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Original Articles.

ANTE AND POST-PARTAL EXAMINATIONS.*

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Mr. Chairman and Gentlemen,—A few months ago I read a short paper touching upon some of the points contained herein, but I believe the subject is sufficiently important to warrant a further reference to the matter, and trust that those of you before whom the question was discussed on a previous occasion will bear with me if I find it necessary to repeat some things which were said at that time.

ANTE-PARTAL EXAMINATIONS.

Under this heading I include: (*a*) General examination of mother. (*b*) Urinary examinations. (*c*) Special abdominal examination, including pelvimetry. (*d*) Vaginal examinations.

General Examinations.—The history of the patient will, of course, have a great deal to do with the extent of our general examination, but a careful examination should always be made of her heart at a period sufficiently long before the probable date

*Read before the Ontario Medical Association, June 1905.

of confinement to allow of the timely adoption of measures for her safety in case a cardiac lesion should be found.

The examination of the lungs at the same time can easily be carried out, and should always be done where there is anything in the history or appearance of the woman to suggest the probability of pulmonary trouble.

The routine investigation of the condition of the heart and lungs, not only at times gives most valuable information where least expected, but serves very frequently "to break the ice," with timid and bashful primiparæ, and make other examinations less embarrassing and consequently more thorough.

Urinary Examinations.—It is scarcely necessary for one to refer to the routine examination of the urine during pregnancy. These examinations should begin at the fifth month, and be continued at intervals till the pregnancy is terminated.

While it is true that there is a transient albuminuria in from 5 to 10 per cent. of pregnant women, and that eclampsia may occur without albuminuria, these may, I think, be regarded as the exceptions which prove the rule, that evidences of nephritis are found in the urine of women preceding an eclamptic seizure.

Abdominal Examinations and Pelvimetry.—By our examination and measurement of the pelvic bones we endeavor to, and, to a degree which is of value, do, secure useful information regarding the size and shape of the pelvis; by our abdominal examination we can diagnose the position and presentation of the fetus and form some idea as to the size of its head. One must not interpret the findings by external pelvimetry too literally, but, in a general way. The internal measurements of the pelvis do not bear a constant relation to the external, many things entering into the question which one cannot calculate absolutely. But in spite of this, one can get useful information by this method of examination and its routine use is advisable.

Pelvis may readily be divided into two great classes, viz., those which are certainly of a sufficient size for an average child to pass through, and those which may not be.

Having placed a case in class No. 1 we have no more anxiety on that score, while if it is assigned to class No. 2 we should make an internal examination of the pelvis, and settle the question definitely.

It would be superfluous for me to describe the method of making abdominal examinations since many here are familiar with the procedure, while those who have not been in the habit of making them can find full descriptions in any recent text-book on the subject.

A point which has been frequently raised in connection with the diagnosing of position and presentation by external examination about the beginning of the ninth month, at which time I would advocate it, is the fact that not infrequently the position will have changed before labor commences, and that, therefore, the information one has obtained is unreliable. That is not of much consequence, since the changes in the position of the fetus, which occur in the last two or three weeks, are usually from what one might term abnormal, to normal positions. Thus an occipito-posterior may change to an anterior, or a breech to a vertex, but seldom the reverse. Having examined, at the end of the eighth month, and found a vertex presentation in an anterior position, one can almost bank on it that the same condition will be found at labor; if, on the other hand, there be not a vertex presentation, or if the position is posterior instead of anterior, such may be found to have changed before or in the early part of labor. The knowledge that two or three weeks before there was an abnormal position or presentation, will put one on his guard, and he will be careful either to corroborate his previous diagnosis or ascertain by sure and certain signs what change in the position of the child has occurred in the interim. But not only can one diagnose the position and presentation of the child with greater ease and certainty, and less disturbance of his patient by external than by vaginal examination, but in formation as to the condition of abdominal wall, tumors, multiple pregnancy, dead child, etc., may be gathered which cannot be learned per vaginam at all, or only so late as to be of little service.

Vaginal Examinations.—Having made the diagnosis of position and presentation early in the ninth month and verified it, if possible, by the same method on first seeing the patient in labor, I make a vaginal examination, mainly for the purpose of ascertaining the condition of the cervix.

While one can distinguish between a vertex and non-vertex presentation per vaginam without difficulty as a rule, I must con-

fess that I do not care to trust too much to the tip of my finger for the recognition of the position of the head. Early in labor the presenting part is too high for satisfactory examination, while late in labor the caput tends to obscure things. When it is necessary to make a careful diagnosis per vaginam, I prefer to anesthetize the patient and pass as much of my hand into the vagina as is necessary to allow me to feel some feature sufficiently distinctive to settle the matter beyond all doubt.

By making a diagnosis before labor has set in, which, in the vast majority of instances will be correct, one can reduce the number of vaginal examinations to a minimum, greatly to the comfort and safety of our patients.

Post-partal Examinations.

These will, of course, include the ordinary examination of temperature, pulse, etc., which give us valuable information as to the general condition of the patient, but no special information as to the progress of involution.

Examinations for the purpose of determining the size of the uterus on successive days of the puerperium, was first done by Charpentier, of Paris (1880), who first attempted to do so by the daily use of the sound, but shortly abandoned that method for the pelvimeter, which he used by introducing one arm into the vagina, holding it against the cervix, while an assistant placed the other end on the fundus. Such procedures were too difficult and dangerous to secure general adoption, and consequently died an early death.

It was not for another fifteen years (1895) that anything further appears to have been written on this subject, when Drs. T. B. Stevens and W. S. A. Griffith reported before the Obstetrical Society of London the results of their investigations.

Their measures were external entirely, that part of the uterus lying above the symphisis being measured both vertically and transversely, the former being the more important and reliable. The instrument used for the taking of the measures was an ordinary two-foot rule.

In the following year McCann (*Brit. Med. Jour.*, 1896), recorded the results of observations made by him on the progress of involution. He used an ordinary tape-line and measured from the symphisis to the top of the fundus in the middle line.

These gentlemen recorded their observations on an ordinary temperature chart, the 100 deg. line being taken as the top of the symphisis, each degree above representing one inch.

This method of regularly measuring the height of the fundus above the top of the symphysis, and the charting of the same, was introduced into the Toronto General Hospital in the year 1901 by Dr. Adam Wright, and some of the material for this paper has been obtained from the records there, the balance being from private cases.

In the making of these measurements certain rules must be followed, otherwise one is apt to get results which may be misleading:

1. The measurements should be made daily and preferably as near as possible at the same hour each day.

2. The patient must have passed water within a very short time before measuring, and the obstetrician should satisfy himself that the bladder has been emptied, especially in the first two or three days of the puerperium.

3. If the bowels have not moved within twenty-four hours care must be taken that the rectum is not overloaded. Neglect of these last two precautions is probably the most frequent source of error.

4. The uterus should be gently massaged for a few minutes before measuring, so that one may always measure it in the same condition, and not in a state of contraction one day and that of relaxation the next.

Having excluded these sources of error one will find the fundus from five to six inches above the top of the symphysis pubis on the day after labor, and, if all be well, below the symphysis, in the vast majority of cases, by the end of ten days or two weeks. The rate and regularity of the fall may be influenced by certain things, some of which may be looked upon as pathological, and others as physiological. The progress of involution may be delayed by: 1. Multiparity. 2. Advanced years. 3. Lactation. 4. Prematurity of labor. 5. Prolonged labor. 6. Retention of secundines or blood clot. 7. Septic infection of the enmetrium. 8. Lacerations of the cervix. 9. Grave disturbances of health from any cause.

The curve in a primipara is normally about half an inch lower

than in a multipara. The descent of the fundus is rapid for the first few days, after which it becomes more and more gradual.

Failure of the fundus to fall on the day following confinement is very frequently found to be due to distended bladder, but if such occurs on subsequent days and continues for three or four days it will usually prove to be due to one of three of the causes of delayed involution referred to above, viz.: Retention of secundines or blood clot, septic infection of the endometrium, or laceration of the cervix.

The older the woman and the larger the number of children she has had, as a rule, the slower will be the fall of the fundus. Lactation has been found to impede rather than accelerate the progress of involution. Grave disturbances of health from intercurrent disease not necessarily connected with the pregnancy, will, of course, affect the removal of the excess of uterine tissue, just as it would influence other vital processes.

Failure of the fundus to descend for three or four days, or its sudden or gradual rise to a higher level than it had been, should lead one to make an investigation as to the cause, especially so if pulse rate or temperature be elevated. With elevated pulse and temperature it will probably be found to be septic in nature, and the sepsis will have extended to, or originated in, the endometrium.

Involution will not necessarily be interfered with, because there is sepsis, but only if the sepsis involves the uterus itself, causing local irritation or inflammation with the accompanying swelling and engorgement.

Cessation of involution for a few days with normal pulse rate and temperature, will, in a large percentage of the cases, be found to be due to laceration of the cervix.

One sees a chart every now and then, which apparently will not go according to rule, but just in this connection I may say that I have come to look with some suspicion upon measurements taken by anyone not familiar with the anatomy of the pelvis and abdomen. Too much should not be left to a nurse. They frequently produce the most extraordinary involution lines, which are quite incorrect. The following working rules have been drawn from a goodly number of carefully kept charts, upon which I base my remarks.

1. Where the fundus is falling there is no necessity or justification for the exploration of the uterine cavity. If sepsis exists it must be looked for elsewhere.

2. If involution has not progressed for three or four days a careful examination should be made of the genital tract.

3. Sub-involution, associated with other evidences of sepsis, indicates that the uterus is at least a point of infection, if not the only one, and as such requires our immediate attention. Remove all foreign substances and disinfect the endometrium, but do so with all gentleness. We should not forget that nature has ways of her own of preventing the entrance of infection to the blood and lymph streams, and should hesitate to break down (currette) her barriers until we have something better to substitute for them.

4. Sub-involution, with no suggestion of sepsis, is most frequently due to one of two causes, viz., retention of secundines or clot, or laceration of the cervix.

In the first case it is only necessary to remove the foreign substance. The treatment of cervical tears at this time is still a moot point, but, for my own part, I may say that the results of repair at the end of the first week have been most gratifying.

Not infrequently when exploring, according to the above rule, nothing has been found other than what appeared to be an unusual amount of lochia, frequently mucus in character, on disturbing the cervix, with the result, however, that the desired effect was secured. Apparently there was some obstruction to drainage, and the act of examination disturbed things sufficiently to remove the obstruction.

75 Bloor Street East.

Attacks of abdominal pain preceded by "rumbling" of the bowels is suggestive of some obstructive condition.—*American Journal of Surgery.*

Severe and repeated headaches may be due to the unsuspected presence of otitis media, with or without mastoiditis. —*American Journal of Surgery.*

ERYTHEMA GANGRENOSUM.*

By E. R. Hooper, B.A., M.B., Toronto.

Mrs. W., aged 41.

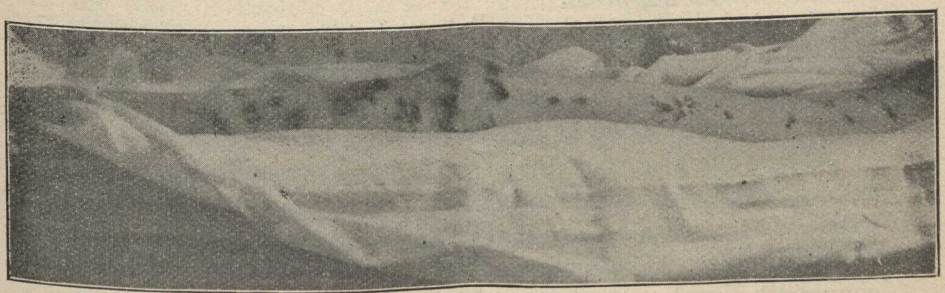
History.—On December 24th, 1904, patient had an attack of appendicitis, and though pain was present for many weeks, she would not consent to an operation till February 22nd. Following the operation an intestinal obstruction developed, and, though not complete, was sufficient to cause great embarrassment and markedly inflated the intestinal tract proximal to the site of constriction. The operation for the relief of this condition was performed on April 2nd, when I found a fibrous band passing from the anterior abdominal wall near the site of the operation scar, to the right iliac fossa. This band, passing over the ascending colon, produced the obstruction referred to.

Patient's condition was uneventful till June, when marked disturbances of the nervous stability were observed, and prevailed through the two succeeding months. The extremely emotional nature and conspicuous mental depression were attended with suicidal attempts and many expressions indicating an aversion to living. Patient has been twice married, but has had no children. Her last marriage has been one of incompatability of taste and temperament, involving, constantly, much mental agitation and depression. This condition, together with the nervous anxiety associated with five months' confinement to bed, must be regarded as the chief agencies contributing to the nerve exhaustion or instability, which are doubtless underlying causes, in hysteria. Prior to December, 1904, the health of patient has been good.

History of Lesions.—During the second week in August the patient presented herself, stating that her arm had been scratched by a rusty stove-pipe wire. Within three days of wound a large, black, gangrenous area appeared over the site of injury, which was on the outer aspect of the upper arm.

*Read at Toronto Clinical Society.

This, the original patch, was circular, two inches in diameter, tough, thick, involving the skin and superficial fascia. This area of necrosis was succeeded by several smaller ones, some to the inner and some to the outer side of the larger and original one. These areas of necrosis were black from the first appearance of change, as if the destructive condition were here seen in its most virulent action. A patch, which is typical and average in its destruction, has a history as follows: First indication is subjective, there being an intense burning pain, followed in two hours or more by a large hyperemic area over the centre of pain. Inside this large reddened area are three zones representing three degrees of destructive activity. The dark, central zone of gangrenous tissue is the inner, surrounding this a ring of dark gray or yellow, defined by a deep red border,



and beyond this again, fading into the normal tissue, is the pale red hyperemic base which first appeared. We have thus a positive, comparative and superlative degree of injury in this order from the periphery towards the centre. In some cases the central dark area may extend to include the dark gray zone, and the two may subsequently necrose. In other spots the surrounding dark gray zone may regain its vitality, and the molar death is then limited to the central area. This erythema and subsequent gangrene do not rise above the level of the surrounding skin. It is only when repair takes place that the new tissue raises the necrosed tissue above the level in the form of a scab, and even this does not take place if moist dressings are placed over the oncoming or healing patches. In the course of ten days to two weeks the necrosed area has separated, and the underlying tissue resembles a deep ulcer with well-defined mar-

gins. The healing starts from the margin with ever-narrowing diameter, till a thick keloid scar occupied the site of the necrosed area.

These gangrenous patches commenced on the upper arm and took about two weeks to complete the invasion of the arm. There was a period in which no further patches were developed, but after this interval of four or five days the lower arm was attacked, and it required about two weeks for the process to complete its destructive action.

Two weeks intervened before the thorax was invaded, then the lesions appeared in succession upon the abdomen, thigh, leg, and foot. Up to this time the lesions were without exception unilateral, and extended up to the middle line, and showed no promise of involving the opposite side for at least a week after the first lesions appeared.

The right abdominal area and thigh later became involved, and though there was an occasional deep patch, for the most part the lesions were superficial and of less severity than those on the left side. They in fact resembled a herpes.

At first the history of the origin led one to regard the lesions as of a septic character, the infecting agent being the stove-pipe wire. There was, however, no lymphangitis and no elevation of temperature. The manner of onset and course pursued soon convinced one that there was what appeared to be a failure or disturbance of nutrition to certain areas. The term trophoneurosis seemed to express the change that has occurred in these gangrenous patches.

These did not follow the areas of skin supplied by the branches of sensory nerves with any regularity, nor did they appear in the order of a progressive, descending lesion of the spinal cord or nerves.

Nor did these follow the areas of tissue controlled by the motor nerves. For example, from the 5th and 6th cervical nerve are derived branches which supply the supra-spinatus, infra-spinatus, subscapularis, teres major, deltoid, which were not involved, but they also supply fibres to the brachialis anticus, biceps whose epidermal tissue was destroyed. Nor could these be said to appear in a descending order, as patches would appear at higher or lower levels with much irregularity. It is

to be noted, however, that the areas of skin supplied with motor branches from the brachial, lumbar and sacral plexes were more involved than these areas between. The upper thoracic zone was but little affected.

Patellar reflex is present, may even be exaggerated. The plantar reflex in some instances was absent, but when present there is plantar flexion.

Sensation is markedly delayed on the left side, and the muscular sense is clearly impaired. Location of sensation was very faulty, nor was it possible for patient to say which toe was flexed or extended. On the right side these sensations were almost normal.

It is now two weeks since the gangrenous areas sloughed, and at present date, November 20th, the lesions on leg are in the state of healing ulcers. The arm has quite healed, but the thickened scars mark the site of injured tissue. On November 13th the patient had a chill, and, on taking the temperature, by mouth, it was 102 2-5; later on, taking per axillam, it was reported 109 and 109 2-5, respectively on two occasions. On enquiries I found that a hot water-bag had been given to patient, and on taking the temperature, in presence of nurse, the temperature now read at 99 2-5. The hot water-bag no doubt contributed in raising the mercury to the alarming figure of 109 2-5.

The photo shows the distribution of the lesions on the lower abdominal, femoral and outer aspect of the leg.

During the first week in January the last ulcer had healed. From the appearance of the first lesion to the healing of the ulcers has consumed about six months, which will, therefore, represent the course of this marked change.

In a very acid urine red blood cells may be disintegrated and appear under the microscope as an amorphous material. When it is important to determine the presence or absence of blood in the urine it is sometimes necessary, therefore, to resort to a chemical test, *e.g.*, that with guaiac resin.—*American Journal of Surgery.*

MEDICAL THOUGHTS DURING LEISURE HOURS.

By James S. Sprague, M.D., Stirling, Ont.
Author of Medical Ethics, Etc.

Those of the profession who take interest in the transactions of the faithful and zealous workers who compose our Council of the College of Physicians and Surgeons have abundant reason to rejoice in the sale of the college building, and will further rejoice in the wise selection of a suitable site in some more classical retreat for the new edifice, where examinations and the work of the Council may not be disturbed by the music of hand-organs and the hum of the traffic of the streets. An ideal college building, in a quiet, yet classical, locality, centrally located, which, too, should satisfy every want and need not cost what we have been left—$20,000, even $15,000, it is thought, could be placed aside as a reserve fund.

When the ordinary observer of the movements of men learns that from our Canadian universities of the oldest provinces some four or five hundred young men graduate in medicine who are anxious for desirable places in which to locate, does it not appear to such an observer that if Canada is for Canadians, it is time, if ever, and if we want to keep our own people, that we encourage the efforts of Dr. Roddick and other zealous and truly patriotic M.D.'s, who wish a Dominion licensing organization established. Patriotism and the profession's best interests—now and for the future—demand it, and if ever there is wanted a man or men to come out from the crowd to tell us these truths, such a time is the present time, even now. We await "the loud voice of one crying in the wilderness." It is hoped that this brief and humble reference and appeal may rekindle the zeal for this much-demanded and thoroughly patriotic Dominion Medical Registration.

> "Worth many a life is his, the skilful leech,
> Who knows with practiced hands to extract the shaft
> And healing drugs apply."

If so, had we not better keep such good men at home?

Seated on the Delphic tripod, will not the Sir Oracle of Montreal, who so paternally offers suggestions to presidents and other high officials named for the August meeting at Toronto of the British Medical Association, remind such and other authorities of the necessity of urging forward this great movement, Dominion Registration? Not forgotten, however, is it that this same Montreal sage, some two years ago, lamented the name of the divine Hippocrates being introduced in every introductory address, especially addresses before the Canadian Medical Association. As a student, in fact, as one who for thirty-six years has studied such introductory addresses, I am of the opinion that to leave out the name of this, the brightest name in medicine, would be sacriligious. Equally so, as if in a Sunday sermon the minister would omit the naming of the Incarnate God—the name of our Saviour. No, this immortal, this the master-mind, this the father in medicine, as well as his apostles, whose names and works so brilliantly illumine the past ages, are required to be named, unless we tempt, or wish to tempt, the very gods, and await their vengeance or displeasure. The "Chauvinism," one of the most masterly addresses of Osler; the address of the distinguished veteran, Dr. Jacobi, a father in medicine, at McGill, in 1905; the address by President Dr. Moorehouse before the Canadian Medical Association at London, in 1903; Dr. John Stewart's address in 1905, in fact, all such and similar addresses, such as are preserved among men as masterpieces, have named the name of the son of Heraclides, who, of the Esclepiadæ, gave us the "oath," considered by every *savant* the most masterly piece of condensed literature known and recorded in the world's history.

The church and the law have, from time immemorial, inculcated the readings of their illustrious dead, and those who read with becoming reverence have through life become inspired, and, as a result, been better men, even crowning lights. With us no such teachings are demanded, in fact, are never suggested. Why? Such can be answered with many words, yet the words, "No time," "Is not required," will do. And thus, with the most profound ignorance of the fathers, the history of medicine, its struggles and triumphs, its present and its past

position in the commonwealth, does the young M.D. face the world. My talented friend, Dr. Fischer, although young, illustrates much wisdom, such as should be shown by his elders, in his classical presentation of the works and the lives of our departed master-minds in medicine in the DOMINION MEDICAL MONTHLY.

It is advisable that we have ideals. Such we must have, and Pasteur tells us, "Happy is the man who carries with him a god—an ideal of beauty—and obeys him. An ideal of art, an ideal of science, an ideal of patriotism, an ideal of the virtues of the Gospel." Yes, brother, young or old, have ideals, the finest in conception of mortal minds. Dante has been, and is, the ideal of men who are leaving their names in the hall of fame. Is your name to be enrolled? If so, have an ideal, but do not lose your personality while being absorbed in the copying. The world wants, in fact, is in dire need of, the original character, the Martin Luther who can see our century, that is, the next century, as if it were to-day. Such men have lived, who have lived one century too early. Voltaire is one instance, and if another name be asked, Michael de Montaigne may be added. If the Sir Oracle of Montreal require more, let him demand as one of the principal addresses one whose subject shall be, "Palimpsests of Parasthenics." Such will afford the reader of it ample opportunity to bring in or introduce men of *his* ilk, the incorrigibles, the originators and promulgators of the many patent medicines, so-called eth-pharmacal frauds, which so widely are advertised in our so-called honest, ethical medical journals. The author of the paper can easily illustrate that the intramural group of traitors to the best interests and progress of medicine are as numerous as the traitors bearing our titles in medicine to whom extramural may be applied. If Sir Oracle of Montreal were wise he would ask the authorities, or those who have charge of the British Medical Association, to tolerate no cheap or eth-pharmacal exhibition of *ols, ins, ines,* in fact, any exhibits of proprietary or other medicinal foods within the walls of the hall where the Association may meet. And, by the way, let us not be so forgetful of our respectability as to be the guest of any such company, and if I mistake not, Sir Oracle, you told us, in 1903, something about this mistaken

step, but you told us so after we had been trapped. We are "easy marks" now, as then. We forget. Why not such names as Geikie, Richardson and R. A. Pyne appear—such a name as Primrose, too; that, too, of Ryerson, when the welcome, the introductory, be presented? Such are names known beyond the seas, and not at home only, but beyond the city's walls.

Did Sir Oracle bid us beware of the professor who, while introducing his pet subject, introduces, or may introduce, the name of a proprietary medicine, whose makers, over the fence, are watching its name mentioned, especially as they have paid the professor in advance, whose merits eclipse the old and endorsed preparations?

If ever there was wanted a *Tilbury Fox*—not a "man from Toronto"—such now is the time to tell us in good, plain English what this cutaneous disease is, this so-called smallpox, for no one, except experts and "the man from Toronto," dreads it, even if the "man in Toronto" so names it and tells us, as do his satellites, that *they know*, even if we, who reside beyond the city walls, as well educated as they and have seen genuine smallpox, *do not know*. Certainly there is a blank page in *Practice* which will be used to describe this disease, which is not smallpox (?) and is not chicken-pox. (?) Will any M.D. be brave enough to throw down the gauntlet and speak, as one having authority, and tell us, without using the *modified*, what it is, for the profession is being censured and injured in many instances, and in as many instances unscrupulous M.D.'s in a few localities, it is said, blow the coals for their own financial interests. Dr. Hodgett's conclusions, without *modified*, are all right.

This morning's mail brought me a gold mine prospectus, coal oil and collection agency announcements, two booklets stamped "For Physicians Only," whose contents named the virtues (if any) of proprietary medicines (quack medicines, as defined by Webster); another pamphlet, with a professor's name, named the virtues of five or six proprietary medicines. Such was not B. P. & Co. No, such come so often as not to attract attention. *The Medical World* has warned me that the gold mine, collection agency, *The Medical Brief*, and

several other similar affairs, need cold storage, or consideration, and therefore I am forewarned. To be brief, I did up in their original covers these several announcements as first named, and mailed them home again, and with this note: "Please do not send to me any more of your circulars. When a boy I was caught by a sharper, and ever since I have been scared." In so doing I feel assured my ordinary tranquillity will not be disturbed, and I have done, brother, what you for many years designed to do, but did not do.

Not medical journals, "Christian Advocates," or the "Temperance Heralds," but *Collier's Monthly,* is doing the noble work that such journals and periodicals should do in exposing the medical and whiskey frauds which, under the sway of powerful organizations, are quickly making drunkards, violating the regulations of the various liquor acts, promising cures under the endorsement of too many falsified and wrongfully secured testimonials, and are placing shackles on the liberty of the press. Yet such concerns flourish, and silently. We M.D.'s know the deadly and fraudulent work that is being done in our midst by them, and yet no one murmurs, no one among us; in fact, no one among the dear temperance people, having seen the *Collier* denunciations of these gigantic swindles and destroyers of the morals and health of the people, has been aroused sufficiently to give a *résumé* or copy of the swindles exposed by *Collier,* either in medical journal, church paper, or his favorite literary journal, or in his newspaper or his *Physical Culture.* Yet I must place this last paper in the list of the people's champions against the frauds named, but can I or you name in Canada or the United States a city paper, other than *Collier's*—or even a country paper—that has the boldness to expose the frauds under consideration? Is the press shackled? Such has been asserted. If so, does such exist in Canada? We hope not, and do not believe it.

> "How shall the press the people's rights maintain,
> Unawed by influence and unbribed by gain."

What shall I say in reference to the medical press, here and in the United States? Some years since I had abundant evidence afforded me that not only was one U. S. journal in medi-

cine, but several journals in medicine, published not for honest medicine, but quack compounds, and that the editors of these were muzzled. Oh, what a fall, my faithful brothers, I felt while such a remorseless hand I saw directing the editorials, whose head lines were, "Published solely in, and for the best interests of, the physician"—no doubt it was understood, for the easy marks, of which our profession can boast the possession of many illustrations—enemies of the profession's progress, stumbling blocks to the honest laborer in therapeutics, self-deceived and the deceivers of those whom they term brothers.

In the list of the 2,500 licentiates in our province I am of the opinion that not more than 1,500 are devoting their lives to the practice, in fact, depending on it, and it alone, for a means of livelihood, such being stated and with the belief that investigation can easily verify the assertion. No surprise is occasioned at the indifference so commonly exhibited when great movements are announced for or against our profession's interests. Of these 1,500, probably 500 are thinking of other preferments, in many of which a knowledge of medicine or the M.D. degree is more ornamental than useful; in fact, are working for and zealously clamoring for these golden apples in office, illustrating, too well, the lines of Horace, "At bona pars hominum decepta cupidine falso," or the classical legend of the beautiful Atalanta, who surrendered her virginal purity, while in the race, by seizing the golden apples which Hippomenes threw behind him. The 1,000, not named, are neither for nor against any movement, great or small. As regards professional interests they are the "don't cares," they are not with the workers, yet jealous if not so termed. Other occupations equally claim their time. They are included in the list of those who would probably censure these lines, and otherwise give expression to their loyalty and devotion to medicine by inherent, asinine recalcitration and blatant censures, rivalling the remorseless Zoilus: the malignity of the offspring of Sycorax (Caliban) or the impudence of Autolycus, named in the "Winter's Tale." However small the number is of those who have been true, and will be true, to their first love, and are offering, and will offer, their best libations to the altars of Hippocrates—

to them we may confide the zealous preservation of the keeping in glow the sacred fires, which will assist the workers to make this century glorious, even more glorious than those of the past, which, too, will thus be endorsed as the golden century, when an Osler, a Temple, a Sullivan or a Cameron, this century ending, shall review its triumphs in medicine:

"Though far unworthy of thy train,
With trembling voice I tune my strain
To join with those
Who boldly dare thy cause maintain
In spite of foes."

—*Burns.*

(To be continued.)

When performing amputation, arthrectomy, osteotomy or similar operations it is wiser to leave the constrictor in place until the dressing is partly, or entirely, applied, than to remove it after tying the large vessels, in an effort to secure the small ones. In the former case the snugly applied dressing will safely prevent hemorrhage; in the latter case, there may be an alarming loss of blood from the numerous small vessels in the very time the efforts are made to tie them all.—*American Journal of Surgery.*

In cases presenting the symptoms of acute epididymitis and orchitis, in which the history and examination fail to show any evidence of gonorrhea, it is always well to consider the possible presence of a torsion of the spormatic cord. The symptoms of the latter condition often resemble those of an acute orchitis, namely, pain, swelling, marked tenderness, and more or less fever. The chief distinguishing points are that in torsion of the cord the pain comes on suddenly after physical exertion, straining, coughing, etc., and is often attended with marked depression and even collapse. The tenderness also appears earlier than in orchitis and is much more intense, while on examination of the cord a very sensitive swelling can be felt.—*International Journal of Surgery.*

THE NEW MANITOBA MEDICAL COLLEGE FORMALLY OPENED.

The new home of the Manitoba Medical College was formally opened on Friday evening, January 26th, and Monday morning lectures began there. It was with feelings of keenest pleasure that those who have taken so active an interest in the construction of this magnificent new building, welcomed their visitors last evening, and it was admitted by all that the building is a credit to the medical faculty and to the West. It is planned to accommodate all applicants for many years to come, and is roomy, bright and cheerful. There was an added cheeriness when the rooms and corridors were crowded with the many guests who presented themselves that evening, and the occasion passed off with great success.

The reception was of a very informal nature, the guests being welcomed by the members of the faculty, among whom were particularly noticed Drs. Chown, Good, Paterson, Popham, Prowse, England, Todd and Bell, and Mr. J. J. Mugan represented the student body. The students were there in force and took a great deal of pleasure in showing the ladies over the building, and probably in recounting some of the gruesome events (largely fictitious) which are considered to be associated with a medical college. A large number of nurses and graduates from the Winnipeg General Hospital, members of the Hospital Aid Society, and other ladies who have been connected with the hospital work were present, together with a number of graduates from the old Medical College.

After the reception, and when refreshments had been served, a couple of the lecture rooms were cleared, and dancing engaged in till midnight. This latter part of the evening's programme was probably the one most enjoyed by the younger element.

History of College.

This formal opening of the new Medical College marks a distinct advance in a worthy institution, and is an event of no small consequence in the development of higher education

in the West. After some twenty-three years spent in various quarters, more or less suited to the work in which they were engaged, the faculty and students at last find themselves in possession of a building, roomy, complete, well-appointed and thoroughly up-to-date.

Lectures were first given in the olden days in one of the small upper rooms of what is now the Confederation Life Building, a cottage on Logan Avenue being used as a dissecting room. The next year a house on Harriet Street was used as a lecture hall, but its disadvantages were manifest, and it was at this time that the proposers pledged their individual credits to erect the old college in which lectures were given for the last time this week. This building was twice enlarged, but there came a time when a new college became an absolute necessity.

Whatever may have been true of the university in general, it has always been admitted that the Manitoba Medical College, from almost its very beginning, has been maintained in a manner most creditable to the busy men who were connected with its faculty, and to the new province which forms its constituency. It has often been said that the college was born prematurely, before a very distinct need of such an institution had arisen, and as a matter of fact it was organized in defence of a principle, by men who realized that it was coming into the world somewhat before its time. A bill was before the legislature of that day, asking for the incorporation of a private college to be run purely for the purpose of pecuniary gain. To such an institution as this most medical men were strongly opposed, and in lobbying against it, gradually formulated in opposition the plan of a faculty and college representative of the profession in the province. From a faculty of two or three professors and a student body of a half dozen men, the college has grown until the faculty numbers 30, and the students nearly 150.

Many Graduates.

More than three hundred men have been graduated, who may be found practicing their profession with credit, in many cases with distinction, not only in the west, but east, south and over seas. The President of the American Health Association, which represents the profession in Canada, the United States and

Mexico, is a graduate of this college. Half of the medical men of the city are graduates of the home institution.

During the twenty-three years of its existence the Medical College has received practically not one dollar of outside assistance. The costs of building and sites, and of equipment, as well as the current expenses, have been defrayed by the faculty out of fees received, supplemented in more cases than one by contributions from the members of the faculty themselves. Professors have given their services gratuitously. And it is very noteworthy that in spite of the financial considerations which could never be ignored, the ideal of the institution has always been high. Its standard has always compared favorably with that of other Canadian schools. At the present time the Manitoba Medical College is setting the pace for other Canadian medical schools in demanding a five years' course of study. Examination standards have always been stringent, and members of the faculty have frequently, in the university council, proposed that nothing less than graduation in arts be accepted as matriculation.

Its Facilities.

While the college has been crippled in some departments more or less severely by lack of equipment, it has enjoyed compensating advantages in the exceptional facilities the large hospitals here afford to the comparatively small body of students. During the past year or two the expansion of the science faculty of the university has relieved the medical professors of providing instruction in the several subjects which form a basis of medical study.

The present year, in the true sense of that much-abused term, opens a new era for the college. With a reorganized and enlarged faculty, an extended, rearranged and enriched curriculum, and a new college building, it is certainly equipped, as never before, to provide medical training for the West. The burden of suitably equipping the new building has been lightened for the faculty somewhat by the voluntary co-operation of the graduates, who are contributing very handsomely for that purpose.

Of the value to Manitoba of the work done by the Medical College, too much cannot be said. Such a teaching institution in a community, as is well known, has a considerable effect in

keeping up the general average of efficiency in the profession. It provides, as well, a means whereby young men of the West, desirous of entering the medical profession, can secure a thorough training.

While the high efficiency maintained in the past in spite of immense handicaps, has been most creditable to the faculty of the college, it seems scarcely just that a public institution should be allowed to struggle along, however creditably, without public recognition and public assistance. The college is in affiliation with the university, and doubtless will be remembered when some philanthropic individual stands godfather to that somewhat needy institution. —*Winnipeg Free Press.*

After removal of the appendix symptoms of appendicitis sometimes persist, leading the patient to believe that the organ had not been extirpated. These are generally due to a colitis, which must be treated by high irrigations, diet, etc.—*International Journal of Surgery.*

In operating for empyema of the pleural cavity, while the place of incision should correspond to the situation of the pus accumulation, it is well to remember that the point of election is immediately in front of the posterior axillary line and on a level with the nipple.—*International Journal of Surgery.*

In the application of splints for inflammations of the knee-joint it is better to have them too long than too short, in order to secure the necessary immobilization. They should generally extend upward as far as the groin and downward nearly to the ankle.—*International Journal of Surgery.*

From a therapeutic viewpoint it is a great error to class rheumatoid arthritis as rheumatism, since in its treatment the use of tonics, a liberal diet, electrictiy, and massage are indicated rather than the free administration of the salicylates, which at best only relieve the pain.—*International Journal of Surgery.*

Clinical Department.

Locomotor Ataxia, Following Cholelithiasis, in Which the Gastric Crises Simulated Biliary Colic. PHILIP A. SHEAFF, M.D., of Philadelphia, in *American Medicine.*

The following case history may be of interest to some of the readers of *American Medicine.* It illustrates the importance of carefully working up our cases, and not laying too much stress on statements made by the patient; and teaches a moral regarding the injudicious administration of morphine.

Late one afternoon I was consulted by a man, apparently in great pain; his expression was anxious, and he was vigorously rubbing the epigastric region. He stated he was having an attack of gallstone colic, and that his physician had said to tell whoever attended him to administer .03 gm. (½ gr.) of morphine at once. He assured me that he had had that amount before and could readily tolerate it. Questioning elicited that he had passed several calculi about nine months before; he had never been jaundiced; and the pains did not radiate to the right shoulder. He had never observed blood in his urine. He seemed in such agony that I accepted his statements and prepared to administer the morphine. He requested me to allow him to inhale a few whiffs of chloroform before using the hypodermic syringe. This I did, and he then asked to go to the closet. Upon his return he stated that he had vomited, and experienced some relief. However, this did not last, for the pain soon became intensified, and he asked me to make a hypodermic injection over the seat of the pain. This seemed so suspicious that I made a hasty examination of his right arm below the elbow, thinking that, perhaps, he was addicted to the use of the needle. This examination proved negative,* and I proceeded to expose the hypochondriac region, noticing as I did so an adhesive plaster over the region of the liver in the right axillary line, and an eczematous eruption over the lower region of the sterum, which he said was due to a rontgen-ray burn. I now administered .02 gm. ¼ gr.) of mor-

*Subsequently, I discovered that the patient was a morphine habitue, who took advantage of the gallstone theory, when coming under the observation of a new physician, in order to obtain morphine.

phine and .6 mg. (1-150 gr.) of atropin sulfate, hypodermically, and relief from the intense agony ensued.

Two days later, at 2.45 a.m., the patient returned, suffering intensely. Under the same treatment previously employed he obtained relief. At this visit I noticed that his left pupil was larger than the right. Later, on the same day, I discovered that the left pupil was considerably larger than the right, and the left upper lid drooped slightly. Neither pupil responded to light stimulation. The knee-jerks were apparently absent. Station and gait were good.

As a result of this superficial examination, I told him I was somewhat doubtful as to his present attacks being due to gall-stones, and set a date for making a thorough examination. The patient did not come at the time specified, but about a week later he made his appearance, suffering from a mild attack. During this seizure he vomited about a teacupful of bile-stained mucus, and also urinated. Examination of the urine showed amount voided, 1½ oz.; color, clear dark amber, but when brought in contact with nitric acid on filter paper a slight violet color, changing to brown, was produced;* acid in reaction; specific gravity, 1.026; no sugar; a heavy ring of albumin was present; urea, .018. After centrifugalization, the microscope revealed the presence of numerous finely granular tube casts. I obtained the following history:

H. R. T., aged 32, white, married; was born in New York, and is a horseman by occupation.

Station: With shoes and stockings on and eyes closed, normal. With shoes and stockings removed and eyes closed, a slight abnormal sway is present.

Gait: With shoes and stockings on and eyes open, normal. With eyes closed feet are separated somewhat and gait is slightly ataxic. With shoes and stockings removed and eyes closed, gait is perceptibly ataxic. Slight inco-ordination is present when touching the tip of the nose, the eyes being closed.

Knee-jerks are absent on both sides, also by Jendrassik's method of reinforcement; tendo-achilles jerk absent on both

*This was suggestive of bile, but later the patient admitted that he was then taking some tablets another physician had prescribed for him in a neighboring city. These tablets, on analysis, proved to be a potassium iodid, thus giving fallacy to the supposed faint reaction for bile.

sides; no spasticity; no ankle-clonus; no Babinski sign or paradoxic flexor reflex present; no paralysis of lower extremities. A pin prick gives rise to pain over both legs and feet, and the sensation is rather promptly experienced, but is not as distinct over the left foot as it is over the right.

The sense of distinguishing heat and cold is at times reversed over both legs and feet, but the reversal of temperature sense is most marked over the inner side of the left calf. The patient has not noticed any weakness of the lower extremities, except during the last few days, during which time he has been doing considerable walking, and has felt somewhat tired. The ground feels solid under his feet, and he has never experienced any difficulty in going up or down stairs. In getting up at night he has never felt as if he would fall.

There is no tremor of the tongue, which is protruded in the median line, and is of normal appearance. There is no tremor of the fingers of the outstretched hands. His memory is good, and pronunciation distinct.

The pupils are unequal, the left one being about twice the size of the right. Neither contract to light, but both respond to accommodation. When the right pupil is exposed quickly to light it dilates slightly. Vision of right eye 15-15, and of the left eye 15-20. Unfortunately an ophthalmoscopic examination was not obtained. There is slight ptosis of the left lid. He has never seen double, and the external ocular muscles are apparently normal. The conjunctives are normal in appearance.

There is apparently no anesthesia of the trunk or arms. Over the lower region of the sternum there is an area the size of the palm of the hand, made up of scar tissue, eczematous in character, with dilated capillaries here and there, said to be the result of a rontgen-ray burn. Examination of heart and lungs negative, with the exception of slight accentuation of the second sound. There is no tenderness over the gallbladder or epigastric region. Examination of abdomen, negative. Appetite is good. He sleeps well. Bowels are regular, except for the last few days, when they have been somewhat loose, and of a golden yellow color. When the desire to urinate becomes manifest, he must perform the act at once. For the last year his sexual power has not been so vigorous as formerly, and after the act is performed he feels exhausted.

General nutrition is fair, although musculature is flabby and not very well developed, and he has lost considerable weight in the last two years. At times there is some edema about the ankles, which is not manifest at present.

Past History.—During childhood he suffered from measles, mumps, and whooping-cough. Denies having had gonorrhea, but he contracted a chancre at 19, for which he was promptly treated, receiving a series of 40 mercurial inunctions, followed by "drops," of which he took 10 three times a day in milk. This medicine was gradually increased until he reached a total of 225 drops daily, when he says pimples would break out on his face and body, and he would suffer from headache. The dose was then reduced and then gradually advanced again. This method of treatment was continued for a period of a year, when he was regarded as practically well. From then on he was in good health up to the age of 29, when he was treated for acute gastritis. After this attack he remained well for a period of four months, when another attack, similar to the first, but of much greater severity in regard to pain, made its appearance, and his physician suspected gallstones. At this time his stools were lighter in color than normal, and in contemplation of operation he was subjected to rontgen-ray examination, but no calculi were found. However, he says that about nine months ago he passed several gallstones, which were recovered from the feces. (This statement has been denied by a member of his family, who said he used the gallstone story to obtain morphine.)

For the last year and a half he has had ptosis of the left lid, but he says it does not droop as much as formerly. This condition was accompanied by dilation of the left pupil.

He had noticed for the last six months that his vision has not been so acute. For the last month he has had, at times, a constricted sensation about the waist.

Family History.—Parents are living and well. He has no brothers or sisters, was married when 21. Within the first year after marriage, his wife had a miscarriage, which occurred about the fourth month. The second pregnancy resulted in a miscarriage at seven months, and followed the first by about one and a half years. His wife is living and well, and they have three healthy children, aged 9, 7½ and 5½, respectively.

Case of Sepsis in a Newly-born Infant. By A. Jacobi, M.D., LL.D., New York, in the *Archives of Pediatrics.*

G., male, 862 Park Avenue, was seen at 9 p.m., April 5, 1905, with Dr. Baran. Is the third child of the family. No miscarriage. First child was an eight months' baby; died on the second day. Mother had been sick and under treatment for several months previously. Second child was delivered by Dr. Baran, and is in good health. No family disease, particularly no hemophilia.

History.—No written records were kept. The following history was elicited from the physician: Nothing was noticed until the fourth day. Then heavy uric acid infarctions were discharged. That lasted until the eighth day. It recommenced on the ninth and lasted to the tenth day. Urine was pale on the eleventh. No examination was made. Quantity fair. Circumcision on the eighth, with no accident. Purpuric spots of small size were seen on the extremities on the ninth day.

Hematuria appeared on the twelfth and continued. On that day a consultant was called in. He found what has been described, and both kidneys swollen. Is reported to have diagnosticated tumors of both kidneys.

The cord fell off on the fifteenth day, April 4th. Was seen by me on the sixteenth, April 5th, 9 p.m. Air of the room good; window had been kept open; bedding clean; plumbing appears to be in order. Mother in fair health; sitting up; has no fissures in her nipples. No history of tuberculosis, or syphilis. Baby still weighs nearly six pounds; is said to have lost considerably. Mouth and nose normal; lips dry; somewhat fissured in the corners. Ears appear negative. No diarrhea. No malformation. Purpuric spots, small and large; some with slight elevation of the surface, over chest and epigastrium; some on face, shoulders, arms, fingers. Some painful livid elevations (suggesting the presence of pus in the deeper tissue). Icteric discoloration not noticeable in gaslight; is reported to be trifling. The liver large, as usual at that age. The spleen was not felt; percussion negative. The right kidney was not felt. The left kidney felt like the size of a hen's egg, hard and smooth. Respirations about 60; pulse 200; temperature 104.5 deg. F. Heart negative. Umbilical stump has some bloody oozing; is covered with some boracic acid, with which it has been dressed all along. The condition of the child appeared to warrant no close examination of the lungs, nor of the blood; no vein being in view or accessible under the circumstances. The baby died the next day.

Autopsy at 9 p.m., six hours after death. Surface as described in the living; some of the spots paler; some more livid. A moderate amount of serum, tinged with blood, in the pericardium. On it numerous petechiæ. Heart negative; thymus small, negative. Four of the lobes of the lungs have disseminated hemorrhages; some quite superficial, pleural and subpleural; some infarctions, mostly triangular of ½ to ⅔ cm. in depth. Some atelectatic places in both sides posteriorly. Peritoneum holds a few ounces of blood-tinged serum, and shows a few petechiæ on the abdominal wall. Both costal pleuræ covered with petechiæ, and a few extensive extravasations. Liver as large as normal; negative. Umbilical vein and ductus Arantii, normal; not ulcerated. Spleen small, negative. Stomach exhibits circumscribed blood points in the mucous membrane. Many extend down to the submucous tissue. These changes are mostly found in the pyloric part.

Umbilical stump large; slightly eroded; covered with a scab of coagulum and boric acid. The pelvic conenctive tissue is black with blood. Both adrenals small; rather more so than normal.

Left kidney enlarged to almost twice its size; dislodged downwards from 4 to 5 cm.; capsule penetrated with blood; some clots between capsule and kidney; no open blood vessel found; capsule also thickened with fat. The upper part of the kidney forms a black, almost uniform-looking mass, which so swells the tissue that fetal lobulation becomes indistinct. The right kidney is similarly changed, but to a far less degree. Section of the left kidney exhibits some small uric acid infarctions which are still held in the pyramids.

A few points are of unusual interest:

1. Uric acid was discharged in large quantities from the fourth to the eighth day; then again from the ninth to the tenth. Small hemorrhages, with or without secondary nephritis, are not very rare after uric acid infarction, but the suspicion that the foreign bodies might have caused the hematuria was soon dismissed.

2. It is certain that almost every floating kidney found in early age is congenital. As this baby has been lying down all the few days of his life, the increase in size should not be charged to the dislodgment of the left kidney.

3. The diagnosis of intra-abdominal tumors, until it be quite positive, should be suspended even in infants and children in whom intestinal contents are rarely misleading. Besides, what we feel inside is exaggerated by the mass at least of abdominal

wall which has to be grasped on both sides of the questionable body. The left kidney *was* enlarged by hemorrhage, and was abnormally accessible, and the tumor of a kidney might be suggested by the findings. Still, very few tumors of a kidney ever bleed. Carcinoma does bleed sometimes; sarcoma very rarely; calculi in later life; tuberculosis not in the newly-born; cysts and hydronephrosis not at all.

4. The bacteric cause of this sepsis is not known; nor can we know the mode of its invasion. The amniotic liquor and the milk and lochia of the mother should not be accused as long as she was well and other causes cannot be found. The skin exhibited so many changes that its condition one or two weeks previously can only be guessed. The lips were sore at a late date. The umbilical stump was sore and bleeding. The cord had not fallen off before the fourteenth day; invasion is quite possible during that long time of the cutting of the cord (even the very tissue of the cord, unchanged, may admit microbes, or toxins); and boracic acid is probably not a sufficient antiseptic to be applied as a protection to a vulnerable surface like that of the navel.

Do not be too hasty in ascribing the cause of pain in the tendo Achilles, or Achilles bursa, to an illfitting shoe. First exclude gonorrheal infection.—*American Journal of Surgery.*

Attacks of abdominal pain associated only with intestinal symptoms, may nevertheless be due to a renal or urethral calculus, even though, in addition, a tender area may be palpated at a point more or less remote from the kidney regions.—*American Journal of Surgery.*

For a single intravenous infusion, as to combat the shock of hemorrhage, it is not essential that the solution contain any of the blood salts but the most abundant one—sodium chloride. For repeated infusions, however, as sometimes used in treating various toxemias, it is better to employ also the other salts, the solution being made of sodium chloride 0.9, potassium chloride 0.03, calcium chloride 0.02, water 100.—*American Journal of Surgery.*

Therapeutics.

Stypitcin. Stypitcin has come to be one of the most valuable agents at our command for the control of hemorrhage. It is efficient in tuberculous hemoptysis, typhoid hemorrhage, menorrhagia, bleeding carcinomata, fibroid tumors, etc.

It is prepared in the form of a yellow powder, readily soluble, the dose being one grain, preferably by hypodermic, which may be repeated.—*Clinical Review.*

Alopecia. According to Walsh he has met with gratifying success with the following mixture in cases of alopecia:

℞ Acidi salicylici ..... ℥iii
Acidi carbolici ..... ℥i
Olei ricini ..... ℥ii
Alcoholis, q. s. ad ..... ℥vi

M.

Sig.: Apply freely to the scalp once or twice daily.—*Clinical Review.*

Herpes Zoster Treated by Chloride of Ethyl. Howard Morrow (*Journal of Cutaneous Diseases,* April, 1905), in addition to the usual methods of treatment by the application of dessicating powders of starch, oxide of zinc and camphor, or morphine, advises galvanism with weak currents to the affected nerve. Hypodermatic injections of morphine occasionally may be required to relieve the neuralgic pains. He has found, however, that the chloride of ethyl spray directed to the side of the spine, over the points of emergence of the intercostal nerves, affords valuable aid in relieving pain. The relief may continue from several hours to a day or two, and the frequency of its reapplication is regulated acordingly.—*N. Y. M. J. and P. M. J.*

Ointment for Removing Pigmentation of the Skin in Women, Due to Genital Affections.

℞. Ol. theobromatis..... 75 grams
Ol. ricini..... 75 grams
Zinci oxidi (C.P.)..... 0.30 gram
Hydrargyri oxidi rubri..... 0.15 gram
Essenciæ rosæ..... gtt. iii

M. Apply with friction, twice daily.

—(*Bulletin general de therapeutique,* October 5th.)

Investigations with Sahli's Test-Meal.

The author's conclusions are:

1. Sahli's test-meal enables us better to understand gastric affections, because it permits estimation of secretion.

2. It enables us to differentiate a hyperchlorhydria from superacidity or secretion.

3. Supersecretion occurs in nervous dyspepsia, symptomatic dyspepsia in obstipation, enteritis, nephrolithiasis, cholelithiasis, teina, etc. It may also accompany a hyperchlorhydria.

4. Hyperchlorhydria occurs in most cases of ulcer of the stomach and chlorosis.

5. The test-meal permits differentiation between atony and supersecretion.

6. Disturbances of motility are more manifest than with Ewald's test-meal.

7. Estimation of fat is more readily accomplished by the modification used by the author and it requires no special apparatus.

8. The acidity figures for free hydrochloric acid are the same, for the total acidity a little less than with Ewald's test-meal (25-30 free HCl, total acidity 40-50).—*Post-Graduate.*

Cosmetic Treatment of the Skin.

Kromayer considers that, since the practitioner has not regarded the cosmetic care of the skin as coming into the scope of his treatment, lay persons and quacks have seized this field; but the whole subject depends on scientific knowledge, and he is

attempting to save it from the stigma of charlatanism (*Die Heilkunde,* September, 1905). The object of the cosmetic care of the skin is to make the skin beautiful and to keep it so. The characteristics of a beautiful skin are: (1) The skin must be smooth, soft, pliable, and of a dull gloss; (2) the color must be a dull white or yellowish-brown; (3) impurities of the skin, such as anomalies of pigments, growths, anomalies of the sebaceous glands, abnormal growth of hair, should be absent. The character of the normal skin, as given under (1), depends on the formation of a normal horny layer of the epidermis. This is normally a thin, transparent, elastic, and very resistant membrane, and contains both water and fat. The character is altered if its water or fat contents are altered, the elasticity and pliability disappears, and, the horny epithelial cells being cast off, the skin assumes a rough, hard texture. In order to retain the normal characteristics of the skin, one should wash as little as possible in water and soap. For the purpose of cleaning, a mixture of fat and water is best, and milk can be taken as a type of such a mixture. Certain fatty seeds yield a similar decoction which can be used—for example, almond oatmeal. Oils and cream or yolk of egg are capable of cleaning dirty skin. Kromayer points out that in order to keep the skin well it should be protected from rough stimuli, but that one must naturally vary the method and rigor of the treatment according to the patient. Dealing with the use of powder, he refuses the idea that this does harm by blocking up the pores, but inasmuch as it produces a layer of material which excludes air and light, the habitual use cannot be recommended. Soft massaging with fat keeps the skin soft and elastic. No drugs should be added to the fat. Dealing with the second point, he points out that the color of the normal skin depends on the transparency of the epidermis and cutis and on the fat contents of the subcutaneous tissue. Since the nature of the subcutaneous tissue must depend on the general body condition, the color of the skin must in some degree depend on a general good health. Red cheeks are produced by exposure to light, air and changes of temperature, but this implies a good skin circulation. Redness elsewhere on the face (nose or forehead) is regarded as abnormal and disfiguring. Here one must distinguish be-

tween hyperemia and venectasis. The former can be dealt with by local applications, such as sulphur preparations (ichthyol, thiol, thiogemin, etc.), while the latter can only be dealt with surgically. The third condition for a normal skin, the absence of the impurities, requires more energetic measures to attain. Of the anomalies of pigment are represented as a type by freckles. Growths which commonly spoil the complexion are pigmented and unpigmented nevi, warts and the like. All these can only be dealt with surgically, either by the knife, scissors, actual cautery or electrolysis. Kromayer has introduced a method of removing these defects without leaving a visible scar. This method is produced by using a rotating cylindrical knife of small size, the exact pattern varying according to the nature of the anomaly of the skin. The same means are of use for anomalies of the sebaceous glands and for superfluous hairs. He deals fully with these rotating knives, which he calls "punches" (*Stanzen*). He claims for the method that the small cylindrical piece of skin which is punched out produces so small a defect that there is practically no wound within a few hours of the operation, and that the scar is so small later that it escapes observation. He has previously dealt with the removal of hairs by his epilation, "punches" and the treatment of acne elsewhere.—*B. M. Journal.*

The Treatment of Follicular Tonsillitis.

A. Sbrocchi (*Clin. Mod.*, No. 33, 1905), after describing the symptoms and course of follicular tonsillitis, considers in great detail the numerous forms of treatment hitherto in general use. He believes that all of them completely fail both in limiting the extension of the disease and in diminishing the sufferings of the patient. Any improvement which follows their use he ascribes to the natural, though not invariable, tendency of the disease to spontaneous cure. As an alternative, he proposes a remedy which has been occasionally mentioned by other writers, but hardly ever with the complete confidence to which its superiority to all other forms of treatment entitles it. This treatment consists in the systematic painting of the tonsil with a 1 in 1,000 solution of perchloride of mercury. At

each sitting each tonsil should three times be painted in turn all over with the solution on a cotton-wool sponge fastened to the end of a penholder. At the first sitting a patient and gentle attempt should be made to remove all secretion from the tonsil both in front and behind, but without wounding the mucous membrane. The soft palate and uvula should also be touched with the solution. The sittings should be repeated at intervals of three or four hours. If the treatment has been thoroughly carried out, with the help of good illumination, depression of the tongue, and appropriate phonation to enable the whole surface to be reached, even a single painting will be followed in the course of a few hours by a decided fall of temperature and a great improvement in the patient's condition, and the morbid process will come to an end after three or four paintings at the outside. No other treatment, internal or external, is necessary or desirable. Where four paintings fail to effect a cure, Sbrocchi considers the fact proof of a diphtheritic infection, and proceeds at once to the injection of antidiphtheritic serum. His corrosive sublimate treatment is entirely ineffectual as against diphtheria, both the more usual form of diphtheria and also that which sometimes simulates a follicular tonsillitis.—*B. M. Journal.*

Surgical Suggestions. Nitrous oxide narcosis can, in most cases, be continued "smoothly," with no cyanosis and with fair degree of relaxation, even for an hour. A laparotomy may be thus performed, if ether and chloroform are contra-indicated. To secure such a narcosis it is best to use an apparatus that permits exhalation into the gas bag, and which has a valve for the admission of air. The bag should not be distended fully. After brief air and gas administration, air is turned off and the patient breathes N_2O and his own CO_2. At short intervals, and whenever there is any cyanosis, a single breath of pure air is allowed.

During narcosis, when stertorous breathing calls for extension of the jaw, it is well to hold it forward first on one side, then on the other, alternating at short intervals. Long continued pressure at the angle or angles of the jaw produces much soreness.

Often the jaw can be kept forward by catching the lower incisor teeth in front of the upper ones (if they are strong); a single finger on the chin is enough to maintain this position.

A scroll-saw, with an assortment of a dozen saws, can be purchased at the hardware store for twenty-five cents; it is ideal for resection of the small bones of the hand and foot, for amputations of the digits, etc. Well-tempered carpenter's chisels and gouges, and a carpenter's wooden mallet answer the purpose admirably for bone work. A useful bone drill can also be selected from the stock of the hardware dealer. A gardener's pruning-knife and a carpenter's miter saw are the best tools for the removal of plaster dressings. A cheap potato knife, rough sharpened on a stone, is excellent for cutting through starch bandages. Crochet needles are most useful for lifting buried stitches out of a sinus.

Knitting needles find another purpose as a means of rupturing the membranes when this is needed in obstetrical work. Sharp and blunt retractors may be fashioned, in an emergency, by bending the tines of a fork and the handle of a spoon, respectively. A teaspoon is also useful as an elevator of the eye, when resection of the superior maxilla is performed. An inverted tea-strainer is useful in the dressing after colostomy, to prevent pressure of the gauze upon the gut. A spoon-shaped potato cutter may be used, in an emergency, as a wound curette. Similarly, applicators, probes and depressors may be improvised by twisting stout copper wire. The multiple surgical uses of the hairpin are also well-known. Of stouter material, if necessary, a small self-retaining speculum can be quickly made from steel wire; it often obviates the need of an assistant when searching the hand or foot for a foreign body.

Enlargement of the veins at the sides of the abdomen is indicative of obstruction to the flow of blood in the inferior vena cava; distention of veins about the umbilicus suggests obstruction in the portal circulation. The former may be associated with varices of the lower extremities, the latter with hemorrhoids.—*American Journal of Surgery.*

Physician's Library.

Self-Poisoning: Man and His Poisons. A Practical Exposition of the Causes, Symptoms and Treatment of Self-Poisoning. By ALBERT ABRAMS, A.M., M.D. (Heidelberg), F.R.M.S., Consulting Physician, Denver National Hospital for Consumptives, the Mount Zion and the French Hospitals, San Francisco; President of the Emanuel Sisterhood Polyclinic; formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. Illustrated. New York: E. B. Treat & Company.

This is an interesting little volume on a subject now an established fact in medicine. It treats of life, man and his poisons, fatigue, the toxicology of the emotions and sleep, chemistry and physics of thought, the symptoms of self-poisoning, the psychology of living in relation to the prevention and cure of self-poisoning, the treatment of intestinal self-poisoning by the linusoidal current, the mental dyspeptic and the influence of the mind upon the body, and relief for the ideopath. The subject is one of which we know little, so any study of it stimulates further investigation.

Sexual Neurasthenia: Its Hygiene, Causes, Symptoms and Treatment. With a chapter on Diet for the Nervous. By GEORGE M. BEARD, A.M., M.D. Edited, with notes and additions, by A. D. ROCKWELL, A.M., M.D. Sixth edition, with formulas. Price, $2.00. New York: E. B. Treat & Co.

This must be a popular book with the medical profession, seeing it has now reached its sixth edition. Dr. Rockwell draws from an extended experience, his records dealing with over 1,000 cases of neurasthenia. He directs particular atten-

tion to incontinence of urine in its relation to neurasthenia, and describes a method of treatment which has yielded remarkably good results. The work was originally a posthumous one by Dr. Beard, with whom Dr. Rockwell was associated.

Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual. By CH. BOUCHARD, Professor of Pathology and Therapeutics; Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a preface and new chapters added, by THOMAS OLIVER, M.A., M.D., F.R.C.P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; formerly Examiner in Medicine, Royal College of Physicians, London. Second revised edition. Crown octavo, 342 pages, extra cloth. Price, $2.00, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

Dr. Oliver deserves the thanks of the medical profession who only read the English language for having placed this revised translation before us. He records his regrets that Professor Bouchard has not had time to publish a new edition of his work, which certainly would be most acceptable. Whilst retaining the opinions of Dr. Bouchard, Dr. Oliver has brought the book up-to-date in so far as knowledge goes on the subject of auto-intoxication.

The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing.

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COMMENT FROM MONTH TO MONTH.

The physicians and surgeons on the staff of the Toronto General Hospital have approved of the principle of one man, one hospital, except in the case of those known to be special hospitals; and as soon as the new hospital is erected and completed, if not before, the principle will be given practical demonstration. By this, those holding appointments on two or three general hospitals of the city will have to decide to which they shall hereafter owe sole allegiance. It is to be hoped that all other hospitals will fall into line, and the principle affirmed and carried into effect. Once the principle be adopted, it means that hereafter in this city each member of the staff works for the success of that institution to which he is attached or has elected to be attached, where he has a choice to make. This being so, rules and regulations should be framed and adopted in accordance with such ideas, and the entire staff, whether in-door or externe, placed upon a reasonable and equitable footing.

Time has undoubtedly established that the antitoxin treatment of diphtheria is the proper and approved therapeutic method of treating that disease. Opposition to its use has practically vanished. No man of experience or note in the medical profession would now care to deny its efficacy. Here and there, probably, some may consider it not one whit better than the methods formerly employed, and these probably come from the ranks of those who do not see the cases nor the treatment applied from the very first day of the disease. Their deductions come from a study of those cases, often desperate, admitted to infectious diseases hospitals. In fact, so firm has the treatment of diphtheria by antitoxin been implanted in the practice of the medical profession that many employ antitoxin in every suspicious case as a prophylactic precaution, a practice which can be commended, the only drawback to which is appeasing the suspicions of the parents afterwards, as the laity does not keep pace in intelligence with the rapid march of modern medicine. Some very interesting figures have recently been given out for publication by the medical health officer of an English town. Some of these are well worth reproducing here. Prior to the introduction of antitoxin, in 1894, into the hospitals of the Metropolitan Asylums Board, the mortality in those hospitals was 37.3 per cent. (1888-1893). Then antitoxin was introduced. From 1894 to 1904 the mortality was 15.8 per cent. It is specially worthy of record that in the Brook institution, in the cases treated with antitoxin on the first day of the disease, for six years from 1897-1902, there was not a single death. In view of the fact that the returns in Ontario for December, 1905, show 28 deaths in 231 reported cases, the importance of bearing this single item in mind is here presented to be emphasized.

That the winter of 1905-6 is the most remarkable, from a temperature standpoint, within the ken of the oldest inhabitant, will scarcely be gainsaid by that individual. Its openness causes many a query to be presented to the doctor: Doesn't this weather make a lot of sickness? It is the universal and prevailing idea of most people that mild weather in winter-

time is provocative of business for the doctor. As the doctor knows, the very reverse is the case. Mild weather in winter-time brings people out of doors and into fresh air, and though the temperature causes relaxation and deprives the body of tone, the out-door life counteracts the effects and predominates the disabilities. A cold winter, though tonic, drives people in-doors, hence the respiratory and catarrhal diseases abound. Modern therapeutics is for lots of air, fresh air and cold air, and is altogether opposed to coddling. An air that is stagnant, dust-laden, vitiated by smoke and noisome gases, or damp, causes trouble. There are some few who maybe cannot stand the irritation of cold, fresh air to their rhinal, laryngeal, tracheal, and bronchial mucous surfaces; but the great majority can, and should be taught that in their case the wind should not be tempered to the shorn lamb.

Clergymen as risks in life insurance are considered gilt-edged business for life companies. Lawyers, while not so good, are infinitely much better than doctors. The mortality in the three learned professions has been set down by Ogle numerically as follows: Clergymen, 106; lawyers, 152; doctors, 202. The cause of a higher mortality in lawyers than in clergymen may be attributed to greater mental energy and strain—worry. Doctors are said to be amongst the very worst classes of risks. The fact that mortality amongst the medical profession is so high is due, no doubt, to their necessarily irregular mode of life. Disturbed nights, loss of sleep, worry, irregular meals, mental anxiety over cases and reputation may be set down as causes. Then there is that most harassing and soul-wracking feature of medical life, constant expectancy to call to duty. There is no real nightly relaxation, no real Sunday relaxation. Of late doctors have appreciated this fact, and have realized more than ever before that they must have, like every one else, a weekly relaxation, if not a nightly one, and have so consequently made arrangements amongst themselves to take turns in being on duty on Sundays. Such is the case in some Old Country places, and there would seem to be a special reason why some such

arrangement should be introduced into the medical life of our cities and towns. Six or eight physicians could form an alliance of this character, so that one of their number could attend to all of their Sunday work on a certain Sunday, whilst the others took a required rest, or went to church. The same arrangement could be made for holidays, if required. The medical man needs a regular rest and complete relaxation weekly, and the Scriptures never precluded him from it.

Some time ago the ratepayers of Toronto voted $50,000 for the purposes of a municipal consumption sanatorium. The first year's interest on this amount was handed over to the National Sanitarium Association, and now that body asks for the entire sum. The new chairman of the Toronto Board of Health, a medical man of some force and resource, brings down his initial gavel, however, with decided approval for the Toronto Municipal Consumption Hospital. No doubt it would be all right to add another building to the city's possessions beyond the Don, but at the present time is there any urgent, pronounced and crying need for it? The medical officer says make haste slowly in this direction, and Toronto has a decided inclination to rely much upon this official's advice. With all the general hospitals doing what they can to combat tuberculosis, with the Toronto Free Consumption Hospital at Weston for advanced cases, and that at Muskoka, there seems to be little to be said against complying with the requests of the N. S. A.; but probably, as the ratepayers authorized the payment of this amount for a specific hospital, they should be considered to allow of their money going in another direction. We would favor this special grant to the N. S. A. for their institution at Weston alone.

News Items.

BRANDON, Man., General Hospital has accommodation for 120 patients.

DR. CHARLIE MURRAY, Toronto, has gone to Europe.

TUBERCULOSIS claimed 172 victims in Ontario in December, 1905.

THE subscriptions to the Toronto General Hospital now total over $1,100,000.

DR. E. C. BENSON is chief of the intern staff at the Toronto General Hospital.

DR. H. MASON has resigned as Medical Healath Officer of Toronto Junction.

DR. G. R. MCDONAGH, Toronto, is spending two months in Southern California.

THERE is an outbreak of typhoid fever at Sault Ste. Marie and Fort William, Ontario.

THE question of moving the Toronto Provincial Hospital for the Insane is being revived.

THE New Medical College was formally opened at Winnipeg on the evening of the 26th of January.

DURING the last half of 1905 there were 1,096 births in Winnipeg, 1,064 deaths, and 835 marriages.

DR. R. R. HOPKINS, formerly of Grand Valley, Ont., but now of Toronto Junction, has recently been appointed Medical Health Officer of that town.

THERE were 127 cases of smallpox in Ontario in 20 municipalities in December, 1905. No deaths.

IN December, 1905, 735 divisions in Ontario, representing a population of 1,959,700, reported 2,116 deaths.

THE deaths from typhoid fever in Ontario in December, 1905, numbered 45, out of 152 reported cases.

DR. ROBERTS, of Simcoe, formerly of Langton, has been appointed a coroner for the county of Norfolk.

DR. SISLEY, of Agincourt, Ont., has been in New York for about two months, taking a special course in surgery.

DURING the twelve years of its existence the Royal Victoria Hospital, Montreal, treated 29,682 patients in its wards.

DR. G. A. CHARLTON, Regina, has been appointed Bacteriologist to the Saskatchewan Department of Agriculture.

THE Royal Columbia Hospital, Victoria, B.C., will probably soon be converted into a more modern structure at a cost of $45,000.

DR. ANDREW MACPHAIL, pathologist to the Montreal Western Hospital, and Dr. J. Leslie Foley, dermatologist, have resigned.

THE number of contagious diseases in Montreal during the week ending January 20th, was 69. There were 22 cases of typhoid fever.

AN epidemic of smallpox exists in the village of St. Cyrille, near Drummondville, P.Q. One hundred and fifty cases have been reported.

THE Women's Auxiliary in connection with the Winnipeg General Hospital collected, during 1905, $3,700 for the benefit of the hospital.

DR. F. G. FINLEY, Montreal, recently read a paper on "The Relation of Occupation to Life Insurance" before the Insurance Institute of that city.

ON the 12th of January there were 325 patients in the Toronto General Hospital, the largest number on record, 195 males and 130 females.

DR. GRACE RITCHIE ENGLAND, Montreal, has resigned as assistant Gynecologist to the Montreal Western Hospital, after a service of thirteen years.

DR. MCINTYRE, of Glencoe, has purchased the practice of Dr. Allin, Petrolia. Dr. Allin leaves for Chicago, where he will take post-graduate courses.

PETERBOROUGH, ONT., according to Medical Health Officer Dr. Bingham, recorded 224 deaths in 1905, 23 less than in 1904, the population being 14,500.

DR. O'GORMAN, of Depot Harbor, has been appointed Physician for the Grand Trunk Railway Company, and will have his headquarters at Depot Harbor.

DURING the week ending January 13th, the Winnipeg General Hospital treated 381 patients, 220 being men, 111 women, and 50 children; 93 out-patients.

DR. JOHN NOBLE, Toronto, the new Chairman of the local Board of Health, is in favor of the city using the $50,000 voted a year ago for a consumption sanatorium.

THE Toronto General Hospital, St. Michael's, the Western, and Grace, are, according to Toronto's Medical Health Officer, doing a good work among consumptives.

THE Dominion health authorities, owing to the absence of smallpox in any of the States bordering on the Canadian frontier, have withdrawn all inspectors at ports of entry.

DRS. C. C. GURD, L. Gilday and A. G. Nichols have been appointed to the Montreal Western Hospital, the two former as assistant gynecologists, the latter as pathologist.

A CITIZENS' committee, organized in Toronto to canvass leading business firms and prominent citizens in aid of the Toronto General Hospital, is receiving some handsome subscriptions.

THE Montreal General Hospital admitted 3,210 patients to its wards in 1905, while in the out-door departments the consultations numbered 44,377, nearly 5,000 more than in 1904.

DR. ROGER, of Fergus, has sold his residence and practice, and will move to Asheville, North Carolina, where he accepts the position of medical superintendent of the Industrial School for Boys.

DR. F. MONTIZAMBERT, Director-General of Public Health, in his annual report to Parliament, will again strongly emphasize the need of a separate Department of Public Health for the Dominion of Canada.

MESSRS. R. RAIKES, M.D., of Midland; W. E. Storey, M.D., of Walkerville, and James Galloway, M.D., Beaverton, have been appointed associate coroners for the counties of Simcoe, Essex and Ontario, respectively.

THE Board of Health of Galt, Ontario, will apply to the Ontario Government for aid to maintain a cottage hospital in that town for incurable consumptives. This will be the first institution of its kind established by a Canadian municipality.

LONDON, ONT., recently sent a deputation to Toronto to interview the Ontario Government with regard to a grant towards a School for Hygiene in that city. From $75,000 to $100,000 was asked. Amongst the London doctors in the deputation were Drs. W. H. Moorhouse, H. A. McCallum, Graham, McArthur, Waugh, English, W. J. Stevenson, Roome, Drake, John D. Wilson and Cl. T. Campbell.

THE Out-Door Departments at the Royal Victoria Hospital, Montreal, treated 3,830 patients, who required 24,872 visits. Of this number 8,587 were medical visits; 4,988 surgical; 4,524 eye and ear; 5,633 nose and throat; diseases of women, 1,140.

THE following doctors have been appointed to the "extern" medical staff at the Toronto General Hospital: Drs. C. M. Murray, R. M. Turner, A. J. Gilchrist and W. Burgess. Miss Sarah H. Gladstone, who has had charge of the pavilion for the past six years, has resigned.

THE Western Hospital, Montreal, has decided to erect a new wing, to accommodate 100 additional patients, at a cost of $50,000. During 1905 this hospital cared for 524 patients, whilst in the out-door departments there were 6,698 consultations. The total receipts amounted to $21,405.58.

DR. FRANK IRVIN, formerly of Brandon, Man., who has been practicing at Souris for the past few months, has been appointed assistant medical superintendent of the Brandon Asylum. Dr. Norquay, who now holds the position, will be transferred to Selkirk as medical assistant to Dr. Young.

DR. JAMES S. SPRAGUE, of Stirling, author of "Medical Ethics," etc., an examiner for the Medical Council, has nearly finished the MSS. for his work, entitled, "Ideals in Medicine." This work is dedicated to Osler, who offers his name as the honored patron to a writer so zealous and deservedly popular.

THE Christian Science case in Toronto, known as the "Goodfellow" case, has closed. Those attending Mr. Goodfellow, who died of typhoid fever, have had their conviction quashed by the Court of Appeal, the judges holding that the charge of "conspiracy" was general, and not conforming to any indictable offence.

THE total receipts of the Royal Victoria Hospital, Montreal, in 1905, were $160,591, while the ordinary expenditure amounted to $124,547. The total cost per patient per day was $1.74; the

cost per day of maintaining each person in the hospital—staff, servants, all employees and patients—being 93 cents, and the daily cost of provisions for each person, 23 cents.

DR. UNDERHILL, the Medical Health Officer of Vancouver, B.C., gives the following figures for infectious diseases in that city in 1905: Mumps, 188; skin diseases, 4; diphtheria, 26; measles, 26; whooping cough, 99; tuberculosis, 7; typhoid fever, 52; scarlet fever, 52; chicken pox, 76. He gives the death rate for the year as 10.571 per cent. in a population of 42,000.

THE Royal Victoria Hospital, Montreal, treated, in 1905, 3,093 patients in the wards. On January 1st, 1905, there were 174 patients in residence. During the year 3,083 were discharged, of whom 1,348 were well, 1,098 improved, 184 not improved, 278 not treated, and 182 died, giving a death-rate of 5.89 per cent.; or if those dying within forty-eight hours of admission were omitted, the death-rate would be 4.05 per cent.

THE new Asylum for Epileptics at Woodstock was taken over from the contractor by the Provincial Secretary's Department. It consists of an administration building and two cottages, with accommodation for seventy patients. Dr. J. J. Williams, of Lisle, is the superintendent. Asylum Inspector E. R. Rogers and Provincial Architect S. R. Heakes, will inspect the institution next week before certifying to its fitness for occupancy. No date has yet been fixed for the formal opening.

THE sixth annual meeting of the Canadian Association for the Prevention of Consumption and Other Forms of Tuberculosis will be held in the Railway Committee Room of the House of Commons on the 28th of March next. The Hon. Senator Edwards will preside in the afternoon. In the evening a public lecture will be delivered in the lecture hall of the Normal School by Dr. Arthur J. Richer, of Montreal, which will be illustrated with stereopticon plates, showing the stages of consumption and some of the appliances now in use to check and cure the disease. The chair will be taken in the evening by His Excellency Earl Grey.

IN the Leper Lazaretto at Tracadie, N.B., in 1905 there were seventeen names on the books of the institution, ten men and seven women; but fifteen were inmates. Two new patients, both from neighboring districts, were admitted in 1905, and one was discharged as cured, but ordered to report from time to time for inspection by the physician-in-charge. The treatment followed at this institution consists of the administration of chaulmorgra oil and strychnine, and creolin externally. All the patients taking it are improving both in health and in spirits, and the results continue good.

THERE is no law at present on the Canadian statute books authorizing the Department of Inland Revenue to take any proceedings against the manufacturers of patent medicines, who make use of harmful ingredients in making up their medicines, but this condition of affairs may be remedied before long. Pressure is being brought to bear upon the Government to take action to protect the public in this respect, and the matter is now receiving the attention of the officials of the department. As a preliminary the department will, in the course of a short time, publish the results of an analysis which has been made of several of the best known patent medicines. Future action will depend largely upon what this analysis reveals.

DR. J. W. STIRLING has been appointed ophthalmologist to the Royal Victoria Hospital, Montreal, in succession to the late Dr. Duller. The following appointments have been made to the medical staff: Associate in Medicine, Drs. Fry, Cushing and McCrae; Clinical Assistants in Medicine, Drs. Burnett, McAuley and Russell; Clinical Assistants in Neurology, Drs. Robertson, Robins and Russell; Clinical Assistant in Ophthalmology, Dr. Tooke; Clinical Assistant in Gynecology, Dr. Goodall; Clinical Assistant in Laryngology, Dr. Hamilton White; Registrar, Dr. Cushing; Assistant Registrar, Dr. McAuley; House Pathologist, Dr. Klotig; Assistant in X-Ray Department, Dr. Cram.

Obituaries.

Dr. Silas P. Emes died recently at Niagara Falls, Ont., of diabetes. Several years ago, during the boom time in Winnipeg, he lived in that city.

Dr. Walter Hurt, of Belmont, Man., died at the General Hospital, Winnipeg, on the 16th of January, 1906. Deceased was thirty years of age.

William Armstrong, M.D., aged 79 years, died at 13 Fenning Street, Toronto, on the 11th of January. He became a member of the College of Physicians and Surgeons of Ontario in 1869.

Dr. Wm. John Early, Owen Sound, Ont., died at that place on the 25th of January, 1906. Deceased, who was a member of the College of Physicians and Surgeons of Ontario since 1889, had practiced in Owen Sound since 1893.

Dr. John F. Brine, Canso, N.S., medical officer for the Commercial Cable Co. at Hazel Hill, N.S., died on the 18th of January, 1906. Deceased was a graduate of Harvard University of the class of 1868, Sir F. Borden and Dr. Roddick being classmates.

Dr. Milton Baker, Brantford, Ont., died at the John H. Stratford Hospital of that place on the morning of January 23rd, aged 38 years. The cause of death was otitis media and meningitis. Deceased was graduated from Trinity Medical College and Trinity University, Toronto, in 1894, and commenced practice at Springfield, Ont., where he remained up to moving to Brantford two years ago. His wife, who was a niece of Mr. J. S. Fullerton, City Solicitor, Toronto, pre-deceased him two years. The late Dr. Baker was an honest, genuine man, and deserved more of life than thirty-eight years. He was a good, all-round practitioner.