some very useful orthopedic apparatus was exhibited and the use demonstrated.

GENERAL MEDICAL NEWS

MEDICAL SOCIETIES

Calgary Medical Society.—At the February meeting of this Society the subject of Medical Contract and Lodge Work was again discussed, and it would appear as if all the work done on this question by the Society would be of no avail. Several of the practitioners signed the resolution on condition that every other practitioner in the city signed it. The signature of every man but one was obtained, and on this rock the resolution is wrecked.

The C. P. R. surgeon here stated that he was unable to sign. He said he had discussed the question with the railway officials, who informed him that it would be necessary for him to resign his positon. He said that he was under contract with the railway company.

It was pointed out to him at the meeting that it was not the portion of the railway work coming under the Dominion Statutes that the Society asked him to give up, but only that part which was a matter of agreement between the C.P.R. men individually and himself. The doctor said that though such a division of the work existed, the C.P.R. officials refused to recognize any such division, and told him to take all or leave all.

There was considerable discussion after this. Finally it was resolved that a committee of three from the Society wait upon Mr. Jamieson, C.P.R. superintendent here, and place before him the Society's stand in the matter. Unfortunately this committee has been unable to interview Mr. Jamieson, as he is out of the city a great deal of the time, and it is difficult to get the committee together on a short notice.

At the March meeting of the Society the question was dropped indefinitely after the C.P.R. surgeon read a letter from Mr. Jamieson, the purport of which was that the C.P.R. wanted a surgeon, and would have a surgeon if the present incumbent resigned. If none could be obtained in Calgary they would bring one in from outside.

It is regrettable that the C.P.R. should take such a stand, as it is clearly not to the interest of the railway, the employees, the C.P.R. surgeon, nor the profession as a whole, that this condition of affairs should persist; and it is to be hoped that at some future date the question will be again taken up and a solution satisfactory to all parties concerned can be reached.

A special meeting of the Society was held in April to discuss a letter received from the Hon. W. H. Cushing, asking the opinion of the profession in Calgary re the location of the provincial asylum for the insane. Owing to a misconstruction of the letter nothing was done in the matter.

The Ontario Medical Association, at the meeting, May 29th, elected the following officers:—President, Ingersoll Olmstead, Hamilton; 1st vice-president, H. J. Hamilton, Toronto; 2nd vice-president, D. E. Mundell, Kingston; 3rd vice-president, C. E. Casgrain, Windsor; 4th vice-president, T. S. T. Smellie, Fort William; secretary, Charles P. Lask; assistant secretary, S. Johnson; treasurer, J. Fenton.

The Northern Alberta Medical Association met May 16th. The business of the meeting was the consideration of the constitution and by-laws of the Association. The names of three local physicians were presented to the Provincial Cabinet, with the request that one be chosen as representative on the Provincial Board of Health. Those given were Drs. H. C. Wilson, Ternan, Cobbett.

The High River District Medical Society.—The medical men of the High River district recently met together and organized The High River District Medical Association. Dr. Welch, of Okotoks, was elected president, and Dr. G. Everett Learmouth, of High River, was elected secretary.

The W. C. M. J. wishes the new society every success, and hopes that much interesting material may be evolved from their meetings.

VITAL STATISTICS

Winnipeg, May, 1907.

Disease	Cases	Deaths
Typhoid Fever	16	1
Scarlet Fever	53	3
Diphtheria	18	1
Measles	43	1
Tuberculosis	2	.
Mumps	17	.
Erysipelas	4	.
Whooping Cough	2	.
Chicken Pox	1	.

Total Births, 297; total Deaths, 150.

CONTAGIOUS AND INFECTIOUS DISEASES—CALGARY.

March—1907.

* Scarlet Fever	5 cases
x Diphtheria	12 "
o Smallpox	2 "
Rotheln	1 "

* 4 Cases of Scarlet Fever from immigrants.
x 5 " " Diphtheria from outside city.
o 1 " " Smallpox " " "

April

Scarlet Fever	4 cases
Measles	30 "
Diphtheria	1 "

COMPARISON OF VITAL STATISTICS—CALGARY.

1906	Births	Deaths	1907	Births	Deaths
Jan.	41	41	Jan.	76	49
Feb.	65	18	Feb.	56	38
March	37	23	March....	73	33
April	56	25	April	75	43
Total	199	107	Total	280	163

VITAL STATISTICS—VANCOUVER.

May—1907

Births	69
Marriages	43
Deaths	64

FORT WILLIAMS.

Past month very good one; only 10 cases coming under notice of Health Department.

Typhoid	7 cases
Measles	1 "
Scarlet Fever	1 "

MEDICAL NEWS

At the recent meeting of the Local Council of Women, held in the Y.M.C.A., Winnipeg, the president made a very good suggestion, namely, the establishing of a children's hospital. Active steps are to be taken shortly in the matter. Another good proposal made was that they co-operate with the Board of Health in arranging for a series of lectures on Sunday afternoons on the prevention of tuberculosis, etc.

An interesting investigation for the purpose of keeping a pure city water supply at Vancouver is now being made by Medical Health Officer Underhill, Steve Madison, superintendent, and Engineer Burwell. Provincial Health Officer Fagan also goes with the party.

The city of Strathcona is to build a hospital.

The Winnipeg Army Medical Corps is fast gaining in strength. All men desirous of going to Sturgeon Creek Camp must register not later than June 12th.

Bishop Perrin recently opened the new hospital buildings at Marble Bay, which are operated by the Columbia Mission. The medical superintendent is Dr. McDermott.

The island of Barbadoes is strongly recommended as a summer and health resort by Dr. Walton, Mather, Manitoba.

The city of Strathcona has now responded to Dr. Archibald's persistence, and has bought a site for an isolation hospital.

The Ontario Medical Council on May 29th passed a resolution appointing a committee to take steps towards establishing an institution for the treatment of inebriates.

The new municipal hospital, Edmonton, if approved by the ratepayers, will cost only 15 cents per $1,000 assessment.

The Calgary Board of Trade are to submit a resolution for consideration at the Boards of Trade Convention, to be held at Prince Albert June 18-20: ""That it is of the greatest importance that public general hospitals be erected and maintained in the highest efficiency at all leading centres throughout the Provinces, and that it is resolved . . . that all local improvement districts and municipalities be given the option of levying and collecting a special hospital rate, the proceeds to be granted to any hospital as the council of the municipality may direct."

Dr. L. E. Irving, city health officer, Edmonton, has been appointed Provincial Health Officer for Alberta.

Dr. Telford, of Burrard Sanatorium, Vancouver, was fined $10 by the magistrate for practising without a certificate.

The Ontario Government is taking measures to stamp out tuberculosis, one means being the medical inspection of teachers and children in the public schools.

The first cottage of the new isolation hospitals in connection with the General Hospital at Fairview, Vancouver, was opened May 17th. This one is for scarlet fever.

The by-law to raise $50,000 for a municipal hospital for Edmonton was carried.

At a meeting of the British Dental Association, a letter from Dr. G. E. Spalding, president of the Canadian Association, was read, inviting the Association to Canada to consider jointly a provision for a dental standard for the Empire, and to organize a British Empire Dental Association.

The grand jury of Fort William, Ontario, passed the following censure on the hospital maintained by the medical contractor of Foley Bros. & Larson, contractors for the G.T. Pacific:—"We visited the hospital at Westfort, which is situated in the old jail building. We find seven patients, with an accommodation for thirty, and having a well equipped surgical room, but the ward in which the seven patients are confined is badly lighted, badly ventilated, unsanitary and unclean, and not, in our opinion, a properly conducted institution. As the men working on construction are assessed to pay for this institution, we are of opinion that they are not getting what they pay for."

The by-law for raising $100,000 debentures for a municipal hospital at Regina was carried.

Chief Hill, of Onondaga, has practised medicine among the Indians, but escaped conviction on the ground of being a ward of the Crown and not amenable to ordinary charter law. The Medical Council of Ontario will appeal.

We are glad to report that the $50,000 required for Dr. Fagan's sanatorium before claim could be made for Lieutenant-Governor Dunsmuir's donation has almost been subscribed, and will be without the month.

Dr. Georgina Urquhart has been appointed by Vancouver to assist in the medical inspection of children in city schools.

The Regina Public School Board have decided that no child be admitted who cannot produce certificate of vaccination within the previous three years. The M.H.O. is to vaccinate free of charge all children requiring it.

The entire leper colony on D'Arcy Island, Vancouver, B.C., has been shipped to China. There is no longer a leper colony on the Pacific coast.

The Supreme Court, in the case of Lafferty vs. Lincoln, from Calgary, granted the appeal with costs.

The Saskatchewan Medical Society meets at Prince Albert on June 20th and 21st, under the presidency of Dr. Kemp, Indian Head.

The semi-annual medical examination for British Columbia was held May 6th to 10th. There were twenty-two candidates for examination. Fourteen were ordered to be registered. The following were those registered:—

Dolby, R. V.	Leech, A.
Bennett, A. E. H.	Rees, A. W.
Bagnall, A. W.	McIntosh, H. H.
Storrs, H. R.	Pole, L. W.
McNaughton, S. K.	McPhee, T. J.
Cumming, G. W.	Mullin, J. J.
Suter, J. C.	McTavish, W. A.

HOSPITAL NEWS

The Calgary General Hospital.—Like most other similar institutions which are supported by public subscription, the Calgary General Hospital finds itself where a much larger building than the present one is necessary to carry on the work successfully. The present quarters are altogether too small, and a meeting of the hospital directors was called to discuss the subject. The C. P. R. shops and tracks have been each year approaching nearer and nearer the hospital buildings, with the result that the continual noises are very detrimental to the recovery of the patients, as there is so much disturbance of and loss of sleep from these noises during the night. The question of erecting new buildings on land in Riverside (now in Greater Calgary), owned by the hospital, was first discussed. To do this about $140,000 would be required, and the directors could not see their way clear to finance this by public subscription. It was resolved that a subcommittee bring the question to the notice of the city council, and offer to turn over to the city the hospital with all the land and buildings it owns. if the city council would erect, equip and operate the hospital in future.

The council appointed a committee to look into the matter with the Hospital Committee, and a report is expected at the next meeting of the council. The committee is in favor of the scheme, and will probably recommend that a by-law to raise the necessary amount of money be submitted to the ratepayers. A board of directors, to be elected by the people, will in all probability have control of the hospital. This will make it another municipally-owned utility.

NOTICES

The eighth annual meeting of the British Columbia Medical Association will be held on August 1st and 2nd, 1907, in the Parliament Buildings, Victoria, B.C. The programme will be published later. The medical men of all Provinces are most cordially invited to be present. Any intending to do so should communicate with the Secretary, Dr. R. Eden Walker, New Westminster, B.C.

The fortieth annual meeting of the Canadian Medical Association meets at Montreal Sept. 11th, 12th and 13th. Those willing to contribute papers please communicate with the Secretary, Dr. Elliot, 203 Beverley St., Toronto.

PERSONALS

Dr. J. E. Bromley has returned to his practice at Saskatoon after an absence of several months in the East owing to his father's health.

Miss Sisley has resigned the matronship of the City Hospital. Saskatoon.

We are glad to hear that Dr. Seymour, M.H.O., Regina, is much better and will soon resume work.

Dr. Lowther, of Edmonton, has decided to become a resident of Vegreville, and has opened an office there.

Dr. McKid, Calgary, has gone on a visit to Rochester, Minn.

Dr. J. H. Conklin will start practice in Killam, Alta.

Dr. Allan, resident surgeon at Rock Bay Hospital, B.C., has resigned, and Dr. Hanington takes the post.

Dr. and Mrs. Reid, Edmonton, recently visited Winnipeg. Mrs. Reid goes east to spend summer in Ontario.

Dr. Lineham, from Dauphin, has been visiting Calgary.

Dr. Stanley, of High River, also visited Calgary.

Dr. Frank Westbrook, of Minnesota State University, Professor of Pathology and Bacteriology, was appointed by the American Association for the Advancement of Science, chairman of the committee of 100 to consider the organization of a National Bureau of Health.

Dr. and Mrs. Reid had a bad accident at the new C. P. R. crossing, Didsbury, May 30th. Mrs. Reid is suffering from a sprained ankle.

Dr. Chandler, of Moose Jaw, has decided to practice at Fairlight, Sask.

Dr. and Mrs. J. McCullough, Moose Jaw, have returned from an extensive tour east and south.

Dr. F. H. Mewburn, Superintendent of Galt Hospital, who went to St. Paul's for treatment, has returned to Lethbridge much improved.

Dr. Allan Fuller, Strathcona, has returned from his visit to Vancouver.

Dr. Robertson, formerly of the Yukon, has settled in Edmonton.

Dr. and Mrs. McDonnell have returned from their honeymoon trip to the east, and are staying at Edmonton.

Dr. Stuart McKid, who has been in Europe for the last six months, has returned to Calgary.

Dr. F. J. Joyner, of White Plains, visited Winnipeg recently.

Dr. Brigham, of Star City, recently visited Winnipeg.

Dr. W. E. R. Coad is leaving Franklin 1st June to go for a tour to the old country and Europe before resuming practice.

Dr. Alex. King has located at Elgin.

Dr. and Mrs. Martin Murphy, of Halifax, are staying at Edmonton for a few months.

Dr. Stevenson, of Winnipeg has purchased the practice of Dr. F. A. Morrison, of Belmont. Dr. Morrsion leaves to practise at North Battleford.

Dr. Preston, late of Pontiac, Michigan, has opened practice at Grenfell.

Dr. R. C. Bain, who has been ill, has gone on tour.

Dr. Featherspoon, of Edinburgh, Scotland, has started practice in the town of Lyleton.

Dr. Victor G. Williams, Winnipeg, sailed for Liverpool on May 17th.

Dr. Chamberlin, Toronto, Dominion Inspector of the sanitary conditons and provisions made for the health of the men engaged on public works has been visiting Winnipeg while on an inspection tour.

Dr. J. D. Lafferty has resigned from the Council of P. & S., Alberta, to accept the position of registrar and treasurer of the Council.

Dr. A. J. Lomas, of Montreal, who has been spending a few weeks in the West, has now returned home.

Dr. McLeod, Regina, has gone for a post-graduate course to Chicago and New York.

Dr. H. Clare, of the Toronto Hospital staff, spent a few days in Calgary on his way home from the coast.

Dr. Pope, of Calgary, has gone to California for his health.

Dr. Y. W. Smith has started to practise in Calgary. He is devoting himself to the eye, ear, nose and throat departments.

Dr. A. G. Cummings has left Calgary to take up practice in Vancouver.

W. Brydone-Jack, son of Dr. Brydone-Jack, of Vancouver, has just passed his medical examination at McGill with honors.

Dr. D. G. Revell has been appointed Provincial Pathologist by the Alberta Government. Dr. Revell is to make a tour of the East to select thorough equipment for the Alberta Laboratory.

Dr. C. H. Stuart Wade, J.P., leaves for a trip to B.C. He has been ill for the past week.

Dr. McLeod, Stonewall, has gone for a trip to Japan.

Dr. Eaton, Carberry, has sold his practice to Dr. Godfrey, of Edinburgh.

Dr. J. C. Davie, of Victoria, B.C., has gone to Los Angeles, the climate of which is restoring his health.

Dr. and Mrs. O. M. Jones, Victoria, B.C., have gone to England and the Continent for a holiday.

Dr. H. W. Rigg, Vancouver, has lately obtained the F.R.C.S. (Edin.)

Dr. Bourn, of Brockville, Ontario, is starting practice in Qu' Appelle.

Dr. Jackson, of Hamiota, has returned from an extended trip to British Columbia and California.

Drs. Munn and Armstrong, Regina, have entered into partnership.

Miss Clara Evans, matron of the Kootenay Lake General Hospital, who has recovered from her recent illness, is spending her holidays with her relatives at Port Arthur.

Dr. and Mrs. Bruce have returned to Swan Lake and taken up residence.

Dr. Beer. Carlyle, Sask., has been appointed medical adviser to the Indians of the White Bear Reserve.

Dr. E. A. Gray, Caron, Sask., has been appointed coroner for the Moose Jaw district.

Dr. W. A. Ternan, of Edmonton, has been appointed to succeed Dr. Irving as city health officer at a salary of $2,000 per annum.

Dr. Kemp, of Indian Head, has returned from tour to B.C.

Dr. Samuel Petersky is the new resident medical superintendent of the Kootenay Lake General Hospital, Nelson, B.C.

BORN

Bulmer—On May 24th, the wife of Dr. Bulmer of a daughter.

McLoughry—At Moosomin Bay, May 23rd, the wife of Dr. R. A. McLoughry of a son.

Millar—At Battleford, April 24th, the wife of Dr. Millar of a son.

Green—At Strathcona, May 6th, the wife of Dr. Green of a daughter.

Grain—At Selkirk, May 19th, the wife of Dr. Grain of a daughter.

Stewart—At Portage la Prairie, May 22nd, the wife of Dr. H. A. Stewart of a son.

Lundy—At Portage la Prairie, the wife of Dr. J. E. Lundy of a daughter.

OBITUTARY

On May 14th, at North Vancouver, Dr. John T. Carroll passed away. Dr. Carroll was a pioneer physician, and had always taken great interest in municipal affairs. For a time he held office as Reeve.

Dr. Geo. Young, graduate of Manitoba 1895, was drowned at Slave Lake on May 27th. Dr. Young had practised in Vancouver for eight years, and previously at Sandon, B.C. He leaves a wife and two children.

Dr. C. J. Martin, of Qu'Appelle, died on May 15th of pneumonia. Dr. Martin was a graduate of McGill, and had only settled in Qu'Appelle in January. He was greatly esteemed by all. His death at the early age of 31 is extremely sad.

Dr. John Hutcheson, of Grenfell, died on May 7th of pneumonia. Dr. Hutchison was a pioneer settler, having gone to Grenfell in 1886 from Edinburgh. He was well known and respected throughout the West.

REPORT OF COLLEGE OF PHYSICIANS AND SURGEONS, MANITOBA.

Registrar's Office,
358 Hargrave Street, Winnipeg,
May 27th, 1907.

During the present college year, one special and three regular meetings of the Council have been held.

At the first, on October 10th, those in attendance were:—Doctors Prowse, Hardie, Rogers, Patterson, Ross, Clark and Gray.

Dr. Patterson presented his report as Treasurer, a summary of which is as follows:—

Total cash in his hands at the time of last annual meeting and that received by him since		$ 8,987.83
Deducting the cash on hand at the time of last annual meeting ($3,540.47) from the above total leaves the actual cash received during the year		5,447.36
This latter was obtained as follows, viz:—		
From licenses, etc., by Dr. Gray	$5,039.75	
Nurses' fees	377.40	
Interest on money in bank	30.11	
		$5,447.36

EXPENDITURES, 1905-1906

Transfered to Standard Trust Co.	$ 2,000.00
Legal Expenses	847.00
Books, etc.	374.36
Per diem and mileage to members from the country whilst attending meetings	286.20
Rent of Library	300.00
Light for Library	30.00
Telephones	83.00
Salary of Librarian	480.00
" " Substitute Librarian for two weeks	20.00
" " Registrar	500.00
" " Treasurer	100.00
Insurance on contents of Library	16.80
Sundry items as shown in detailed statement	227.20
Cash in Savings Bank	2,304.50
" " Open account in Bank	1,418.77
	$ 8,987.83

STANDARD TRUST ACCOUNT

Total Investment of Principal	$11,000.00
" Interest accrued to 1st July, 1906	1,021.35
Total	$12,021.35

TOTAL ASSETS OF THE COUNCIL

In Standard Trust Co. Cash	$12,021.35
" Savings Bank "	2,304.50
" Open account in Bank "	1,418.77
Total	$15.744.62

Contents of Library—value not estimated.

LIABILITIES

None.

The Auditor's Report was presented by Dr. Clark as follows:

To the Council of the College of Physicians and Surgeons of Manitoba.

Gentlemen,—Your Auditors beg leave to report that they have carefully examined the books of your Registrar and Treasurer, and compared the vouchers with the entries, and find the books properly and neatly kept and the entries correctly made.

The receipts for the year are	$ 5,447.36
" Expenditures for the year are	3,264.56
Balance on General Account	$ 2,182.80
Interest on Standard Trust Co. account	550.75
Net gain	$ 2,733.55

Your Cash Balances now are:—

Standard Trust Co. account (with interest to July 1st)	$12,021.35
Savings Bank account	2,304.50
Open account in Bank	1,418.77
	$15,744.62

All of which is respectfully submitted,

R. J. BLANCHARD, Auditors.

C. W. CLARK,

Winnipeg, 3rd October, 1906.

The officers elected were:—Dr. Hardie, president; Dr. Rogers, vice-president: Dr. Patterson, treasurer; and Dr. Gray, registrar. Representatives to University:—Drs. Clark, Smith, Hardie and Gray. Dr. Gray to the Book of Studies.

After adjournment of the annual meeting a regular meeting was constituted for the transaction of general business, the same members being present, with Dr. Hardie in the chair.

Correspondence was presented between the Council and the Canada Medical Protective Association, but as yet no basis had been reached for the members of the C.P.S. of Manitoba joining that Association in a body.

Dr. Patterson raised the question of increasing the insurance on the contents of the Library, and a motion was passed authorizing an increase of the insurance to $3,000. This has since been effected.

Dr. Popham, registrar of Manitoba Medical College, appeared as one of a committee from that body to interview the Council with a view to obtaining a loan of $5,000. After discussion a motion was passed offering a loan of $5,000 at 2½ per cent. for a term of seven years.

On December 19th a special meeting was held to consider increased rent of library premises and appropriation for library for the year. Reciprocity in licenses with Great Britain and reconsideration of loan to M. M. College. Present:—Drs. Hardie, Patterson, Rogers, Prowse, O'Brien, Gunn, Smith, Clark, Thornton, Ross, and Gray, and the solicitor. The rent of the library was discussed, and Dr. Patterson was given authority to obtain a lease, if possible, for three years, at not more than $35 per month. The appropriation for library was fixed at $1,500 for the year, and an up-to-date catalogue ordered to be printed and issued. A copy of this was mailed to your address in March. The question of loan to Manitoba Medical College was again discussed, and a letter was read accompanied by a list of names of medical gentlemen in Winnipeg, who presented objections to the Council making the proposed loan, but, although there was some opposition in the Council, a motion to reaffirm its former action was sustained.

January 24th.—A regular meeting was held. Present:—Drs. Hardie, Crookshank, O'Brien, Gunn, Ross, Patterson, Smith,

Rogers, Clark, Prowse and Gray. Dr. Smith reported, and a discussion followed regarding a tariff of fees the committee in charge had presented last year, but which had not yet been ordered printed, and after further discussion the Committee were ordered to have the tariff printed and a copy mailed to each member as a general guide in charging fees.

A discussion took place also in reference to doctors charging fees in reporting cases of infectious diseases, and for death certificates, and a committee was appointed to interview the Government and ascertain the prospects for a change in the law with this end in view.

The question was raised as to the appointment of non-teaching members of the profession as co-examiners with the teachers in the various subjects in medicine, and the opinion was generally expressed that the College of P. & S., through the Council, should assert its right to suggest to the University the names of doctors to be appointed as such. The Council proceeded to name a list for this purpose, and on motion of Drs. Patterson and Crookshank the registrar was instructed to write the registrar of the University enclosing a copy of the list of names, and of the resolution of the Council on the subject. This was done, and as a result the University acted on the suggestion, and in a considerable number of instances appointed the nominees of the Council.

Dr. O'Brien reported that the Committee on reciprocity were still awaiting replies from the registrar of the General Medical Council.

A discussion took place on the question of forming a Medical Protective Association, and as a result of the discussion of this and of reciprocity in licenses with Great Britain, the registrar was instructed to issue a ballot to the members in the Province to ascertain, if possible, the mind of the profession on these two questions. The solicitor was present, and explained certain points in the Medical Acts of Manitoba and Great Britain.

May 8th.—A regular meeting was held. Present:—Dr. Rogers, vice-president, in the chair; Drs. Patterson, Clark, O'Brien, Thornton, Gunn, and Gray, and the solicitor. Dr. Patterson reported that he had obtained a three-year lease of the library premises at $30 per month. A motion was pased confirming this, with the condition that the lease be in writing. The registrar

presented a report of the result of the ballots taken on the question of reciprocity in licenses with Great Britain, and on the formation of a Provincial Medical Protective Association as follows:

Doctors living in the Province, so far as addresses are known, 330.

On Ballot No. 1 (Reciprocity)—Of the total number, 136, or 41 per cent., voted—113 for, 23 against.

On Ballot No. 2 (Protective Association)—Of the total number, 133, or 40 per cent., voted—125 for, 8 against.

Ballot No 1—Percentage of those in Province, for, 34.
Percentage of those who voted, for, 83.
Percentage of those who voted against, 17.

Ballot No. 2—Percentage of those in Province, for, 37.
Percentage of those who voted, for, 92.
Percentage of those who voted against, 8.

Dr. Popham, registrar of Manitoba Medical College, wrote thanking the Council for the offer of a loan of $5,000, which the College has asked for, but stated that the finances of the College were now in such condition they had decided not to borrow any money. On motion of Drs. O'Brien and Thornton, the reports of meetings of the Council were ordered to be published in future in the Western Canada Medical Journal.

The question of reciprocity in licenses was again discussed with the solicitor, and the registrar was instructed to open correspondence with the registrar of the General Council to ascertain on what conditions this could be consummated.

The question of the formation of a Provincial Medical Protective Association was taken up, and Dr. Thornton gave his views at length, which were in favor of again attempting to make an agreement with the Association in the East, and a motion to that effect was passed.

The solicitor reported regarding certain prosecutions, and was further instructed regarding the same.

On motion the meeting was adjourned.

J. S. GRAY, Registrar.

CELEBRATION IN HONOR OF TWO FAMOUS SURGEONS

On Dec. 13th 1907, the Academical Society of Natural Science and Medicine of Berlin presented addresses to Prof. Wilhelm Waldeyer and Ernst V. Bergmann on their each attaining the age of 70 years.

Waldeyer, who was born in Hehlen on October 6th, 1836, began the study of medicine in the University of Gottingen, where Henle taught anatomy; later in the University of Greifswald, where he was an assistant to Budge in anatomy; still later, in Berlin, he listened to the lectures of Reichert and Du Bois Raymond. after some three years as assistant in physiology, and about seven years in pathological anatomy, he became director of the Anatomical Institute in Strassburg, where he remained until 1883, when he was called to Berlin to teach anatomy. The subject of this article has accomplished much in the field of investigation in anatomy and pathology, at the same time being a very successful teacher.

E. Von Bergmann, a son of a clergyman, was born in Riga, Dec. 6th, 1836. He studied medicine in the University of Dorgat, remaining there as an assistant in the surgical clinic until 1864, when he visited the Clinics of Berlin and Vienna. In Bohemia he was an assistant to Prof. Dr. Wagner during the war between Germany and Austria. He also served under Volkmann and Bilbroth in the Franco-Prussian war, after which he was professor of surgery in Dorgat until the outbreak of war between Russia and Turkey. He accompanied the Russian army of the Danube. After peace was declared he was appointed to the chair of surgery in Freiburg, leaving there in 1882 to go to Berlin. In the early part of his surgical career he gave a great deal of attention to the variops septic and infective conditions connected with injuries and operative interference.

After the principles of antiseptics became well established, he did good work in adding to the clinical knowledge and operative technique in brain surgery. Bergmann has also produced some good works dealing with military suregry.

Dr. Bergmann died March 22, 1907.

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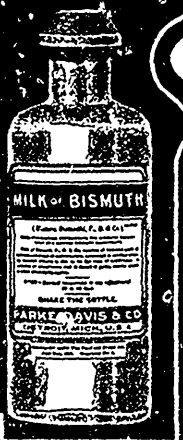

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