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## *Original Contributions.*

### THE HUMOURS OF A COUNTRY PRACTICE

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I HAVE had a theory for some years past that the country doctor ought to get more enjoyment out of life, whether he did or not, than his confrere in the city; and now I know that he does. The fable of the country mouse and the city mouse fits so obviously to the present case that it is unnecessary to apply it. I will give instead my own experience in a country practice.

I had formed my idea of the country practitioner and his practice largely from the flattering representations of him set forth by his avowed lay admirers, the artist and the author, who have imputed to him, as it will be remembered, all the virtues, and likewise the usual reward of virtue: which, being its own reward, is not capable of further simplification. I was convinced that he retained a spirit of cheerfulness when the weather or the financial outlook, or both, were bad; and that his position in a paternal community was affected by neither commercial depression nor the change of political parties. I understood that at the proper season he picked great quantities of little roots and leaves such as he would require later on, and with suitable resinous gums and juices and brown sugar boiled them in a pot on the stove until they became very potent medicated syrups, chiefly cathartic in principle, which I readily believed would prove exceedingly efficacious when the right time came to exhibit them. I knew furthermore that he was a man of a heavy moral habit, gruff but wholesome, and that on rare occasions he would unexpectedly come out with remarks which were full of profound wisdom, and were gratefully remembered by his contemporaries and handed down to an appre-

ciative posterity; or perhaps say something to some giddy worldling, temporarily appearing there outside his chosen *milieu*, which would cause him (the worldling) to abruptly shut up, and afterwards come meekly back and shake hands with the sarcastic but very upright old doctor, and say that the rebuke had done him a power of good, upon which the doctor would say considerably more to the same purpose.

All this, and much more beside, I had accepted as a matter of course, without being tempted in the least to nail up my shingle in Bœotia, and also without having, when all was said, the remotest notion of what the real compensations of a country practice actually consisted. Indeed, I should not be prepared to speak with any authority of these compensations now, had not the fervent desire of my friend Pillory to get away from the country coincided so closely with my own to get away from the city. I do not mind even confessing what city it was. It was Washington. But Doctor Pillory was all for excitement at that time, and I was all for tranquillity. So he took an army surgeoncy and went to the Philippines, and I took some work I had and went to Seminole. He sent back his photograph from San Francisco taken in uniform, and that, no doubt, was the beginning of the excitement. The beginning of the tranquillity, which was to be my portion, may not unfittingly improve the present hour.

Having dressed up so as to look like an earnest, plain man, but without going to the unnecessary expense of a photograph, I packed together a few knives, a stomach pump and a pair of Simpson's forceps and said farewell to my friends who came down to see me off at the Chesapeake and Ohio station. Now, the way to get to Seminole after you leave the train is to take the little steamer *Louisa*, which is the only thing that ever goes there now: for it doesn't pay, they say, to run the stage any more. The *Louisa* is also the mail boat, and has a sort of monopoly, so that the captain appears to be quite indifferent to the passengers. His knowledge of navigation is not extensive. After having been dropped by the train at four in the morning near the lonely wharf, together with a sewing machine and a few barrels of flour, I had waited for some hours with considerable interest for the coming of the *Louisa*, and was therefore much relieved when I saw her make her appearance at last around the point. This little vessel is run by two men: a large, oily man who does things about the engine, and lets off steam and things like that; and the captain, who bellows orders to the passengers on the wharf. The mooring of the *Louisa* is the duty of the passengers, and they are supposed to attend to this without any pecuniary return. If there are no passengers I don't think she moors.

On this occasion the *Louisa* did not describe a scientific curve

after the approved manner of steamboats and gently run alongside the dock, but approached it straight and came up with an awful bump, stem on, which upset the sewing machine. At this she recoiled, and floated in an apparently dazed condition for a few moments a little distance off. The captain's dædal hand was upon the wheel, however, and presently she began to describe a number of crafty loops, and then came up with another bang against the wharf. As she bounced off the second time Simpson (the captain) noticed me and told me parenthetically to go to h—. That is what I mean when I say that he is not conciliatory with the passengers. After some further delay the *Louisa* had got in such a position that her poop was helplessly facing the wharf, and, having counselled with himself like *Palinurus*, the captain came to the conclusion that an unusual naval manœuvre was called for, and she was accordingly propelled backwards towards the wharf, coming this time very slowly. The effect was very similar to a lady's entering a room backwards, and unexpectedly coming up to greet one in that reversed position. When the *Louisa* was near I stirred myself with alacrity and fastened the mooring hawser, and so was able, after a good deal of bumping and knocking, to get aboard through a little trap-door over the screw. The sewing machine and the barrels were also brought in by this opening, the captain attending sulkily to these matters himself, as I showed no further disposition to make myself accommodating the moment I got a foothold on board. When we arrived at *Seminole*, which was fifteen miles away, and which occupied the rest of the day, the captain simply and uneventfully ran the *Louisa* into a narrow slip which was originally a part of a saw mill, and there jammed her fast. Simpson's field of usefulness was formerly confined wholly to this saw mill. I have since learned that the recent responsibility of running a steamboat has tended to sour an otherwise amiable disposition. There is also considerable tension, I am led to infer, between Simpson and the engineer. The latter speaks with considerable disrespect of the chief's attainments in navigation. In private Simpson claims, I regret to say, to be an atheist.

Pillory's office, for which I was destined, was over the drug-store across the way from the *Ocean Hotel* and *Beasley's stables*. My coming, I found, was not unexpected, and a couple of days before there had been a paragraph in the *Weekly Vociferator* stating that Doctor Pillory's practice would be regularly carried on during his absence by me, and that I was a phrenologist of considerable skill and would practise that specialty in addition to the forms of regular medical procedure. Also that I hailed from the good old State of Virginia (the Old Dominion), and that I was an enthusiastic "Modern Woodman of the World."

My friend's last will and testament had been verbal and had got somewhat disadjusted before it reached type. However, I found that it really did not matter in the least. The rest of the paper was less interesting, though it may have been just as accurate. There was an able editorial which expressed the withering contempt which respectable people (including the editor) felt for individuals who did not subscribe, but went into the houses of their neighbors and there revelled inexpensively in their copies of the *Weekly Vociferator*. But I liked the local page. There I learned that Sarah Geboo had two bouncing boys (all doing as well as could be expected), that Nathan Fooze had commenced work on his new "root house," that Abner Reeze had dropped three dollars (bills or silver not stated) before a discriminating pig whose repast he had just provided, and that the animal had instantaneously devoured the money, and that Abner was going to raise on the price of the pig to cover the three dollars (no editorial reference to pearls before swine, though a pig like that, I thought, would probably eat pearls, and even diamonds). I also learned that Mrs. Lydia Dowler had been staying a few days with her sister-in-law; that the Seminole Hardware Company had failed for the seventh time in eighteen months, and the financial magnate who ruled the destinies of that concern bought a "buck-board" on the strength of it; that the neighboring (and rival) village of Antrium was contemplating remodelling the Hotel Antrium, which had not been a financial success, into an opera house, but that the people of Antrium (who, in spite of their operatic leanings, had no newspaper of their own) would do better to subscribe to the *Vociferator*, and find their permanent entertainment in its enlivening pages; that—

Here the editor himself, a tall, coy, delightful fellow, made his appearance, so it was impossible to read any further. I was to learn to like both the paper and the man very much before I was done with them, and looking back just now I must add that the newspaper was the right thing for Seminole, and that the editor would be the right thing any place. He had come to show me over to dinner, so, putting a long straw in my mouth, and chewing it contemplatively, I crossed the road to the hotel where I was to put up, keeping strict watch over myself upon my first public appearance. This hostelry is kept by Major Coyote, a fierce, hot-eyed man, who, in his purer moments, is capable of the softer feelings. The tables were heavily loaded with an inexhaustible supply of peaches, grapes, and melons, and it is a little custom of the Major's who is lean and small in stature, to go about during the meals puffing a large cigar, and to lean with a sort of stern benevolence over the guests while they are eating and ask them if they are getting plenty and if it is right good. The guests, in

the act of deglutition, look up dumbly with their mouths full, and try to convey a look of utter ecstasy with their eyes, while with a quivering gesture they brandish a fork or spoon in one hand, as much as to intimate that they never saw the like of it before. There were a good many mercantile travellers present, but I do not think that I like them very much. Many of them wore upon their persons as much shining metal ornamentation as a horse, but I usually found them somewhat more noisy than the larger animal.

In the morning Champney, the colleague of my absent friend, drove over from Antrium and continued the initiation commenced by the editor. I spoke to him with ardent enthusiasm about the getting of herbs and simples (what are simples, anyway?), but he dismissed this at once. The way now, it seems, for the country practitioner is to get tablets, which you take with you in a little satchel made for the purpose, with bottles inside. These tablets you dissolve in water in a tea cup at each house, from which the patient takes a sup every hour or so until you come next time. But in Hawthorne's romance the doctor did not have tablets, but only roots, which he used to get himself. What I afterwards found of more importance than the drugs was the nursing. But in the country there are few women, however good their intentions, who have learned the niceties of a trained nurse, especially in the matter of nourishment, and I had much difficulty for a time in hitting upon a plan whereby I could regulate the patient's diet and know exactly what he was getting. It is customary for the neighbors to bring in all manner of ill-timed dainties, which are sometimes almost sufficient to despatch the patient. It was at this time that I began to use Horlick's Malted Milk extensively, and though I had often found it of use in city practice, I soon regarded it as indispensable in the country. It is so simple to prepare that the attendant cannot possibly make any error, and by making a sweeping order that absolutely nothing else shall pass the patient's lips, the physician can drive away with some sense of assurance. In several cases of senile decay, where the patient was simply starving to death for lack of food that he could assimilate, the malted milk got them on their feet again.

I told Champney what literature and art had done for the aged country doctor, but he informed me that there were no medical valetudinarians thereabouts. The only old man was a charlatan of the name of Grubb, whom we, of course, could not recognize. Old Grubb had a white beard fifteen inches long and looked very patriarchal. But he was not a very nice old man. He gave brownish herbs, like in the story books, only they were not good herbs, and he was himself becoming disaffected with them, and seemed to have a preference for modern scientific methods, and had privately constructed a wonderful apparatus out of a disused sewing

machine and an ice-cream freezer. With this interesting engine he claimed to produce the "genuine X-rays," and had several patients whom he was treating for piles and catarrh by its beneficent application. He had it drawn up with all its wheels close to his office window next to the post-office, and was at work there by the hour in his shirt sleeves, solemnly turning the crank, where all the townsmen could in their awe observe. The patients, however, were kept at the other end of the machine and could not be seen from the street, nor did they probably wish to. Beside him there were three other quacks in the community, though none of them so well stricken in years: two in Antrium, and one more in Seminole. Of regular practitioners there were only Champney and good old Janes, a tall, polished fellow, ten years our senior, and an ornament to the profession, who did me more than one good turn later on. Champney told me that the four charlatans looked upon us as interlopers, very much as physicians usually do quacks. The villagers had no opinion on the matter whatever, but accepted us all without question, just as they did the diseases for which they called us. I never saw it in that light before, but I noticed afterwards that old Grubb turned his crank with a sort of supercilious air when he saw me stare up at him, as much as to say, "You haven't one of these things." But I learned a great deal from Champney while we were driving that long, golden autumn afternoon through forest and farmside. It was so pleasant to drive on mile after mile, and here was one of the compensations of a rural practice the first day. Another was in the charlatans.

Disregarding Champney's attitude, I lost no time in making the acquaintance of the whole four. They received me at first with frigid reserve, but this soon melted (perceiving my guilelessness) into the most effusive *bonhomie*, and I must say (though I never told Champney) I found them uncommonly interesting, even though they were beyond the pale. I became positively fascinated with them presently, particularly the mesmeric healer and the stomach specialist. But I didn't make much headway with old Grubb, for he saw through me, I imagine. And if it was ill-done by me to consort with the unclean—well, the regular practitioners in this region are not much better. The average is very low. A superficial knowledge of therapeutics, and a little crude surgical handiwork picked up in two four-month courses of study at some cheap little out of the way college. Many are graduates of "Correspondence Universities," of which there are a very great number in the large cities. In these institutions of learning you "study medicine at night." The text-books employed in these nocturnal studies consist of half a dozen quiz pamphlets, and the whole makes up a sort of medical Chautauqua which is very edifying in

its results. Last year I actually stumbled over a medical college which granted degrees, and which was conducted in two rooms of a boarding-house. The medical profession here has no social prestige and stands among the trades.

The Stomach Specialist's library consisted of Dr. Chase's Receipts, Chavasse's "Advice to a Mother," Marion Harland's "What a Girl Ought to Know," Jordan's "Family Doctor," "Phrenology," and "Science and Life." He had never heard of Gray's "Anatomy," and did not know accurately what anatomy was. He had an idea that "physiology," as he called it, was something about the face or head (physiognomy). Physic and physics both meant a laxative. Surgery suggested the idea of a knife only. His knowledge of materia medica was gathered entirely from the catalogues and publications of drug firms distributed free. Of these he possessed a large collection, and gave a pill of assafetida for a broken rib. He signed himself P. H. D. (Ph.D.), and told his admiring patients that this stood for "doctor," but was preferable in many ways to the M.D. He couldn't read the newspaper correctly. He could barely write. His manners were those of a Wisconsin shantyman. Nevertheless he had the largest practice in the vicinity. He affected the ecclesiastical in his dress and wore a white cravat. He had a remarkably fine face and a deep, unctuous voice, and talked in the style of an evangelist. The secret of his success is simply that he belongs to the class of people among whom he works. They instinctively feel this themselves, and in a subconscious partisan spirit are proud of his attainments. The democracy is very sensitive, one must remember, and in a permanent state of hyperesthesia. The individual is perfectly assured of his superiority to kings, potentates, and sages, and keeps constantly saying it to himself so that he will not forget it, and is insulted and angry if everyone else does not say it to him also. My doctor of philosophy goes in their back doors without knocking. He knows about all the articles which they have in the house, and he bargains with them for oats and kitchen utensils, which he afterwards exchanges elsewhere to his own profit. He has three huge family Bibles now which he has borne away as payment of his bill. These seemingly marketable volumes he will presently trade off for a set of harness, or an overcoat, or a small calf. He reminds me of Mahomet. He is insolent, cunning, vulgar, and unutterably ignorant. He is untruthful, dishonorable, and quite dishonest. This man has his like in every village and town in the country. The type is really a survival, if one will take the trouble to open Moliere, as old as Chaucer, as old as Plautus, as old as the first knave and the first fool.

Before leaving the subject of charlatanry I must tell of the

metamorphosis of the magnetic healer which took place under my very eyes. I never before saw a quack come into being. As the birth of the Olympians, so is the making of the charlatan. They are, where but a moment ago they were not. It is at a stroke. It is without preparation, sometimes even without premeditation, and comes unexpected to all. This was old Hook, and one afternoon he suddenly made his appearance in the office bursting with importance. But I was in no way amazed at this, for he was always in this state of spirit. He was something of a character. "Windy Hook," he was familiarly called, and he came from Idaho in particular, though I believe a propensity for polygamy had made necessary a residence in a number of other commonwealths. Indeed, it was to enjoy an interval of calm, to spend a brief period in prayer and meditation, that had brought him to Seminole. Lombroso would probably have called him a mattoid. Certainly his ear and chin were unlovely. Almost daily at the hotel he was in an altercation all dinner with Major Coyote about his chair, or room, or something, which was rather diverting for the rest of us, and when the Major would at last have him silenced with his heavy military cholera, I used to make it a point to look over at Hook steadfastly from my table with a meaning glance, denoting a sort of mute sympathy, as much as to say that he was certainly in the right and that I honored his individuality. Inflamed by this silent encouragement of mine, and feeling that he must live up to it, Hook would then suddenly burst forth again, like an imperfectly extinguished fire, and gird freshly at the Major, who thought he had finished him. By casting continually upon Hook this penetrating gaze of admiring sympathy and moral support, I have seen him, even after he had quite forgotten the first cause of his grievance, break forth into repeated eruptions of rage, until the Major, poor old boy, at last quietly withdrew from the dining-room. For this reason, I can think of no other, Hook counted me among his friends. Now the day before he happened to touch in passing the knee of the village attorney, who is troubled with rheumatism, and who is nevertheless a practical humorist. At the contact the attorney started up, and in an excited voice asked the gentleman from Idaho in the name of Sancta Misericordia to touch him on that knee again. Hook complied automatically, and then, according to the Man of Lawes' Tale, the rheumatic pains instantly left that sorely afflicted member. Hook did not at first know how to be affected by this phenomenon, but when the attorney revealed to him the undoubted fact that he possessed the gift of magnetic healing, he saw at once a great and shining light, regained his equilibrium instantly, stated that he had known of this for some time, that it had descended to him from an ancestress—

"At first it was tingling and smarting," the lawyer interrupted, with the ease of his profession, "but now I feel like a new man." Pending arrangements for a public seance before an audience of, say, fifty in the hotel parlor, where, it was to be hoped, Major Coyote would consent to receive magnetic treatment for a fatty tumor, which it was currently believed he bore carefully concealed somewhere about his person, Hook had hastened over to me and informed me that I was a made man. I was much gratified at this, and he went on to explain his mysterious gift, which he had tried long to conceal, but which had just been discovered. He now proposed to unfold it before the world. He would now, he said, *profess* this gift which he possessed, and would therefore become clearly a professor. He implored me to use this prefix when addressing him, and with a gesture that signified he would soon be back with something that would surprise me, he left the office. Two hours later he returned with a wonderful array of very conspicuous garments which gave him vaguely the appearance of a blue tiger. The tigrine effect was produced by a startling striped shirt, and such very tight trousers that his wiry and bent lower extremities looked like the hind legs of a dog. He approached, snapping his fingers with electricity, and gave me a playful shock on the knee. But not only had he just got the clothes, he had also just got a patient. Moreover, it was one of my patients. The aged Hecuba had called him in as soon as she heard the news. But Hook, in a spirit of altruism, had decided to save her for me, and insisted that I must be present at the mystic rite. Hecuba was a typical neurasthenic who had first tried all the physicians, and on whom I had next tried all the pharmacopeia, ending with passiflora. Then she had threatened to go to the female osteopathist unless I gave her osteopathic treatment. At this I plead with Champney to take her off my hands, but he wouldn't. Then I plead with her to go back to Janes, but she was afraid to. She said she knew the trouble was in the bones. This was before the fame of Lorenz, and knowing very little of osteopathy, I, in desperation, reduced an imaginary luxation of the femur by manipulation, and asked her if that relieved her distress. She said that she had not felt so well for twenty years. But when she got home she told her three stalwart sons of the simplicity of the new treatment, and, having a mind to economize, since they could manage this just as well at home, the three men set to with violence, and nearly twisted and rotated the poor old soul's thigh out of its acetabulum, so that she couldn't step, and felt twenty years older again. It was then, being satisfied with osteopathy, that she sought succor from the new star. Moved by curiosity and a desire to keep Hook within bounds, I consented to go with him to see Hecuba, and as

soon as we were in the house he informed us that it was necessary, as a preliminary, for him to concentrate the magnetism within him, and for this purpose he withdrew to an adjoining room, where at first there was a faint whirring sound, followed by a loud whiz. The professor then leapt crouching into the room with glaring eyeballs, but Hecuba was so terrified that with unexpected agility she bounced from the couch, and with a hoarse, crow-like caw of fear went flapping up the stairway, leaving the chagrined professor with the magnetism escaping from every part of his palpitating frame. Having adorned the tale I then pointed the moral after Hook had gone away. I believe Hecuba is dipping unostentatiously into religion of late and finding much benefit.

The village schoolmaster and the minister employed their leisure in lettered ease, but the attorney's tastes were different, and when he wished for relaxation he assumed temporarily the functions of an auctioneer. His sallies of wit had the effect of convulsing the husbandmen, and also brought him closer in touch with them, so he felt he possessed a definite political "influence," a commodity which entered largely into his continuous negotiations with his congressman. Champney's pleasures were of rod and gun, but the fact became noteworthy that he never brought up a single fish or brought down a single bird, though one day he shot his dog. I used to call him "Old Sleuth." The pedagogue's little family were all down with scarlet fever when I first made his acquaintance. He was a prolific writer of verse, which was indeed seldom absent from the poet's corner, but his muse, who had probably never had scarlet fever, and had no mind to take any chances, had abandoned him in a most vexatious manner upon the appearance of sickness in his abode; and he was then irritably killing time by writing an historical novel, full of anachronisms and intrepid heroes, and interspersed frequently with very lively duels. I soon saw that I was in the presence of a self-made man in process of making. He had grammars of various languages and was learning all the verbs, and in various other ways was "improving himself." But I never liked verbs very much, so I paid most attention to the historical novel. The young minister was a different sort of man and did not dissipate himself in the thin air of history. He had something better nearer home. The first day he showed me his new suit of black clothes. He had a picture of himself in his watch locket and also some of his own hair there. Like the schoolmaster, he was literary, but more particular in the choice of a subject, for he chose himself. He read me a long poem in blank verse in which he pictured himself as a great general in a suppositious war, leaving the pulpit (without turning a hair) to go out and lead the army. His mother was also in this poem. She didn't want him, very naturally, to go out to the gory field

of slaughter, but he tells her the country expects it. I surreptitiously showed this poem to the editor, but at the sight he turned quaking back to his forms. He had seen it before. This minister has plainly had too much female adulation. He is quite intoxicated with himself, and, as from the mouth of a wind god, bursts forth from his lips the rounding gales of egotism.

The run of practice in the country differs widely from that of a public institution or a practice in the city. There is more individuality in the country people: the result of their isolation. To be sophisticated does not necessarily imply the presence, but rather the obliteration of character. I thus found my patients more simple and more interesting. They were frequently stupid and often uncouth, but very seldom vulgar. My demesne extended four miles south by about five north, and from the shore back to the "desert": a sandy wilderness abounding in cacti, and reaching, I do not know how many miles away, till it comes to the margin of a fertile inland valley, where I am told there are populous towns and railways. We never penetrated very far into these wastes. The roads became indistinct and at last ceased. The houses dwindled away. The fences disappeared. Once I found a little lake there, but when I whistled there sprang up a hundred echoes, weird and uncanny, about its barren shores. I thought I found the posts of a cottage burned down years ago, but I am not sure. The past, like the rain, has sunk into the sands, and there is nothing left. But in the rich belt along the coast the farmers were apparently prosperous. It is quite Arcadian there. The greater part of my work consisted in scouring this country round about. I soon knew every road and lane, and every farmhouse. I don't think I had any cases of scientific interest, nothing but the usual fevers and broken bones; though, speaking of bones I had a case with nearly the whole of them broken at once. A tree fell on the poor man, and he persisted in getting well, pneumonia and all. I was very greatly surprised at him for doing it, and still more so when I found that I got the lion's share of the credit, and came into a vogue thereby. But in most of my cases I would have been surprised if they had not got well. When one is ill, however, it is usual for him to think that it is very grave with him, and in the country it is the custom of some practitioners to foster in every way this fortunate impression on the part of the patient, even when the contrary is the case. I do not altogether like this, and refuse to do it. But more than once when I have told them their symptoms were all gammon, and that they would be all right when they got over their fright, they have tottered away in their rage to old Grubb. I believe he tells them it is very serious, and proceeds to save their life with the machine, if there is yet time after having delayed with me. And even when they

stay with me, and in due time are quite themselves, as I have foretold, they often remark afterwards, with awful significance, that their miraculous recovery was no thanks to me, because I did next to nothing, and did not even think it necessary to see them more than once a day. But even so, it seems beneath one's dignity to take advantage of the ignorance of the poor. I soon found myself taking a pleasure in ministering to their wants, and these were not medical alone, for by degrees they began to consult with me on all manner of subjects, and I got myself into three different law suits before I was done; not as respondent, but as oracle, expert, witness and friend.

In fact, I like them. And as I drive along the quiet country roads in the waning autumn, and see these simple yeomen out in the wind and the rain among the corn sheaves or potato plantations bending over their hard toil in their old rough clothes, and rising erect for a moment to greet me as I pass; a melancholy feeling steals over me, and I am amazed at myself that I am able to charge them anything at all, for it probably takes a couple of days of such labor, and perhaps more, to pay for one of my visits. Indeed, to look at a farm one is led to wonder that the occupant is able to realize any revenue at all, for it never looks as if there was anything very much there. Still, in some unaccountable way they certainly do live very comfortably. What I cannot understand is that the farmer should be considered a subject for ridicule by those who have left the rural regions and gone to the city. For it is only these who take that stand. At the hotel there is such a one. He is a very objectionable, hard-faced, loud-voiced person, whose name I never was sufficiently interested to ask, but who everyone calls the "potato buyer." He despises these worthy farmers and heaps upon them all manner of obloquy, chiefly, I believe, for the reason that they do not consent to yield up to him their potatoes for nothing. A potato expert cannot be supposed, however, to be cultured or humane. My dislike for this person has become an obsession. I often look at him with the most sinister feelings, and wish that he would fall sick, awfully sick. But his constitution is very strong. He presses the potatoes with his thumb, and bites them raw to see if they are of a good quality. This may tell on him in time! And then in his vocation he is a great deal of the time prowling about the freight cars in which he ships his vegetables, and some day one of the cars may perhaps run over his foot. At present, though, nothing is certain, and he still goes on with detestable composure, unmindful how I hate him.

The country, above all, is the best place for intellectual pursuits. *Mens sana in corpore sano.* The greatest sages are represented as retiring from the world when occupied in thinking out

their systems of philosophy. Buddha rested in the solitude. Christ, whose life was almost entirely spent among men, and who was no refuse, spent forty days in the wilderness. Hiawatha did the same, and also, I believe, Elijah. Thoreau spent a couple of years. It is healthful and refreshing. The unobstructed light of the sun, dewy eve, the odors of field and forest, the soft sounds of nature and the soothing silence of the night, all these calm and tranquilize the mind, and one is able to give to his thoughts that unbroken attention which is impossible in the haunts of men. There are those who speak of the stimulation of cities. They confound stimulation with irritation. But far away from the tainted purlieus of the town, how restful, yet inspiring, is the simple life of the country, especially after the novelty which first impresses one has worn off and we have entered into it in spirit and in custom. For that matter I later on found even the village a disturbing element, and the next summer closed the office and took up camp in a beautiful forest spot near the thundering waves where I had seen some gypsies camping. Near at hand there was a lonely marsh threaded by a curling river and wide reaches of black, standing water, and rushes forever whispering. There had been a trading post here in the days gone by, and recently a portion of the overhanging bank, undermined by the wash of the waters beneath, fell forward, and from the exposed earth behind a grey skull was sticking out. They had buried him deep, indeed, long ago, but though the wild animals could not tear open his unmarked, forgotten grave, the river, that knew all things, had eaten it away. Priest or pirate, soldier or hunter, whatever his station, the river gave him one more look at the world. In the city one is prone to forget the past. In my forest lodge I lived entirely in it and read my "Pseudo-Herodotean" Life of Homer every day. Ah, there was a restless man for you! But sometimes I was called back roughly enough to the present. One night a large steamboat with a hundred lights streaming from her windows came driving in toward the shore, disabled in some way, and went to pieces in the waves. The passengers all got away in boats and landed miles beyond. I never saw any of them, but for many months the white wreckage lay strewn on the sand. Some of the furniture I took to my cabin. Afterwards a panther escaped from some circus and took up his lair near mine in the forest, where he used to yelp at night at intervals with the hooting of the owls; and at that time I was conscious of a certain reluctance to go to the spring, even with my revolver, after dark, in case, being so shortsighted, I would not be able to see him if he jumped at me. \*

But all this happened later. I came to Seminole in October, and the Indian summer soon gave place to winter; but if anything, I enjoyed driving in the storm more than in the summer sunshine.

It shouted to me with a thousand voices. Yet I seemed alone: the snowflakes thickly falling, the muffled ground, the wailing in the pines, the early nightfall; all these had a peculiar charm. And the houses had so much character. There was the cabin where the old witch lived. That is a secret. There was the old Colonial mansion with dainty Irene on the doorstep. There was the low cottage which held poor old McGraw. He must be dead by now! He mortgaged his land to go and see his fashionable married daughter in the city once more before he died, and perhaps to find a home with her, and honorable burial at her hands. But he lost his way in the dazzling lights, and she said he was intoxicated, and refused him, so he came back and is dying there alone. I shouldn't wonder but what he was intoxicated. I know he has the last of my Jamaica rum, and I hope he will have a good comfortable drunk on it before he shuffles off this mortal coil. Every house on the road has its story. And how pleasant in the winter's dusk to see the red window light of some big farmhouse, when my meditations would be agreeably broken by the good cheer and quaint courtesy of those within. It was good to stand by the roaring fire and joke with them about our little affairs. They soon learned that I was very partial to hard cider (I assured them deprecatingly that it was a "wholesome, fruity juice"), and always after I arrived the coy daughter of the house would appear from down the cellar with a great pitcherful in her hands. I liked the cider better than the homemade wine. There are no written invitations at Seminole. The social intercourse and hospitality is usually impromptu. Premeditation in such matters suggests the idea of formality. And so the winter passed, and the sledge was put away. Then came the spring, when every hillside was violet and pink with peach and apple blossoms. The birds began to sing in the orchards, and the naked fields grew softly green. The cow-bells were heard again in the underwood, and there was a delicate smell of flowers in the air. Presently it was high summer. A few days more and the autumn leaves were sadly falling. My year in the country was over; my work was done. I am back in town with the roar of the asphalt in my ears. I can hear the carriages rolling and rolling down Pennsylvania Avenue from the Capitol stair to the Treasury. I wonder where Nell is to-night? She is my last memory, you see, of my days at Seminole.

She was the one companion of whom I never tired; and I will confess that I followed her everywhere. But we never dined together, for she was a vegetarian. Nell was not only beautiful, but she was very clever. If I was not sure of the house she would be sure to know, and would stop at the gate. I trusted her too much. One sometimes does when over-infatuated. She had a

sense of humor, and I verily believe I have seen her smile. She used to eat grapes out of my hand. She took everything as her right, did Nell, just as Venus did when she received the golden apple. She was superstitious, too, and there was a place in the midst of a deep wood that used to terrify her. She saw something! I don't know what it was; but as she raced wildly away I began to feel the frissons down my own back also. It was always there, always, and she always saw it. Beasley said I spoiled her: but then—Beasley! A beauty seldom commands the entire respect of her tiring maid: and the brutish Beasley's office was to attend to Nell's toilet. She was a paying guest at his pension. This clownish hind used to place a whip in the carriage, but I always flung it back on the floor of the stable as I drove out. The idea of laying a whip on Nell! These, though, be but our diversions.

Nell is a heroine when real work is afoot. When the county telephone calls me unwillingly at midnight, and the somnolent Beasley brings her to the office door, my Nell looks out at me in the darkness as beautiful as *Aspasia*, as calmly dignified as *Portia*. And then for the highway! Out through the little village amidst its shadowy elms: we strike the main state road. Behold her swift untiring pace! Thundering over the iron bridge the wheels roar in the night. Pound, pound, go her hoofs on the hard white track. The gravel rattles from her sparkling shoes, and the harness rings and clatters as she flies. She races through the levels where the moonlight casts its spectral shadows, where the trees are dark and tall. She dashes into the forest with the clank and rumble of a Roman chariot. Pound, pound, go the flying heels at the edge of the hill, and we come tearing around the bend and stretch out breakneck over the narrow north shore drive. The waves break loud beneath and above whirls high the clouds of dust: but ever I can see that beautiful head and great dark eyes looking out into the night. I can see her tossing mane and the foam upon her breast, like point lace upon the bosom of a beauty, while the hollow roar of the wheels fills the air and the iron-beat of her hoofs echoes back from the rocks above.

But, alas, even then not always in time, or to no effect. The head has fallen and the lips are grey. Or more like, in any case, it was only to tell them as they stood scared about the bedside or weeping in the window—to tell them that it had to be. Clothed in a little brief authority! Yes, madam, he is dead.

Or after a long drive of thirty miles to come up in the gathering dusk over the northern slope and see the lights of the village in the distance and the steel glimmer of water. When chilled with the cold night air, and weary with the day's work, I part with Nell at the hotel door, and sit in the warm air of the general room

with the cheerful clink of glasses from the roisterers in the bar and the knocking of balls and good-natured guffaws from the billiard tables hard by; while still from the closed dining-room, soon to be hospitably thrown open for dinner, come the muffled sounds of agreeable preparation; do I forget my noble companion, led away unthought of, forgotten, unregretted? Better it were for the peccant Beasley that a millstone were hung about his neck and that he was dropped with a splash into the outer channel than that he should neglect the least item of comfort due to my Nell. It has ever seemed heartless that we should separate thus at the door. But it is not ingratitude on my part. Nell herself prefers that it should be so. Her tastes are somewhat different, and, as I explained before, she is a vegetarian.

## THE EARLY DAYS OF OVARIOTOMY.\*

BY MATTHEW D. MANN, A.M., M.D., BUFFALO, N.Y.

THE rising generation, which has only seen abdominal surgery in its full development, is apt to forget the trials and struggles of those who first attempted to open the abdomen, and who finally put the operation on a firm basis. Few can realize now the amount of opposition, both within and without the profession, which existed. McDowell, as we shall hear, was threatened with death; and later operators were almost ostracized for attempting this "murderous operation." In the last twenty years, the triumphs of surgery have been so great that now no operation, no matter what its magnitude, is condemned untried, and the result is awaited with patient and indulgent expectation. But only forty years ago, this was not so, and at the time that abdominal surgery had its beginning, the feeling of opposition to "butchering," as they called it, was most emphatic and unreasoning.

Abdominal surgery had its beginning in America. Many attempts have been made to wrest this triumph from us, but all have failed. The claims of the United States are now generally admitted as being clearly proved, and the name of the first operator rescued from oblivion and duly honored.

The first abdominal section, having for its object the removal of an ovarian tumor, was done by Dr. Ephraim McDowell, on December 13th, 1809, in Danville, Ky. Although practising in what was then the backwoods, McDowell was by no means an uneducated, ignorant, or pretentious adventurer. The operation was done after long consideration, after a full understanding of the difficulties with which he had to contend, and a careful planning of the technique. He had been a student of the great John Bell, in Edinburgh, and while there had heard it suggested that perhaps an ovarian tumor could be successfully removed. He formed the determination at that time that, if the proper case ever presented itself, he would make the effort to operate. After his return to Danville, he was sent for to see a Mrs. Crawford, residing a long distance away. McDowell found her trouble to be an ovarian tumor, and gave a fatal prognosis unless she was relieved by the knife. To quote from Dr. Gross:

"After a most thorough and critical examination, Dr. McDowell informed his patient, a woman of unusual courage and strength of mind, that the only chance for relief was the removal

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of the diseased mass. He explained to her, with great clearness and fidelity, the nature and hazard of the operation. He told her that he had never performed it, but that he was ready, if she were willing, to undertake it, and to risk his reputation on the issue, adding that it was an experiment, but one well worthy of trial."

Mrs. Crawford accepted the opinion of the physician with great coolness, and promptly assured him that she was not only willing, but ready, to submit to his decision, asserting that any hope of relief was preferable to the agony she suffered. She travelled on horseback—the only mode of locomotion in those days—to the home of Dr. McDowell, sixty miles away. So great was the weight of the tumor resting upon the pommel of the saddle, that a large contusion was formed on the skin.

On the day of the operation, McDowell was conscious that an angry and excited mob of men had collected outside of his house, openly threatening to hang him if his experiment of "butchering a woman" did not succeed. There is no doubt that if the woman had died, McDowell would have lost his life at the hands of his infuriated townsmen.

I have often wondered which was the braver—the man or the woman—the woman, to subject herself to an operation which she knew had never been done, an experiment which would cause intense suffering at the time, anesthetics being then unknown, and the result of which must be uncertain; the man, to risk his life for the mere sake of doing good, without hope of reward, except, perhaps, a modest fee, and with certain death confronting him if he failed. It seems to me that the bravery of the man was the greater. He put his life at stake without any necessity impelling him, except his love of humanity and his desire to do good; while the woman had death staring her in the face, and was accepting an opportunity which had never yet been offered to anybody, to escape the terrible, persistent suffering which would certainly come. To quote from Thomas Keith: "She had not much to lose—a few months only, it may be, of ever-increasing suffering—and she might gain much by an operation, having much to gain." Fortunately for the good of mankind, and of womankind in particular, the operation was successful.

The technique of the operation sounds a good deal like an operation done to-day. The incision was made, about nine inches long, a little to the left of the median line. The tumor was then opened, its contents allowed to escape; after which it was removed from the abdomen, the pedicle tied by strong silk ligature, and the tumor cut off. After this the patient was turned upon her side, to allow all the blood and fluid to escape. This having been accomplished, she was turned on her back, the intestines replaced,

and the wound closed by an interrupted suture, the ligature hanging out of the lower end of the incision. Dressings were applied, and the patient put to bed. Five days later, McDowell, on visiting her, found her making her bed. In twenty-five days she returned home in good health, and lived for thirty-two years after, she having been forty-seven at the time of the operation.

McDowell afterwards operated on twelve cases, eight of the thirteen being successful—a record which was not beaten until the advent of antiseptic surgery.

McDowell is described as a tall, strikingly handsome man, with an erect and commanding figure and lustrous black eyes, which seemed to penetrate the very thoughts of those who looked into them. His refinement and intellectual powers were of the highest type. Many stories are told illustrative of his abilities of mind: his unflinching adherence to duty in the face of adversity and difficulties seems to have been one of his strongest points. Stories are told of his adventurous rides through the woods, of fording rushing torrents filled with ice and driftwood, and other anecdotes which illustrate the nobility and force of the man's character. He might well have stood for the original of MacLeod, Ian MacLaren's justly famous hero.

McDowell was a man of strong religious convictions, and we have left to us a very forcible petition offered by him to Almighty God, a few hours before the appointed time to make the first ovariectomy. Who will say that it was not in answer to this prayer that his hand was guided to bring to a successful termination his momentous and trying experiment, fraught with interest, not only to the operator, but to humanity? It was certainly a trying hour to him, and we can well understand that he should have asked for strength and guidance where he thought he could best obtain them. His biographer says: "His abiding faith in the efficacy of prayer was beautiful, and no doubt his remarkable success in the field of surgery can be largely attributed to his strong convictions and unwavering faith in the Great Jehovah."

After McDowell no operations of this kind were done until 1821, when Dr. Nathan Smith, Professor of Surgery in Yale College, performed a successful ovariectomy. He was just as much entitled to the honors of a discoverer as was McDowell, for he had never heard of the Kentucky surgeon or of this operation. His methods were different, but the result was just as good.

The third successful ovariectomist was Dr. Alban C. Smith, of Danville, who had been a partner of McDowell's. He operated in 1823. A few scattering operations were done after that, but it was not until 1843-44 that a new impulse was given by the success of Dr. John L. Atlee, which was still further aided by his brother, Dr. Washington L. Atlee, of Pennsylvania. After this,

cases became more common, and, taking the country at large, several were reported every year, until in 1855 there were twenty-one cases, with six successes and fifteen deaths. This heavy mortality seems to have had the effect of diminishing the number, as they fell off rapidly, until in the years 1860-63 there were only three in each year. In 1870, Dr. Atlee reported his 200th case, while Kimball had had 121, and Dunlap, Peaslee, J. P. White, McRue, Thomas, Bradford, Emmet, and Sims had had from 60 to 12 cases each.

In England the operators who first made reputations were Tyler Smith, Baker Brown, Chas. Clay, Thos. Bryant, Thomas Keith, and Spencer Wells. To the latter we must unquestionably give the credit of having done an immense deal to influence the profession, and to overcome the opposition which, up to 1860, had existed in England more than anywhere else. Many prominent men opposed the operation, very broadly denouncing those who attempted it as murderers, as guilty of malpractice, and using all their influence to keep the operation down. After Sir Spencer Wells' paper in 1860, opposition was silenced, and from that date it may be said that ovariectomy was adopted as a legitimate resource in England.

My own experience of ovariectomy began in 1870, when I entered the Strangers' Hospital, in New York City, as interne. Dr. T. G. Thomas was appointed gynecologist to this hospital, which had just been established; and, filled with ardor and enthusiasm, he soon collected a considerable number of cases for operation. During the year that I served as senior assistant and house-surgeon, I had under my care twelve operation cases, nine of which recovered. As can be readily imagined, an ovariectomy in those days was a great event. I have seen in the operating room at the hospital, witnessing and advising, and perhaps assisting, Dr. Thomas, Sims, Peaslee, Emmet, Noeggerath, Sands, Willard Parker, and others of the great lights of surgery in New York at that time. As we had no trained nurses, Dr. E. L. Trudeau, who was my senior by six months, and myself had to take the entire charge of the cases. The nurse would call us frequently during the night, and we would pass the catheter, give hypodermics of morphine, and do all the nursing which is now so much better done by our skilled and trained assistants.

Dr. Thomas's theory in those days was that a great deal of the danger was due to the shock to the nervous system, which led to inflammation; and in order to quiet the nervous system, the patient was put under the influence of opium for a few days in advance of the operation. We can see here the influence of Alonzo-Clark treatment of peritonitis: if large doses of opium would cure peritonitis, smaller doses would prevent. And so, in

order to head off the disease, of which everybody stood in holy terror, the opium was given before the operation was commenced.

Dr. Peaslee was the first to perform drainage, which he did as early as 1855. He passed a catheter through the vaginal wall into Douglas's cul-de-sac at the time of an operation, and left it there, corking the end. Septic symptoms supervening, he removed the cork, and allowed the fluid to come away, and followed it by copious injections into the peritoneal cavity of salt solution, and later by a weak solution of chlorinated soda. He published a paper on the subject in 1870. Thomas immediately took up the idea, following Peaslee's plan of putting a linen tent into the lower angle of the wound. Soon after this the idea of a drainage tube came from Koeberle of Germany. Thomas immediately began its use.

I remember very well the first drainage tube (1871), which was an old-fashioned, hard-rubber vaginal syringe, an inch in diameter, with four holes at the round end. This was introduced on the second day, the tent of cloth which had been placed in the lower angle of the wound the day of the operation, being removed.

Dr. Thomas also followed Peaslee by washing out the abdomen in a septic case, after the operation, using a solution of hyposulphite of soda. As early as 1871, he washed out the abdomen before closing the wound. Antiseptic ideas were then just beginning to dawn. Carbolic acid had just been discovered, and Lister was making his first experiments in what we now call "Listerism," experiments which were destined to revolutionize surgical methods, and to make the name of Sir Joseph Lister one of the greatest in the record of the benefactors of the race.

Although, as already mentioned, drainage was used before Sims began to do abdominal work, it was his paper, published in 1872, which really popularized drainage in abdominal cases.

Dr. Thomas, up to 1870, had had twenty-seven ovariectomies, and was only excelled by one other operator in New York, namely, Dr. Peaslee, who had had twenty-eight. Sims, who never made a great name as an abdominal surgeon, had had only twelve. It must be remembered that at this time all other forms of abdominal surgery were unknown and almost undreamed-of. I remember very well when Pean's book came out, about 1871, detailing the histories of a large number of fibroids that had been successfully removed, that Dr. Thomas expressed very grave doubt as to the truthfulness of the histories.

In those days the after-treatment of the cases was made very much more difficult, and the convalescence very much slower, by the method of treating the pedicle. While McDowell had used the ligature, dropping the pedicle, and had done so successfully, others seemed to be afraid of following his example. The great

doubt was as to what would become of the piece outside of the ligature. This, it was feared, would die, and poison the patient. Many of the deaths in the early cases were attributed to this cause. To overcome this difficulty, various plans were suggested. Baker-Brown used the cautery, and, as Mr. Tait pointed out, had he lived, no doubt abdominal surgery would have been advanced many years; for, although we cannot help acknowledging an immense debt as due to Sir Spencer Wells, still we cannot deny that he kept back ovariectomy and abdominal surgery by his energetic advocacy and use of the clamp. His plan was to clamp the pedicle, leaving it on the outside, the abdomen being closed tightly around it, the clamp preventing it from falling in.

Dr. Thomas was a bold and brilliant operator, a great diagnostician, and full of invention and resources. His record after these early years is well known, though he came a little too late to reap the full advantages of modern abdominal surgery. To my association with Dr. Thomas in those early days I must attribute my interest in this branch of medicine, and, to a great extent, my success. To no man, living or dead, do I owe more than to him. In fact, had it not been for Dr. Thomas, I should not have held my present positions, as it was by his influence that I became Dr. White's successor and a resident of Buffalo. Dr. Sims, although I knew him well and have seen him do some plastic work, I never had the pleasure of seeing open an abdomen. Dr. Peaslee I also knew well, but never saw him operate.

In those days the New York Obstetrical Society was the scene of many exceedingly interesting discussions. Abdominal surgery and gynecology were making rapid strides in advance. Sims, Peaslee, Thomas, and Emmet were the four men who have done more for gynecology than any Americans who have ever lived. They were then making rapid advances, and in the Obstetrical Society the new ideas were proposed and weighed and discussed, to be afterwards tested at the bedside and on the operating table, and the results reported back to the Society. I was secretary for a number of years, and had the great advantage of being obliged to take down these discussions. I am sure that this was of great benefit to me, as it fixed in my mind a great many facts which I probably should not otherwise have learned.

Besides these greater lights, Noeggerath, whose name is well known as the discoverer of latent gonorrhoea; Jacobi, still a Nestor in the profession; besides some of the younger men, who have since made name and fame, were active members of the Society.

Buffalo took a prominent part in the early days of abdominal surgery. Drs. James P. White and Julius Miner were both pioneers. Dr. White probably did a hundred ovariectomies during his life, about 60 per cent. of which recovered, as far as I can

learn. Dr. Miner never did so many, but he originated a principle which has made his name to be mentioned wherever the history of ovariectomy has been spoken of—he originated the idea of enucleation. This I had seen done by Dr. Thomas, but had never practised until I did my first ovariectomy in Buffalo.

My first case was done in Hartford, Connecticut, in 1879. The patient was a poor negress. I had to pay the nurse myself, and, as she lived four miles in the country, in a poor little farmhouse, I had to hire a horse each time I made a visit. As you can readily imagine, I did not make a fortune immediately out of the case. Still its effects on my future were greater than were at first apparent. The event was a great one, and my friend, Dr. Munde, came all the way from New York to assist me. He had never operated himself, nor had anyone else present even seen an ovariectomy. I found a dermoid cyst so adherent that I could not get it all out. I therefore cut off all I could get loose, and sewed the edges of the remaining portion to the edges of the abdominal wound. Two glass drainage tubes were used, one being put into the sac and the other into the abdominal cavity. The patient convalesced very slowly, and required many visits I estimated that the case cost me \$50. Still it paid, for it gave me experience, and allowed me to say that I was an operator—great advantages when the call came to go to Buffalo.

To illustrate the fear which the early ovariectomists had of the peritoneum, I remember very distinctly a case which came to me a number of years ago. She had a large fibroid tumor and a tremendous ventral hernia. She told me that she had had an ovarian tumor, which had been removed by Dr. Miner, the first successful operation that he had ever done. She showed me a copy of an account of the operation, published in the *Buffalo Medical Journal* at that time. In this article, Dr. Miner attributes his success to the fact that he did not pass his stitches through the peritoneum, but only through the skin and fat. This, while it does not explain the success of the operation, certainly explains the ventral hernia. I removed the fibroid, and sewed up the hernia, and sent the woman home cured.

Thus far I have spoken only of ovariectomy; but it is quite natural that the opening of the abdomen for the removal of ovarian tumors should have led to the same procedure for other purposes. In 1876, Dr. Robert Battey, of Rome, Ga., read a paper before the American Gynecological Society, on "The Excision of the Functionally Active Ovaries." He had performed his first operation in August, 1872. In 1879, Mr. Lawson Tait announced that he had done a similar operation, claiming priority over Battey. Prof. Hegar, of Freiburg in Germany, published in 1878 a paper on "The Castration of Women," his first case

having antedated Battey's by a month. After the publication of these papers, the indications for opening the abdomen were very quickly widened, and the operation took firm hold upon the profession, being performed by operators all over the world; and at that time we may say that abdominal surgery, other than ovariectomy, had its origin.

I first removed the ovaries, March 11th, 1880, in Hartford, Conn., for a fibroid tumor. The first operation for the removal of the ovaries which was done in western New York, was performed by the late Dr. G. C. Clark, of Niagara Falls, 1882. I had the pleasure of assisting him; the operation was perfectly successful.

My first operation in Buffalo for the removal of the ovaries was in November, 1883. On March 4th, 1884, I did my first resection of intestine; likewise the first that was done in Buffalo. In October of the same year, I removed a large fibroid tumor by supra-vaginal hysterectomy with the clamp. The woman is still living.

Although I did many operations for the removal of ovaries and fibroids from that time on, it was not until February, 1888, that I removed the first pus tubes. After this, the indications for operations and the number of cases increased rapidly; but I did not meet with a case of extra-uterine pregnancy until 1890. I operated on four during that year. As I was almost the only operator practising abdominal surgery in Buffalo then, these were doubtless the first operations of their kind which were done there.

We thus see that abdominal surgery is of very recent development, the greatest growth and extension of the operation having taken place in the decade between 1880 and 1890. It may now be said to be nearly perfected, and, except in operations on the gall-bladder and the stomach, we cannot look forward to many more advances.

What has made possible the great successes of modern abdominal surgery? Two things will at once come to the mind of each of you—*anesthesia* and *antisepsis*. Without these there could have been no development. Although the early operations were done without *anesthesia*, the operations now undertaken would be impossible under similar conditions.

Nor is *antisepsis*—or, perhaps, more strictly speaking, *asepsis*—any less important. The mortality rates of the pioneers are often frightful to contemplate; and only where life was directly threatened, as in ovarian cystic disease, were operations warranted. So recently as 1880, the writer collected all the known cases of oophorectomy—150, with a mortality of 20 per cent; and in 1884, Bigelow collected 350 hysterectomies for fibroids, with 58 per cent. mortality. Now all this is changed, and we

open the abdomen, even in comparatively simple diseases, with perfect confidence in the result, as far at least as sepsis goes. So much has been accomplished by Lister, Pasteur, and their co-workers.

But, after all, is it not to the American workers that a very large share of the mead of praise is due? Who have done more than McDowell, Nathan Smith, the Atlees, Kimball, Miner, Sims, Peaslee, Thomas, Robbs, Battey, Sands, McBurney, and Bull—to say nothing of the men of our own day, who have improved, extended, and perfected the work of their predecessors? Certainly America has a right to be proud of the credit of originating and perfecting this important branch of surgical work. Not only did ovariectomy originate here, but hysterectomy for fibroids was first done by Kimball. Peaslee and Sims originated drainage; Battey first removed diseased ovaries: Willard Parker did the first operation for disease around the appendix; while Sands, McBurney, Senn, and Wier were the pioneers in appendectomy. Bull did the first operation for bullet-wound of the intestines; and Rogers was the first to advocate the operation for ruptured tubal pregnancy. Kimball's lead in removing fibroids was followed by many, and was so perfected by the work of Stimson, Polk, Baer, Pryor, and others, that it is now known as the "American operation." Robbs was the first to do the modern operation of cholecystectomy, while the genius of Sims had a most important influence on advancing this particular branch of surgery.

But I need not add to the list. It is recent history and familiar to all students of contemporary literature.

When we look back and see what has been accomplished, it seems almost miraculous—all fear of the peritoneum gone; sepsis nearly banished, and scarcely an organ in the abdomen which has not been successfully attacked and removed. Liver, gall-bladder, spleen, stomach, intestines, kidney, uterus, tubes, ovaries, bladder—all have yielded to the surgeon's knife, and their possessors relieved of serious or fatal diseases. It is a proud record. Little did McDowell think, when he took up the knife to make his first abdominal section, to what it would lead, and of the years of agony which would be relieved and the thousands of lives saved. All honor to the men who have done this work. Their names should stand higher in the roll of fame than those of generals and conquerors. They have worked to relieve pain and suffering, and to save life, while the soldiers accomplished their ends only through the infliction of measureless agony, and the sacrificing of countless lives.

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 SOME BUSINESS ASPECTS OF MEDICAL PRACTICE.\*
 

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 BY DR. N. A. POWELL, TORONTO.
 

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*Mr. President and Gentlemen,*—In all the twenty-three years' existence of this association, the subject of the financial results of medical practice has never received formal consideration. When this fact was innocently mentioned by me a short time ago at a meeting of your committee on papers and business, that puissant body passed an order-in-council making me responsible for the presentation of this question before you. In spite of my objections and my suggestion of others for the honor, the committee next found a place for my name on the preliminary programme. When it so appeared, a certain person, whose advice I often receive, and perhaps not quite so often adopt, enquired with airy sarcasm if the chances for one's being selected to read a paper before the O.M.A. was in inverse proportion to one's knowledge of the subject to be taken up. I side-stepped her question then, but in the privacy of our closely tyed session I freely admit that, like certain medical examiners we have known, I may ask questions for which I have no answers ready.

For more than a quarter of a century I have been watching the course of medical men in practice, and trying to ascertain the causes of complete or partial failure in those who might reasonably have been expected to have been successful. Many die leaving no provision for those dependent upon them, others become medical derelicts, floating half-submerged, useless to themselves or to the world, and a positive danger to all who approach them unguardedly. A third, and always a larger, class have simply been disappointments to all who, in earlier years, had builded hopes of success for them. I present to you no statistical study, but give you instead certain clinical impressions, and shall ask how these accord with what has fallen under your own notice in watching the drift of medical life.

When I first entered practice I think it could be safely said that the larger proportion of those who did not succeed owed their failure to the over use of alcohol. That is not so to-day; the profession to-day is moderate in the use of liquors, as a result of increasing self-respect and self-control; misuse of them is, in consequence, a factor having far less importance than it had even a few years ago. The doctor who now drinks to excess cannot keep the pace, and must go down and out more rapidly than of old.

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\* Stenographic report of an address delivered before the Ontario Medical Association, Toronto, June, 1903.

In this country twenty-three may be taken as about the average age for entering practice, and fifty-three as the age of death for physicians as a class. This gives us thirty years as a period within which success is to be won or lost. The time and money expended in obtaining an education and gaining a practice will represent not less than five or six thousand dollars. Since most Canadians are comfortably poor at the start, or at least are free from the paralyzing influence of wealth, we may estimate that it will take four years in the country and eight in the city for the average graduate to have cleared off all arrears of debt and reached a self-supporting basis. The modern physician, it must also be remembered, is a highly evolved individual, with tastes that must be satisfied, and needs that must be met, in addition to the ordinary living expenses of himself and of those dependent upon him. Such provision for age and sickness as every prudent man sets about making must also be taken into account.

It has been said by some one that for an ideal practitioner there are three requisites: First, he must be a thorough gentleman; second, he must be a thorough physician; and, third, he must be a thorough business man. I believe that the third is the attribute most frequently lacking, and in this lies the cause of most failures.

Let me ask your attention to a few points which appear to suggest the cause of some failures. One difficulty our craft meets as many others are meeting it—the demand for first-class pay by those only able to do third-class work. That is the trouble in all other Unions as well as in ours; however, we have no walking delegate to come around and say, “This man who has made a botch of the case must be retained. You shall not discharge him and employ a better man in his place.” (Laughter.)

I think it is bad business for a physician in general practice, making an income of, we will say, over \$3,000 in the country, or \$4,000 in the city, to attempt to be his own book-keeper. His time is, or ought to be, too valuable for such work. If he tries to do so he will have to take the time either from his patients, or from his own needed rest and recreation. The best book-keeper he can possibly have is the one who has shown either that she had sufficient confidence in him or that she had sufficient confidence in her ability to manage him, to have married him. (Laughter.)

Year by year the world's work is passing, in larger and larger proportion, into the hands of women. They have long had more than a working majority in our churches. Some one puts it this way:

“In the world's broad field of battle,  
In the bivouac of life,  
The average Christian soldier's  
Represented by his wife.”

I do not say that this is right, but one cannot deny that it is so. Personally I am in accord with George Ade when he says, "It is a poor plan for a man to expect to slip through St. Peter's turnstile on Ma's ticket. (Laughter.) But no one else can take the same interest in a physician's books as the right sort of a wife—if only she be trained and trusted.

Accounts more than six months old in the city are far better handled by a collector—an honest, kindly, and tactful man—than by the practitioner himself. Such a one collects money which would otherwise never be obtained, and more important still he helps to weed out the people who are able to pay and won't—always the most unreasonable and exacting of patients. In the country it is a most valuable plan to try and get all accounts of a year's standing closed by notes. This will seldom be objected to if the notes are drawn, "without interest if paid when due; otherwise, with interest, until paid." The addition of interest hurries up the payment. I did some years of country practice, and without having recourse to the courts, excepting once to vindicate a principle, I was able to collect 92 per cent. of all accounts on my books—a fair and reasonable proportion. Knowing the circumstances of one's patients, the charges can be made right to start with, and discounts never given excepting on account of poverty.

Another thing, in my opinion it is bad business for a man to neglect his correspondence, or to sit up late into the sleeping hours with it and his other writing, when by the combination of a card index system of case-histories and chest charts, a vertical filing system for correspondence, and all other records, a type-writing machine, and a stenographer coming in for a few evening hours each week, he can keep his writing not simply up to date, but up to the hour. So few physicians seem to appreciate the value of such modern aids to rapid and accurate work that I have thought it worth more than a passing reference. The necessary outlay is almost trifling, and by such a combination one is aided in obtaining that *maxima pars eruditionis*, which may be taken to mean the art of knowing where any desired information can be at once found. I had a compliment paid me along this line recently; two friends were in consultation. One made an observation, and the other asked, "How do you manage to carry such things in mind?" The other replied: "I do not try to do so. When I want a thing I 'phone Powell, and he looks it up while I hold the line."

When a man has within him the potentiality of success *without* lodge practice, I believe it is bad business to ever touch lodge practice. (Applause.) The late Dr. George Wright, a conscientious man in practice if ever there was one, said to me in an

almost pathetic way, "If I had only left lodge practice severely alone, and given the time it took to study, and to cultivating the practice I wanted to keep, it would have been far better for me." As a rule we get the value we challenge for ourselves, and lodge practice tends to lessen a man's fee-earning power and to handicap his future. Granting that there may be present an urgent need for keeping the pot boiling, if this is done by using lodge practice as fuel, it will, in the long run, prove even more expensive than coal did last winter.

It is bad business not to be, and to keep, good friends with our medical neighbors. Some are not easy to live with; this for the reason that lineal descendants of Ishmael, of Ananias, and of Caliban, occasionally drift into the medical profession, and make trouble for us. After differences, they are ready to make up and bury the hatchet—but they take care to leave its handle sticking out. (Laughter.) No honorable physician can fight with their weapons; he would have no better chance than a clawless cat in Hades. Perhaps the best way is to strive for that height of calm philosophy which will enable one to consider the annoyances they cause, as being purely educational.

Every medical man needs and should have one or more fads. How shall we define a fad? We must make the attempt since Plato has told us that there can be no rational discussion without a definition. Fads, according to my friend, Dr. J. L. Davison, are "mental antitoxines which overcome the poisons generated by cerebral over-activity." (Applause and laughter.) The best of these, in my judgment, are shooting, fishing, photography, and canoeing, but a score of others may be named for second choice. Even that refuge for senile decrepitude known as golf has a field of usefulness. Some of my friends, infected with the virus of this game, seem to think its field is a prairie.

It is bad business for a physician to go without a fairly long annual, and a number of week-end, or other interstitial, holidays. No grass growing under his feet means only too often an early crop growing over his upturned toes. From labors so exacting and imperative as his, duty to himself, to his family, and to his patients, requires that he should take the prescription he so often gives to others, and should seek rest and change. His holidays should be arranged for, insisted on, and always taken. Our great dramatist has said that—

"Universal plodding poisons up  
The nimble spirits in the arteries."

Happy the man who heeds the warning, and for whom, as Thoreau said, "The woods are full of solicitations."

It is bad business, it seems to me, to drop behind the procession for want of a good working library. Two or three good journals are absolutely necessary. In addition to these the purchase and right use of the latest and best work, first in one specialty, and then in another, will help wonderfully to keep a man out of the ruts. Now, what do we find in the office of the average physician, let us say, down in Kentucky? Things are better here, of course. If there were any Kentuckians here I would say, down in Tennessee. Out-dated text-books, journals bound up and never opened after they come back from the bindery, and subscription sets forced by glib-tongued agents upon their unfortunate purchasers. Only this and nothing more! What wonder that such a library, so-called, should become a factor in the failure of its owner rather than an aid to his success.

Trying to do modern surgery with an archaic outfit, or to do modern practice in offices unattractive, inconvenient, miserably equipped, dirty, disagreeable, and depressing, are causes tending strongly towards failure.

Let me ask a plain question: Is a man honest with himself or with those who trust him, when he attempts serious surgical work with outfit and preparation inviting disaster? If stinginess, and not poverty, has limited the equipment, how grave is the responsibility. Look, if you will, into the ordinary obstetric satchel! Is it ready for the conducting of an aseptic confinement, and for meeting all emergencies of child-birth? Let each one of us, when he sits alone with his conscience, and seeks for the cause of a sepsis, answer this question.

Three or four other points occur to me as being elements in failure: want of thoroughness, want of decision, want of energy, and want of tact. The first of these runs through the work of many a man, and is a terrible handicap. Want of decision comes often from unduly considering the effect of what should be done upon one's immediate prospects in practice. It may prevent the right thing being done for a patient at the right time. Arnold said of Sophocles: "He saw life steadily, and saw it whole." I think the physician's attitude should be: determine what is right, and then go ahead regardless of immediate consequences, and looking to the whole life rather than to the present hour. The wise counsel given to the hero Sigurd in the Norse epic may be recalled: "Wilt thou do the deed, and repent it? Thou hadst better never been born. Wilt thou do the deed and exalt it? Then thy fame shall be outworn. Thou shalt do the deed and abide it, and sit in thy place on high, and look on to-day and to-morrow as those that never die."

Want of energy—in other words, laziness—is often constitu-

tional and incurable. The world, Emerson tells us, belongs to the energetic; certainly, no lasting success is to be won except by hustling hard work. But the energy—the push—must be rightly directed. It is the hits that count—not the shots fired. When a small boy, in trying to get through a crowd, I found if I proceeded straight ahead I could make but little progress, but if I put one shoulder forward, and used it as a wedge, I got to the front and saw the circus. In war and in peace, in medicine and in surgery, if one studies the lines of least resistance and follows these he is most likely to succeed. Some time ago a circular was sent to the successful men in a certain large city asking, Why is it that not more of young men succeed? One answer read, "Because there are so many of them looking for white shirt jobs." There is, however, such a thing as pushing business too far. Quite recently I saw the advertisement of a photographer which read: "Babies reduced to \$2 per dozen." We cannot hope to meet a cut like that! (Laughter.)

The next feature to which I refer is want of tact; tact is not the right word, but it comes near it. I mean the discretion which can tell the best thing to say or do, and the best way to say or do it. In theological circles they have a better word than that. An old darkie preacher said, "Brethren, what we want is sanctification." (Laughter.) Devotion to a patient's interests, and good judgment in advancing these interests, would mean about the same thing.

Please do not consider from what I have said that I have wished to convey the impression that success can be measured by the dollar sign. The commercial practitioner thinks of the money first. The true professional practitioner thinks first of his patient's interest, and then he thinks of his own proper remuneration. He has got to be paid for his work for he has got to pay others. He has got to protect those at home that he loves, or that he ought to have at home to love. (Laughter.) The love that does not protect its object had better be called by some other name.

I am willing to admit this, that no medical man who is a mercenary man, whose governing principle is mercenary, ever reaches the highest success in medicine, but a man who does not respect himself and make proper collections for the work he is doing, is not doing his duty. A wise man that I knew once used to say, "The quacks get rich, but they go to hell." (Laughter.) My own investigations have not been carried as far as that! (Laughter.)

Character—that all-important thing for every one—consists in a man's steadily pursuing the things for which he feels himself capable. What he loves to do he is likely to do well and

successfully. Supporting this view, let me conclude this rambling talk by quoting from Arnold's recently published note-books: "Arise, be going, count your resources, learn what you are not fit for, and give up wishing for it; learn what you can do, and do it with the energy of a man." (Applause.)

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PHILADELPHIA has replaced the volunteer medical inspectors of schools with paid physicians. The schools are to be visited daily, and the visiting physicians receive salaries of \$750 a year.

THE Hawaiian Board of Health will undertake a campaign against mosquitoes. An epidemic of dengue is now in progress at Honolulu, and mosquitoes are believed to be the agent of its distribution.

CLEVELAND has opened a municipal sanatorium for consumptives. The building was formerly a smallpox hospital. About fifty consumptives were admitted when the renovated building was opened on July 1st.

IT is said that Sir Frederick Treves, the distinguished English surgeon who operated upon King Edward, will retire from practice at the end of July. As Sir Frederick is but fifty years old, it is suggested that he aspires to a parliamentary career, having exhausted the long list of medical honors.

MR. and MRS. HAROLD McCORMICK have endowed a new medical journal to be known as the *Journal of Infectious Diseases*. Its editors will be Profs. Ludvig Hektoen and E. O. Jordan of the University of Chicago. The first number will be issued in the fall. The value of the endowment is \$125,000.

MR. JONATHAN HUTCHINSON, whose trip to the East for the study of leprosy has been widely chronicled, is more firmly than ever convinced that fish-eating is the most important factor in the causation of the disease. His views have not yet made a considerable impression upon the profession, but it is said that he has recently been addressing his argument to the general public, and with some effect.

GERMANY is to have a medical exhibit at the St. Louis Exposition. Prof. Waldeyer, of Berlin, is to have charge of it. All the prominent medical institutions, hospitals, and clinics will be asked to contribute, and special attention will be given to the various appliances, instruments, diagrams, etc., employed in medical instruction. The German manufacturers of surgical instruments and appliances, and of drugs and chemicals, will also be represented.

# The Canadian Journal of Medicine and Surgery

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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.

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NO. 3.

## Editorials.

### THE RESTRICTION OF SMALL-POX.

As in 1882, when the Provincial Board of Health of Ontario was founded, so also at the present time, small-pox is the most important disease with which the Provincial health authorities have to deal. And so well has their work been done, that in twenty years there have been but 205 deaths from that disease in Ontario. (*Vide* Report of the Board of Health for 1902.) In the preventive campaign, vaccination has been, and is, of course, the most

important defensive weapon. As is well known, many people employed in shops, workshops, factories, etc., when called upon to submit to this operation object, because they fear a one or two weeks' "lay-off," for which they will not receive any remuneration. Then, in the case of school children, the trustees are rather reluctant to enforce the compulsory clauses of the Vaccination Act. To overcome the difficulties in regard to the unvaccinated condition of the school children, Dr. Hodgetts, Sanitary Inspector of the Board of Health, recommends that a regulation should be passed making it compulsory for public or separate school trustees to refuse admission to schools to any except vaccinated children, and to require certificates of secondary vaccination from all scholars over ten years of age. In regard to grown-up people, he suggests that all employers of labor should be subjected to a regulation, similar to one applicable to the Unorganised Districts of Ontario, which makes it illegal for an employer to hire an unvaccinated person. Regarding the vaccination of school children, it may be said that if such a regulation were passed and enforced its effects would certainly be far-reaching. It is very unlikely that children vaccinated twice in childhood would catch small-pox during the wage-earning period of life, so that the difficulty of enforced loss of time and the necessity of submitting to vaccination at an unwelcome period of life need not occur, as far as they are concerned. The suggestion is most valuable, and there can be no doubt at all that if such a regulation were made law, it would be an easy matter for the Provincial health authorities to control small-pox in Ontario, inasmuch as they would soon have a well-vaccinated population to deal with. Under the operation of such a law in Ontario, voluntary vaccination would become the rule, and enforced vaccination would, in a few years, be restricted in times of epidemic to unvaccinated travellers, young or old, and to other persons domiciled in Ontario, but who had not been schooled in this Province. It is likely, also, that the prompt passing of the aforesaid regulation would suffice, and that it would be unnecessary to pass the second suggested regulation, *i.e.*, making it an illegal act to give employment to an unvaccinated person. Not that the point is not well taken and that the requirement of the suggested regulation is not in the interest of the Public Health in Ontario; but that it might

prove a great hardship to workpeople, who, through no fault of their own, have not been vaccinated during school age, and who through such a technicality might be refused needed employment which they are otherwise well able to attend to. J. J. C.

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### ISOLATION IN CONTAGIOUS DISEASES.

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THE practice of isolating cases of contagious diseases is receiving great development in Ontario, as it has been found to be an extremely effective method of doing away with, to a great extent, the risk of infection, together with the hardships and expense of an enforced quarantine at home. Thus in Ottawa, at the end of December, 1902, thirty-four quarantined houses contained 59 cases of scarlet fever, and there were, in the overcrowded old hospital in that city 48 cases, a total of 107 cases, while on April 19th, 1903, there were in the new isolation hospital 32 cases, and in thirteen quarantined houses 14 cases, a total of 46 cases, or a decline of over one-half. We learn from the 1902 Report of the Ontario Board of Health that such conveniences for the reception of contagious diseases have been provided in the following cities and towns of Ontario:

Toronto—Isolation Hospital managed directly by Local Board of Health.

Hamilton—Wards in General Hospital.

Kingston—Wards in General Hospital and Hotel Dieu.

Ottawa (1903)—Isolation Hospital managed by Local Board of Health.

London—Separate wards in General Hospital.

Galt—Isolation Hospital for small-pox, under management of General Hospital.

Guelph—Separate annex in General Hospital, and separate annex in St. Joseph's Hospital.

Mattawa—Separate annex, under management of General Hospital.

Brantford—Separate building, under management of General Hospital.

Port Arthur—Wards in St. Joseph's Hospital.

Belleville—Separate wards in General Hospital.

Brockville—Separate wards in St Vincent de Paul Hospital.

Collingwood—Separate buildings at General Hospital.

Peterborough—Nichol's Hospital and St. Joseph's Hospital (separate wards) under Hospital management contracted with by Local Board of Health.

Chatham—Separate buildings, under management of General Hospital, and separate buildings under management of St. Joseph's Hospital.

Stratford—No special wards.

Sudbury—Separate building of General Hospital and separate buildings of St. Joseph's Hospital.

Huntsville—Separate building of General Hospital.

Berlin—Isolation Hospital, under management of General Hospital.

This list includes all the hospitals receiving aid from the Provincial Government, which received cases of contagious disease up to September 30th, 1902. There have been, however, in various smaller municipalities temporary hospitals or tents, to which cases of contagious diseases have been removed.

The prevalence of small pox has forced many municipalities to provide temporary hospital accommodation for such cases, and, in many instances, this has been done by means of strongly-made, double-walled tents, usually fifteen by thirty feet in size. Although objections were raised at first, yet the objectors have completely changed their opinions, and the canvas-walled hospitals have been found sufficient in every way to meet the wants of a city or township. Dr. Hodgetts, who has had considerable experience with such hospitals in his capacity as Provincial Sanitary Inspector, says: "As isolation hospitals they are suitable to rural districts, because of their portable character, and for the towns and smaller cities from the fact that when not in use, they may be stored away from the public view, while their small cost is another important point for Local Boards of Health to remember." Another advantage which will occur to most hospital physicians is, that a large cubic air space, so necessary in the treatment of contagious diseases, can be easily and cheaply obtained in the hospital tent, while experience has shown that, even in severe winter weather, the double-walled hospital tent can be warmed with a stove in a very effective and satisfactory manner.

Facility in cleaning, and in the removal of refuse, with cheapness in management and a host of other advantages will readily occur to people who know of the simplicity and comfort of camp life in tents in summer.

J. J. C.

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LONDON MEETING OF THE CANADIAN MEDICAL  
ASSOCIATION.

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It can safely be said that the meeting of the Canadian Medical Association, which took place in London last week, was quite a success. The attendance was splendid, nearly three hundred members being present, and though it might have been larger, yet what it lacked in that respect was made up by the very nice spirit of *bon camaraderie* which prevailed all through, and every one present seemed to thoroughly enjoy the outing. The President, Dr. Moorhouse, "did himself proud," and is to be heartily congratulated upon the manner in which he fulfilled his duties as President. The London profession left nothing undone to make the year's convention a success, and but added to their reputation gained when our National Society convened just ten years ago in the City on the Thames. We regret that, owing to the fact that our issue comes out within two days of the meeting being closed, it is impossible for us to give our readers the regular stenographic report of the proceedings, but we will make up for it next month. The presence of such men as Dr. Carstens, of Detroit, Dr. A. L. Benedict, of Buffalo, N.Y., Dr. Alex. Hugh Ferguson, of Chicago, Dr. T. A. McGraw, of Detroit, Dr. Geo. M. Gould, of Philadelphia, Dr. E. G. Wood, of Nashville, Tenn., and Dr. Geo. F. Butler, of Alma, Mich., added to the interest of the meeting materially. The unavoidable absence, at the last moment, of Dr. Matthew D. Mann, of Buffalo, whose paper we publish in this issue, was extremely regretted.

The President's address was, like the man himself, up-to-date and thoroughly practical, and we regret that it has, for reasons just stated, like the proceedings, to be omitted from this issue of the JOURNAL. The other addresses were alone worth the trip to London, and the papers were undoubtedly above the average. The entertainment of the visitors was well looked after, the trip to Springbank, London's pleasure resort, being particularly well managed, while the banquet at London Asylum was most enjoyable.

Seldom in the history of the Canadian Medical Association have the members been so pleasantly entertained as on Thursday, August 27th, when the well-known manufacturing pharmaceutical firm, Messrs. Parke, Davis & Co., took, as it were, bodily, the members in attendance at the London meeting, and with them as their guests, hurried, on a specially chartered vestibule train, to Walkerville and Detroit, there to enjoy an outing full of pleasure and profit, arranged by this firm, who are known as entertainers to the manner born.

In company with the firm's representatives, the party reached Walkerville about 10.30 a.m., and were shown at once through the Canadian Laboratory, located at Walkerville. This plant, which is only one member of a large family, is replete with every modern pharmaceutical device. Each department, under the charge of practical pharmaceutical chemists, is operated along lines which insure absolute fidelity to label, and the finished products are all that could be desired. Throughout the plant, the spirit of order and cleanliness prevails, and the firm is to be complimented on the ample manufacturing and office quarters for their Canadian home.

It was but a step from this laboratory to the dock, where, in waiting, was the new steamer *Owana*, chartered for the occasion. Boarding this beautiful boat, the party, for several hours, enjoyed the ride on Detroit's charming river, as well as on the dancing waters of near-by Lake St. Clair. A bountiful lunch was served on board, to the accompaniment of sweet music.

This but served as an introduction to the pleasures to follow, for as we steamed past Belle Isle Park, the buildings of Parke, Davis & Company's Detroit Laboratories came into view, and soon we were ushered into these mammoth establishments. Space will not allow a full description, but we can state briefly that in this plant, the 1800 employees seemed drilled as an army corps. Here the machines for manufacturing purposes are so perfect and wonderful that they can literally all but talk; here pills, tablets, fluid extracts, elixirs, specialties, etc., are manufactured in immense quantities.

If this seemed wonderful, the next step was even more so, because we next entered their new science building, which was recently erected and equipped at a cost of about \$200,000, repre-

senting this firm's contribution to science. In this building, no manufacturing is done, but the entire four floors are given to research work in chemistry, bacteriology, physiology, and pharmacology. An inspection of this building, an examination of the delicate and costly apparatus used in the various research work, was a revelation, and speaks well for the progressive spirit which is evident in this firm's plans and operations. No physician visiting this special building can leave without the highest opinion of the reliability and purity of the products bearing this firm's label, and silently the heart gives thanks that here is a place where, even in the midst of commercial surroundings, the spirit of commercialism is supplanted by that of purely scientific investigation.

Much could, and should, be said of the biological stables, where serums and vaccines are elaborated, but time will not allow. Suffice it to state, however, that the hundreds of horses and calves and the thousands of smaller animals, all in perfect health and condition, ensconced in a home that for cleanliness and aseptic surroundings could not be improved upon, are a sight well worth the visit, and if the buildings were carefully inspected, it would require hours to do them justice.

A trolley ride from the laboratories at the hour when the long shadows weave, giving to Detroit's wide streets and shaded boulevards an added loveliness, afforded the visitors a glimpse of this city's far-famed beauty. Arriving at the Russell House about 7 p.m., an elegant banquet was served, where the guests and host in post-prandial speeches had an opportunity to exchange greetings, and to wish the professions of medicine and pharmacy a brilliant future and a yet closer relation. Let us not forget to mention the beautiful electric sign on the City Hall, which blazed forth in white letters, the words, "Welcome Guests of Parke, Davis & Company," thus showing, if we did not already feel it in our souls, the good-fellowship that exists between our fraternity and the residents in the City of the Straits.

The outing, with its pleasures, is now with those who partook of this firm's courtesy, and in recalling, in the years to come, our meeting of 1903, nothing will stand out more prominently, nor more pleasantly, than our visit to the Laboratories of Parke, Davis & Co. We are sure such will be the feeling, and that

all can join in the beautiful sentiment of Thomas Moore, when he said:

“ Long be my heart with those memories filled,  
Like a vase in which flowers have once been distilled,  
You may break, you may shatter, the vase if you will,  
But the scent of the roses will hang 'round it still.”

W. A. Y.

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### THE AMENDMENT TO THE ACT RESPECTING CORONERS AND ITS EFFECT UPON THEIR WORK IN THE CITY OF TORONTO.

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THE Amendment to the Act Respecting Coroners, with the Regulations pursuant thereto (appearing on page 220 of this issue), which was passed by the Ontario Legislature at its last session have recently been issued, and have met, not only with the approval and support of the majority of the Associate Coroners, for whose convenience the law has been changed, but will fill a long-felt want, that has existed in the minds of the members of the Legal and Medical professions and the public.

The City of Toronto hitherto had no Coroner, the work being done by the Associate Coroners for the County of York, all of whom had equal jurisdiction—all having the full right to hold inquests in any part of the City or County, the man who first filed his warrant having precedence in any given case. As a consequence, complications occasionally arose, and this branch of the Department of Criminal Investigation seemed to be in danger of being overdone.

When a Coroner was notified of a sudden death, his information frequently came from a friendly member of “The Force,” a professional admirer, or an interested patient. If he wanted to show his appreciation of the favor thus forced upon him, he had at once to get his warrant filed at No. 1 Police Station, or he would find that other Coroners had friends also, and that, by the time he reached the station, a warrant had already been filed by someone else.

So “time became the essence of the contract,” and this led to such zeal on the part of *some* Coroners, that their Medical confrères, and even the public, thought that frequently unseemly and undignified haste was exhibited, and occasionally rather

unprofessional acts committed; and, incidentally, a large number of unnecessary and, at times, vexatious inquests were held.

Nor was this all. There were those who evidently thought it well to have "a friend at court," even if it was only at a "Coroner's Court" and who saw no reason why they should not pick their own Coroner, if they required one. And so worthy institutions came to be looked upon with suspicion by the public, simply because the same Coroner invariably presided over all inquests held within their walls.

Some twenty years ago, the late Sir Oliver Mowat, then Attorney-General, seeing that there was an increasing tendency amongst certain Coroners and their medical friends who made their post-mortems, to look upon fees arising from inquests as a reliable source of income and perquisite of practice, introduced what is now known as Section 4 of the Coroners' Act, and which is still in force everywhere in this Province, except in the City of Toronto. By this clause every Coroner, to enable him to collect his fees, must, before issuing his warrant, make an affidavit that he had information that led him to think an inquest necessary. This worked very well for a time, but the constantly increasing appointments of new Associate Coroners made the competition for inquests so keen that there was no time to take the affidavit before the warrant for the inquest was issued.

These, and many other difficulties which have recently arisen in this connection, led a number of the Active Associate Coroners resident in Toronto to petition the Legislature last year to pass some amendment to the Coroners' Act, that would have the effect of rectifying matters, and of equalizing the work. The suggestion that the city be divided into territories, with a Coroner for each division was not practicable, as it would not lead to each Coroner getting his share. Nor would it have been by any means fair to have recalled all the commissions, and from amongst them, selected one or two men who should be made responsible for the whole city. The only suggestion that seemed to meet with the wishes of the majority was that some Crown Officer should be appointed, through whose hands all matters requiring investigation by a Coroner should pass, and that he should allot the work to the different Coroners. The difficulty now arose of finding some one to fill this office, who from his knowledge of these matters would

be acceptable to the Attorney-General's Department, the legal and medical professions, and the Coroners, without creating a new office.

With the rapidly increasing growth of Toronto, the work in the County Crown Attorney's office had so increased that it was not reasonable to ask him to add this to his other duties, besides which a certain knowledge of forensic medicine seemed to be required, and so the matter was left over for further consideration till this year.

The fact that matters seemed inclined to grow worse rather than better with the appointment of each new Associate Coroner, induced the Legislature to make the amendment asked for last year.

A senior Associate Coroner for the County of York has been made "The Coroner for the City of Toronto," and is to be paid by salary. His duties will consist in arranging for the holding of all investigations and inquests. All matters requiring investigation by a Coroner will be reported to him first, and he will divide up the work amongst the Associate Coroners, so that each one gets his fair share. He will only hold inquests himself when he is asked by the Crown so to do. There are two exceptions to this: (1) In all cases where death results from any form of railway accident, whether steam or electric railway, on any street or street crossing in the City of Toronto, the matter must be referred to the County Crown Attorney, and he shall decide who is to hold the inquest, and a formal inquest shall be held in all these cases. (2) The Coroner for the City of Toronto shall not act in any case in which death results from injuries inflicted by any railway, street railway, mine, manufactory, or other business in which he is interested, either as owner or part owner, or to which he holds the appointment of surgeon.

This, of course, is not new. Some years ago an amendment to the Coroners' Act was passed for this very purpose, and especially directs that in cases of death resulting as a consequence of the operation of any railway, street railway, mine, or other business venture where an investigation or inquest had to be held by a Coroner, the Coroner so acting should have no interest whatever in the matter. This was a very necessary amendment, particularly since electric railways have become so numerous, as there are

many Coroners, both in and out of Toronto, who are interested in, or employed by, railways, both steam and electric, mines, manufactories, and other forms of business, where large numbers of men and women are employed, subjected, perhaps, to great dangers. It would be gross injustice if the Coroner who was called upon to hold an inquest under these circumstances should have a monetary interest in, or be employed by the owners of, these works. The third clause of the new amendment makes this very definite and explicit.

Amongst the advantages gained by each Associate Coroner under the present arrangement, the following are to be particularly noted:

1. As an Associate Coroner, and, therefore, a medical officer of the Crown, the undignified position he recently held by reason of the competition which existed, has been wholly done away with.

2. His individual fees will be increased, as he will get his share of the work which was formerly done by the present Coroner for the city, as well as his share of what he formerly should have had.

3. He will be relieved from the necessity of sometimes straining his conscience (often unavoidable) by having to make an affidavit that an inquest was necessary when, as a matter of fact, he had not had time to find out whether one was absolutely necessary or not.

4. His hurried visit to No. 1 Station to file his warrant will no longer be required, as he can now hand it to the first policeman he meets, and ask him to file it at the nearest station, when next he passes there.

The Attorney-General's Department is to be congratulated by the public, as well as by the medical and legal professions, and the Coroners for the way in which matters have been arranged, and the well-tried precedent followed.

The City of Toronto is now placed in a very similar position with regard to Coroner's matters to that which exists all over Scotland. The Coroner for the City of Toronto holds practically the same position here as the Procurator-Fiscal does there, with this difference (and this is for many reasons a decided advantage over the Scotch law), that whereas in Edinburgh, for instance,

the Procurator-Fiscal, whose duty it is to direct the Coroners when and how to act, is a member of the legal profession, and who, therefore, cannot be expected always to see the full value of the medical points in any case, in the City of Toronto the man appointed to do this work is one of the oldest Associate Coroners, and one who has been entrusted by the Department of Criminal Investigation of this Province with the work of Medical Expert for the Crown in most of the important criminal cases which have occurred during the last twenty-five years.

W. A. Y.

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### THE AMALGAMATION OF THE MEDICAL FACULTIES OF THE UNIVERSITY OF TORONTO AND TRINITY UNIVERSITY.

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At the time of going to press we are unable to state positively that the amalgamation of the Medical Faculties of the University of Toronto and Trinity University is an accomplished fact. Both Medical Faculties are quite willing to unite, and it may be looked upon as almost certain, that they will enter upon the work of medical teaching next October as the United Medical Faculty of the University of Toronto. A strenuous opposition has, however, been made to the federation of Trinity University with the University of Toronto by a large number of the graduates of the former university. The question of federation was rather hotly discussed at a public meeting of the graduates of Trinity University, held last July, at which the opposition succeeded in carrying a resolution to the effect that further action should be postponed until the meeting of the Trinity University Alumni Association, which is to be held on the 11th of the present month.

In spite of this opposition there appears to be strong reason to believe that the two universities will unite, and we herewith submit the official list of members, who have been selected from the two Medical Faculties to fill the different positions on the teaching staff of the new Medical Faculty of the University of Toronto, together with certain information relating thereto.

#### ANATOMY.

Professor of Anatomy and Director of Department, A. Primrose.

Associate Professor of Anatomy, H. W. Aikins.

Demonstrators of Anatomy, C. B. Shuttleworth, C. P. Lusk, and E. S. Ryerson.

The Assistant Demonstrators of Anatomy in the Medical Faculty are to be nominated by the Professor of Anatomy and Director of the Department for appointment from year to year. The Professor of Anatomy is to have the control he now exercises over the annual appointments of the Assistant Demonstrators.

In the case of Dr. Primrose, it is recommended that he should receive for his teaching in Anatomy a minimum salary of \$2,000 a year, with a larger sum if the finances should warrant it, but he is to receive no remuneration for his duties as Professor in Clinical Surgery.

#### SURGERY.

Professors of Surgery and Clinical Surgery, I. H. Cameron and F. LeM. Grasset (both these Professors to be members of the University Council).

Professors of Surgery and Clinical Surgery, G. A. Peters and L. Tesky.

Associate Professor of Clinical Surgery and Clinical Anatomy, G. A. Bingham.

Associate Professors of Clinical Surgery, A. Primrose, N. A. Powell, W. Oldright, H. A. Bruce and F. N. G. Starr.

In charge of Orthopedic Surgery, C. L. Starr.

Demonstrators of Clinical Surgery, W. McKeown, C. A. Temple, A. H. Garratt, C. B. Shuttleworth, T. B. Richardson and J. F. Uren.

The Professors of Surgery and Clinical Surgery are each to give the same amount of instruction on the basis of 72 lectures in Clinical Surgery and 20 lectures on Didactic Surgery, and they are to have the same remuneration. The Associate Professor of Clinical Surgery and Clinical Anatomy is to receive the full pay allowed a Professor.

#### PATHOLOGY AND BACTERIOLOGY.

Professor of Pathology and Bacteriology and Curator of Museum and Laboratories, J. J. Mackenzie.

Professor of Clinical Pathology, H. B. Anderson.

Associate Professor of Pathology and Bacteriology, J. A. Amyot.

Demonstrators of Pathology, G. Silverthorn and C. J. Wagner.

Assistant Demonstrators of Pathology, W. H. Pepler, H. G. Parsons, and H. M. Crawford.

Laboratory Assistant, T. D. Archibald.

The Professor of Clinical Pathology is to give 25 lectures on Gross Pathology, and also to conduct post-mortem examinations, each post-mortem examination to rank as one lecture. The Assistant Demonstrators are to be appointed on the recommendation of the head of the Department from year to year.

The Professor of Pathology and Bacteriology and Curator of Museum and Laboratories is to receive a minimum salary of \$2,000 per annum.

#### MEDICINE.

Professor of Medicine and Clinical Medicine, A. McPhedran.

Associate Professors of Medicine, J. T. Fotheringham and R. Rudolf.

Professor of Clinical Medicine, J. L. Davison.

Associate Professors of Clinical Medicine, Allen M. Baines, W. P. Caven, W. B. Thistle, J. T. Fotheringham, A. R. Gordon, R. J. Dwyer and H. B. Anderson.

Associates in Clinical Medicine, G. Boyd, R. Rudolf, G. Chambers, F. Fenton, H. G. Parsons, H. E. Anderson, and W. Goldie.

#### PREVENTIVE MEDICINE.

Professor of Preventive Medicine, Didactic and Clinical, C. Sheard.

The duties of the Professor are to consist of not more than 25 Didactic and, not less than 25 Clinical lectures, including the exanthemata.

The University to be responsible for providing the necessary facilities for Clinical instruction.

#### MATERIA MEDICA AND THERAPEUTICS.

The Sub-Committee recommend that the Department be re-organized and that the teaching be apportioned between Professor J. M. MacCallum and Dr. J. T. Fotheringham, Professor MacCallum to lecture on *Materia Medica*, Pharmacology and a portion of Therapeutics, the remainder of the subject of Thera-

peutics to be given by Dr. Fotheringham in addition to his duties in Clinical Medicine. As soon as the University is in a position to pay for a Professor of Pharmacology it is recommended that the department be reorganized.

Professor of Materia Medica, Pharmacology and Therapeutics, J. M. MacCallum.

OBSTETRICS AND GYNECOLOGY.

Professor of Operative Obstetrics and Gynecology, J. A. Temple.

Professor of Obstetrics, A. H. Wright (also to be a member of the University Council).

Professor of Gynecology, J. F. W. Ross.

Associate Professor of Obstetrics and Pediatrics, H. T. Machell.

Associate Professor of Pediatrics, A. M. Baines.

Associates of Obstetrics, K. C. McIlwraith and F. Fenton.

OPHTHALMOLOGY AND OTOTOLOGY.

Professors of Ophthalmology and Otology, R. A. Reeve, G. S. Ryerson and G. H. Burnham.

Associates of Ophthalmology and Otology, C. Trow and J. M. MacCallum.

LARYNGOLOGY AND RHINOLOGY.

Professor of Laryngology and Rhinology, G. R. McDonagh.

Associate Professors of Laryngology and Rhinology, D. J. G. Wishart and Geoffrey Boyd.

SANITARY SCIENCE.

Professor of Sanitary Science, W. Oldright.

TOXICOLOGY.

Professor of Toxicology, W. H. Ellis.

JURISPRUDENCE.

Professor of Jurisprudence, N. A. Powell.

MENTAL DISEASES.

Extra-Mural Professors, N. H. Beemer and W. H. Mitchell.

It was agreed that the Assistant Demonstrators in Anatomy from Trinity Medical College be appointed for one year to the same position in the United Faculty, after which time all the junior appointments in the Department of Anatomy will be sub-

ject to the same conditions that now govern the appointments of Demonstrators in Anatomy.

The Professor of Anatomy is to have the control that he now exercises over the annual appointment of the Assistant Demonstrators.

Dr. W. T. Stuart is to be assigned duties in the teaching of Chemistry in the Medical Faculty, for which he is to receive the sum of \$500 per annum, and he shall have the title of Associate Professor of Medical Chemistry in the Medical Faculty.

It is understood and agreed that the death, resignation, or removal of any Professor or member of the teaching staff does not necessarily, *inso facto*, create a vacancy in the staff.

The non-matriculated students of Trinity Medical College shall be allowed two years from the date of federation for matriculating in Trinity University, under the regulations in force in that University at the time of federation. It is a condition of this amalgamation that the powers of Trinity Medical College shall be suspended during the continuance of federation.

The following resolutions were passed unanimously as matters which should be urged as strongly as possible upon the Government for immediate action.

(1) That in every hospital in the city of Toronto, subsidized by the Province, clinical teaching should be carried on.

(2) That it is of great importance to the success of the united Medical Faculties that provision should be made by the Government for extinguishing the charter and acquiring the property of the Toronto School of Medicine.

(3) That an assurance should be obtained from the Government that it is understood that it is its policy that no other School of Medicine should be incorporated by Act of the Legislature or otherwise.

J. J. C.

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### NEW UNIVERSITY BUILDINGS WILL BE OPENED WITH GREAT ECLAT ON OCTOBER 1st.

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THE new university buildings for physiology, pathology, medicine and surgery are now being prepared for occupation next month by the various departments concerned, and the formal opening, for which arrangements are being made, will take place on

October 1st. The inaugural proceedings promise to be of great interest, and a number of distinguished teachers in physiology, pathology, medicine and surgery have already accepted the invitation to be present and deliver special addresses.

Amongst these may be mentioned Prof. C. S. Sherrington, F.R.S., of the University of Liverpool, a physiologist of the first rank; Prof. Wm. Osler of Johns-Hopkins University; Prof. Welch, also of Johns-Hopkins University, the leading American pathologist; Prof. Keen, of Philadelphia, president of the American Medical Association; Prof. C. S. Minot of Harvard University, the propounder of the "unit" system of laboratory construction, the system followed in the arrangements of the new buildings, and Prof. Bowditch, also of Harvard, the veteran American physiologist. Prof. Sherrington is coming from Liverpool specially for the occasion, this being his second visit to Canada and Toronto. It is expected that all the leading universities of the United States will be represented by delegates, and consequently the gathering will be of such a character, from the scientific point of view, as to make it a memorable one.

The occasion is, from another aspect, to be a notable one, for it is to formally inaugurate the united or amalgamated medical faculties, and henceforth, with the exception of the Medical College for Women, there is to be but one medical teaching institution, and that only as the Medical Faculty of the University of Toronto. It is exactly fifty years ago that the first medical faculty of the University of Toronto was abolished by Act of Parliament. The new situation is certain to make Toronto one of the few great centres of medical education on this continent.

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#### EDITORIAL NOTES.

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[For the first five Editorial Notes we are indebted to the report of Dr. Gottschalk which appeared in *La Presse Medicale*, Paris, June 24, 27, and July 1st, 1903.—Ed.]

**The Causes of Deaf-Mutism.**—In the section devoted to Otolology at the Madrid International Congress of Medicine, Dr. Castex, of Paris, read a report which showed that, in the first place, but little reliance is to be placed on the statements of parents who deceive themselves as to the future of their children, or are afraid to acknowledge family

blemishes, as well as circumstances which are commonly present in the antecedents of all such children. Acquired deafness should not be confounded with the congenital variety, which is more frequent. All conditions which diminish the vigor of the human organism, especially the nervous system (bad hygiene, consanguineous marriages, syphilis, alcoholism, injuries to the mother during pregnancy, etc.) may cause congenital deaf-mutism, in which respect the auditory apparatus exhibits a peculiar fragility. Anything which attacks the deeper parts of the auditory apparatus (meningitis, infectious disease, traumatism) may induce acquired deaf-mutism. In all cases this infirmity is incidental and only slightly due to heredity, a circumstance which should encourage efforts in preventive therapeutics. Dr. Schmiegelow, of Copenhagen, co-reporter, who had examined the question of deaf-mutism from the standpoint of functional acoustics, concluded that deafness causes deaf-mutism if it is congenital, or if it appears before the eighth year. Instances are, however, on record of children who have become mutes after losing their hearing at sixteen and seventeen years of age. When the deafness is incomplete, it is necessary to take into consideration not only the degree of deafness and the child's age, but also its intelligence and the method of education pursued. If special precautions are not taken in its education, and if the remains of its hearing are not put to good use, Dr. Schmiegelow admits that a hardness of hearing, such that the limit of distinct audition is equal to or less than 7-87 inch for the ordinary voice, will produce deaf-mutism.

**Cancer of the Womb.**—Dr. Laphorn Smith, Montreal, read a paper on "Cancer of the Womb" in the section on Gynecology and Obstetrics of the Madrid International Congress of Medicine. He did not favor the opinion that cancer was due to heredity, but, on the contrary, believed it was very contagious, a notion which he considered of great importance as far as the prevention of this disease is concerned. He thought that the most important cause of uterine cancer was laceration of the cervix uteri, which had not been repaired one year after the accident. In order to obtain good results from the extirpation of the neoplasm, he thought it advisable to operate immediately without waiting for a confirmation of the diagnosis by a microscopic examination.

**Hysterectomy in Acute Puerperal Infection.**\*—Dr. Pinard, of Paris, reporting at the Madrid International Congress of Medicine, on the question of hysterectomy in acute puerperal infections, recalled the conclusions presented before the Congress of Gynecology at Rome, in 1902, by Drs. Fehling, Leopold, Treub and Tuffier. The three first-named physicians thought, that in the treatment of acute genital infection, post partum or post abortum, with septicemia, but in which extra-uterine localisation was not demonstrable, the indication for hysterectomy was, to say the least, problematical. Dr. Tuffier thought that when the infected patient was in a desperate condition, and the accoucheur in despair, there was an indication for hysterectomy. Dr. Pinard agreed with the opinion expressed by the first-named physicians. He thought that hysterectomy should be done only in exceptional and well-marked cases, such, for instance, as those in which a retained placenta, putrefaction of a uterine fibroma or a traumatism of the womb (laceration, or inversion) may be present. He said that no data derived from clinical observation, bacteriology or pathological anatomy are at present capable of furnishing an indication for hysterectomy in acute puerperal infection. In his opinion, outside of the above-mentioned exceptional cases, there was no rational indication at all for hysterectomy in acute puerperal infection.

**Influence of Open Air and Sunlight on the Body in Health and Disease.**—Dr. E. Singer, of Berlin, reported at the Madrid International Congress of Medicine, that the sunbath produces powerful effects, since it can raise the body temperature to 104 degrees F., without producing subjective symptoms, the temperature returning to the normal after the bath. Tanning of the skin is of prognostic value—the less the skin browns after a series of sunbaths the more unfavorable the prognosis, as patients who are attacked with cancer, or a bad form of tuberculosis do not produce pigment, and, therefore, their skins do not become brown after exposure to the sun. The chemical rays of light influence the nutrition of the body by increasing the exchanges going on in its tissues, either in a local or general way. Besides, the rapid evaporation of sweat makes a free perspiration easy,

\**Vide* Editorial Note in August number, p. 136.

and does not cause fatigue of the heart. Sunbaths are used successfully in scrofulous and tubercular diseases, in diseases of the heart and blood vessels, in diseases of the skin, and nervous system, particularly in neurasthenia.

**The Prevention of Malaria.**—In his report on the prevention of malaria to the Madrid International Congress of Medicine, Dr. Ascoli, of Rome, stated that the prevention of malaria will not have attained its real aim and object, until tillable land in localities formerly known as malarial will be so improved by drainage and cultivation that the husbandman will not be forced to wear anti-mosquito masks while at his work, or to take quinine. In the meantime he recommended the following means for preventing malaria: (1) The elimination of the infected person. This is an ideal method. In certain cases the malarial patient should be isolated as well as treated. (2) The destruction of mosquitoes. Drainage of the soil and cultivation are the best means for the accomplishment of this object. (3) The prevention of contact between man and mosquitoes. The building of villages on high places, use of mosquito nets, etc.; the use of mechanical protectives, metal masks, gloves and screens, are particularly useful for special classes of men who are under discipline, such as soldiers and railway employees. (4) By rendering man refractory to malaria. Serotherapy has so far given negative results in the treatment of malaria; on the contrary, quinine, in preventive doses, gives satisfaction, when this treatment is pushed for some time.

**Report of the German Tuberculosis Commission.**—The German Commission appointed to investigate the claims made by Professor Robert Koch, at London, in 1901, viz., that human tuberculosis is not identical with cattle tuberculosis, or murrain, and that cattle tuberculosis cannot be transmitted to man, reported, July 9th, to the Berlin Medical Society. The report was read by Professor Kossel, director of the Bacteriological Laboratory of the German Health Office. The experiments detailed were confined to inoculating cattle with the bacilli of animal tuberculosis, and also those of human tuberculosis. The result obtained was that in the former case acute tuberculosis was engendered, and in the latter case it was not. Animals treated,

however, with a subcutaneous injection of the bacilli taken from persons suffering from intestinal tuberculosis, developed tuberculosis; but, as such a form of disease is extremely rare, Professor Kossel arrived at the opinion that his experiments proved that Professor Koch was justified in the view he expressed at London. Professor Orth, successor to Virchow in the chair of Pathological Anatomy at Berlin, denied the correctness of the conclusion arrived at by the reporter. He contended that human tuberculosis can be transmitted to animals and *vice versa*. In the meantime, it is a satisfaction to know that Koch holds the field, and that his opinions as to the routes by which tubercular infection reaches human beings are confirmed by good observers.

**Remarks upon Cæsarian Section for Placenta Prævia, with Special Reference to the Life of the Child.**—In a paper read by invitation before the Celtic Medical Society of New York, Academy of Medicine, New York, April 23rd, 1903, and published in the *Annals of Gynecology and Pediatrics*, Boston, August, 1903, Dr. Francis D. Donoghue, Instructor in Clinical Surgery, Tufts Medical School, Boston, said: Is Cæsarian section for certain varieties of placenta prævia justifiable? If you believe that the mother and child have the same right to life, you must answer affirmatively. If, on the other hand, you believe in the teaching that the infant may be deliberately sacrificed to improve the mother's chances of living, then you probably do not believe in this treatment. After quoting results of Shauta, Ehrenfest, Fry, Straussman, and Higgins, Dr. Donoghue says: "It is evident, therefore, that the results of the modern conservative treatment for placenta prævia compare favorably, so far as the child is concerned, with the conservative operation so common twenty years ago in cases of contracted pelvis, namely, craniotomy. The mortality to the mother, in both instances, is about the same. Craniotomy, with a low maternal mortality, has given place to Cæsarian section, with a slightly higher maternal mortality, because the right of the child to life cannot be denied. Is it unfair to draw a parallel between the operation which deliberately sacrifices a hundred per cent. of the children in the interest of the mother, and one which only sacrifices eighty or ninety per cent.? Finally, I believe that (a) the operation should be performed

through the left rectus muscle; (b) incision of the uterus is not usually followed by hemorrhage, even when the broad ligaments are not constricted; (c) time should be allowed for contraction and retraction of the uterine fibres before attempting to remove the placenta; (d) if sufficient time be given for this to occur, no blood will be lost from beginning to end of operation, and if severe hemorrhage has preceded operation the abdomen can be filled with saline solution before it is closed; (e) the shock of such an operation is certainly not greater than that of version or forceps in a woman already exhausted; and (f) within a few minutes of starting, the indications of treatment—(empty uterus, and control hemorrhage)—will have been fulfilled. A consideration of the rights of a patient to choose a treatment for herself opens up a question so broad that it can not be satisfactorily considered in one paper even of considerable length. However, if we concede that the patient has the right to elect that she shall not again be exposed to the danger of repeated extra-uterine pregnancy, or to a pregnancy that makes a serious operation necessary, if a living child is to be obtained, and if she may demand as her right that some mechanical obstacle be placed in the way of future child-bearing, will we not also be obliged to concede that she may demand relief from any child-bearing, if she decides that it is accompanied by more danger than she is willing to risk?

J. J. C.

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**PERSONALS.**

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DR. GEO. PETERS is spending some weeks on the Atlantic coast.

DR. F. LEM. GRASSETT, of Simcoe Street, returned from the Old Country three weeks ago.

DR. A. J. JOHNSON took a vacation of three weeks last month at his country house at Goderich, Ont.

DR. MACDOUGALL has removed from 306 Bathurst Street to the corner of Spadina Avenue and Harbord Street.

DR. C. R. CUTHBERTSON, of Toronto, left August 4th, for California where he will spend a few weeks.

DR. MALCOLM CAMERON BLACK, of Paisley, has been appointed an associate coroner for the County of Bruce.

DR. BRUCE RIORDAN, of Toronto, spent two weeks in July travelling and visiting Cape Breton and other points in Nova Scotia.

DR. W. S. PLAYFAIR, the noted specialist in women's diseases and an authority on obstetrics, died August 16th, at St. Andrews, Scotland.

DR. ALEX. PRIMROSE has been spending the past few weeks with his family in Muskoka, having a much-needed rest prior to his winter's work in the Amalgamated Faculties.

AT Bracebridge on the 13th ult. at the Liberal convention held to nominate a candidate for the local legislature, caused by the death of the late Dr. Bridgland, Dr. Hart, of Huntsville, was the unanimous choice of the convention.

DR. JUSTIN HEROLD, of New York City, recovered a verdict of \$12,158 against the Metropolitan Street Railway Co. for injuries received three years ago; in a collision while a passenger on one of the cars. The case was tried before Judge Leventritt, and a jury, and the Supreme Court. Dr. Herold is the well-known author of "Herold's Legal Medicine."

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

## DEATH OF DR. J. W. McLAUGHLIN, OF BOWMANVILLE.

DR. J. W. McLAUGHLIN, Registrar for West Durham, died, in his 63rd year, at his home in Bowmanville, on the 9th ult. He had been in very poor health for two years, and a month before went to Guelph for a change, and was thought to be benefited, but he was suddenly taken ill on August 8th, and died early next morning. The funeral took place from the family residence, Rathskamory, on Tuesday, the 11th, at 2 p.m. Deceased was the son of John and Eliza McLaughlin, of Tyrone, Darlington township, and was educated at Tyrone Public School. After a brilliant medical course in the University of Toronto, he graduated in 1864. He was gold medallist in his class, and was subsequently appointed an examiner in the university. He became a licentiate of the Medical Council of Ontario the same year. In 1872, after practising medicine at Enniskillen seven years, he went to the Old Country, and successfully passed the examinations of the Royal College of Surgeons and the Royal College of Physicians, taking the M.R.C.P. and M.R.C.S. diploma at Edinburgh. He was for many years a member of the Medical Council of Ontario, and was looked upon as one of the most skilful physicians in eastern Ontario. Just twenty-eight years ago, he went from Enniskillen to Bowmanville, where he enjoyed a very extensive practice till his health broke down. Dr. McLaughlin represented West Durham in the Liberal interest in the Ontario Legislature for three Parliaments. On entering the Legislature he formed a partnership with Dr. Alex. Beith, which has ever since existed. Deceased was a capital debater, having few equals as a political platform speaker, and his voice was often heard in the legislative halls. He was twice married, his first wife being Ida Ella Gross, and his second wife, who survives him, Sarah J. Wilkinson, youngest daughter of the late Captain Neil Wilkinson. He leaves also two sons, Arthur E., who practises law in Bowmanville, and Norman, of Dunkirk, N.Y. His eldest daughter is the wife of Mr. B. B. Cronyn, Toronto, now in Paris, France, where their children are being educated, and a daughter, Mary lives at home. Deceased was a great temperance advocate, and took an active part in every campaign against the liquor traffic during the last quarter of a century. On retiring from the Provincial Par-

liament, he was appointed Registrar for the West Riding of Durham, an office which he held up to his death. He was about thirty-five years superintendent of the Presbyterian Sunday School at Enniskillen and Bowmanville, and has long been an elder, and member of the Board of Managers in St. Paul's Presbyterian Church.

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#### DEATH OF DR. L. S. OILLE, OF ST. CATHARINES.

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ONE of St. Catharines' most enterprising citizens, in the person of Lucius S. Oille, M.D., died on August 15th, at his late residence on Queen Street at the age of 73 years, after an illness of several months. The late Dr. Oille entered public life as a councillor for St. Andrew's Ward in 1868, and served for some years as representative of that ward. Before St. Catharines was incorporated as a city he served as reeve for a number of years, and was elected to the mayoralty in 1878, presenting the city with the first public drinking fountain on his retirement. He also was chosen warden for the County of Lincoln for one term. He took an active part in the work of establishing the civic waterworks system, and was chairman of the Water Commission for a number of years. He was one of the promoters of the Niagara Central Railway, and the local street car line between the city, Merritton, and Thorold, which was then operated by horse power, and was later transformed into an electric line, being the pioneer trolley line in Canada. For a number of years he was President of the Board of Trade, and up to this year was a member of the council of the Board of Trade. Dr. Oille built the Grand Central Hotel, and many other buildings in St. Catharines, and at one time was one of the largest property owners. He was an ardent member of the Masonic fraternity, and a past master of Temple Lodge. Deceased was born in the Township of Pelham on October 6th, 1830, and was the youngest son of the late George Oille. Funeral services, under Masonic auspices, were conducted on Monday afternoon, the 17th.

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**Death of Dr. Donald MacLean, a Canadian.**—Dr. Donald MacLean, a noted surgeon in the State of Michigan, died July 24th at his home in Detroit from gastro-enteritis. D. MacLean was born in Seymour Township, Ontario, in the year 1839, and graduated from Edinburgh University in 1862. He practised medicine in Kingston, Ont., until 1870, excepting the years 1863-64, when he was a surgeon in the United States Army. In 1870 he became professor of surgery at the University of Michigan,

and held the chair until 1889. He was for a number of years chief surgeon of the Michigan Central and Grand Trunk Railroads, and in 1894 was president of the American Medical Association.

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**Dr. Fife Fowler, of Kingston, Dead.**—Dr. Fife Fowler, one of the founders of the College of Physicians and Surgeons, and prominently identified with Queen's University, died on August 3rd, aged eighty years. The deceased was born at Elgin, Scotland, and was educated at Aberdeen and Edinburgh Universities. He came to Canada in 1854, and settled in Kingston. The deceased was a well-known physician, and enjoyed for many years a very large practice. He was president of the Oddfellows' Relief Association for many years. His wife, one son, Henry, a barrister, Toronto, and four daughters survive. He was president of the Ontario Medical Council in 1892.

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**Death of Dr. Stuart McArthur, of Paisley.**—The death of one of Paisley's most respected citizens occurred in the person of Dr. Stuart McArthur, on 3rd ult. He occupied the position of Reeve of Paisley for five consecutive years. He was junior bard of the Caledonian Society. He was a member of the Anglican Church, and a staunch Conservative in politics. He had been in actual medical practice for about thirty years, and was fifty-one years of age. He leaves a widow and eleven children to mourn his death. The funeral took place Wednesday, the 5th August, to G.T.R. Station, thence to Carleton Place, the home of his boyhood.

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**DR. JAMES MCGARRY,** of Niagara Falls South, a coroner, and one of the most prominent physicians in that district, died on August 13th, aged 69 years. He was a prominent Mason, Workman, and Royal Templar, and was widely known and respected. The funeral was held on Saturday afternoon, the 15th. The doctor had a foot amputated a few days before on account of gangrene, and the shock was too much for him.

## News of the Month.

### TWO UNIVERSITIES JOIN HANDS.

THE following is the address issued by the Vice-Chancellor of Trinity University and the Medical Faculty of Trinity Medical College, to the Graduates and Under-Graduates in Medicine of Trinity University, and to all Students of Trinity Medical College, urging them to throw in their lot with what is now the Provincial University:

*Gentlemen.*—It is important that you should have a clear understanding of what steps have been taken by the authorities of the College and University towards the Federation of Trinity University with the University of Toronto, and the amalgamation of the two Medical Faculties, and how such arrangements will affect those at present registered as students of Trinity Medical College.

With this object in view we have much pleasure in submitting to you the following statement, by which you will see that your interests have been carefully and zealously conserved, and that provision has been made for the completion of your Medical Course under the most favorable auspices.

As announced at the Medical Convocation last May, arrangements were concluded whereby the Faculty of Trinity Medical College became the Medical Faculty of Trinity University. One important feature of the changes proposed in this connection was the erection of new buildings adjoining the present Trinity Medical College. While the details of this proposal were being worked out, it was strongly urged upon the authorities of the Medical College and of the University that the interests of all Medical students in Toronto, both present and future, would be better served by co-operation with the Medical Faculty of the Provincial University, than by the perpetuation of two rival institutions in Medicine. It was pointed out further that the erection of the proposed building would necessarily mean the indefinite postponement of such co-operation to the disadvantage of Medical Education generally, and the weakening of both institutions. Accordingly, the plans which had been commenced were postponed pending the full discussion of this important question, the result being an almost unanimous decision in favor of co-operation, and

the acceptance of the draft for an amalgamated Faculty in Medicine, in which provision is made for every member of both Faculties, with the exception of the former Dean of Trinity Medical College, who resigned his position during the course of these negotiations. We desire to take this opportunity of expressing our warm appreciation of the long, faithful, and valuable services of Dr. Geikie, who has been such a power for good in our Medical College during the past thirty-three years. In this expression of appreciation we are sure every student of the College will join most heartily.

By reference to the list of the proposed Amalgamated Faculty appearing in our editorial pages you will at once see what excellent provision has been made for advancing the best interests of Medical Education in Toronto. It is generally acknowledged that such a Faculty, possessing as it does ability, strength, and efficiency in Medical teaching, will render signal service to the entire Medical profession of the Province, and we confidently anticipate that under the new conditions now created, Toronto will more than ever occupy a proud and leading place among the educational centres of this Dominion and the Continent.

When not only the strength and efficiency of the new Amalgamated Faculty is considered, but also the excellent and ample provision for all branches of medical teaching in the now completed new Medical Buildings of the University of Toronto, and we reflect that before our new buildings could have been erected and equipped (in view more especially of the delay necessarily incident to the unsettled conditions of the labor market) most of the present students of Trinity Medical College would have been far advanced in their course, we feel confident that they will frankly recognize that their best interests have been served by the arrangements outlined in this letter.

As bearing more particularly upon the status of matriculants and the rights of non-matriculated students of Trinity Medical College, we beg to draw attention to the following provisions:

*"The non-matriculated students of Trinity Medical College shall be allowed two years from the date of Federation for matriculating in Trinity University, under the regulations in force in that University at the time of Federation."*

*Those who have already matriculated, as well as those matriculating within the time specified above, will have the option of either proceeding to the degree of M.D., C.M. of Trinity University, on the conditions under which they entered, or proceeding to an M.D. degree in the following year if desired, from the Provincial University. In both instances students will attend and receive lectures from the Amalgamated Faculty.*

*All Graduates in Medicine of Trinity University will be en-*

rolled in the Provincial University, and their names will appear in the various Calendars with their degrees designated.

As defining more clearly the status of Graduates and Under-Graduates under Federaton, we quote the following extract from the Articles of Agreement:

"All Graduates and Under-Graduates of Trinity University excepting those in Theology, are, from and after the date of Federation, to have and enjoy the same degrees, honors, and status in the University of Toronto as they previously held in Trinity University, and shall be entitled, subject to the provisions of the University Act of 1901, to all the rights and privileges pertaining to such degrees and status so long as such Federation continues."

*The Fellowship of Trinity Medical College (as the Medical Faculty of Trinity University) will be granted to such students as are now enrolled in Trinity Medical College upon their complying with the requirements and passing the examinations necessary to entitle them to receive such fellowship.*

The Corporations of Trinity Medical College and Trinity University wish their Graduates and Under-Graduates to be clear upon the point that their interests, both now and for all time, have been most carefully safeguarded, and they will enjoy the same rights and privileges in the Provincial University, of which Institution each one of them will under Federation form an integral part, that they do now enjoy, and have heretofore enjoyed as students and Graduates of Trinity University.

It is highly desirable that the students who have been in attendance at Trinity Medical College should register their names with Dr. Primrose, the Secretary of the Medical Faculty, Biological Department, Queen's Park, Toronto, *at as early a date as possible*, as seats in the lecture theatres are assigned according to priority of the date of registration.

No fee will be required from students in the Third and Fourth Years. Students of the Second Year will require to make a locker deposit of \$2, and those in the First Year, the registration fee of \$5, in addition to the locker deposit.

Signed on behalf of Trinity University,

T. C. S. MACKLEM, *Vice-Chancellor.*

Signed on behalf of Trinity Medical College,

J. A. TEMPLE, *Dean.*

CHAS. SHEARD, *Treasurer.*

D. J. GIBB WISHART, *Secretary.*

Toronto, 27th July, 1903.

**AMENDMENT TO THE ACT RESPECTING CORONERS.**

THE following is the amendment to the Act respecting Coroners passed at the recent session of the Ontario Legislature and also the Regulations passed by the Lieutenant-Governor-in-Council thereunder:—

Section 22 of The Statute Law Amendment Act, 1903, provides:

22. Section 1 of the Act respecting Coroners is amended by adding thereto the following sections:—

(2) The Lieutenant-Governor may from time to time appoint a coroner, to be designated "the Coroner for the City of Toronto," and from and after such appointment all coroners or associate coroners theretofore or thereafter appointed in and for the County of York shall as to the City of Toronto have and exercise within the City of Toronto the powers only of associate coroners for the said city, but this shall not limit the power of the Lieutenant-Governor to make further appointments of associate coroners for the City of Toronto from time to time. The powers and duties of the coroners in the said city respectively, shall be defined by and shall be exercised subject to such regulations as may from time to time be made by the Lieutenant-Governor-in-Council.

(3) Whenever the death of any person appears to have been caused by an accident occurring upon a street or highway in the City of Toronto in the operation of any railway or street railway or electric railway on or across any street or highway the Crown Attorney for the County of York shall direct the coroner or one of the associate coroners in the said city to hold an inquest upon the body of the person so dying, and the coroner or associate coroner to whom such direction is given shall issue his warrant and hold an inquest accordingly.

(4) Section 4 of this Act shall not apply to or be in force as to inquests in the City of Toronto under the foregoing provisions of this Act, nor as to investigations held in the City of Toronto under section 6 of this Act.

(5) The Coroner for the City of Toronto shall be paid such salary, not exceeding \$1,500, as may be fixed by Order in Council, and the same shall be paid by the city half-yearly and shall be in lieu of all fees which would otherwise be payable to him and the city shall be entitled to be reimbursed out of the Consolidated Revenue Fund as to one-half of such salary.

(6) Any coroner within whose jurisdiction the body of a person is lying upon whose death an inquest ought to be held may hold the inquest. (See Imperial Coroner's Act, 1867, s. 7.)

*Regulations Passed by the Lieutenant-Governor-in-Council Pursuant to Chapter 176, Section 22, 3 Edward VII.*

1. Immediately on any death being reported to any Police Officer in the City of Toronto under circumstances that appear to require investigation by a Coroner, it shall be the duty of such Police Officer forthwith to report the same to the Coroner for the City of Toronto.

2. It shall be the duty of the Coroner for the City of Toronto upon receiving any report as to death within the limits of the City of Toronto under circumstances appearing to require investigation by a Coroner, forthwith to make such enquiry as may be necessary in the premises, and either personally to investigate the circumstances under which the death has occurred, and to hold an inquest if he is so advised, or to request some Associate Coroner for the City of Toronto to issue a warrant and make an investigation or hold an inquest. And in making such requisitions the Coroner for the City of Toronto shall apportion the work as equitably as possible amongst the several active Associate Coroners for the City of Toronto.

3. It shall be the duty of an Associate Coroner, upon the receipt of a requisition to make an investigation or hold an inquest, signed by the Coroner for the City of Toronto or by the Crown Attorney for the County of York, as the case may be, forthwith to issue his warrant with such requisition thereto attached and file the same at any police station in the City of Toronto, and proceed to make an investigation or hold an inquest. And no fees shall be payable to any Associate Coroner in respect of any investigation or inquest held by him unless the warrant and the requisition in that behalf have been so filed by him.

4. The requisition hereinbefore referred to, signed by the Coroner for the City of Toronto or by the County Crown Attorney for the County of York, as the case may be, shall take the place of the declaration referred to in section 4 of "The Act respecting Coroners," so far as the same relates to investigations and inquests in the City of Toronto.

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ITEMS OF INTEREST.

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**The Chair of Surgery at Cambridge.**—The chair of Surgery in the University of Cambridge, which has remained vacant since the death of Sir George M. Humphrey in 1896, was filled on July 27th by the election of Mr. Frederick Howard Marsh, F.R.C.S., Surgeon to St. Bartholomew's Hospital. The stipend is £600 a year, and the Professor is permitted to practise, the obligation being imposed on him of residing at the University during term.

**American Electro-Therapeutic Association.**—The thirteenth annual convention of the American Electro-Therapeutic Association will be held in Atlantic City, N.J., September 22nd, 23rd and 24th, 1903. Members of the profession are cordially invited, and it is desired to have as large a meeting as possible.

**Dr. Bell Re-Enters Journalism.**—The editorship of the *Medical Mirror*, made vacant by the untimely death of its founder, Dr. I. N. Love, has fallen to Dr. Raley Husted Bell, the post-physician of the South. For some time Dr. Bell made *Moody's Medical Magazine* of Atlanta one of the most interesting of medical publications, and there is no doubt he will render the *Mirror* equally valuable as the literary character of the two journals has been much the same.

**New Provincial Board of Health.**—Upon the recommendation of the Honorable the Provincial Secretary, the Committee of Council advise that the following persons be appointed Members of the Provincial Board of Health for the term of three years, and that Edward E. Kitchen, M.D., be appointed Chairman of the said Board: Edward E. Kitchen, M.D., St. George; Alexander Thompson, M.D., Strathroy; Robert Penniel Boucher, M.D., Peterborough; William H. Oldright, M.D., Toronto; John Douglas, M.D., Cobourg; John J. Cassidy, M.D., Toronto.

**A Tribute to Col. Neilson.**—Col. J. L. H. Neilson, Director-General of Medical Services, Ottawa, has resigned his office, and the Militia Order of August 11th contain the following announcement:—"Colonel J. L. H. Neilson, Director-General of Medical Services, having resigned his appointment, the General Officer Commanding cannot permit the severance of this officer from the active militia to pass without recording his satisfaction with the manner in which Colonel Neilson has performed his duties as a soldier during upwards of thirty years of faithful service to his country."

**A Daily Medical Newspaper.**—The Medical Publishing Company of America has been incorporated at \$150,000 under the laws of the State of New York, for the purpose of publishing *The Daily Medical Journal*. The first issue is scheduled for October 1st, 1903, and the subscription price has been placed at \$1 a year, which also includes *The New York Medical Critic*, a monthly journal now in its second year. The prospectus announces a six-page journal, 12 by 15 inches in size, with full affiliation with the associated press and 100,000 copies. The editorial staff has not yet been announced with the exception of Dr. M. W. Curran, managing editor, 154 East Seventy-second Street, New York.—*Am. Medicine*.

**President Robertson of the Medical Council.**—Dr. J. A. Robertson of Stratford, the President of the Ontario Medical Council this year, is a Canadian by birth. Born in the County of Perth, he received his training at the Toronto Normal School,



J. A. ROBERTSON, M.D., STRATFORD, PRESIDENT-ONTARIO MEDICAL COUNCIL.

and graduated in 1871 at Trinity Medical College. He is a district surgeon of the Grand Trunk Railway at Stratford, and has been Medical Health Officer of that city for fourteen years, where he has practised for the last thirty-one years, and has a large and

lucrative practice. He was elected to the council five years ago, and has served on the Educational Committee, and was Vice-President of the Council last year. He is a Liberal in politics.

**A "Proposed" Wedding Present for the Federated Colleges.**

—A deputation composed of Dr. J. A. Temple, representing Trinity Medical College, and Dr. G. A. Peters, Dr. A. Primrose, representing the medical faculty of Toronto University, waited on the Government on July 15th. They asked that, in the event of the amalgamation of Trinity and Toronto University medical faculties, the Government endow five chairs, which have hitherto been kept up by fees. The chairs are preventive science, medical jurisprudence, sanitary science, anatomy, therapeutics. The deputation gave as their reason for making the request the fact that these chairs are essential to scientific research, and it was in the interests of the public health that they should be properly and efficiently maintained. The Government promised the usual consideration of the request.

**Dr. J. B. Murphy and the "Commission Men."**—That justly celebrated surgeon, John B. Murphy, of Chicago, has been made the victim of a most disreputable set of men connected with the so-called "Christian Hospital of Chicago." During his absence from the city these men sent letters to practically every doctor in the Mississippi valley offering 50 per cent. of all fees received from patients sent for operation—presumably by Dr. Murphy. This gentleman promptly declared his innocence in the matter, and had the senders indicted for fraudulent use of his name. The worst phase of the subject, however, is the abuse heaped upon Murphy by medical writers who did not try to ascertain whether or not he was responsible for the use of his name. The tendency of some men to think evil of the great is deplorable.—*Am. Jour. of Surgery and Gynecology.*

**A Bacteriological Chart of Unusual Excellence.**—There has been placed recently in the hands of the medical profession by the firm of M. J. Breitenbach & Co., of New York (the importers of Gude's Pepto-Mangan), a very fine bacteriological chart of pathogenic organisms. It is beautifully executed, and the coloring most delicate. We can safely say that we have noticed nothing better in the most recent book on bacteriology, and feel that the firm, who have had the drawings executed, deserve the thanks of the profession as a body, in placing such a work of art, apart from its scientific value, at its disposal. A set of plates such as they are, cannot fail to be of the greatest service to any practitioner in his microscopical investigations. A full chart will be mailed to any physician on receipt of his card by M. J. Breitenbach Co., Warren Street, New York.

**Homewood Sanitarium, Guelph.**—By an order-in-Council eighteen months ago the name "Homewood Retreat" was changed to "Homewood Sanitarium," the object being to help the friends of the institution bring the patients there more readily, the word "Retreat" being, in the mind of some, synonymous with that of an asylum. During the past few months, a great change has taken place at the Homewood. A nurses' home has been built, thus giving more accommodation in the building. Every room is at present filled. The staff has been doubled during the past year. The sum of \$10,000 will be spent this fall in building a house for the superintendent, and first-class quarters for the better class of lady patients. In a year or so, the directors intend spending a further sum of \$25,000 in adding more buildings, the pressure upon the present accommodation being very great. The rates at the Homewood have been slightly increased to from \$15 to \$30 a week. The grounds are looking beautiful just now, and the entire sanitarium makes a splendid home for those in need of special treatment.

**Address to Dr. Walter B. Geikie.**—The following address, dated June 14th, 1903, was presented by Trinity Medical College to Walter B. Geikie, retiring Dean:—"We, the Corporation of Trinity Medical College, in accepting the resignation of Dr. Walter B. Geikie, D.C.L., F.R.C.S.E., L.R.C.P. (Lond.), Dean of the Faculty, and Professor of the Principles and Practice of Medicine, desire to place on record our sense of the debt of gratitude owing to our late associate for his two and thirty years of earnest and self-sacrificing labor on behalf of the College. At all times in season and out of season, by night and by day, year after year, the cause of Trinity Medical College has ever been foremost in his thoughts, and the one object around which his affections centred. With every energy and faculty he possessed, Dr. Geikie labored to promote what he considered to be the best interests of the College which was so dear to his heart, and, owing in a large degree to these unwearied efforts, Trinity Medical College has attained the present proud position. It is with feelings of regret that the Corporation parts with him who is the father in Medicine of most of its members, who has presided over its meetings, and piloted its ship through so many breakers, and we one and all desire that Dr. Geikie may be spared for many years to enjoy the satisfaction of well-earned repose. Engrossed and signed by all the members of the Corporation: J. A. Temple, F. L. Grasett, W. T. Stuart, Charles Sheard, G. Sterling Ryerson, Luke Teskey, John L. Davison, G. A. Bingham, N. A. Powell, and D. J. Gibb Wishart.

# The Physician's Library.

## BOOK REVIEWS.

A *Reference Hand-book of the Medical Sciences*, embracing the entire range of Scientific and Practical Medicine, and allied Science. By various writers. A new edition, completely revised and re-written. Edited by ALFRED H. BUCK, M.D., New York City. Vol. VI. Illustrated by chromo-lithographs and 763 half-tone and wood engravings. New York: Wm. Wood & Co. 1903. Canadian agents: Chandler & Massey Limited, Toronto and Montreal.

The list of contributors to Volume V. of this great work in medical literature includes the following Canadians: Dr. E. W. Archibald, of McGill University; Dr. G. E. Armstrong, of the same university; Dr. F. A. L. Lockhart, of Montreal; Dr. W. S. Morrow, of Montreal; Dr. A. G. Nichols, of Montreal; Dr. F. J. Shepherd of Montreal General Hospital; Dr. Beaumont Small, of Ottawa; and Dr. D. W. Montgomery, now of San Francisco. The other names are those of men who stand very high up in the profession, and have reputations which justify the honor accorded to them. They include, for instance, Rudolph A. Witthaus, New York City; G. W. Wende, of Buffalo, N.Y., Brigadier-General Geo. M. Sternberg, of Washington, D.C.; T. M. Rotch, of Boston, Mass; E. O. Otis, of Boston, Mass.; E. Fletcher Ingals, of Chicago, Ill.; Smith Ely Jelliffe, of New York City; Isodore Dyer, of New Orleans, La.; Edward Curtis, of New York City; M. A. Crockett, of Buffalo, N.Y.; Rob. H. Babcock, of Chicago, Ill., and many others.

Vol. VI. includes almost everything medical from the letters "Mos" to "Rye." The volume is well illustrated, even more so than the preceding ones, and the illustrations are well executed. The chapter on Naval Hygiene interested us very much, showing how a ship's complement of men are constantly supplied with pure air, explaining the natural air currents in steamships, how to economise in ventilation, the vacuum method, plenum method, etc., etc. It would seem as if, in the building of those immense leviathans of the sea, as great care is used in considering the comforts of its living freight as if it were the most modern hotel. Under the head of "Pelves, deformed," a very interesting article is contributed, giving full details as to pelvimetry, the

different styles of pelvimeters, the differences between the male and female pelvis, the effects of rachitis in labor and how delivery of the child must, in extreme cases, be accomplished by Caesarian section. The chapter has quite a number of half-tones, showing such conditions as high and low dorsal kyphosis lumbar kyphosis, obliquely contracted pelvis, and simple scoliosis. Not only to the orthopedist, but to the general practitioner, will this article prove most practical, as it includes all the most recent views on the treatment of this very unfortunate condition.

Vol. VI. covers about 1,000 pages, and is a work which in itself should meet with a ready sale, though we think that the publishers made a great error in using so small a series of type, which is tiring to the eyesight.

W. A. Y.

*Polyphase Currents in Electrotherapy*, with special reference to the treatment of Neurasthenia, Atonic Dilatation of the Stomach, and Constipation. A paper read before the British Electro-Therapeutic Society, on February 27th, 1903, by GEORGE HERSCHELL, M.D.(Lond.). Pp. 44, illustrated. London: Henry J. Glaisher, 57 Wigmore Street, Cavendish Square, W. 1903.

"Polyphase electric currents, although well known industrially, and on account of their economy, largely used for the transmission of electric light and power, have hitherto suffered unmerited neglect in the domain of electrotherapeutics." Guimbail of Paris has employed them for over sixty years, but the author was the first in Great Britain to study their therapeutic action. The first part of the paper is devoted to a technical description of what constitutes polyphase currents, and the manner in which such may be produced for practical purposes.

Three-phase currents are the most suitable therapeutically, because they produce a rotating magnetic field, and tissues acted upon by them are subjected to an "electrical whirlpool" which is demonstrable by a Braun tube.

A description of the Herschell-Dean Triphase Generator follows from which it appears that the currents produced are readily regulated, and that it is possible to obtain "a current of rapid alternations, exercising a powerful effect upon the metabolism of the body, and a tonic action upon the nervous centres" or "a current of slow alternations, which has the power of setting up comparatively painless muscular contractions, and appears to have an especial action upon unstriated muscular fibre."

Under physiological effects of these currents are noted: increase in the tension and amplitude of the pulse tracing, even after a few minutes' application; increase in the excretion of urea—in a case cited the urea excreted rose from 374.6 grains to 546

grains in 43 days with apparent restoration to perfect health; effect upon the motility of the gastro-intestinal tract, unstriped muscular fibre being caused to contract, a valuable action in atony of the alimentary canal. The technique for the use of the currents by means of electrodes and baths, local and general, follows, with instructions for the measurements of the currents employed.

The last chapter deals with the therapeutic application of the current in neurasthenia, in general, with special reference to cases with symptoms of muscular weakness, loss of memory, and the power of concentration, morbid fears, headache, nervous indigestion, neuroses of sensation, muscular atony of the stomach, and constipation.

The author is to be congratulated on his contribution to the literature of a most interesting subject. The science of electrotherapy is becoming more exact day by day, and advancing at such a remarkable rate that the progressive practitioner can no longer afford to ignore it, and any new light is ever welcome.

C. R. D.

*Phototherapie—Photobiologie.* Par les Docteurs Leredde et Pautrier. Un volume in 8o cavalier de 257 pages. Broche. Prix, 4 frs. C. Naud, editeur, 3 Rue Racine, Paris.

To all those who are interested in the subject of phototherapie, either from the purely scientific standpoint or from the standpoint of practical therapeutics, we can thoroughly recommend this book. It has been thought worthy of a preface by Professor Finsen, and his opinion of it can best be shown by a quotation from this preface. He says: "The subject is difficult, but it has been studied with care, intelligence and a critical spirit, and I cannot only recommend most highly a perusal of the book, but would also say that it is necessary to all those who occupy themselves with photobiology and phototherapie. It will be found to be the most complete and best exposition of the subject, and on the last chapter there is a necessary counterpoise to the exaggerations, theories and fantastical applications of phototherapie, which have already caused me much regret." The book is divided into two parts. The first portion is devoted to a very complete discussion of the whole subject of photobiology. The most interesting part of this first subdivision consists in the personal experiences of the authors, which are chiefly contained in the sixth chapter and consist of a study of the histological changes in the normal skin, as a result of the action of the violet rays. This chapter includes also a study of the pathological changes in the skin in the various manifestations of solar activity, such as solar eczema, hydroa, vernal, etc., etc. In the second part will be found no doubt the most interesting chapters to the phototherapist. The discussion of all the practical questions is very full, and especially of all the various forms of apparatus

in the market for the production of the violet light. In connection with this it is interesting to quote the experience of the authors and of Finsen himself and his co-workers upon the use of the arc from iron electrodes. The rays which have the greatest wave length seem to have the greatest power of penetration, that is, the longer ultra-violet and blue violet rays. The shorter ultra-violet rays on the other hand do not penetrate so deeply, and as these are the rays which are especially characteristic of the iron arc, it explains the practical experience of Finsen that these arcs are not of so much value for the treatment of lupus and the deeper affections of the skin, but are useful for the treatment of superficial nevi. In regard to the relative value of radiotherapy and phototherapy, the authors seem to think that as yet we have not sufficient data in regard to the former to give a definite opinion, although the extremely active character of the X-rays promise much; the same may also be said for the still newer radium therapy. Space will not permit a longer discussion of this work, but the reader will find it an exceedingly full exposition of the whole question. It is to be hoped that it will soon be translated into English. B. E. M'K.

*Lectures on Massage and Electricity in the Treatment of Disease.*

By THOMAS STRETCH DOWSE, M.D. (ABD.), F.R.C.P. (EDIN.), formerly Physician Superintendent Central London Sick Asylum; President North London Medical Society; Member of Council and Secretary for Foreign Correspondence Medical Society of London; Physician to the North London Hospital for Consumption and Diseases of the Chest; to the North-West London Hospital, and to the West-End Hospital for Epilepsy and Diseases of the Nervous System; Associate Member of the Neurological Society of New York, etc. Fourth and revised edition. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited.

Massage and electricity are gradually but surely taking a prominent position in the list of remedies used by the profession, especially in chronic diseases. It is, therefore, most essential that text-books and lectures upon these subjects should be presented from time to time, more especially when treated on purely scientific grounds, as we find these lectures have been, thus removing any suspicion of charlatanism. The author has divided his lectures, treating first on the Physical and Physiological aspects, upon which much attention has been devoted. Then follows, in order, the methods of applying massage of the different regions and tissues of the body, as applied for the different pathological conditions. An interesting chapter describes the Weir Mitchell treatment, another the Nauheim or Schott treatment in cardiac affections, both of which we thoroughly enjoyed. A

complete discourse on the fascinating subject of electro physics and therapeutics, including the Rontgen Rays and Light cure, brings these seductive lectures to a close. W. H. P.

*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 V., Obstetrics, edited by REUBEN PETERSON, A.B., M.D., Professor of Obstetrics and Gynecology, University of Michigan. 235 pages. Cloth, \$1.25. April, 1903. Volume VI., General Medicine, edited by FRANK BILLINGS, M.S., M.D., Head of the Medical Department and Dean of the Faculty of Rush Medical College of Chicago, and J. H. SALSBURY, M.D., Professor of Medicine, Chicago Medical School. May, 1903. Volume VII., Pediatrics, edited by ISAAC A. ABT, M.D., Assistant Professor of Medicine (Pediatrics Department) Rush Medical College. Orthopedic Surgery, edited by JOHN RIDLON, A.M., M.D., Professor of Orthopedic Surgery Northwestern University Medical School. June, 1903. Price of this volume, \$1.25. Whole series, \$7.50. Chicago: The Year-Book Publishers, 40 Dearborn Street.

The April volume on Obstetrics is divided into four parts, viz., Pregnancy, Labor, the Puerperium, and Obstetric Surgery. The selections are good, and cover the year's work very fully. The May volume on General Medicine is devoted to Typhoid, Malarial and Yellow Fevers, Dysentery, Cholera, and Diseases of the Stomach, Intestines, and Liver.

Volume VII. for June, on Pediatrics and Orthopedic Surgery, takes up Hygiene and Dietetics, and covers the field of children's diseases. Orthopedic Surgery takes up 36 of the 233 pages, and has several illustrations. We are very much pleased with the volumes. They keep one up with his journal reading, and make convenient works of reference. W. J. W.

*Manual of Medicine.* By THOMAS KIRKPATRICK MUNRO, M.A., M.D., Fellow of and Examiner to the Faculty of Physicians and Surgeons, Glasgow; Physician to Glasgow Royal Infirmary and Professor of Medicine in St. Mungo's College; formerly Examiner in the University of Glasgow; Pathologist to Victoria Infirmary. University Series. London: Balliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1903.

Dr. Munro's work is divided into twelve separate and distinct sections. Section 1 is devoted to specific infectious diseases;

section 2 to constitutional diseases; 3 to diseases of the cardio-vascular system; 4 to diseases of the blood and ductless glands; 5 to diseases of the respiratory system; 6 to diseases of the digestive system; 7 to diseases of the kidney; 8 to diseases of the nervous system; 9 to diseases of the muscles; 10 to diseases of the skin; 11 to intoxications and sunstroke, and section 12 to diseases due to animal parasites. The book covers nearly 900 pages, and is fairly liberally illustrated. The size of the type used is first-class, a point worthy of comment, as too many medical books are being printed in a type altogether too small, and, therefore, tiresome to the reader. Many hold the view that there is no room at present for any more works on the Practice of Medicine; but we cannot take that stand, as not a day, or even an hour passes without some advance being made in this great science, which, to be of any general service, must be recorded. Dr. Munro has published a manual which should prove of value, not alone to the student of medicine, but the profession at large.

*A Manual of Obstetrics.* By A. F. A. KING, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D.C., and in the University of Vermont; President (1885-86-87) of the Washington Obstetrical and Gynecological Society; President (1883) of the Medical Society of D.C., and of the Medical Association of D.C., 1903; Fellow of the British Gynecological, and of the American Gynecological Societies; Consulting Physician of the Children's Hospital, Washington, D.C.; Obstetrician to the Columbian University Hospital; Member of the Washington Academy of Sciences; Fellow of the American Association for the Advancement of Science; Associate Member of the Philosophical Society of Great Britain; and Member of the Medical, Philosophical, Anthropological, and Biological Societies of Washington, D.C., etc. Ninth edition, revised and enlarged. With two hundred and seventy-five illustrations. Philadelphia and New York: Lea Brothers & Co. 1903.

The author of this work is an obstetrician of great experience, and has spent much time and taken great pains to make this book as valuable an adjunct to the busy practitioner as possible. There have been many additions and changes made in this edition to keep pace with the progressive strides that obstetrical science is making. The chapter on Puerperal Septicemia has been remodelled, and for the most part re-written. Newer illustrations have replaced older ones. The general scope of the work is elementary, the main object being such brevity and simplicity of statement as might be easily intelligible to all students. The chapter on

Obstetric Jurisprudence is especially useful, and we are glad to see such an important subject given such attention. A. J. H.

*Public Health Laboratory Work.* By HENRY R. KENWOOD, M.B., D.P.H., F.C.S., Instructor in the Public Health Laboratory, University College, and Asst. Professor of Public Health, University College, London; Medical Officer of Health and Public Analyst for the borough of Stoke Newington, etc., Part VII., dealing with public health bacteriological work. Contributed by W. G. SAVAGE, M.D., B.Sc., D.P.H., Medical Officer of Health, Colchester; formerly Assistant to the Professor of Pathology, with charge of the Bacteriological Department University College, London; Lecturer on Bacteriology and Public Health, University College, Cardiff, and Bacteriologist to the Cardiff and County Public Health Laboratory. Third edition, with illustrations. London: H. K. Lewis, 136 Gower Street, W.C. 1903.

The authors have in publishing a third edition thoroughly revised their book and brought it up to date. A considerable quantity of new material has also been added, making the volume somewhat larger than its predecessor. The chapters devoted by Dr. Savage to the bacteriological examination of milk, soil, water, etc., are exceedingly practical, and even to the general practitioner make most interesting reading. Another portion which interested us is that dealing with the bacteriological diagnosis of such diseases as diphtheria, typhoid fever and tuberculosis. The volume though perhaps more particularly suited for those who take up public health as a specialty, will not be out of place in an ordinary practitioner's library.

*The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis.* By WILLIAM ALLEN PUSEY, A.M., M.D., Professor of Dermatology in the University of Illinois; and EUGENE W. CALDWELL, B.S., Director of the Edward N. Gibbs X-Ray Memorial Laboratory of the University and Bellevue Hospital Medical College, New York. Handsome octavo volume of 591 pages, with 180 illustrations, nearly all clinical. W. B. Saunders & Co. 1903. Cloth, \$4.50 net; sheep or half morocco, \$5.50 net. Canadian Agents: J. A. Carveth & Co., Toronto.

This volume is divided into two sections; the first dealing with X-Ray apparatus, and its use in diagnosis, and the second with the therapeutic application of X-Rays. Of one thing there is very little, if any, doubt, and that is, that there has been for some time past plenty of room for a volume devoted to this subject. There is far too great a condition of "crass" ignorance on the part

of members of the profession, even, as to the Roentgen rays, and their practical application. It is true that there have been some unfortunate results follow the use of the X-Rays, but they are as nothing, when their actual value as a means towards diagnosis is taken into consideration. The illustrations in this book represent actual clinical subjects, and certainly show in a most convincing manner their value, not only as a therapeutic agent, but as an incomparable means, towards correct diagnosis. Drs. Pusey and Caldwell's book is practical from cover to cover, and we would heartily advise general practitioner, surgeon or specialist in any branch to purchase, read and "inwardly digest" it. W. A. Y.

*The Pocket Therapist.* A dictionary of disease and its treatment, being a concise manual of modern treatment, and an aid to many, for students and practitioners. By THOMAS STRETCH DOWSE, M.D. (Abd.), F.R.C.P., Edinburgh; formerly Physician Superintendent Central London Sick Asylum; President North London Medical Society; Member of Council and Secretary for Foreign Correspondence Medical Society of London; Physician to the North London Hospital for Consumption and Diseases of the Chest, to the North-West London Hospital, and to the West End Hospital for Epilepsy and Diseases of the Nervous System; Associate Member of the Neurological Society of New York, etc., etc. Third edition, revised and enlarged. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. 1903.

The best description of Dr. Dowse's work would be to term it a pocket dictionary. We can conceive of nothing more handy for a practitioner to carry with him in his daily rounds than a book of this kind, as its perusal must have but one effect, viz., to remind him of practical points, which must be of the greatest help to him in his daily work. A glance over the book will convince anyone of its value, as it gives in a short page the most salient points as to the treatment of each of the diseases most commonly met with. The book can be obtained interleaved if so desired, thus permitting of notes being made from time to time.

*American Edition of Nothnagel's Practice.*

*Diseases of the Stomach.* By DR. F. RIEGEL, of Giessen. Edited, with additions, by CHARLES G. STOCKTON, M.D., Professor of Medicine in the University of Buffalo. Handsome octavo volume of 835 pages, illustrated, including 6 full-page plates. Philadelphia, New York and London: W. B. Saunders & Company. 1903. Canadian Agents: J. A. Carveth & Co., Toronto, Ont. Cloth, \$5.00 net; half morocco, \$6.00 net.

This volume, like the others of this excellent practice, is thorough and complete. The importance of examining the

stomach-contents in diagnosis, and the various methods of obtaining the contents and performing the examination are discussed with accuracy and clearness. Full consideration is given to the hydrochloric acid question as a factor in the pathology of stomach diseases, the latest views having been incorporated by the editor. Particular attention has been accorded disturbances of motility and their influence in the disturbances of secretion. Treatment is very fully considered. The author is emphatic in his own views, but not intolerant of those of others. The work is so large and full that it is quite beyond the scope of a short review. It can be unhesitatingly recommended as probably the best extant on the subject. The author has long enjoyed a wide reputation in this field of investigation and therapeutics, and the editor has made some valuable additions to the German text. It is unnecessary to say that the publishers have produced a creditable book. A. M'P.

*A Nurses' Hand-book of Obstetrics.* For use in training schools. By Jos. Brown COOKE, M.D., Fellow of the New York Obstetrical Society, Lecturer on Obstetrics to the N.Y. Training School for Nurses, Surgeon to the N. Y. Maternity Hospital, etc. Philadelphia and London: J. B. Lippincott Co. 1903.

It has frequently occurred to us that a nurse, in undergoing her probation period at some training school, is beset with many difficulties in trying to secure the necessary knowledge to fit her for her life's work. The greatest of these has been, however, her being able to purchase a proper series of books (not the average so-called "Manuals of Nursing"), from which she can study Medicine, Obstetrics, and Surgery, without having to delve into heavy volumes with their innumerable statistics and incomprehensible technicalities, written only for those who are taking up a full course of medicine. It is true that there are published several "Manuals of Nursing," but they are entirely too shallow and incomplete to be of much practical benefit during training, especially in the Practice of Obstetrics.

Dr. Cooke's hand-book almost "fills the bill," though we think that he might have elaborated a little more on the Mechanism and Phenomena of Labor. It will be found, however, to fill a gap that has always been widening, rather than otherwise, during the past few years, and ought to have an extensive sale.

*The Secrets of Specialists.* By A. DALE COVEY, M.D. First edition. Physicians' Supply Company, Publishers, 111 Ledyard Street, Detroit, Mich.

This is, the writer tells us, "an attempt to unfold the sombre robe which formerly clothed some of the secrets and mysteries connected with the healing art," to offer "many suggestions and

methods of treatment . . . which have exceptional merit and are indispensable in curing disease," and incidentally "to suggest a method of establishing and increasing an office practice either for a specialist or a general practitioner." This looks inviting and likely to be of use as well as amusing. Various types of so-called specialists are fully described, perhaps not of the most desirable kind, rather what should come under the head of "quacks," "charlatans" and "humbugs." Nor is the line very well defined by the writer as to what is a "specialist" and what a "quack." Their peculiarities and rascalities, however, are very well exposed and make the book very readable. The little volume is of undoubted value to the mature physician who has come into contact with these people, perhaps to his misfortune. The formulæ, of which there are a great many, are very interesting; look, for instance, at "Peruna," said to be composed of six drams of copaiba, two drams of cubebs, with a little calysaya, stone-root and turkey corn dissolved in one pint of deodorized alcohol. It is easy to see why this preparation should have many temperance advocates, but, looking at the "swell" names signed to the testimonials in the public press, the question naturally suggests itself to one's mind, Is it the "Pivy" or the poor whiskey which attracts so many, and produces such good results?

A. J. J.

*A Laboratory Text-Book of Embryology.* By CHARLES SEDGWICK WINNOR, LL.D., D.Sc., Professor of Histology and Human Embryology in the Harvard Medical School. With 218 illustrations, chiefly original. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1903. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. Price 4.50 net.

This volume was prepared mainly to assist students taking a practical course in embryology. Attention is given to such points as serve to explain permanent anatomical relations in the adult; to illustrate general principles of biology, and to afford insight into pathological processes.

The illustrations have been prepared with great care, and were selected with a view to aid students in the work of making and studying sections in the laboratory. Full directions and explanations of the various structures illustrated are given in the text, making it a valuable help for those who wish to do practical work in embryology.

A. E.

*Le Traitement Rationnel du Diabète.* Par M. le DR. A. LORAND Médecin consultant aux Eaux de Carlsbad. Paris: C. Naud Editeur, 3 Rue Racine. 1903.

This is a pamphlet of 53 pages, in which Dr. Lorand, after passing in review the merits of a regulated diet, drugs, muscular exercise, and hepatic ophotherapy in the treatment of diabetes, gives the

preference to a Carlsbad water cure. He advises early analysis of the urine in a suspected case, considering that the recognition of one case of diabetes at its commencement is of greater importance than the diagnosis of ninety-nine cases of advanced diabetes. To patients in the former class the attendant may promise a long survival, while to those in the latter he can only offer to prolong for some years a miserable existence. J. J. C.

*Surgical Asepsis.* Especially adapted to operations in the home of the patient. By HENRY B. PALMER, M.D., Consulting Surgeon to the Central Maine General Hospital. Ninety Illustrations. Pages vi-231. Size, large 12mo. Extra cloth. Price, \$1.25 net, delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

We suppose this little book has a place if you can only find it. It would, no doubt, be useful to a recently-graduated doctor or nurse, who has some work to do in a private house, for it supplies the required amount of material with which to spoon-feed such a one. At the same time one cannot help thinking that there is a time in the career of everyone when he must begin to think for himself. There are many illustrations, the like of which one may find in an illustrated instrument catalogue, and a few showing a room in a private house "before" operation and "after." We can commend the book-making, and congratulate the F. A. Davis Company on their part of the work. F. N. G. S.

*Bacteria in Milk and Its Products.* Designed for the Use of Students in Dairying and for all others concerned in the handling of Milk, Butter and Cheese. By H. W. CONN, Ph. D., Professor of Biology, Wesleyan University. Forty-three illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street, 1903. Canadian Agents: Chandler & Massey Limited, Toronto and Montreal. \$1.25 net.

The demonstrated connection between milk bacteria and the distribution of certain diseases has brought the subject of bacteria of milk products forcibly to the attention of boards of health and sanitarians. To meet the needs of such persons and all others interested in the handling of milk is the purpose of this work.

The nature, types, growth and sources of bacteria in milk are each treated fully in separate chapters. The chapter dealing with the relation of milk bacteria to health cannot fail to interest physicians. Diseases discussed under this heading are tuberculosis, typhoid fever, diphtheria and intestinal disturbances, in which a diarrhea is an almost universal symptom.

All persons directly or indirectly engaged in handling milk should read this little work. A. F.

*A Thesaurus of Medical Words and Phrases.* By WILFRED 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. Handsome octavo of 534 pages. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Flexible leather, \$2.50 net; with thumb index, \$3 net. Canadian agents: J. A. Carveth & Co., Ltd., Toronto.

This is a unique work in medical lexicography all through, and represents an enormous amount of labor. It is not a medical dictionary, in that it gives the meaning of certain words, but the reverse. It supplies the phrase to express the idea. The book, to our knowledge, has no prototype, so that the authors have had to use their brains, and they have had no similar work to take hints from.

The Thesaurus will be found of the greatest assistance to those who have some little difficulty in giving expression to their thoughts in public speaking or literary work. The cross references from one caption to another, and the synonyms, will be found to add to the value of the book very much.

*Manual of Intra-gastric Technique.* Practical Lessons in the use of Apparatus for the Diagnosis of the Stomach. By GEORGE HERSHELL, M.D.(Lond.), Fellow of the Royal Medico-Chirurgical Society. London: Henry J. Glaisher, 15 Wigmore Street, Cavendish Square, W. 1903.

This work contains 166 pages including an index. The instruments used are well illustrated and described, and indications and contraindications for their use are carefully noted. A chapter of twenty-four pages is devoted to examination of stomach contents. This book is thoroughly up-to-date, and in reading it one feels that he is following the author through his daily work and receiving the benefit of his experience in all the little points of technique which make for success in intra-gastric work.

W. J. W.

*The Woman Who Toils.* By MRS. JOHN VAN VORST and MARIE VAN VORST. Toronto: George N Morang & Co., Limited.

In these days of strikes among the workingmen and women, dull, indeed, must be a public that is not keenly interested in the struggle of labor against capital. This book deals almost entirely with individual labor. Two ladies assume the clothing and simulate the manners of workingwomen, and seek and obtain positions

in several large factories and manufacturing establishments in the United States. They relate minutely their experience. Physicians should read this book, for in every city a practitioner counts many among his patients who live out their life's little day amid such surroundings as the authoress simply yet forcefully describes.

W. A. Y.

*Gynecology.* A Text-book for Students and a Guide for Practitioners. By WILLIAM R. PRYOR, M.D., Professor of Gynecology in the New York Polyclinic Medical School; Attending Gynecologist, New York Polyclinic Hospital; Consulting Gynecologist, St. Vincent's Hospital, New York City Hospital, St. Elizabeth's Hospital. 163 illustrations in the text. New York and London: D. Appleton & Company. 1903. Canadian agents: Geo. N. Morang & Co., Limited, Toronto.

This is a purely gynecological text-book for students and practitioners, and the author has collected from his extensive connections with the New York Hospitals an abundance of information that cannot but be a valuable aid to those studying along this line of practice. The work has been divided into two parts, the first part describing the diseases, and the second the operations. This is useful, in that it is so much more handy for quick reference. The illustrations are uncommonly good and plain, and the author must be congratulated on having devoted so much care to the compilation of this work. It is deserving of a large circulation.

A. J. H.

*First Principles of Otolology.* A Text-book for Medical Students. By ALBERT H. BUCK, M.D., Clinical Professor of the Diseases of the Ear, College of Physicians and Surgeons, New York; Consulting Aural Surgeon, New York Eye and Ear Infirmary, and the Presbyterian Hospital. Second edition. New York: William Wood & Company. 1903. Canadian agents: Chandler & Massey Limited, Toronto and Montreal.

So many text-books for medical students give no sign of the author ever having had anything to do with students, that it is a pleasure to run across one which is what it claims to be. Evidently the author has had to teach students, and still remembers their difficulties. If one may judge from the text he is a good teacher. Not only the medical student, but the practitioner will appreciate his work.

J. M.

*E. Merck's Annual Report, 1902.* Darmstadt, Germany, May, 1903.

This Report for 1902, as published by that well-known manufacturing chemist, Herr E. Merck, has been correctly termed "a report on the advancement of pharmaceutical chemistry and thera-

peuties." It is an up to date pamphlet dealing with all the most recent preparations and their therapeutic value; an index of diseases, symptoms and indications for treatment; and the approximate prices of the various medicaments. It will be found useful to the practitioner, and is well worth sending for.

*The Care of the Baby.* A manual for mothers and nurses, containing practical directions for the management of infancy and childhood, in health and in disease. By J. P. CROZER GRIFFITH, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia, New York and London: W. B. Saunders & Co. 1903. Canadian Agents: J. A. Carveth & Co., Limited, Toronto.

This work can be heartily recommended, especially to mothers and nurses, as well as to physicians. It is concisely written and not couched in purely medical phraseology, and hence will be a great assistance to the physician in being instructive to the mother, enabling her the more perfectly to appreciate his efforts. It has a valuable appendix and complete index. A. R. G.

*The Mystery of Murray Davenport.* By ROBERT NELSON STEPHENS. Toronto: The Copp, Clark Company, Limited. Cloth, \$1.25.

A racy story; time, the present; locality, New York City; characters, ordinary, interesting, nice people, with one exception, Murray Davenport, and he is a conundrum, but he guesses himself in the end, and he certainly is a complex person, made up of body, soul and general cussedness, but he is very much worth while. Get him, read him, and label him for yourself.

W. A. Y.

*Ear Symptoms as Aids in Diagnosis.* By EDWARD MAGENNIS, M.D., D.P.H., late Clinical Assistant at the Royal London Ophthalmic Hospital. Bristol: John Wright & Co. 1903. Two shillings.

This little book of a hundred-odd pages may be carried in the pocket, and aid the general practitioner in making a diagnosis in many obscure cases. The section on the pupils as a means of diagnosis, and that on paralysis of the ocular muscles, is one which may profitably be read and re-read by everyone. J. M.

*Studies in the Psychology of Sex.* Analysis of the Sexual Impulse, Love, and Pain, the Sexual Impulse in Women. By HAVELOCK ELLIS. Philadelphia: F. A. Davis Company.

The above is a treatise dealing fully with the subject indicated, and the work shows that the writer determined it to be thorough

and exhaustive. Literature from all sources has been canvassed, and we have evidently a frank discussion of the subject.

A. R. G.

*A Treatise on the Care of the Expectant Mother during Pregnancy and Childbirth, and Care of the Child from Birth until Puberty.* By W. LEWIS HOWE, M.D. Philadelphia: F. A. Davis Company, Publishers.

The above is a short practical epitome of recognized directions profitable to the expectant mother, and in the above form of practical use and convenience.

A. R. G.

*Gordon Keith.* By THOMAS NELSON PAGE. Toronto: The Copp, Clark Company, Limited. Cloth, \$1.50. Illustrated.

A charming summer novel; a breath of the south; some love-making, and adventure enough to keep the reader from napping, as he follows the fortunes, to success, of young Gordon Keith, the hero, the only son of a southern gentleman, and this fact, "like the cat the honest miller left to his youngest son, was his only patrimony."

**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 International Journal of Surgery Co., of 100 William Street, New York City, have on press at present a work entitled "Nose and Throat Work for the General Practitioner." The author is Dr. G. L. Richards, Fellow American Laryngological, Rhinological and Otological Society; Fellow American Otological Society; Associate Editor Annals of Otology, Laryngology and Rhinology; Otologist and Laryngologist Fall River Union Hospital, Fall River, Mass. It is profusely illustrated, bound in cloth, and covers about 375 pages. The price is \$2.

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