

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.

- Additional comments /
Commentaires supplémentaires:

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression

- Includes supplementary materials /
Comprend du matériel supplémentaire

- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

The Canadian Practitioner and Review

ADAM H. WRIGHT, B.A., M.D.

W. H. B. AIKINS, M.D.

EDMUND E. KING, M.D.

VOL. XXXIV.

JANUARY TO DECEMBER, 1909.

TORONTO:
THE CANADIAN PRACTITIONER AND REVIEW

-1909

INDEX TO VOL. XXXIV.

LIST OF CONTRIBUTORS

- Adler, I. M. D., M.D., New York.
 Aikins, W. H. B., M.D., Toronto
 Anderson, H. B., M.D., Toronto.
 Armstrong, G. E., M.D., Montreal.
- Baines Allen, M.D., Toronto.
 Barnhill, James U., M.D., Columbus Ohio.
 Belfield, William T., M.D., Chicago, Ill.
 Bingham George A., M.D., Toronto.
 Boden, J. S., M.D., London, Eng.
 Burnham, G. Herbert, M.D., Toronto.
- Caven, W. P., M.D., Toronto.
 Chambers, Graham, M.D., Toronto.
 Clarkson, F. Arnold, M.D., Toronto.
 Corner, Edred, M.C., London, Eng.
- Donegan, J. O'Connor, L.P.C.P.I.
 Duncan, J. T., M.D., Toronto.
- Falconer, R. A., LL.D., Toronto.
 Fenton, Frederick, M.D., Toronto.
 Fotheringham, J. T. M.D., Toronto.
- Gelkie, Walter B., M.D., Toronto.
 Glasco, G. S., M.D., Hamilton.
 Goldie, William, M.B., Toronto.
 Goldman, Samuel P., Esq., New York.
 Graham, Joseph S. A., M.D., Toronto.
 Gray, Robert M.D., Pichucalco Chiapas, Mexico.
 Greig, W. J., M.D., Toronto.
- Halpenny, J. M.D., Winnipeg.
 Hamilton, H. J., M.D., Toronto.
 Hastings, Charles J. C. G., M.D., Toronto.
 Hobbs, A. T., M.D., Guelph.
 Howland, Goldwin W., M.D., Toronto.
 Huchard, Prof. H., M.D., Paris, France.
 Hunter, John, M.B., Toronto.
- Joseph, Max, M.D., Berlin, Germany.
 King, Edmund E., M.D., Toronto.
- Macmurchy, Helen, M.D., Toronto.
 Marlow, F. W., M.D., Toronto.
 Milner, Beverley, M.D.C.M., Toronto.
 Montgomery, Douglas W., M.D., San Francisco, Cal.
- McFarlane, Murray, M.D., Toronto.
 McIlwraith, K. C., M.D., Toronto.
 McKenzie, A. F., M.D., Monkton.
- O'Reilly, Brefney, M.D., Toronto.
- Palmer, J. Foster, M.R.C.S., London, Eng.
 Pepler, W. H., M.D., Toronto.
 Porter, William Henry, M.D., New York.
 Price-Brown, J., M.D., Toronto.
 Primrose, Alexander, M.B.C.M., Toronto.
- Ross, J. F. W., M.D., Toronto.
 Rothschild, E., M.D., Aix-la-Chapelle.
 Ryerson, G. Sterling, M.D., Toronto.
- Semon, Sir Felix, M.D., London, Eng.
 Shoemaker, John V., M.D., Philadelphia, Pa.
 Shuttleworth, Chas. B., M.D., Toronto.
 Smith, R. W. Bruce, M.D., Toronto.
 Sparks, Thomas, M.B., St. Mary's.
 Sprague, James S., M.D., Stirling.
 Stanley, J. R., M.D., Hamilton.
 Star, F. N. G., M.B., Toronto.
 Stewart, Chas. M., M.D., Toronto.
- Taylor, Alexander, M.D., Goderich.
 Tiburtius, Dr. Franziska, Berlin, Germany.
- Vrooman, C. H., M.D., Winnipeg.
- Wechselmann, W., M.D., Berlin, Germany.
 Williams, Hadley, M.D., London, Ont.
 Williams, Leonard, M.D., London, Eng.
 Wishart, D. J. Gibb, M.D., Toronto.
 Woodhead, G. Sims, M.D., Toronto.
 Wright, Adam H., M.D., Toronto.

EDITORIALS

	Page		Page
Ancient Medicine	244	Flies and Mosquitos as Carriers of Disease	450
An Official Journal	652	German Round Table Club, The	317
Banff Meeting	789	Hospital Charities of London	124
British Medical Association	594	Hospitals and Charities	313
Canadian Medical Association, The ..	182	International Council of Women, The..	514
Canadian Medical Association, The ..	372	International Medical Congress	125
Canadian Medical Association, The ..	515	International Medical Congress	183
Canadian Medical Association, The ..	596	International Medical Congress	318
Canadian Medical Association, The ..	654	Inter-Provincial Reciprocity	518
Canadian Medical Protective Association	705	Inter-Provincial Registration	651
Centenary of Oliver Wendell Holmes, The ..	705	Lister's Writings	451
City of Winnipeg, The	595	Medical Experts	243
Constructive Critic, The	180	Medical Men and Legacies from Patients	242
Death on the Operating Table	122	Meeting of the American Academy of Ophthalmology and Oto-Laryngology	708
Doctor Cook and the North Pole	653	Medical Automobilists	785
Effect of Baths upon the Heart, The..	241		
Fire Drill in Schools	317		

	Page		Page
Medical Events in Hamilton	788	Plea of Insanity, The	693
Military Training in Universities and Public Schools	245	Poor White, The	786
New City Morgue, The	126	Prophet in His Own Country, The	56
New Hospital and University of To- ronto, The	516	Proposed Toronto University Regi- ment, The	375
New Professor of Physiology	58	Pure Milk	374
Notes: 60, 61, 62, 127, 186, 186, 187, 246, 321, 376, 377, 378, 379, 453, 520, 521	721	Radium in Surgery	180
"Old Boys" of Toronto General Hos- pital	316	Reciprocity with Great Britain	784
Old Hospital Property, The	517	Responsibility of Hospitals	315
Ontario Medical Association	121	Roddick Bill, The	782
Ontario Medical Association	312	Royal Edward Tuberculosis Institute, The	709
Ontario Medical Association	447	Surgeon's Courage, A	184
Ontario Medical Council	781	Toronto General Hospital	373
Operations and Proper Names	783	Ventilation	707
Operations for Internal Hemorrhage..	57	Work of Dr. Wilfrid T. Grenfell	318
Pasteurized Milk	787	Western Federation	730
Physical Therapeutics	123		

OBITUARY

	Page		Page
Anderson, J. N., M.D.	400	Horrocks, Peter, M.D., F.R.C.P.	253
Barnhart, Charles E., M.B.	189	Husband, Geo. Edmund, M.D.	663
Barr, John, M.D.	792	Jones, P. E., M.D.	527
Bull, W. T., M.D.	254	Mackelcan, George Lloyd, M.D.	455
Burgar, William Edmund, M.D.	254	Mackenzie, Sir Stephen, M.D.	792
Carder, Denison DeLoss, M.D.	254	McKenna, Charles H., M.B.	253
Carlaw, Thomas W., M.D.	253	McMahon, James, M.D.	382
Clark, Lieut.-Col. Charles	323	McNamara, Charles J., M.B.	382
Clutton, H. H., M.D., F.R.C.S.	792	Penrose, Richard A. F., M.D.	129
Cockburn, William, M.D.	792	Ratcliffe, William Greig, M.B.	527
Dryden, James Robert, M.B.	66	Robertson, Argyll, M.D.	189
Easton, John, M.D.	189	Springer, Warren D., M.D.	725
Fraser, Donald Martin, M.D.	129	Steele, Alexander Thomas, M.B.	129
Fulton, James, M.B.	663	Stephens, Alexander R., M.B.	129
Gillespie, Donald, M.D.	66	Stewart, Duncan A., M.B.	253
Glasgow, Lt.-Col. Sinclair, M.D.	254	Wright, Hiram A., M.D.	792
Goldsmith, Peter David, M.D.	323	Young, Daniel, M.D.	253
Hamilton, David James, LL.D., M.B.	253		

BOOK REVIEWS

	Page		Page
After-Treatment of Operations, The, by Lockart Mummery	531	Changing Values of English Speech, The, by Percy Husted Bell	255
Aid to Obstetrics, by Samuel Nall....	383	Common Disorders and Diseases of Childhood, by George F. Still	528
Applied Physiology, by Robert Hutchi- son	190	Diathesis and Ocular Diseases, by A. Maitland Ramsey	257
Applied Surgical Anatomy, by George Woolsey	193	Diseases of the Digestive Canal, by Dr. Paul Colnheim	257
Backbone, by De Witt Clough	466	Diseases of the Eye, by Stephen Mayon	325
Bacterial Food Poisoning, by Prof. A. Dieudonne	256	Elementary Practical Treatise on Dis- eases of the Pharynx and Larynx, by Dr. J. E. Moure	533
Blood Examination in Surgical Diagno- sis, by Ira S. Wile	191	Etiology and Nature of Cancerous and Other Growths, The, by W. T. Gib- son	468
Campaign Against Microbes, The, by Etienne Burnet	669	Exploits of a Physician Detective, by George F. Butler	324
Causation of Sex, by E. Rumley Daw- son	385		

INDEX TO VOL. XXXIV.

5

	Page		Page
Fourth Annual Report of the Henry Phipps Institute for the Study, Treatment, and Prevention of Tuberculosis, by Joseph Walsh	67	Open Air or Sanatorium Treatment of Pulmonary Tuberculosis, by F. R. Walters	730
Green's Encyclopedia and Dictionary of Medicine and Surgery	67	Physiological and Medical Observations Among the Indians of Southwestern United States and Northern Mexico, by Alec. Hedlicka	466
Green's Encyclopedia and Dictionary of Medicine and Surgery, by J. W. Ballantyne	259	Practical Diets, by Ailda Frances Pattee	383
Handbook of the Diseases of the Nose and Throat, by Eugene S. Yonge	532	Principles and Practice of Dermatology, by Wm. Allen Pusey	258
Handbook of Medical Diagnosis, by J. C. Wilson, A. M., M.D.	795	Proceedings of the Royal Society of Medicine, Vol. II.	325
Hydrotherapy, by Wm. H. Dieffenbach	528	Progressive Medicine, by H. A. Hare	132
Immunity and Specific Therapy, by H. Deste Emery	669	Progressive Medicine, by H. A. Hare	324
International Clinics, Vol. I. and II.	532	Progressive Medicine, by H. A. Hare	529
International Clinics, Vol. III., by W. T. Longcope	568	Publications in Medicine and Natural Science, by J. and A. Churchill	729
International Clinics, Vol. IV., by W. T. Longcope	132	Sanitarium Chart	259
Intestinal Auto-intoxication, by A. Combe	192	Scoured Milk and Pure Cultures of Lactic Acid Bacilli in the Treatment of Disease, by Geo. Herschell	256
Lehrbuch, Der Hebammenkunst, by Dr. Bernhard Sigmund Schultze	193	Surgery of the Ear, The, by Samuel J. Kopetzky	192
Manual of Otolaryngology, A., by Gorham Baron	730	Surgery, Its Principles and Practice, Vol. IV., by W. W. Keen	383
Modern Medicine, Its Theory, Practice, Vol. V., by William Osler	133	System of Syphilis, A, by D'Arcy Power and J. Keogh Murphy	530
Modern Medicine, Its Theory and Practice, Vol. VI., by William Osler, M.D.	794	Text-Book of Gynecological Diagnosis, by Dr. George Winter	467
Myomata of the Uterus, by Howard A. Kelly	529	Text-Book of Practical Therapeutics, by H. A. Hare	729
Nauheim Treatment of Diseases of the Heart and Circulation, The, by Leslie Thorne Thome	466	Theory Regarding the Origin of Cancer, by G. E. Green	729
New and Non-Official Remedies, 1909.. Nose, Throat, and Ear, by Francis R. Packard	324	Transactions of the American Pediatric Society	466
Operations of Aural Surgery, The, by Ernest West	384	Tuberculin in Diagnosis and Treatment, by Dr. Bandelier and Dr. Rolph	467
		Vaccine and Serum Therapy, by Edwin Henry Scharer, B.S., M.D.	795
		Writing the Short Story, by J. Berg. Esenwein	532
		Wynter's Minor Medicine, by W. E. Wynter	190

ARTICLES

	Page		Page
Abdominal Aortitis, Differentiation	369	Aneurysm of Aorta, Treatment of	398
Abstract of Address of the President, Dr. R. J. Blanchard, at the Winnipeg Meeting	658	Appendicitis, An Instructive Fatal Case of	642
Abstracts of Papers, read at Budapest International Medical Congress	678	Appendicitis, The Ochsner Treatment of	556
Acidum Pyrogallicum	734	Appendicitis in Pregnancy, Treatment of	50
Action of Arsenic on Red Blood Cells	109	Arterio-sclerosis, Cerebral	229
Acute Appendicitis, The Pathologic Anatomy and Pathogenesis of	572	Arterio-sclerosis, Clinical Forms of	303
Acute Coryza, Treatment of	585	Arterio-sclerosis, Clinical Forms of	505
Acute Inversion of the Uterus	233	Arterio-sclerosis, including its Cardiac Form	680
Acute Tonsillitis, Treatment of	586	Arthrodesis	639
Address to Ex-Staff Toronto General Hospital	274	Aspects of Neurasthenia and Their Treatment	13
Adrenalin Chloride, The use of	346	Atrophic Cirrhosis of the Liver	109
Affections of the Eye, Nose, Throat, The Plasma Solution in	627	Atropine Methylbromide and Atropine Sulphate in Diabetes	648
Alcoholic Insanity	353	Atropine Rhinitis, including Ozena, The Treatment of	52
Amebic Dysentery by Ipecacuanha. Treatment of	695	Atropine Rhinitis and Ozena	54
Amputation of the Epiglottis in Laryngeal Tuberculosis	238	Atropine Rhinitis, The Treatment of	53
Anesthetics, Use of, in Midwifery and Gynecology	690	Auditory Labyrinth, The Surgery of the	537
		Bacteria of Puerperal Uterus	234

	Page		Page
Bibliographic Treatise on the Antitoxic Properties of Renal Serum to the Cure of Uremia	396	Eczema in Children	360
Brain Tumors, Ocular Symptoms of	111	Edema of Pregnancy, The	445
Bromide Eruption	465	Employment of the Salicylates in Rheumatism	391
Bronchoscopy and Esophagoscopy, The Technique, Utility and Dangers	587	Empysema, A Clinical Lecture on	295
Budapest Medical Clubs and the Semmelweis Cup, The	728	Endocarditis in Infancy	392
Calcium Lactate for Lymphatic Headache, Urticaria, etc.	575	Endometritis, Treatment of Puerperal	442
Calcium Salts	230	Epiglottitis, Amputation of the, in Laryngeal Tuberculosis	238
Canadian Association for the Prevention of Tuberculosis	457	Epilepsy	230
Cancer Problem, The	394	Esophageal Cases, Observations on	588
Cancer of the Tongue—Radium Treatment	747	Esophagus, Foreign Bodies in the	589
Carcinoma of the Lungs	576	Euresol in Siborrhea	588
Carriers of Bacilli and Propagation of Typhoid Fever	577	Excretions, Dilute Renal	262
Case of Congenital Stridor	55	Exo-Cardial Murmur	588
Case of Opium Poisoning, A	431	Exo-phthalmic Goitre	44
Case of a Young Woman with a Baritone Voice	239	Experiences with the Conjunctival and Cutaneous Tuberculin Tests	118
Catheterization	399	Eye, Ear and Throat, Use of Adrenalin Chloride in special work on	345
Causes of Mortality in Cancer of the Uterus and its Treatment by Hysterectomy	444	Eye, Two Cases of Steel in the Interior of the, and their Successful Treatment	620
Cauterization of the Inferior Turbinal, A Fatality Subsequent to	53	Feeding in Gastro-Intestinal Disturbances of Infants	400
Cecostomy and Coloclysis	387	Fibroids of the Uterus and Pregnancy	691
Cerebral Arterio-sclerosis	229	Fibrolysin in Spondylarthritis Deformans	304
Cerebral Hernias, The Diagnosis and Treatment of so-called	393	Foreign Bodies in the Esophagus	589
Chronic Forms of Pancreatitis	679	Fractures, Operative Treatment of Recent	480
Chronic Stenosis of the Larynx	586	Function of the Frontal Lobes, The	689
Circumcision and its Abuses	590	Functional Neurotic Disorders	399
Classification of the Commoner Diseases of the Digestive System of Infants	603	Gangrene and Abscess, Pulmonary	77
Clinical Forms of Arterio-sclerosis, The	303	Gangrene of Arm due to Thrombosis, Gummata of Testicle	616
Clinical Forms of Arterio-Sclerosis, The	505	Gastro-Intestinal Disturbances of Infants, Feeding in	400
Clinical Lecture on Haemoptysis and Emphysema	293	Gilliam Operation, The	49
Collargol Enemata in Septic Affections	310	Glandulae Prostatae Siccae	732
Control of the Milk Supply in Large Towns	693	Goitre, Exophthalmic	228
Conservatism in Surgery of the Mandible	583	Grocco's Paravertebral	110
Corpora Lutea	732	Glycosuria, Observations and Remarks on	142
Correspondence	664 and 665	Haemoptysis and Emphysema, A Clinical Lecture on	295
Crisoste in Pulmonary Tuberculosis	647	Hay Fever, The Therapy of	41
Cyclic Vomiting in Children	687	Heart Disease, The Treatment of	441
Diagnosis of Laryngeal Cancer	677	Heart, The Treatment of Diseases of the, at Bad-Nauheim	1
Diagnosis of Lung Tumors, The	401	Hebotomy or Symphysiotomy	34
Diagnosis and Treatment of so-called Cerebral Hernias	393	Hemorrhage Following Quinsy	34
Diagnosis and Treatment of Tumors within the Spinal Canal	683	Hemophilia, The Surgical Aspects of	150
Diagnosis and Therapeutics of Pyelitis in Pregnancy	442	Henoch's Purpura and Intussusception	120
Diagnosis of Gastro-Duodenal Ulcerations	749	Herniae, Peritoneal and other Intestinal	611
Dietetics: Its Application to the Treatment of Chronic Diseases	433	Human Trypanosomiasis, Treatment of	694
Differentiation of Abdominal Aortitis	369	Hygiene of the Nipple	44
Digitalis in Heart Cases, Infusions of	369	Hygiene in Schools, The Teaching of	168
Dilute Renal Excretions	511	Hyperidrosis	44
Diseases of the Accessory Sinuses of the Nose in Scarlet Fever	236	Hypodermic Use of Mercury in Tuberculosis	302
Disturbances of the Internal Secretions, Clinically Considered	700	Hypertrophic Pachymeningitis	137
Diuretin in Stenocardia	208	Ice Test for Vascular Reactions	512
Diuretin in Stenocardia	392	Improved Yellow Oxide of Mercury Ointment	116
Doctor, The	771	Inaugural Lecture to the Section of Pediatrics	21
Dysmenorrhoea, Treatment of	443	Indications of Lumbar Anesthesia	735
Dysmenorrhoea and Uterine Hemorrhages, Treatment of	233	Indication of Labor at Term as a Matter of Routine	633
		Infantile Spinal Progressive Atrophy	731
		Influence of the Eye on the Ear, The Pathogenic	429
		Infusions of Digitalis in Heart Cases	369
		Inoculations for Acne	736
		Insanity, Alcoholic	353
		Intranasal Drainage of the Frontal Sinus	698

	Page		Page
Internal Treatment of Syphilis	220	Operative Treatment of Recent Frac-	
Invocation to Hippocrates	218	tures	480
Is Lying Ever Justifiable in Medical		Optum Poisoning, A Case of	431
Practice?	501	Order of St. John of Jerusalem in	
Itch, The	91	England, and its Work of Benefi-	
		cence	279
Jauundice Without Bile Pigments in the		Origin of Sex, The	684
Urine	390	Our Profession and the Laity in Pre-	
Joints and Bones, Surgery of the, with		ventive Medicine	331
Report of Original Research and			
Clinical Experience	696	Pancreatitis, Chronic Forms of	679
Labor, The use of Morphine and		Pachymeningitis, A Case of Cervical	
Scopolamine in	469	Hypertrophic	135
Larynx, Chronic Stenosis of the	586	Papillomata of the Larynx	363
Laryngology and Rhinology	51	Passage of a Piece of Tissue Through	
Larynx, Papillomata of the	563	the Eustachian Tube After an	
Laryngology, Retrospect of, 1908	239	Operation for Adenoids	585
Larynx, Trachea and Esophagus, Some		Pathology of Atrophic Rhinitis with	
Experience in the Direct Examina-		Ozena, The	52
tion of	538	Pathology of Hereditary Diseases of	
Laryngeal Cancer, The Diagnosis of ..	678	the Nervous System	688
Laryngeal Spasm in the Adult	387	Pathogenesis of Oclampsia and its Re-	
Laryngeal Tuberculosis, Treatment of,		lation with Normal Pregnancy,	
by Direct Sunlight	238	with Dropsy, and with the Kidney	
Latent Malignant Disease of the Stom-		of Pregnancy	308
ach	371	Pathogenic Influence of the Eye on the	
Life and Doctrine of Semmelweis	724	Eye	429
Life Insurance, Remarks on the Duties		Pathology of Lead Poisoning	700
of the Examiner in	289	Pediatrics, Inaugural Lecture to the	
Liver, Atrophic Cirrhosis of the	109	Section of	21
Lost Art of Prescribing, The	600	Perforation of Soft Palate Following	
Lung Tumors, The Diagnosis of	401	Severe Attack of Scarlet Fever ..	237
Lupus Erythematosus, Treatment of ..	683	Perineum, Saving the	650
		Peritonitis, Treatment of Diffuse Free	
Malignant Disease	589	Progressive	686
Mandible, Conservatism in the Surgery		Physiologic Therapeutics	396
of the	583	Physical Basis of Secretion, with Espe-	
Medical Expert Testimony	564	cial Regard to Pressure	701
Medical Fee, The	263	Problems Still Unsettled, Requiring	
Medical Gymnastics in Myocardial Dis-		for Their Solution the Combined	
ease	300	Efforts of the Obstetrician, the	
Meningitis Cerebrospinal Epidemic in		Biochemist, and the Clinical Path-	
New York	697	ologist	649
Modern Laboratory Feeding, and the		Professional Interests	283
Wide Range of Resources which it		Plague in Japan	694
Provides	119	Plasma Solution in Affections of the	
Morphine and Scopolamine, The Use of		Eye, Nose and Throat	627
in Labor	469	Pneumococccic Influenza	535
Morphology of the Turbinals	236	Podophyllin, the Hepatic and Fever	
		Magic	271
Nasal Duct, Stricture of the, Its Treat-		Polycthemia	685
ment	116	Post-Grippal Complications	398
Needs of the University of Toronto, The	38	Postural Lung Dulness	440
Needs of the University of Toronto, The	105	Pregnancy Complicated by Presacral or	
Nervous System, The Pathology of		Postrectal Myoma, Cesarean Sec-	
Hereditary Diseases	688	tion, Saving Both Mother and Child	630
Nervous and Psychical Manifestations		Pregnancy, The Edema of	445
of Arterio-sclerosis	704	Pregnancy and Phthisis	446
Neurasthenia and Their Treatment,		Primary Carcinoma of the Lungs	576
Some Aspects of	13	Proctologic Literature from May, 1908,	
Neurasthenia in General Practice	754	to May, 1909	585
Neuritis	44	Pro-peritoneal and other Internal Her-	
Neurotic Disorders, Functional	399	niae	611
Nitrous Oxid and Oxygen Anesthesia ..	577	Pruritus Ani, Treatment of, with a	
Note on the Diagnosis Tallies of Dif-		Consideration of its Pathology and	
ferent Armies	699	Etiology	584
Notes on a Case of Neuritis	250	Pruritus Vulvae	736
Notes on a Recent Visit to Surgical		Puerperal Endometritis, Treatment of ..	442
Clinics in Germany and Switzer-		Puerperal Infection, Some Notes on ..	670
land	199	Puerperal Inversion of the Uterus ..	45
Obesity	655	Puerperium, Some Complications of	
Observations and Remarks on Glyco-		the, With a Report of a Case	341
surlia	142	Pulmonary Gangrene and Abscess	77
Obstetrics During the Last Decade	98	Pulmonary Phthisis, The Sign of "Ta-	
Ochsner Treatment of Appendicitis,		potage" in	305
The	556	Pulmonary Tuberculosis	161
Ocular Conditions in a Case of Ju-		Pulmones Sicci	733
venile Tabes with Presentation of		Pus Tubes in the Male, Treatment by	
the Patient	623	Vasostomy	537
Ocular Symptoms of Brain Tumors ..	111	Pyelo-Nephritis in Pregnancy	69
Ontario Experience of Vaccination ..	510	Pyelitis in Pregnancy, Diagnosis and	
		Therapeutics of	442

	Page		Page
Radium and Its Action in Connection With Certain Diseases of the Skin	739	Tabes, A Case of Juvenile	625
Rapid Dilatation of the Cervix	681	Teaching of Hygiene in Schools, The	138
Ready and Effective Sterilization of the Skin Surface Applicable to Emergency Work	389	Technical Points Which Furnish the Best Cosmetic Functional and Curative Results in Mastoid Operations	168
Recent Progress in the Clinical Study of the Evolution of Syphilis	689	Therapy of Hay Fever, The	130
Relation of Medicine to other Professions	602	Theory of Vision, The	696
Relation of the General Hospital to the Community	671	Thyro-Lingual Sinus in a Boy, aged fourteen	237
Relative Value of the Finger and the Sphygmomanometer in Estimating Blood Pressure	386	Thyroid Gland—Anatomic, Physiologic, Pathologic Therapeutic Factors, The	768
Remarks on the Duties of the Medical Examiner in Life Insurance	289	Tonsillitis, Treatment of Acute	586
Reminiscences of two of Toronto's Principal Medical Men in the Early Years of the City's History	25	Toronto General Hospital	130
Renal Calculus in a Child, Case of	118	Tracheoscopy	588
Respiratory Symptoms of Serious Import, Two	423	Treatment of Aneurysm of Aorta	598
Retrospect of Laryngology for 1908	239	Treatment of Diffuse, Free Progressive Peritonitis	686
Review of Proctologic Literature, from May, 1908, to May, 1909	581	Treatment of Diseases of the Heart at Bad-Nauheim, with Cases	1
Rheumatism, The Employment of the Salicylates	391	Treatment of Dysmenorrhea	443
Rules for Patients of the Henry Phipps' Institute for the Study, Treatment and Prevention of Tuberculosis	737	Treatment of Dysmenorrhea and Uterine Hemorrhages	233
Scarlet Fever, Diseases of the Accessory Sinuses of the Nose in	236	Treatment of Heart Disease	441
Science of Clinical Medicine, The	579	Treatment of Pruritus Ani, with a Consideration of its Pathology and Etiology	584
Septic Affections, Collargol Enemata in Sign of "Tapotage" in Pulmonary Phthisis	310	Treatment of Syphilis, On the	176
Serum Therapy and Vaccination, Treatment of Acute Articular Rheumatism	702	Tubal Mole	306
Sixteenth International Congress of Medicine at Budapest	710	Tuberculosis in Armies	698
Spasmodic Type of Syringomyelia, The. Some Complications of the Puerperium, with a Report of a Case	340	Tuberculosis, The Canadian Association for the Prevention of	457
Steel in the Interior of the Eye	620	Tuberculosis, Crocote in Pulmonary	647
Stenocardia, Diuretin in	228	Tuberculosis, Hypodermic use of Mercury in	302
Stomach, Latent Malignant Disease of the	371	Tuberculosis, Pulmonary	161
Stomach Troubles, Uricacidemia in Relation to	417	Two Respiratory Symptoms of Serious Import	423
Stricture of the Nasal Duct, Its Treatment	116	University of Toronto, The Needs of the	38
Study of Medicine, The University in Relation to the	265	University of Toronto, The Needs of the	105
Study of Medicine for Women	493	University in Relation to the Study of Medicine, The	265
Summer-time is Sprain-time	398	Uremia, Treatise on the Antitoxic Properties of Renal Serum to the Cure of	896
Surgery of the Joints and Bones	696	Uricacidemia in Relation to Stomach Troubles	417
Surgery of the Auditory Labyrinth, The	537	Urticaria	735
Surgical Aspects of Hemophilia, The	150	Use of Anesthetics in Midwifery and Gynecology	690
Surgical Clinics in Germany and Switzerland	199	Uterus, Acute Inversion of the	233
Surgical Suggestions	260	Uterus, Bacteria of Puerperal	234
Syphilis	231	Uterus, Causes of Mortality in Cancer of the	444
Syphilis, Recent Progress in the Clinical Study of the Evolution of	689	Uterine Conditions Demanding or Justifying the use of the Curette	549
		Uterus and Pregnancy, Fibroids of the	691
		Uterus, Puerperal Inversion of the	46
		Vaccination, Ontario Experience of	510
		Vascular Reactions, Ice Test for	512
		Veronal-Sodium as Hypnotic	735
		Villous Tumor and Rupture of the Bladder	544

The Canadian Practitioner and Review.

Vol. XXXIV. TORONTO, JANUARY, 1909.

No. 1

Original Communications.

THE TREATMENT OF DISEASES OF THE HEART AT BAD-NAUHEIM, WITH CASES.

BY W. H. B. AIKINS, M.D., L.R.C.P., LOND.,

Consulting Physician to Toronto General Hospital, Toronto Hospital for
Incurables, King Edward Sanitarium, etc., etc.

TORONTO.

After a visit to Bad-Nauheim, in 1907, and being impressed with the results obtained, I published a communication in which I expressed an enthusiasm for the place, and Prof. Schott's methods in the treatment of chronic diseases of the heart. I revisited Bad-Nauheim (May and June, 1908), and through the kindness of Prof. Schott again had full opportunities afforded me of an investigation into the methods in vogue, and was permitted to keep under observation a large number of patients from various countries and of various nationalities undergoing treatment.

Bad-Nauheim, a well-known and ideal health resort in Germany, visited by many people suffering from heart maladies, is situated in the Grand Duchy of Hesse, a few miles from Frankfort-on-the-Main. It is the last link in the chain of watering places which winds along the valley so rich in springs between Taunus and Vogelsburg, and owing to the copiousness and warmth of its waters, occupies a prominent place among the health resorts. The proper history of Bad-Nauheim dates from the first of July, 1835, when the newspapers announced the opening of the Brine Bath establishment, which consisted of a solid building surrounded by gardens, with nine bath

rooms. A second bath establishment was opened twenty years later, another one was added in 1866, and additions have been made from time to time until at present there are 269 bath-rooms, in addition to 277 baths for public use, and the increasing popularity and success necessitates further extensions.

The form of treatment which was introduced through the genius of the Doctors Schott (Augustus and Theodor), was a radical innovation. To give the reasons why chronic heart diseases recovered under the thermal baths and the Sprudel effervescing baths has not been entirely successfully accomplished. Three years ago the radio-activity of the waters was established by experimentation, and we are forced to believe what we have seen without being able to give evidence satisfactory to all of the faith within us, but the results observed would appear to justify our belief in the effectiveness of the natural and artificial baths in certain forms of functional, as well as organic, diseases of the heart.

There has been much discussion concerning the value of the baths at Nauheim, and the efficacy of the artificial baths, and there are many who have asserted that equally good results may be obtained from digitalis and rest. Victor Hugo remarked that "the learned pedant who laughs at the possible comes very near being the idiot," and Francois Arago writes that "he who pronounces anything to be 'impossible,' outside of the field of pure mathematics, is wanting in prudence." One prominent teacher who has published a series of clinical lectures, says, "I must confess, I read with some incredulity the reports of the rapid diminution of cardiac dilatation under this treatment, and I entertain no doubt that increased expansion of the lungs is the main factor in the alterations in the percussion area of the heart." But, he adds, however, that he had made only one visit to Nauheim, and had no adequate opportunity of personally watching the results of the methods there. Dr. J. McGregor Robertson, of Glasgow, who has employed the artificial baths for some years, and the number which he has caused to be given mounts up to several thousand, writes: "So much do I esteem the treatment, whether with the natural waters at Nauheim itself, or with the artificial waters in the patient's own house at home, that there are certain cases I should not consider to have justice done to them, unless, if it were at all possible, they had had the benefit of this treatment in the one form or the other."

While many groups of cardiac cases are cured or improved by the procedure, special attention has been directed to the

dilated heart, whether acute, due to overstrain, or from other causes.

Here I wish to refer to an important paper on the question of Acute Overstrain of the Heart, read by Prof. Schott, before the Congress of Internal Medicine, in Vienna, on April 7th, 1908, when he referred to his communication before the Ninth Congress, held in 1890, in which he mentioned that numerous experiments had led him to the conclusion that severe bodily overstrain, sufficient to produce marked dyspnea, caused acute heart dilatation. In 1897, on a re-examination of the findings by the radiograph, and with the use of the barium-platinocyanide shield, he had shown that his earlier examinations with the former percussio method and the percussio of Dr. August Schott, were correct. His observations coincide with those of Peacock, Clifford Albutt, Fraentzel, Leyden, and others. After the exhaustive observations on sportsmen, like cyclists and skirunners, by Mendelsohn, and also by Albu and Henschen, who all found evidence of heart dilatation, it seemed for a time to be an established fact in the pathology of the heart, that the chronic heart overstrain originated only from a summation of abnormally severe actions of the muscles. But soon old doubts crept in, especially after the researches made by means of orthodiagrams, by Moritz, Aug, Hoffman and de la Camp, who stated that they found no dilatation, or only unimportant changes of the heart. Prof. Schott was able last winter to renew his researches, and was able to fully confirm his opinion previously expressed. He emphasized particularly the fact that he had not only found an expansion of the heart, but the heart oval in form before exertion dilated and took on a more round form, following active muscular effort. The left side of the heart which before severe over-exertion had not reached the mammillary line, over-reached it after, and the change in form stands confirmed by other recent observations which have been made.

In his final remarks, he pointed out that the heart is luckily not an organ answering to any mechanical or other irritation at once with marked change in size. It is so constructed that it forms the most perfect motor which is known, and it is able to answer with a maximum of force to a minimum of irritation. It possesses, besides, the property of adapting itself to changing conditions. The heart muscle and the vascular system have compensations of various kinds, and it is due to these that the limitations of the dilatation of the sound heart in a muscular man vary so greatly. We may say in other words that bodily

overstrain forces to the point of strong palpitation of the heart and severe dyspnea leads finally to acute dilatation of the heart.

The object of the Schott treatment is to enable a heart that is unable to expel all its contents, to empty itself more completely. The nutrition of the heart improves as dilatation decreases and the cutaneous circulation becomes more active.

It has been frequently stated that the Nauheim baths, natural and artificial, may be of service in certain functional disturbances of the heart, but are ineffective when there is an actually diseased condition of the myocardium, and their administration is absolutely unwarranted. This, however, I have found to be incorrect.

I desire to illustrate by cases various cardiac functional disturbances and diseased conditions which came under my personal observation this year when visiting Bad-Nauheim, and which responded favorably to the treatment.

Case No. 1.—Dilated Heart, Mr. G., of New Jersey, aged 47, weight 152. Architect.

He was treated in his own city for nervous dyspepsia, and when in Europe, in 1907, consulted Prof. Schott, at Frankfort, as the Nauheim season had closed. He was suffering from a weak and dilated heart. A course of artificial carbonated baths extending over a period of two weeks, associated with the resistance movements and massage, greatly improved him, and he came to America in comparative comfort.

He returned to Germany in May, 1908, for a course of baths at Nauheim. The history which he gave was not an unusual one. Prior to his breakdown he had what his local doctor called la grippe on three occasions, which the doctor said affected nervously the heart. He was a hard mental worker, his recreation being tennis playing and bicycle riding and moderately long walks; generally abstemious in his eating, very moderate in his drinking, and smoked to the extent of two or three cigars daily.

Under treatment the area of heart dullness has decreased, and the pulse has become full, regular and steady.

Case No. 2.—Dilated Heart. Mr. D., of Santa Barbara, Cal. Aged 45, spare in figure and of moderate height.

Last year when travelling for pleasure and to recuperate from an enfeeblement which occurred following la grippe five years previously, he was taken with a severe weakness, and a marked edema of the feet and legs when in Stockholm, and consulted Dr. Zander, who diagnosed a dilated heart. After a course of

artificial carbonated baths he was much improved, and was able to travel to Nauheim to take the natural baths. He put himself under the care of a known doctor at this watering place. He was ordered sprudel and thermal baths, and also strombaths three days in succession and one day's rest. After eighteen baths he was told that he had had baths enough, and that he might go home. The edema of the legs had greatly increased, and he had lost some flesh, the heart was much dilated, he suffered from tachycardia and arrhythmia and felt very weak.

Prof. Theodore Schott was then consulted, and it was found that the bathing had been overdone, and given without proper regard to the unfavorable condition of the heart. No more baths were given. The limbs were bandaged, and under massage and resistance movements he improved so that he was able to return to San Francisco for the winter.

He returned to Nauheim in May, 1908, and under the natural baths and a resumption of the massage and resistance exercises the swelling which had become apparent during the winter entirely disappeared; he could do without the bandages, and though his heart is still weak, nervous and irregular, I observed a marked improvement in his condition during the time he was under my observation.

He gave a very interesting history of an earlier nervous breakdown, when he says the doctor tried all manner of remedies and put him on thyroid tablets, which he continued to use for four years, three tablets daily. His ordinary weight was 134, and at the present time his weight is about 157.

This case particularly exemplifies the beneficial results of artificial baths; the necessity of fully understanding the action of the natural waters before the course of treatment is prescribed, and the interesting feature of a heart which might be said to be atrophied through the continuance and injudicious use of thyroid tablets.

Case No. 3.—Senile, fatty, dilated heart, with myocarditis. Mr. H., aged 60. Height, 5.8; weight, 204.

He had lived much abroad and had had experiences in India, followed by enlargement of the liver and spleen. He was accustomed to the usual sports of fishing, shooting and long tramps; smoked three or four cigars a day and indulged moderately in stimulants. Four years ago had difficulty in walking uphill, at the same time suffered from indigestion. He consulted a physician at Cannes, France, who diagnosed a weak, fatty and dilated heart. Under rest and the daily use

of doses of strychnine, with a moderate dietary, he improved. On returning to England he consulted three well-known physicians, and took the artificial baths, and in the spring of 1908 visited Nauheim, being advised to do so by a London physician. With the natural baths, massage and resistance movements, in two weeks the heart resumed its natural beating and gained tone. When he reached Nauheim there was a remittance of every two or three beats, and now after four weeks' treatment, the rate is 72, and almost regular.

Case No. 4.—Fatty degeneration of the Heart. G. H., Toronto. Weight, 260 pounds.

He was a hard worker and a heavy smoker. Under advice he left on 22nd April, 1908, for Nauheim, to be under the care of Prof. Schott. He was then in a highly distressed condition, and scarcely able to walk.

In four weeks time, after taking the baths and resistance movements, he lost 32 pounds, and was able to take long walks, and commenced to again enjoy health. The pulse dropped to 64, full and steady, and his breathing easy. The heart sounds are still somewhat mixed and the apex beat difficult to discern. On arriving at Nauheim, he discontinued the use of tobacco and alcohol, and his diet was regulated according to the rules suitable to his case.

Case No. 5.—Dilated Heart, Myocarditis with fatty degeneration. Mr. M., London, Eng. Aged 64.

Gave a brief history of having had a shock through the death of his wife. One evening, seven years ago, he took a short train trip to his place of residence just outside of London, and on arriving at his destination he started to walk, accompanied by his son, but only went a hundred yards or so when he was overcome with weakness and was unable to proceed further. He was under professional care for some months when Dr. Steele, of Manchester, was consulted, and diagnosed the case as a dilated heart and advised cardiac tonics.

In the spring, he visited Nauheim, and recuperated rapidly. He has visited this watering place annually since his first attack and expresses himself as always benefited by the baths. Pulse rate 70 and regular, apex in mammillary line. He has not had an attack of heart dilatation for seven years, and no medicine during that time.

Case No. 6.—Dilated left heart with weak left ventricular wall and general malnutrition through poor circulation. Mr. M., Surgeon, aged 45.

In the spring of 1907 had a slight attack of influenza, from which he slowly recovered. Later, when in bed one morning he felt a fluttering in the heart region, and examining his pulse found that it was intermittent and weak. He sent for his physician, who kept him in bed a month. After he recovered he went out fishing one day and felt considerable weakness on exertion, and the symptoms returned. He consulted several London consultants, who prescribed various cardiac specifics, and finally one ordered belladonna, which took away his last pleasure in life, the power of reading. Later a London physician ordered artificial Nauheim baths, as the season was not open, and then, acting upon his advice, he later went to Nauheim to see Prof. Schott, and remained with him for seven weeks, until the close of the season. He also greatly improved under baths and the resistance treatment. In May, 1908, he returned to Nauheim, and after two days' bathing again rallied. Examination disclosed a rapid pulse of fair volume, a slight systolic mitral murmur, and apex in mammillary line.

His routine of life while at Nauheim was to rise at 6 a.m., go to the spring and drink a glass of saline (Karlsbrumen) water, walk around until 8 o'clock while listening to the band music; then return to the Hotel for breakfast; later, about ten o'clock, he took a bath, followed by a rest of an hour; a lunch, moderate in quantity; resistance exercises at 2 o'clock; attended a concert on the Terrace at 4; dined at 7; attended another concert at 8, and went to bed at 10 o'clock.

Mr. M., being a surgeon of wide experience, his evidence has much of weight in it, and while he looks upon drugs as a present help in time of trouble, he regards them as non-curative, and pins his faith to the Schott treatment at Nauheim, and if that is impossible or impracticable, he considers the artificial baths with the resistance movements as invaluable.

Case No. 7.—Endocarditis, mitral lesion with dilatation. Miss M., aged 16, of Glasgow.

Gave history of an acute influenza attack seven years ago which became associated with rheumatism complicated by acute endocarditis and marked mitral lesion. After the subsidence of the attack the artificial Nauheim baths were administered and marked improvement took place, but it did not appear expedient at that time that she should visit Nauheim.

In 1906, during the months of April, May, June and July, she was again confined to her bed with a renewed attack, and practically during the whole winter of 1906-7 she remained

in bed. During this period she was without medicine, and permitted a fairly full diet.

She came to Nauheim in 1907 in a very weak and anemic condition, and improved markedly under the baths. I saw her very shortly after her arrival in May, 1908, and before she had taken any baths, and several days later made a re-examination, and found an increased arterial volume (after three baths the pulse was much fuller); a marked diminution of dulness over the cardiac area and the apex beat less diffused.

As Professor McGregor Robertson, of Glasgow, had the case under his observation, I wrote to him, and received a courteous reply in which he mentioned that the patient had suffered from acute rheumatism, and had also had a pleurisy with effusion. "The mitral valve was seriously involved and the regurgitant murmur loud and harsh. Dilation of the left ventricle ensued owing to compensation failing to be established, and the dilatation passed backwards to the left auricle and slightly affected the right ventricle. It was the serious threat of cardiac failure which these things portended that caused me to urge her parents, at whatever sacrifice, to take her to Nauheim.

"My experience goes back now for fifteen years, and I felt quite certain as to the nature of the result that would be obtained—the tone of the cardiac muscle has been restored, the dilatation has been largely, if not wholly, reduced, and compensation has been established.

"It is too large a question to discuss in a letter to what extent valvular changes can be repaired, but I myself have had no doubt for many years that the old view that valves once damaged can not be repaired to any degree is erroneous."

Case No. 8.—Influenza. Dilated heart. Dr. T., aged 56. Had been in military service and was Col. Surgeon.

In December, 1906, had a severe influenza, and after the fever subsided the pulse was intermittent every seven beats. He said the doctor came and put on a long face, and told him that all the valves were leaking, and the heart was dilated. He was kept in bed for three weeks. Then he consulted Sir T. Barlow, who sent him to the Isle of Wight, where improvement took place. After this he went to the South of France, Mentone and Nice, where, during the month of March, he suffered from a great mental depression, returned to England and spent six weeks at Brighton, then consulted Dr. Bensley Thorne, who advised Nauheim. He found the heart enlarged, the apex beat two inches outside the nipple line, and the heart sounds hard to

hear. He was again mentally much depressed. Took baths for six weeks, no massage, no after cure, and rapidly improved. He returned to professional work until November, 1907, when he retired from the army. He wintered in Corsica and Italy, no drugs were taken and no massage or resistance movements. He returned to Nauheim on the 27th of May, and Prof. Schott thought he had better have some more baths.

Under examination, on June 8th, I found the heart sounds clear though not strong; the apex beat in normal position; he was in good spirits and had a feeling of health and well being.

Case No. 9.—Dilated heart, marked nervous symptoms. Dr. S. de Nux, aged 30, of New Orleans.

He graduated in Medicine and had been in practice for several years under heavy work. Had a breakdown, partly nervous and with some heart dilatation. Suffered greatly from dyspnea, pulse averaged 120. Was so weak he could scarcely walk two blocks, and had continual pain in the region of the heart with palpitation for two or three days. This appeared to be aggravated by flatulence, dyspepsia and extreme constipation. Stomach showed some dilatation, and the liver was enlarged. He was troubled with sighing respirations. At times he had to remain in bed. During the period of this illness he quickly lost sixteen pounds. He relinquished his practice and consulted many physicians, who entertained but little hope of his recovery. He took a complete rest in Colorado, and in the spring of 1907 went to the South of France, but received little benefit. After leaving the South of France he went to Nauheim, July 18th, 1907, and was ordered by Prof. Schott to take at the beginning a bath every other day for two weeks and then a rest, and also the resistance movements, but no massage; four weeks of baths and exercise treatment, then two weeks as an after cure in Switzerland, followed by four weeks again in Nauheim, and later four weeks in the South of France, and on returning to America was able to do moderate work. During the winter and in March and April his village and country practice was very heavy. When at home he continued the resistance exercise treatment, which usually made the volume of the pulse fuller and caused a lessening of his pulse six or eight beats per minute.

The first of June, 1908, he returned to Nauheim, when cardiac dilatation almost disappeared; the area of dullness on percussion one and one-half inches smaller than last year, absence of murmur, and in all respects greatly improved. The depressing symptoms also disappeared.

Dr. J. A. Storck, of New Orleans, who was consulted by Dr. S. de Nux, wrote me, that when he first saw him there was very considerable dilatation of the heart, and Dr. Geo. S. Bel, also of New Orleans, wrote, "I have seen Dr. S. de Nux only once since his return. After a physical examination I found his heart in a normal condition; the functional disturbance has entirely disappeared, and his general condition, especially his nervous system, greatly improved. The Doctor stated that he would not call again unless he felt a return of the trouble. Up to this date I have not seen him, so he must be o. k."

Case No. 10.—Mrs. Joseph E., from N.J., a lady of 70 years of age. Through the kindness of Prof. Theodore Schott I was enabled to make a careful examination on several occasions, and also secured a more or less complete history of her condition, and with the assistance of the reports of physicians who had treated her, was able to form a better judgment as to the efficacy of Professor Schott's treatment.

Many years ago she was under the care of Prof. De Costa, of Philadelphia, having suffered always more or less from irregular cardiac conditions. In 1906 she had what she calls a severe heart attack when at the seaside, and returned to her home, where for many weeks she was prostrated, lying in bed perfectly helpless, and unable practically to make any physical exertion. She was then suffering from a severe attack of tachycardia with some gastric and intestinal flatulence, and the doctor who then saw her, Dr. A. H. L., writes: "She was quite nervous, and her digestion, especially of stomach, very poor. On strict nitrogenous diet a little better, yet she would have the attacks. Examination showed senile changes in blood vessels. She had myocarditis, hypertrophy, some dilatation of ventricle, with undoubtedly some atheroma of the cardiac vessels. After her first visit to Prof. T. Schott she came home with marked improvement."

To Dr. F. N. R., who is now practising in Monrovia, Cal., I am indebted for the following remarks: "I cannot give you date of first visit but approximately October, 1906. Suffering from sterno-cardial attacks of pain, tachycardia (extreme), cardiac asthma and fear. Arteries fibrotic markedly.

Examination of Heart.—Marked impulse felt over whole area. Apex beat in sixth interspace outside nipple line, about half inch. Systolic bruit at apex, markedly impure pulmonary first and second sound. Aortic, first sound double with murmur, second, impure.

Urine Examination.—Diminished quantity. Some hyaline casts. Albumen varying from day to day. Sometimes absent. Some edema of the feet and legs, especially the ankles.

Diagnosis.—General arterio-sclerosis (so called interstitial, nephritis, dilatation of the heart with faulty compensation.

Treatment.—Absolute rest in bed. Strychnine sulphate in increasing doses. (Morphine in minute doses to quiet pain and allay nervousness.)

Diet.—Nourishing. Eggs (raw), albumen water, meat juice, broths, milk. Gradually increased and vegetables added, as bread, potatoes, etc. First the small quantities at frequent intervals.

Result.—Marked improvement in course of time, but very slow. Gradual contraction of area of cardiac dullness, and increase in quantity of urine, disappearance of edema, asthma and attacks of tachycardia and sterno-cardial pain. Graduated exercise advised in the shape of walks (only a few steps at first), and advised her to go to Prof. Schott early in the spring of 1907. I gave her a letter of introduction, as I knew it would do her good there. I worked with him in 1899, and knew she needed his good care and advice. I was extremely interested and worked hard with the case. There was little to work on but with her co-operation, I am happy to say, and the grace of the Creator, and Dr. Schott's able advice, I believe she was even more improved than when I last saw her."

On the 27th of May, 1907, she came to Nauheim, where she remained nine weeks and had thirty-one baths. She had occasionally bad seizures during her stay in Nauheim, but on one occasion only was digitalin administered. She spent five weeks in Switzerland as an after cure, and returned to America in November, and her physician, Dr. R., was only called in to prescribe for two slight attacks until her return to Nauheim in May, 1908. She told me that she had greatly improved so far. She was able to take a fairly long walk, and in all respects appeared to be regaining ground since the recommencement of the baths.

This case greatly impressed me, because there was very marked arterio-sclerosis, myocarditis, and murmurs to be heard both in the mitral and aortic areas.

Case No. 11.—Myocarditis following influenza. Mitral murmur with relative insufficiency. Judge B., Boston, Mass., aged 54.

In 1889 was accepted by two insurance companies, and re-

jected by two on account of heart murmur. In 1904 he took walks in the Switzerland passes at an elevation of 8,000 feet, and suffered no serious inconvenience, though at times he had distress in the cardiac region, possibly due to gas in the stomach, as he was a sufferer from indigestion. He gave a history of rheumatism and swelling of the feet, no dyspnea. In 1905 he came to Europe when he suffered from dyspepsia. In 1906 he had rheumatism and was under treatment with his local physician, returned to Europe in 1907, and when on the Heidelberg mountain experienced some distress in breathing. At this time he says there was some wheezing of the lungs.

He read an article on Nauheim and decided to visit the place, because his condition had not improved and he continued to grow weaker. While at Nauheim, under the care of Prof. Schott, he had fifty-two baths and resistance movements with a vacation interval from July 1st to 21st, in Switzerland. When he came to Nauheim the apex beat was two inches outside of the nipple line. After treatment the heart was found to be contracted about two inches, and in normal position. In 1908 he returned to Nauheim. June 1st, I made a careful examination and found that he was suffering from mitral regurgitation and aortic stenosis.

Even after a severe examination the pulse only rose to 90. This gentleman, erudite, learned in the law, accustomed to sifting evidence, gives unhesitating testimony in favor of the baths as prescribed by Prof. Schott and administered at Bad-Nauheim.

It is, of course, quite impossible for all patients suffering from such forms of heart trouble as would be benefited by the natural baths to visit Nauheim, and consequently of late years many able practitioners have made use of the artificial brine baths with or without free carbonic dioxide, and sometimes combined with muscular exercises. The effect of the two procedures (baths and resistance movements) is very similar. From the cases I have cited I think it is quite established that the baths and resistance exercise are capable of notably diminishing the area of the cardiac dullness and at the same time producing a pulse more normal in character.

50 College St.

SOME ASPECTS OF NEURASTHENIA AND THEIR TREATMENT.*

BY DR. A. T. HOBBS,

Medical Superintendent of the Homewood Sanitarium, Guelph, Ont.

The subject of neurasthenia presents a wide field for consideration and discussion. It is impossible within the limits of an address like this to more than skim over a few of the salient features of this widespread disease. The never-ending and ever-changing manifestations of nerve exhaustion are bewildering alike to the specialist and general practitioner. The insane revelry of the various organs, including the nervous system, produces a gallery of pictures of an infinite variety of shading. You may examine organ after organ, investigate the stomach contents with your burette, analyze the urine with an urinometer and an ureometer, take smears of the sputum, count the blood corpuscles and test the hemoglobin and manipulate the reflexes, and find no serious lesion, yet this apparent negative result offers positively no proof that you have under observation a typical case of neurasthenia.

To what may we attribute this extraordinary condition? The intense strenuosity of this competitive age, the constant increasing indulgence in alcohol, and the anxiety of the foolish parent to have his fast-growing child eclipse some other parent's prodigy in school or college, are the chief causative factors in this neurosis.

Heredity plays an important part in the preparation of the ground soil for the cultivation of these noxious neurotic weeds. An alcoholic parent, a syphilitic progenitor, a restless, nervous mother, an epileptic brother, or an insane sister will be found somewhere perched on the family tree if diligently sought for in at least 60 per cent. of all histories of neurasthenia. Can you wonder why "the sins of the father are visited upon the children even unto the third and fourth generation"? A magazine full of neurotic powder may lie dormant for years until exposed to the match of the worry of business, or domestic affairs, or numerous speers, or some indiscretion, when it explodes.

What does the neurasthenic complain of? Listen to his story carefully, however prolix he may be; do not get impatient with

* Read before the St. Thomas Medical Association, on November 6, 1908.

the tedious recitation of his hundred and one ailments; and above all do not laugh at, or make light of, any absurd statement; neither lay too much stress upon any one symptom. He is supersensitive; a perfect barometer of restlessness. He may have already visited several physicians, who did not consider his case as serious as he thought they should. It is notorious that many of them wander from one doctor's office to another. I admitted one patient to the Homewood who had run the gauntlet of nineteen physicians. Take an interest in him, make full notes of his case, so as to be familiar with all of his complaints. Overhaul him thoroughly, so as to eliminate any possibility of a lurking organic lesion.

In brief, what is his story? "I am tired, I am weak." This feeling of exhaustion is always well marked; it makes him irritable and easily discouraged. It is this feeling of lassitude that induced him to give up his occupation. "I have a numb feeling in my head, a headache." This constant symptom worries him very much. His head appears to him as if it is in a vise. He fears he is going insane; thoughts of suicide will arise in his mind; he will talk about it to his friends and intensify their fears for him. "My eyes are weak, they have boring pains in them, and there is something wrong with my ears." This is not uncommon, and will often lead him to consult an oculist, who finds no marked lesion. "I cannot settle my mind on anything." This difficulty of consecutive thought and action, and inability to make a decision, is very characteristic, and makes him restless and discontented with himself and everybody else. "I have an all-gone feeling in my stomach, and my food does me no good." He may have some gaseous distention, and some abdominal sensitiveness on pressure, but it in no way accounts for his woebegone appearance. The liver may be slightly engorged, and constipation may be a habit. He may have arrived at the hypochondriacal stage, when he is sure that nothing passes through him. He is much distressed. "I do not sleep, and I feel stupid." This is often a dominating feature of his case. He cannot go to sleep until very late, and he wakes up early. He tosses around in bed, thinking and worrying as to what is going to happen to him; morbid fear possesses him; his broken sleep is unrefreshing; he loses weight; dark circles show themselves around his eyes; he moves along in a state of partial stupor; the universe looks blue to him. His own mental picture throws deep shadows; there is no silver lining.

"There is something wrong with my heart; listen to it." This feeling of pseudo-palpitation is enhanced at night when

alone with his thoughts, his sleeplessness and his intense nervousness. His senses are doubly acute; he hears and feels his heart beat; his cup of misery is full. These and many other stigmata complete a picture absurd to the physician because of the absence of disease; pitiful to the patient because of the deadly reality of all these inexplicable pranks of the erratic action of the whole nervous system.

What can we do for him? Psychotherapy plays an important part. You must quietly impress upon him that he is going to get well. You may have to reassure him time and again. Do not get impatient with him. Instil into his mind the axiom that "he will not feel well until he is well." Encourage him every time you see him, and present to him always a cheerful front. Outline his treatment carefully and in detail. You will usually find him punctilious as to its observance. Warn him that you may from time to time make a change in his treatment as he improves. His case naturally will take time; tell him so.

As to diet. Often he will eat a large meal perfunctorily, bolting his food. As a rule he does not drink enough. This is wrong. He should have a breakfast of fruit, cereal (oatmeal or whole wheat preferred), a soft-boiled egg, toast, a glass or two of milk; at 10.30 a light lunch of a glass or two of milk, or an egg-nog and a soda biscuit. At 1 p.m. a limited and an absolutely plain dinner: small quantity of meat (beef or chicken preferred) and a potato—drink milk or milk and water—custard or rice, or a light confection. Repeat the lunch at 4, and at 6.30 a light supper with a cup of weak tea or milk. On retiring a glass of hot milk. Variation of these diets will of a necessity be made from time to time, bearing in mind their easy digestibility.

Tonics have their value, especially combinations of strychnine and arsenic. They aid other remedies to dispel the gloom, and improve the quality of the blood. In advancing age the addition of phosphorus will afford material aid. If the extremities are habitually cold, add digitalis in small doses to any of these tonics.

The treatment of constipation requires care. Mild laxatives may be used. Purgatives are often harmful. A glass of hot water, or of mineral water, should be taken before breakfast. If these are ineffectual, abdominal massage ought to be applied. There are several ways of doing this. The well kneading of the colon in the recumbent position needs an operator to make it successful. Auto-massage can be done by pressing the fingers deeply on the relaxed muscles of the abdomen over the fecal

end of the colon. Breathe deeply and resist firmly the inspiration. Follow the colon in this way around to its sigmoid flexure. The patient should be instructed to do this daily lying on his back with his knees drawn up.

Another method we adopt in our hydrotherapeutic room is to apply a jet douche at temperature of 100 deg. with the force of one to one and a half atmospheres in a circular method all over the abdomen. Still another way is to stand the patient over a perineal hot douche, and let the water strike the anal orifice for two minutes at 100 deg.

It should not be forgotten that suitable dieting will do much towards the relief of the constipated habit. Enemas may have to be resorted to in extreme cases, but should not be continued as a routine treatment. Strong cathartics are harmful.

Rest in bed until noon during the early treatment, especially when general weakness is complained of. It is an effective handmaid to other methods in controlling both the restlessness and fatigue so manifest in the neurasthenic.

Any exercise advised should be mainly loafing in the open air, moving along at two or three miles an hour gait, accompanied by a cheerful nurse. He may participate in light games like bowling on the green, or billiards, just so long as it does not fatigue him. Later on a light occupation, or exercises in a gymnasium, may be followed.

Do not specifically treat, or even discuss, his headaches, or any particular symptom. Tell him they are only part of the whole depreciated condition, and will disappear as he improves in health. Headache tablets and powders do him decided harm, and only postpone his recovery.

The management of insomnia requires judicious handling. The bed-room should be well ventilated. He should retire at a regular hour. Try the hot tub-bath for ten minutes before going to bed, and when in bed he should be given a hot glass of milk, or a glass of cold milk with half a teaspoonful tincture of capsicum. Give him to understand that four hours' natural sleep is better than eight hours' drugged sleep. If these simple measures fail the cold wet pack may be tried, or a small quantity of bromide an hour before retiring.

All that you have done may be unavailing, and a persistent sleeplessness still exists. You have to do something to overcome this. It is imperative to break the run of insomnia. You have at your disposal an array of hypnotics appalling to the novice in medicine. From experience we have eliminated them all from our category, with the exception of two, viz., medinal and

veronal. First try veronal in doses of 5 to 10 grains. If no success follows the administration of veronal, then 7 to 10 grains of medinal will produce sleep in the most obstinate case, with little or no bad after effects. It must always be given dissolved in water. It may be given hypodermically.

Unfortunately, your patient will quickly form the habit of depending upon the hypnotics to produce sleep. You must gradually reduce the drug until about one-half of the dose is being taken. We then adopt a method that has been successful in getting him to abandon the medicine. It is this: Persuade your patient to leave the powder and a glass of water on a chair beside his bed. If he fails to woo tired nature's sweet restorer in an hour or so he is advised to take his medicine. You will, however, invariably find this plan successful. Your patient's fears for a sleepless night are overcome by the knowledge that he has the remedy at his disposal. You will be handed the powder by a smiling patient one morning with the remark that "he put the chair to sleep last night."

THE HYDROTHERAPEUTIC TREATMENT OF NEURASTHENIA.

Many authorities agree that hydrotherapy is indispensable to the management of a large majority of neurasthenics. It is only one of the means, but it is so important that it requires careful thought by all those who desire to give their patients the best care and attention.

Many text books on nervous diseases testify to the efficiency of the water treatment in neurasthenia. Some authors go so far as to state that without judicious hydrotherapy neurasthenia cannot be successfully and satisfactorily treated.

Dr. Wm. H. Draper says: "It seems to be more effective than any treatment by medicine in stimulating the nerve centres, in restoring the equilibrium of the circulation and reviving the activity of the organic functions."

Kraft Ebing says: "In the management of neurasthenia the water treatment is of the greatest value because as applied preferably in institutions it admits of all possible excitant, calming and alternative effects upon the diseased organism and its tissue change. Its good effect in neurasthenia is due to the regulation of cardiac activity, dilatation of peripheral vessels, diminution or increase in the cerebral circulation, general calming, etc., according to the procedure used." I could go on quoting from such authorities as Erb, Klemperer, Peterson, Preiss, Romberg and Eulenberg, but one and all recom-

ment most highly hydrotherapy in the treatment of this obstinate condition.

In order to obtain the best results, the equipment of a well-ordered establishment is required, where all the various methods of applying water can be wisely and skillfully directed. Yet much may be done by the general practitioner in the home if he will give the time necessary to the proper supervision of the patient, carefully noting the results day to day, and guarding against any untoward effect physically or psychically. In this he can be materially assisted by a competent nurse.

The indication in all treatment is to begin with the mildest measures and accurately determine the patient's reactive capacity, then gradually proceed to more active and stimulating methods. The keynote of all water treatment is reaction, for unless reaction is obtained your efforts will be a failure. Reaction can be obtained in every case if the various procedures are wisely and properly applied. Your reaction at first may be slight, but with daily sponges it will soon become very marked, and the patient's confidence will increase in the success of the treatment.

It is not sufficient to tell a patient to take a cold sponge bath every day, to pour cold water down the spine, or to take a cold plunge daily to secure the best results. It is necessary that the physician see the patient frequently, more particularly before and after the procedure, and if possible during it, if the best results are to be obtained. He should not depend upon the nurse entirely, however skilled he or she may be, as mistakes are easily made and your treatment nullified.

Baruch says: "Hydrotherapy fails, alas! too often, as do other remedial measures, but it is my belief that failure of the former is often the result of imperfect and unsystematic application at the hands of the patient, his friends, or by untrained attendants, of a treatment which may have been carefully ordered by the physician." It is necessary that you maintain as close oversight in the treatment of the chronic condition as you do in acute life-endangering diseases.

For purposes of description, let us divide the cases into three classes:

- (1) Depressed or hypochondriacal.
- (2) Excitable or hyperesthetic.
- (3) Mixed type.

The depressed type does not yield readily, and the treatment must be persistent.

If the patient is not accustomed to cold water begin with a sponge bath daily at 75 deg., decreasing temperature 1 to 2 deg. per day until 60 deg. is reached. A cutaneous hyperemia must be induced by active friction, and the rosy appearance will overcome the patient's fear of cold water. Continue this for one week, and if the patient's reactive capacity is good ablutions may be introduced and water thrown on the various parts of the body with the palm of the hand, and friction maintained, using the same scale of reduction as in the sponge. When the patient is accustomed to it introduce the drip sheet, or cold rub, for a few days, gradually reducing the temperature until 55 deg. is reached. When good reaction is established the cold wet pack may be used for an hour, followed by a half-bath lasting five minutes. The temperature of the wet sheet of the packing should be 70 deg. and that of the half-bath 85 to 90 deg. The pack must be carefully and quickly applied to be of service. The patient may complain of the cold wet sheet, but this passes off in about ten minutes. The results of this treatment are usually good, and insomnia is benefited to a marked degree.

In addition to the foregoing it is advisable to prescribe glasses of cold boiled water daily. Two or three times weekly a thorough intestinal irrigation increases the favorable effect of other hydropathic procedure.

If this treatment does not restore the patient, his diet, exercise, rest, etc., being carefully supervised, a more active method should be adopted. To carry out this, however, requires elaborate apparatus and skilled operators. The institution with which I am connected is supplied with the Baruch apparatus, which is considered the best and the most accurate, and the methods adopted are as follows:

1st Week.—Hot air bed to point of perspiration—to improve reactive capacity by dilating cutaneous vessels. Circular douche, 95 to 85 deg., $\frac{1}{2}$ min. General fan douche, 80 deg., 20 lbs., 10 to 20 seconds. Dry rapidly; walk in open air until fatigued. Repeat daily, reducing minimum temperature 1 deg. each treatment. Once a week allow patient to perspire five minutes in hot air cabinet to benefit tissue change.

2nd Week.—Hot air box to point of perspiration. Circular douche, 95 to 85 deg., $\frac{1}{2}$ to 1 minute. Fan douche to back, 20 lbs, 5 seconds, 75 deg. General fan douche, 80 deg., 30 lbs., 15 seconds. After several days substitute jet douche for fan douche on back. Reduce temperature of general fan douche 1 deg. daily; walk in open air.

3rd Week.—Hot air bath, to point of perspiration. Circular douche, 25 lbs., 95 to 80 deg., 1 minute. Jet douche to back, 30 lbs., 75 deg., 5 seconds; daily reduced 1 deg. Friction walk in open air.

By this time the patient has grown accustomed to any and all procedures. You have his confidence and can introduce, if necessary, the Scotch douche, particularly in "neurasthenic spine," which is the most stimulating hydrotherapeutic procedure, and one we have used with marked success in the treatment of neurasthenia.

The irritable, excitable or hyperesthetic type requires careful handling: Fears hot air cabinet; fears wet pack; fears circular douche, and, in fact, all measures prescribed; bears friction badly.

By using the mildest possible measures persistently, however, the fear is gradually overcome, and a prescription having a sedative effect would read as follows:

Hot air cabinet, to point of perspiration. Circular douche, 10 lbs., 105 to 92 deg., 3 minutes. General fan douche, 10 lbs., 85 deg., 15 seconds. Walking slowly in open air. Repeat daily, increasing pressure and lowering temperature until 15 lbs. and 80 deg. are reached. Gradually more active measures may be used.

Home water treatment is apt to aggravate such cases unless given by thoroughly trained nurses and unceasingly watched by the physician.

Institutional treatment indicated as a rule.

Mixed Type.—A valuable procedure is the wet pack, 65 to 70 deg., followed by affusions at 75 to 85 deg., or the circular douche at 90 deg. for 1 minute, and fan douche at 85 deg., reduced gradually each day, but not below 60 deg.

This, then, is a brief sketch of some features of this important subject. I have not attempted to touch the sexual form of neurasthenia as it of itself demands comprehensive handling that is impossible in a paper of this nature. The personality of the physician will always be a prominent factor in the management of the neurasthenic. Without the patient's confidence and co-operation you cannot hope to succeed.

INAUGURAL LECTURE TO THE SECTION OF PEDIATRICS.*

BY ALLEN BAINES, M.D., TORONTO.

Gentlemen,—I thank you most sincerely for the honor you have conferred by electing me as your first Chairman of this important section of the Academy of Medicine.

In my official capacity, and with the certainty that you are all of accord with me, I also desire to thank Mr. Robertson and Miss Brent for permitting us to meet in the theatre of the Hospital for Sick Children. This kindly act will be a great boon to us, enabling us, as it will, to present many cases of interest to the section without risk or discomfort to the little patient, an achievement which would be impossible had we to have them taken over to the Academy.

As we thus inaugurate the commencement of the season's work in this section of Pediatrics, I wish to impress upon myself, and you, the twofold object which we always have in view. The first is personal—the higher education of each one of us in this great subject of the diseases of children.

I. The attainment of this object necessitates the upholding of the most catholic conception of the work of the section, and of extending its influence far beyond the staff of the hospital or the Faculty of the University. This being the case, I feel again, gentlemen, that I carry you with me in proclaiming our earnest desire that many members of the Academy will come to our meetings, and also that medical men who may not be connected with either of these bodies will help us in our march towards further light and knowledge by sending in reports of cases in their charge and by writing papers upon their experience in the treatment of infantile maladies for our discussion. "In the multitude of counsellors there is wisdom," so said the wise king, and his words never strike home more truly than in the noble study of medicine, so true is it that every difficulty in diagnosis or treatment that is brought to light, discussed and cleared, every doubt that is set at rest, every experiment tested, every hypothesis turned into certainty by the largest possible comparison of experience, is an obstacle removed in the path that leads to full light concerning the subject. And the aim of the section is to become a full and radiant light, a beacon of

*Toronto Academy of Medicine.

ever advancing pediatric knowledge, whose rays shall penetrate through the gloom that surrounds every little sick bed north and south and east and west of the city.

II. We now come to the second named object of our section, *i.e.*, the benefit and welfare, moral and physical, not only of the little ones, but of the whole community.

The Pediatric Section may be said, in a figure of speech, to stand around the cradle of part of the human race. When Wordsworth asserted that "the child is father of the man," he announced a truth most important in its bearing upon the study of the medical care of children. The remembrance of this fact is, perhaps, apart from instinctive love of the little children themselves, the greatest encouragement to us amid all the difficulties that beset us in our treatment of them. It enables us, as it were, to cast our eyes beyond the present, into the far future of the little life for which we care; it enables us, in each hardly won conquest of disease and hereditary taint, to see ourselves as the officers of Providence, and to rejoice in the sending out of one more healthy and normal, therefore valuable citizen, and that thus we have been permitted to take one more from that other sad crowd of listless and unhealthy, therefore incompetent, human beings.

So, gentlemen, we see ourselves as upbuilders of the race.

This last word brings us to a part of our work which, though in a manner indirect, is inseparable from it, namely, the instruction of mothers as to their moral and physical care of their children.

To the mothers, then, we stand as mentors, whose office it is to instruct them upon their care of the infant during its tender years. Without such training and advice, how would it be possible for young and inexperienced mothers to observe the physiological laws upon which their children's health depends, or to guess the necessary principles to be followed in the matters of feeding, clothing, exercise and cleanliness, or to watch intelligently the performance of the organic functions of the body? It is easy to understand that without such co-operation of the mothers our medical treatment is beset with unnecessary difficulties, and often completely defeated in its object.

I am glad to be able to state that in the immediate future there will be a graduate nurse appointed from the Sick Children's Hospital whose duty it will be to visit all patients receiving out-door treatment, to see that the little child is having its medicine administered and its food prepared and given as it should be, and to report progress of all cases. This is a great

step, and I am sure will be of the utmost value in aiding the rapid convalescence of the patient, as well as being missionary work in educating the mothers in cleanliness and care of their families.

Another position, of no less importance, has been made: Dr. Menton is every day to examine chemically, bacteriologically and microscopically the dejecta of all infants suffering from ileocolitis and allied diseases. Professor Mackenzie assures me that every facility will be afforded to Dr. Menton to do the work thoroughly, and every encouragement given to pursue original research.

The outcome of such work, we must all feel, will be a great aid to all practitioners in treatment and diagnosis of many obscure conditions found in this class of disease.

I look, and I know that I shall not look in vain, for the hearty co-operation of all the Fellows in this Section and of the Academy at large, in providing at every meeting a full, interesting and instructive programme, which at every point shall present thorough and consistent work.

Let every case reported or paper read be well worked up in history, progress and detail, so that questions asked or criticisms made may be met by the unassailable front of complete command of the situation. Tanner writes: "How frequently it is said by laymen that the profession of medicine is merely a conjectural art, and practitioners are sometimes reminded that their predecessors have rejoiced at being able to retire from a harassing life, because they were weary of guessing." Allowing that the observation contains a certain modicum of truth, it is nevertheless quite clear that there is a vast difference between the conjecture of the scientific physician and that of the rash and ignorant empiric, for where the one either surmises by rule and by a process of reasoning, for each step of which he can show the why and wherefore, or else by a ready perception acquired by extensive study and practice, the other, on the contrary, merely makes a haphazard guess which, to say the least, is as likely to be incorrect as not.

May we not hope, for our part, that by means of their criticism and pertinent questioning we shall prove ourselves worthy of being ranked as scientific and science-gaining physicians and not as rash empirics, who often foster ignorance and hinder progress by a mutual admiration which acts as an anesthetic, hindering strong endeavor and putting to sleep that "divine discontent" which always leads on to higher discovery and further knowledge. Let us, therefore, cultivate this "divine discon-

tent" with ourselves and openly, when it is necessary, with each other, at these meetings, showing ourselves able to give and to take a challenge in a friendly and scientific spirit, able to forget our own importance, merging it in the far greater importance of our purpose, which is to buy experience and ever to advance in the art of healing.

It is surely good for us to remember that this work of ours can only be perfected by friendly criticism, and also, in our minds, to emphasize that word "friendly"; continually to place before ourselves the fact that as surely as we are bound to a more than common friendship with each other by the more than common cords of love and endeavor for a world of suffering and helpless children, so surely must the same ties be strengthened and not broken, so surely must our friendship be cemented and not loosened by the close questioning and oftentimes adverse remarks of our fellows in the work. For, certain as it is that we are bound, in the outer world, to shield each other from the scandalous attacks of ignorance, so is it equally certain that, within this Academy, we must be mentors each to his fellow, upholding the eternal laws of honorable dealing, best endeavor and highest aim. South, in one of his sermons, says: "He who does a base thing in zeal to his friend burns the golden thread that ties our hearts together. The performance of good offices towards our fellows not only confers immediate gratification, but permanently ennobles our dispositions and enables us, at the close of the evening, to give a cheerful answer to the question each one should put to himself, 'What have I done this day?'"

REMINISCENCES OF TWO OF TORONTO'S PRINCIPAL
MEDICAL MEN IN THE EARLY YEARS
OF THE CITY'S HISTORY.

BY WALTER B. GEIKIE, M.D., C.M., D.C.L., LL.D., F.R.C.S.
(EDIN.), L.R.C.P. (LOND.).

Having been asked by THE CANADIAN PRACTITIONER to send that journal a résumé of part of an address recently given by me before "The York Pioneers and Historical Society," I have pleasure in complying with the request.

Everywhere in civilized countries, prominent members of the medical profession have in the past, and are now, playing an important part in making current history. It therefore appeared to me that this résumé would be most interesting to the readers of THE PRACTITIONER were I to select from my address the portion which dealt with two of the most prominent Toronto medical men of a bygone generation. I can give but briefly, in a single paper, the story of two such lives as I have selected, and have had to rest satisfied with such facts as I could gather as might prove interesting to your readers in the medical profession of Ontario. I give first a sketch of Dr. Christopher Widmer, for a great number of years Toronto's principal medical man. He was born at High Wycombe, Buckinghamshire, England, May 15th, 1780. He entered the medical profession early in life, having passed his examination for his M.R.C.S. (Eng.) in 1803, only three years after the Royal College of Surgeons was founded. He soon became a distinguished surgeon and afterwards obtained the highest standing conferred by the Royal College of Surgeons, England, its Fellowship. He joined the army and became staff surgeon, attached to the 14th Light Dragoons, and in 1812, during the last war between Great Britain and the United States, came to Canada with his regiment. As the war was of brief duration, Dr. Widmer decided to remain in Canada, and settled in Toronto to practise his profession. His skill as a surgeon soon made his name famous over the whole Province of Upper Canada (now Ontario). His experience as a surgeon in Spain during the Peninsular War was very great. He wore a medal with five clasps, each of which bore testimony to his presence at a hard-fought battle—between the British army, under the great Duke of Wellington, and the French army, under one or other of

the famous marshals selected by the French Emperor Napoleon the First, whose genius in the conduct of war was incredibly great, so much so, that but for the wonderful valor, the intense pertinacity, and the marvellous skill of the Duke of Wellington and the able generals under him, in command of the best and bravest of soldiers, he would have laid the whole of Europe helpless at his feet.

The battles at which Dr. Widmer was present were Vittoria, Busaco, Fuentes D'Onoro, Talavera and Salamanca.

Dr. Widmer practised all the branches of his profession, as well as surgery, with marked success. When he settled in Toronto he was a young man of about 33 or 34 years of age. Before long he was made a member of the Legislative Council of Upper Canada. He was also a member of the Medical Board of Upper Canada. He was present at its first meeting in 1819, and was its President from 1823 till his death thirty-five years afterwards. He was much interested in all its work, and, taking everything into consideration, was perhaps its most useful member. The sittings of this Board were always held quarterly in Toronto. The responsibility of the examination work assigned to it was very great, as for many years it was the only examining medical board in Upper Canada. A candidate, having passed his examinations before it, obtained a license to practise, signed by the Lieutenant-Governor of the Province, and after the union of Upper and Lower Canada, by the Governor-General. Medical students living and intending to practise in Upper Canada, in very early days, could not obtain a medical degree in the Province. Almost the only persons having such a degree had taken it in some one of the then very few degree-conferring universities in the United States. These gentlemen had all to undergo examinations by the Medical Board just as Canadian students did. Candidates possessing recognized British qualifications received the Governor's license on presenting these, with the required identification, to the Board.

Dr. Widmer was a splendid specimen of a medical gentleman of Toronto's early days. For many years he lived on King Street East, nearly opposite what is now Ontario Street. Widmer Lane, still open, is on the west side of the lot on which his house stood. The dwelling was a frame house, square in shape, two stories high, and white painted, and its front was flush with the street. He, after several years, built a handsome brick two-story house on the south part of his lot, about fifty feet north of Front Street, the house facing the south.

This house was taken down only about two years ago, and had, after the death of the doctor, for many years, presented a very shabby, neglected appearance, and surrounded with unsightly buildings of one kind and another. One can hardly conceive, to look at it, that it could have been the handsome residence it was during all the years Dr. Widmer lived in it. In this house he had his office, and did a great deal of surgical and medical work of all kinds. His widespread reputation attracted multitudes of patients not only from the city, but from the entire Province, and often far beyond it.

When Lord Sydenham was Lieutenant-Governor of Upper Canada his horse fell with him and broke his Lordship's leg. He resided at Kingston, and sent promptly for Dr. Widmer. In those days the roads were very bad, and travelling slow, but, with relays of fresh horses, the doctor got to Kingston as quickly as he could and attended to his patient. The case did so well, and Dr. Widmer's skill and services were so highly appreciated by his Lordship, that he made him a special present of a valuable gold watch. Dr. Widmer was a great worker, always busy, and pleased to be so, but however his time might be taken up by patients able and willing to pay him well for what he did for them, he was always delighted to do all he possibly could gratuitously for the deserving poor during sickness of any kind. I have heard many of his former patients speak of the great kindness and attention he had shown them when they were not in a position to remunerate him as they would have liked to have done, and they often added, "Yet he attended us as well as if we had been the richest people in the Province." For a few years Dr. Widmer took into partnership with him Dr. Deihl, a medical man from Montreal, as it had become quite impossible for him to attend to all his patients without an assistant. This partnership lasted nearly six years and a half, and closed May 1st, 1835.

Dr. Widmer was of medium height, somewhat taller than Lord Roberts, but having much the same figure and erect, soldierly bearing. He was quick and active in all his movements. I fancy I can see him now as he often dressed in summer, with his swallow-tailed blue cloth coat, with its black velvet collar, a light-colored vest, and nankeen trousers, and well-fitting low shoes, neatly tied with black silk ribbon. When looking at a patient for the first time or at whatever might be going on that interested him, he often stood with two or three of his finger tips in his trouser pockets.

His full-length portrait, painted by request of the medical

profession, is now in the General Hospital, and gives an excellent idea of his appearance during the last two decades of his life. I knew him very well, having been his clinical clerk at the Hospital in 1850 and 1851, and remember calling upon him not very long before his death. I found him much depressed, on account of the recent death of his favorite son, Christopher Rolph Widmer. He spoke with much feeling of the shock his son's death had been to him, remarking that it seemed sad, to have him cut off in his early youth, and with his life, humanly speaking, before him, while he, his father, now old, and of comparatively little use in the world, was spared. I said what I could to cheer him, and after he had warmly thanked me for calling upon him, he bade me good-bye, shaking hands with me cordially as he did so. I never saw him again. Very shortly after this interview, on a Sunday afternoon, May 1st, 1858, he walked to the cemetery to see his son's grave, and here, from the walk having been too much for him, and from the depth of feeling as he stood by his loved one's grave, he fainted. He was taken home as soon as possible, but never completely, or indeed to any extent, rallied, although conscious enough to answer a few times when spoken to. He died next morning, about six o'clock, May 2nd, 1858. He was buried on Thursday, May 7th, and a large concourse of his private and professional friends followed his remains to the cemetery, as a last and a sad tribute to one who was much loved and greatly respected by all who knew him.

The next celebrated name, and one long associated with this city, and with Canada during a large part of the past century, is that of the Hon. Dr. John Rolph, M.R.C.S.E. He was born at Thornbury, England, March 4th, 1793. The family, *i.e.*, his father's family, came to Canada early in the century. The subject of this sketch did not leave his native country till 1812, in which year the vessel in which he took passage was captured by an American ship, war having been declared by the United States against Great Britain, before the ship reached America. The then President, Mr. Madison, was good enough to send him a passport to Canada, a very kind act towards one held as a lawful prisoner, taken on board an enemy's ship at sea. He was sent to Batavia, N.Y., U.S.A., and there detained. Those in charge found him engaged in making what they thought were sketches of United States fortifications and defences of one place or another, and pronounced him a spy. This was found, however, to be a glaring mistake; the young man, only about twenty years of age, having been

employing himself in working out some problems in Euclid as a pleasant way of occupying his time. Although the silly suspicion of being a spy was soon found to be quite groundless, it occasioned more or less needless delay. An exchange of prisoners being made, he, with the others, was soon sent to Canada. After the war was over, he returned to England, where he completed the important studies of his life. These embraced the two professions of law and medicine. He became a member of the Inner Temple, London, and was called to the English Bar in 1821. His medical and surgical studies he pursued under Sir Astley Cooper and others, and his tickets, signed by his teachers, are still in the possession of a member of his family. He had previously graduated in Arts in the University of Cambridge.

The hospitals in which he studied were Guy's and St. Thomas', then conducted under the management of one board, but for many years past being managed as two separate hospitals, each having its own Board of Governors. Dr. Rolph's diploma, obtained from the Royal College of Surgeons, England, bears the date 1820, giving him the membership of that College. In 1821 he returned to Canada and soon entered the political arena. Being a man of rare culture and great ability, he was always anxious to obtain for his adopted country such political freedom as would promote the happiness and prosperity of her people. But the most advanced of the Reformers of those days never once thought of asking such privileges as all Great Britain's self-governing colonies now enjoy, under which, with sincere loyalty to the Empire of which they form so important a part, they at the same time practically govern themselves, enacting all their own laws in their own free Legislatures; under their own Government, which is responsible only to their own people. Canada, now extending from Sydney, C.B., to Victoria, B.C.; New Zealand, Australia (and a federated South Africa will soon be added to the list), in this way enjoy a freedom unequalled, I think, by any nation in the world. Dr. Rolph was elected a member of the Legislature of Upper Canada for Middlesex in 1824. He did not register till 1829 as a medical man in Canada, as, with his English diploma, he might have done at any time. He gave much of his time to the profession of law, and secured a very large practice, which increased year by year. He was regarded as having no equal, or at least very few indeed, in Upper Canada, as an eloquent and a successful pleader in the courts. One celebrated case of his may be here referred to,

which was tried in 1825—the Randall case. It was tried at Niagara, Upper Canada. The question before the jury was practically whether or not Mr. Randall, a member of the Legislature, duly elected, was guilty of perjury in swearing that he had freehold property amply sufficient to qualify him as a candidate for the seat to which he was elected. Mr. Randall declared he owned the property he claimed. The Government of the day, however, had been bold enough to give a patent to another person, one Thomas Clark, and had declared Randall's title as merely a leasehold. "Yes," said Dr. Rolph, his counsel, "but the lease was legally made out and legally conveyed to Mr. Randall, and was for a period of 999 years."

After an absence of only five minutes, the jury brought in a verdict in favor of Mr. Randall. At this trial the appeal made to the jury by Dr. Rolph was one of the most powerful and effective efforts ever made by a barrister on behalf of his client before any Canadian court of justice.

Dr. Rolph was at that time residing in Dundas, and had taken into partnership with him his brother George. The doctor spent most of his time engaged in his law practice, his hands being always so full of important cases that he found it difficult to overtake all the work that came to him. But even under these circumstances he gave more or less attention to medical cases.

As a speaker in Parliament he had few equals and no superior. His speeches on record, made on special occasions in the House of Assembly of Upper Canada, are even now well worthy of a careful perusal by all interested in the history of the Province. Having been dissatisfied with the decision in a case in 1828, Dr. Rolph (with Dr. Warren Baldwin and Mr. Robert Baldwin, son of Dr. W. Baldwin) threw off his gown and left the court. He believed that at that time it was all but impossible to get justice, and he resolved, therefore, to abandon the practice of law. He carried this resolution out in 1832, and transferred his practice to his brother George, at Dundas. He had, between 1828 and 1832, much unfinished legal business, which he completed, refusing, however, to take new suits. He now threw all his energies entirely into the practice of medicine, in which he had done a little in past years when so busy with his legal work as to leave him but little time to devote to anything else. Only a few years ago, one of the old judges, speaking of Dr. Rolph's giving attention to both law and medicine, said that he would have his horse standing near by, waiting for him, while he was plead-

ing a case in court. Having finished his pleading, he would quickly leave the court and visit patients, carrying his medicines and instruments with him on horseback in his saddlebags.

Thereafter Dr. Rolph was only known as a medical man, and forthwith became as famous in medicine as he had proved himself to be in law. He began to take pupils again as medical students, in limited numbers, whom he taught as no one else could, the various branches of the medical profession. He was full of enthusiasm as a teacher, and had the gift of making everything he taught glow with interest, and was successful in no ordinary degree in kindling even in students who were difficult to teach, and much more fully in those who were eager, and able to learn quickly, a great enthusiasm for the subjects as he taught them. This was the secret of his great and continuous success as a teacher.

Sir John Colborne, Lieutenant-Governor of Upper Canada (appointed 1828), recognizing his wonderful ability as a medical teacher, urged him to found a medical college in Toronto, and promised Government aid to set it going. This suggestion, unfortunately, was not acted upon. Had it been, how different—how much better and so much earlier might really good medical education have been put within the reach of every intending medical student in Upper Canada.

Dr. Rolph was married in Kingston to Miss Grace Haines, of that city, in 1834. Her parents had some years previously come to Kingston from Leicester, England. The doctor was most fortunate in the lady of his choice, who was one of the brightest and ablest persons in Canada, and who to the end of his life was all that the best of wives could be to her husband. Mrs. Rolph survived her husband for twenty years.

As an illustration of Dr. Rolph's great kindness of heart, the following story, which should be included in every sketch of his life, however short, is full of interest. Two men in the early thirties were arrested and tried on a charge of stealing an ox. They were convicted by the jury, and sentenced to be hanged. People were horrified and shocked at the prospect of the early execution of the prisoners, and no one more so than Dr. Rolph, who had an office in the village of Vittoria, where they were to expiate their crime on the gallows, and who was much distressed at the thought of inflicting capital punishment for such a crime. He determined to ride to Toronto and intercede with the Lieutenant-Governor, Sir John Colborne. Before leaving on this errand of mercy, the doctor

visited the Rev. John Ryerson. It was arranged that Mr. Ryerson, who was to attend the unfortunate men on the scaffold, would delay the execution as much as possible, by making the closing prayer as long as he could, in case Dr. Rolph's return should be in any way delayed. The doctor set out on his journey on horseback, and fully expected to be back some hours before the execution took place. He rode the swiftest horse that was to be had in the village. The people had little faith in his ability to make the journey in as short a time as he hoped to do, and still less faith in the Governor's inclination to interfere in the case. Time passed on; the people flocked from all the surrounding country, as was then the rule. Meanwhile, the men had ascended the scaffold, and Mr. Ryerson was asked to engage in the final prayer. He knelt on the scaffold and began what proved to be the longest and most remarkable prayer of the kind on record. He spoke softly to husband his strength, and prayed for about twenty minutes without creating any remark. He went on to the half-hour without any sign of Dr. Rolph's return. For another half-hour the prayer went on, and the people began to be restless. The sun poured down on their uncovered heads; the people, the sheriff, and even the hangman looked weary. Mr. Ryerson became tired, and even the poor wretches awaiting death were annoyed, for Mr. Ryerson had not told them of his agreement with Dr. Rolph. The murmuring rose higher and higher, yet Mr. Ryerson prayed on without stopping for a whole hour. From fatigue, his words were disconnected, his tongue dry, his voice husky, and unable to form words properly, yet he went on. He told friends afterwards that at last he did not know what he was saying, and that the only real prayer he offered during the whole time was the silent one, "God hasten Dr. Rolph's coming." At the end of an hour and a half there was more or less uproar, tending to increase, when someone cried out, "Here comes Dr. Rolph!" Mr. Ryerson did not hear or notice the tumult, but kept on praying, his voice becoming weaker every moment. Dr. Rolph, on horseback, came near enough to be recognized and dashed right up to the very foot of the scaffold, himself too weak either to move or to speak. He held up a document in his hand, which was quickly taken by a man in the crowd, who cried out, "Reprieve! reprieve!" It was so. And thus the lives of two men were saved.

During the few years preceding the Rebellion of 1837, Dr. Rolph had occupied many positions. For a short time he, with

Dr. Baldwin and Messrs. Dunn and Bidwell, were members of the Executive Council of the Province, but in consequence of the refusal of the Lieutenant-Governor to recognize the principle of Responsible Government, they all resigned. In 1836 he was elected member for Norfolk for the second time, and, having gone to Toronto to live, he continued his teaching of medical pupils. Dr. James H. Richardson is now, I believe, the only survivor of these early medical students. This paper cannot be extended to give any account of the troubles of 1837, in which Dr. Rolph, from his position as a prominent Reformer, because an advocate of Responsible Government, was necessarily more or less involved. It is now generally admitted that the Government of those days in Canada was unwisely arbitrary. Lord Durham, who was specially sent out in 1838 as Governor-General of Canada, and requested by the British Government to look into and report upon the condition of matters in the Canadian provinces at that time, said that had his own lot been cast in Canada at the time of the 1837 troubles, his sympathies would have been with the Reformers.

The attempt at a rising ended, as is well known, in a very small way. Some of those who were more actively involved in it had a reward offered for their capture. Dr. Rolph was one of these. He made his way safely out of Canada, though it was attended with a good deal of risk, as he had more than one narrow escape from being detained. He finally got across Niagara River into the State of New York, where, as a political offender only, he was quite safe. He went for a short time to New York City, and subsequently to Rochester, where he practised medicine successfully till 1843, when the Governor-General of Canada issued a proclamation pardoning all political offenders, upon which he immediately returned to Toronto. Here he resumed his medical teaching, but on a larger scale than before. Students gathered round him at once. He lived on what was then called Lot Street (now Queen Street), and there he practically began what soon afterwards became Dr. Rolph's Toronto School of Medicine. In 1851 the doctor got an Act of Incorporation for his school. For a very short time it went on in an unpretentious way. Its classroom and dissecting-room were in a part of a long shed in Dr. Rolph's yard, which was heated comfortably in winter, and where, after a time, assisted by others, he had all the students to teach that he could accommodate. They were exceedingly well taught in every branch of medical education, and better students never

came out of any college, however well equipped, than those who received their education at this school. The way they passed the strict examinations of the Government Medical Licensing Board proved this completely, for none made a higher standing.

One of the earliest advertisements of Dr. Rolph's school was as follows: "Medical students who do not intend to enter the University will be, as heretofore, received by the subscriber, and conducted through the usual course of medical studies, with such additional aid as may be deemed advisable, and prepared for obtaining their diplomas from the Medical Board. (Signed) John Rolph, Lot St., Jan. 1st, 1844."

In 1848 the advertisement was changed, but is made even more brief: "The Session will commence on the last Monday in October, and end on the last Saturday in May, under Dr. Workman, Dr. Park, and the subscriber. (Signed) John Rolph. Toronto, Sept. 25th, 1848."

I attended the session 1849-50. Two or three additional names had been added to the Faculty. This was the last session held in the original lecture-room, where all necessary accommodations were provided to meet the needs of this, which was to become in a very short time one of the largest and best medical colleges in Canada, as the Medical Department of the University of Victoria College, with Dr. Rolph as its respected and revered Dean.

This great advance came gradually. In the summer of 1851 Dr. Rolph built a brick addition to his own residence, of which the first story formed a part, while the second was a museum, well filled with excellent anatomical preparations, and the third story was a convenient and well built new lecture-room, with all modern improvements up to that date. This lecture-room and the museum were entered by a stair leading up from the street (Queen Street West, then No. 53). These were not the only additions to the school accommodations made that year, for Dr. Rolph rented a brick building from Knox Church, used as a Sunday School before Knox Church was built, and then vacated. It was entered from Richmond Street, and with little expense a large lecture-room was fitted up, while for anatomical purposes there was ample room.

With two new lecture-rooms, and everything else that was needed, the school grew rapidly from year to year. Somewhat unfortunately for it, Dr. Rolph was urged in 1851, and consented, to re-enter the Parliament of the then united

Provinces of Canada, East and West, as they were called. He was elected member for Norfolk, his old constituency, and appointed Commissioner of Crown Lands in the Hincks Government. He continued in this position till 1854. This new state of things necessitated his giving up his medical school teaching for a short time, which was carried on as well as possible by his colleagues in his absence. They felt the loss of his teaching very keenly, and he himself was by no means sorry to resume in full what was his most congenial work, as he did not now desire to continue long in his Government and Parliamentary positions. The school after his return soon outgrew all the increased accommodation provided for it, and entered on a new phase of its existence. An unused church building on what is now Bismarek Ave., St. Paul's Ward (then Yorkville), was bought and converted into a very fine medical college, in which was provided everything likely to be required for a good many years. By arrangement with Victoria University, it had become its Medical Department, with Dr. Rolph as Dean.

Some difference in connection with the school arose between Dr. Rolph, who was the Dean of the Faculty, and his colleagues, soon after these last changes had taken place. Most of his colleagues had been educated in medicine chiefly, and some solely, by himself. The Victoria College Board supported Dr. Rolph on its being appealed to in the matter. On this account his colleagues resigned in a body just the day after the opening of the session of 1856-7. The University authorities promptly accepted the resignations which had been sent in, and directed the Dean, as the responsible head of the department, to fill the places of the gentlemen who had retired, as well and as speedily as he could. Although placed in an exceedingly difficult position, the Dean proved himself quite equal to the occasion. During the little more than two weeks it took him to complete new arrangements for carrying on the work of the session, Dr. Rolph alone kept everything going on in the college. He lectured during this period four or five times every day on the various subjects, to the entire satisfaction of the students, who, with hardly an exception, stood by their able teacher and Dean.

The high character of the Dean's teaching during this time made it even more difficult than it would otherwise have proved for the new professors whom he called to his aid, and appointed to fill the vacancies. At this time the writer was appointed Professor of Materia Medica and Therapeutics, to

which chair the duties of another were very soon added, viz., those of Midwifery and Diseases of Women and Children; a large burden with which to begin, with no special preparation, the responsible duties of medical teaching. With further and very willingly rendered help, the session was successfully completed.

Throughout Dr. Rolph's Deanship, which lasted till 1870, this medical school was singularly prosperous. He at first continued to use the name as advertised when the arrangement with Victoria College was first entered into, which was "The Toronto School of Medicine—the Medical Department of Victoria College." The professors who had resigned, as they constituted a majority of the members of the Corporation of the "Toronto School of Medicine," lost no time in renting a building from the University of Toronto, in which they established themselves under the old name of "The Toronto School of Medicine." They soon applied for an injunction to restrain Victoria College and Dr. Rolph from continuing to use the name of "The Toronto School of Medicine." The decision of the court was adverse to the Victoria College and Dr. Rolph (who acted as his own counsel), and the injunction was granted on the ground that, as "The Toronto School of Medicine" was a corporate body, no arrangement such as that alleged to have been made by "The Toronto School of Medicine" with Victoria College could be legally entered into without an Act of the Legislature, authorizing the School to make such an arrangement, and that, as this had not been done, the arrangement made was legally null and void. Unquestionably neither of the parties interested had thought of such a thing being necessary when the arrangement was entered into.

This decision was of no moment so far as Victoria College and Dr. Rolph were concerned. The students and the general public knew well that "Rolph's School," as it was called, was wherever Dr. Rolph was teaching, and the Medical Department of Victoria was thereafter advertised as such, with the addition of the words, "Commonly known as Rolph's School," which answered every purpose: With the Dean at its head, this Medical Department steadily grew in public favor year by year, and was for a long time the most largely attended medical college in Canada. At length, in 1870, having become somewhat feeble from old age (being then in his 78th year), he resigned his position. His resignation was sent in, just when it was, because some of his colleagues thought it right, notwithstanding his decided wishes to the contrary,

that an "Assistant Dean" should be appointed, and the College Board saw fit to carry this recommendation into effect, upon which the venerable Dean forthwith resigned. The writer, whose views were in full sympathy with those of Dr. Rolph, also resigned at the same time.

The Medical Faculty of Victoria, as then constituted, never recovered from the shock it received by the retirement of its honored head, and of the other professors, who either retired with the Dean, or soon afterwards. It came to an end during the session of 1874-75. About three years before this time, the Faculty had received permission to sell the Yorkville College building, and had obtained a lot and erected a new building on Gerrard Street, near the General Hospital. The Faculty soon after this resigned, and this new building came to be occupied by the Toronto School of Medicine, which carried on its school there till 1887, when, having joined the Toronto University as its Medical Faculty, it ceased to teach as a separate body.

Dr. Rolph did not live long after resigning his position as Dean, which self-respect and a high sense of honor alone prompted him to do. He retired to Mitchell, Ontario, and died October 19th, 1870, and was buried there. His remains were removed to Toronto twenty-seven years afterwards, and he was buried by the side of his wife, in Mount Pleasant Cemetery. It is surely high time that something should be done to mark the last resting-place of one of Canada's most laborious public servants, and one of her very greatest men.

Selected Article.

THE NEEDS OF THE UNIVERSITY OF TORONTO.

BY R. A. FALCONER, D. LITT., LL.D., PRESIDENT.

During the last few years the growth of the University of Toronto has been so rapid that many serious difficulties, both educational and administrative, have arisen. Had the increase been spread over a longer period the process of adjustment and expansion would have been more satisfactory. The University has, within a short time, become one of the largest in the British Empire, and stands in the first rank on this continent. According to the latest returns only eight are larger, namely, Columbia, Harvard, Chicago, Michigan, Cornell, Illinois, Pennsylvania, Minnesota, and it is not improbable that if the methods of calculating the enrolment were uniform the relative positions might be changed. There are, however, eleven American universities with a larger total annual income, and of these eight reach the million mark or over.

The rapid expansion of the University has brought forcibly before the Governors the fact that the grounds of the University are already so occupied that they will at the present rate soon be fully built upon. In planning for new buildings which must be erected in the near future, it has been found extremely difficult to secure suitable space. On this account several properties, the leases of which have fallen in, have been acquired. One of these is the Worthington property in Queen's Park, a large piece of ground which will serve admirably for the Botanical and Forestry departments. The house is being fitted for Forestry, and in the rear additions are being made for the Botanical laboratories and museum. In the garden the beginnings of plant-houses are under way, also the potting-house. This property is excellently adapted for the work of these departments and is large enough for future additions as they may be required.

The most urgent pressure for accommodation during the past winter, apart from the necessity for schools for the Faculty of Education, was in the Faculty of Applied Science. This Faculty is housed in the old Engineering building built for the School of Practical Science, and in the new Science building facing on College Street, commonly called the Chemistry and Mining building. These buildings are not sufficient for the needs of this Faculty.

It is very desirable that the buildings of the University should, as far as possible, be grouped according to the main subjects taught. Thus the expansion of the Engineering Faculty should be around the two buildings already in existence. This principle has been observed in the Thermodynamics and Hydraulics laboratory which is now under way. For a long time the site was carefully considered, and eventually it was decided to place the building between the old and new Engineering buildings, the plan being so drawn that when in the future additions are made to the Applied Science building on College Street by throwing out wings at the back, the sides of the laboratory will be hidden and only the north side, which is designed suitably for prominent exposure, will be seen. When the time comes for a new building where the old Engineering building now stands, it may be erected so that with the extended wings of the Chemistry and Mining building and the Thermodynamics laboratory it will form a harmonious group. The erection of the Thermodynamics laboratory necessitates the closing of the road that leads from College Street and bringing it in time past the Biological building and nearer the Medical building.

The situation may not prove to be quite so hard to solve for medicine, at least in the near future. Extension of the Medical building in the rear is feasible, and should the new hospital be erected soon, it is possible that arrangements may be made whereby much of the work of the later years may be conducted in laboratories connected with the hospital.

In the case of the Library the site is quite suitable for expansion. The new plans which have been drawn show additions at the back and on the south end of the present building.

With the erection of the Thermodynamics laboratory it became necessary to find a new location for the Geodetic observatory which stood to the south of the old Engineering building, and this was determined largely by the requirements for observation unobstructed by buildings near by. At the same time the old building used by the Dominion Meteorological Department was vacated by its removal to the new quarters on Bloor Street, and this observatory is to be transferred to the level ground lying about opposite the east door of the Main Building, but sufficiently far back not to interfere with it.

There is enough ground about the Gymnasium for additions to it and for the erection of other buildings connected more intimately with the student life of the University. Crossing Hoskin Avenue, we come to the new residences. Quite apart from the place they are likely to fill in our academic world, the

buildings themselves are a distinct and most effective addition to the University environment, and they may be in the future followed by others for which room might be found in that neighborhood.

The Main Building, representing so splendidly the oldest part of the University, thus stands most appropriately in the centre of the grounds. To the south of it are the professional schools, the buildings for pure science, the Library and the Convocation Hall, in which the one side of the University activities is represented; while on the north the recreative and residential sides have their home.

Farther away, on Bloor Street and Spadina Avenue, is the site for the buildings of the Faculty of Education, which must be soon erected if the object aimed at in establishing this Faculty is to be carried out. These would consist of practice and observation schools of every grade, and of class rooms and other accommodations for the students and staff of the Faculty.

Proceeding east along Bloor Street, we reach, after passing McMaster University, the ground that is reserved for the proposed Museum. This Museum, though regarded by some as not being among the primary necessities of the University, should not be deferred very long, for there is at present in our possession most valuable archaeological and other material for which it is almost impossible at present to find space even for storing, and if this were arranged so that the public could have access to it not only the University but the city and province would benefit. Such a building might be made the centre for a Fine Arts Department, which must in time be added to the University, and would be a very great means of diffusing in the city and country this type of human culture. As soon as the building can be erected a very excellent Museum will be at hand from the material that we already possess.

Across Queen's Drive the foundations have been laid for the building for Household Science, a structure of elegant design which is being erected by Mrs. Massey-Treble. This should become a centre for much of the life of University women, besides being splendidly equipped for the definite branches for which it has been planned. The women students of University College have a residence in Queen's Hall, facing the Park, but it has been so successful that accommodation cannot be provided for all who apply, and if the University could build or secure a suitable additional residence, it could be conducted under the same management, to the great advantage of the women students who are attending the University in rapidly increasing numbers.

—Abstract from *The University Monthly*.

Progress of Medical Science.

MEDICINE.

IN CHARGE OF W. H. B. AIKINS, F. A. CLARKSON, AND BREFNEY
O'REILLY.

The Therapy of Hay Fever. By Dr. A. A. Friedlander.

I have had this patient under treatment for eighteen months, and have watched him during two severe attacks of hay fever. His father had such sensitive mucous membranes that after almost every railroad journey he suffered from bronchial irritation. The mother is very nervous, has had attacks of bronchitis and sensitive mucous membranes. The patient is very nervous, but has sound lungs. The tuberculin test was negative. He has suffered from hay fever since his eleventh year, having the usual symptoms of conjunctivitis, rhinitis, asthma and cough with expectoration, often lasting many months. The attack in 1907 began at the end of May. The conjunctivitis was relieved by the use of Rhinokulin. Hypnotic treatment, as the patient yielded himself fully to suggestion, always brought on sleep in a few minutes and induced deep, quiet breathing. The asthma was thus much improved. With this treatment, the attack lasted only three weeks. In 1908 the first symptoms appeared on the same day as in 1907. Four days later there began a severe attack of asthma, which lasted several hours. He had to spend whole days in darkened rooms. The attacks of asthma were specially severe before thunderstorms, less severe afterwards and when the air became cooler. Salipyrin and hot baths gave some comfort. As the attacks developed so rapidly in severity it was impossible to employ hypnotic suggestion. The patient could not remain quiet long enough to yield to the suggestion. *Eupneuma* was now tried. (*Eupneuma* was recommended in 1907 by Dr. E. Ritsert, of Frankfurt. It contains anæsthesin, atropin, stramonium, saltpetre and belladonna.) The effect was surprising. Almost at once the patient experienced a lessening of the asthma, he was able to breathe more quietly and empty the bronchial tubes more easily. Three times a day he inhaled Fluinol. When he felt that the asthma was increasing, he used eupneuma (as a snuff). He had also hot packs applied to the chest. Rhinokulin relieved the nasal condition.

With regard to hypnotic suggestion, I wish to observe, as has been also stated by other authors, that it must be employed in such a way as to lead to the strengthening of the patient's will. It must not be used in such manner as to require that the patient has to yield himself fully to the will of the physician, but so that, by the strengthening of his own will-power, through concentration, he will fall asleep. These exercises of will or concentration enable the patient to become master of certain morbid conditions. I might also observe that I have seen in Heligoland patients suffering as severely from the symptoms of hay fever as those who were in the mountains. I think that the danger which such patients are exposed to in cities, with regard to secondary infections, must not be overlooked.—Translated by Harley Smith from *Muncheuer Medizinische Wochenschrift*.

Chorea.

In the *B. M. J.*, of Sept. 12, 1908, a clinical lecture appears, presented by Guthrie Rankin at the London School of Clinical Medicine. The various symptoms are treated in full, as is also the diagnosis of the more unusual types. Attention, however, is directed more particularly to the therapeutic measures suggested.

First, absolute rest is essential. Physical and mental sources of reflex irritation, as phymosis, parasites, etc., should be eliminated, and the bowels carefully regulated. The author believes in arsenic, administered from the earliest development of symptoms. For a child of eight years commence with 3 minims of Fowler's solution tid., p.c., gradually increasing until at the end of seven days the child is receiving half a dram per diem. Rankin does not hold with the heroic doses of from 15 to 75 drops at a single dose, nor with Eulenberg's suggestion of hypodermic administration, the emotional disturbances caused in children by the latter method overbalancing the better effects claimed by the larger doses. The garlic odor imparted to the breath mitigates strongly against the use of cocodylate of soda. Chapnir suggests that arsenious acid be used thus: 0.1 gram of sodium chloride is added to 0.005 grams of the arsenious acid, and the mixture triturated with 10 grams of fresh butter and administered on bread at meal hours.

In case of idiosyncrasy to arsenic, sulphate of zinc in doses up to 5 or 6 grains three times daily to a child of ten years, latter drug to be of service must be administered in doses of 10 to 20 grains every six hours to a child of the above-mentioned

age. Trousseau suggests strychnine, especially in the later stages, and here there is no doubt as to its value.

Anemia, restlessness, the rheumatic diathesis, must receive the usual treatment. In severe cases more relief can be got from chloral hydrate than from perhaps any other drug. It is frequently combined with the bromides. Trional and sulphonal have also earned the right of recognition. Ringer recommends conium juice, but its effect on the digestive organs frequently prevents its use. It may be necessary to use restraint. Local applications, hot and cold, have their place. Finally, during convalescence the greatest care is necessary, and nothing which will contribute to the general health should be forgotten.

The Stomach in Nephritis.

The earliest investigations on gastric digestion in patients the subject of nephritis were made by Biernacki. On the basis of the examination of a large number of nephritics, he concluded that nephritis in general causes a decrease in gastric secretion ranging from a slight reduction in hydrochloric acid to its total absence, and accompanied by proportionate reduction in the ferments. The more severe the nephritis the greater was the reduction in these elements. He found, moreover, that in general the amount of hydrochloric acid in the gastric contents and the amount of urine were proportionately decreased or increased. Gastric motility he found to be increased. Biernacki thinks the depressing action of retained metabolic products on the secreting glands is responsible for the diminished gastric secretion. The hypermotility he accounted for in two ways: (1) By the irritant action of retained metabolic products on the motor nerves; and (2) by an attempt on the part of the body to compensate for the gastric catarrh by inducing the stomach to empty itself more readily than normal, so as to prevent gastric fermentation. This increased motility is not infrequently seen in catarrhal gastritis unassociated with nephritis, and probably accounts for the absence of subjective symptoms in many patients suffering with gastric catarrh. Vierhuff was able to confirm the presence of catarrhal gastritis in nephritis by observations at autopsy.

Raulot-Lapointe, working on the same subject, came to the conclusion that in acute nephritis there is hypoacidity, and that as the nephritis improves there is a gradual return of the gastric secretion to the normal. At times, as the nephritis was in the process of repair, he noted a hyperacidity, which he interpreted

as an attempt of the body to rid itself of an excess of chlorine, which the kidneys, in their abnormal state, were unable to excrete. In chronic nephritis he found that when the paranchymatous element predominated there was hyperchlorhydria and increased motility. When the intestinal element predominated, hyperchlorhydria was the rule.

Raulot-Lapointe goes so far as to consider hyperchlorhydria an indication of a latent chronic intestinal nephritis, certainly a most extreme view.—*Progressive Medicine*, Dec., 1908.

Exo-Cardial Murmur.

J. Edward Squire describes a murmur of the cardio-respiratory variety, not infrequently heard just below and internal to the tip of the left scapula.

It is due to a rhythmical augmentation of the respiratory sound, produced by the contraction of the left ventricle of the heart pressing on the neighboring lung tissue. Murmurs more difficult of interpretation of the same type also occur over the incisura cardiaca and also in the neighborhood of the aortic area. These murmurs are more frequent than is usually recognized. They are of a soft, blowing character, of low intensity, and fairly high-pitched, modified by the respiratory acts. In 27 cases analyzed by the author the sound in 16 was purely inspiratory in time, expiratory in 4, and heard throughout the whole cycle in 7; also in the majority it disappears in a period of apnea. Finally, it is inconstant and varies from day to day.

These murmurs apparently are always associated with general loss of tone, but beyond this have no clinical significance.—*B. M. J.*, Oct. 10, 1908.

Neuritis.

H. Burton Stevenson has reported 37 cases of the above disease treated with benefit by nitroglycerine given in doses of 1-100 grain every eight hours at the commencement and the intervals gradually decreased until the patient is getting the same dose every three hours. The flushing, etc., may be controlled by bromides. Its use appears not to be limited to acute attacks.

Hyperidrosis.

Gebhardt, in the *Pester. Mediz. Chirurg. Presse*, June 28th, 1908, suggests the use of 3 per cent. lysol in water, or equal parts of water and alcohol, sponged on the skin and allowed to

dry without use of a towel, in the treatment of sweats, especially those of tubercular origin. The sponges are given daily for four or five days. The results are often apparent for several weeks following. It appears to be equally effectual in the more local forms, as, for example, the foot sweating.

OBSTETRICS AND GYNECOLOGY.

IN CHARGE OF ADAM H. WRIGHT, K. C. M'ILWRAITH, FRED. FENTON
AND HELEN MACMURCHY.

Puerperal Inversion of the Uterus. BY A. SCHONBEK (*Zentralbl. f. Gyn.*).

The most frequent cause of traumatic inversion is traction on the cord. An abnormally heavy placenta is a predisposing cause, especially if inserted into the fundus. If a portion of the placenta is adherent to the fundus, traction on the remaining separated portion is liable to produce inversion. Even expression of the placenta by Credé's method may produce inversion if strong pressure is made when the uterus is relaxed. Thus massage should be employed until the uterus is firmly contracted. The writer has seen 2 cases of traumatic puerperal inversion within 15 months among 1,500 labors.

CASE 1.—A woman, aged 33, was admitted to hospital at 10.45 p.m. for profuse post-partum hemorrhage. There had been three previous labors, after each of which the adherent placenta was removed manually. On this occasion a living child was born at 8 p.m., two hours after the onset of pains. There was slight hemorrhage, which was arrested by massage of the uterus. As it recurred one and a half hours later a midwife attempted to deliver the placenta by traction on the cord. Suddenly the placenta appeared between the thighs. It was attached to the apex of a tumor (the inverted uterus). There was profuse hemorrhage. A practitioner, who was called in, detached the placenta and pushed the uterus into the vagina.

The woman was unconscious, pallid and pulseless. There was slight hemorrhage from the vagina. Immediately above the vulva was a rough, hard body of the size of a fetal head, and high up above it was the edematous, dilated os. The inversion was reduced with some difficulty with the clenched fist. The

uterus was irrigated and after ergotine injections contracted satisfactorily. No anesthetic was given as the woman appeared moribund. Intravenous and hypodermic injections of normal saline solution were given with the other usual remedies for collapse, but the pulse did not become perceptible until 5 a.m. Recovery was then rapid.

CASE 2.—A woman, aged 25, was admitted to hospital collapsed from post-partum hemorrhage. A previous labor had been normal. On this occasion a living child was delivered without difficulty. Fifteen minutes later there was considerable hemorrhage, and a practitioner attempted to express the placenta. Suddenly the uterus disappeared from under his hand, and reappeared in an inverted condition between the thighs with the placenta at the apex. Alarming hemorrhage occurred. The placenta was detached, and the inverted uterus was placed in the vagina.

The woman was collapsed. The pulse was just perceptible and 150. The local condition exactly resembled that found in Case 1. The inversion was reduced with the clenched fist without the slightest difficulty. There was a slight rise of temperature during the puerperium, but recovery was rapid, and mother and child were discharged in good health fourteen days after admission.

Two years and nine months later this woman was delivered of a child. There was slight postpartum hemorrhage and an attempt was made to express the placenta. The uterus at once descended so deeply into the pelvis that the os was visible at the vulva and a distinct depression was formed at the fundus. As hemorrhage continued the placenta was removed manually. It was situated on the anterior wall and was slightly adherent. The puerperium was uneventful.

The cases show that in apparently desperate cases immediate reposition of the uterus should be performed.

The Examination of Patients During Pregnancy.

The desirability in her own interests of a prospective mother submitting to at least one pelvic examination during gestation is now not disputed by anyone, though many practitioners shrink from recommending it on account of the suspicion and reluctance with which the suggestion is still only too often regarded. But the advantages of the practice are so numerous that it is incumbent on the obstetrician engaged at least to point out that the very highest professional authority is unanimous on the

question. Unfortunately there are women whose prejudices are so inaccessible to reason that they will promptly betake them to another practitioner if this advice is offered, and they may find him too pliant to endorse the obstetric prudence of his neighbor, who may incur considerable odium as a consequence of the attempt to do his duty.

The ideal course with patients sufficiently enlightened to submit to it is to make a complete pelvic examination about the end of the third month of pregnancy, and another, which need only be abdominal, about eight weeks before labor is expected. At the first examination, if the patient is a primigravida, the most important information required is as to the capacity of the pelvis. Broadly speaking, if it is not possible to reach the sacral promontory, and so to measure the diagonal conjugate, the pelvis may be regarded as unlikely to offer any obstacle to delivery: if it is possible to measure this dimension, the true conjugate may be deduced and any requisite measures concerted. Besides the estimation of the conjugate, there is also to be noted any abnormality of the pelvic viscera, such as retroversion of the uterus, fibroid of the uterus or cervix, and so on. In a multigravida the history of previous labors is more valuable than the exact estimation of the pelvic diameters, but this does not really abrogate the necessity for examination. For carcinoma of the cervix, though very rare in combination with pregnancy, is not unknown, and ovarian cysts, fibroids, and other obstacles to labor may have arisen since the last confinement.

It must be emphasized that this examination must be conducted with all due gentleness, for there are women in whom the slightest roughness will set up a miscarriage, just as there are others in whom it seems almost impossible to excite one. It is also to be remembered that the discovery of a retroverted uterus does not justify interference unless it is giving rise to symptoms: most cases restore themselves spontaneously, but it should be explained to the patient not to delay in seeking treatment if any symptoms of incarceration arise.

External measurements are unluckily of little use in detecting moderate or slight degrees of pelvic contraction. It is quite possible for the interspinous and intereristal measurements to be ten and eleven inches respectively, and even in some cases more, and yet for the conjugate to be half an inch or so less than the normal. It may safely be said that if the second of these external measurements exceeds the first there is considerable pelvic deformity; but it is not safe to conclude the opposite when the normal ratio, and even the normal measurements, are

preserved. On the other hand, any deficiency of half an inch or more calls for careful investigation.

Nor is the diameter known as the external conjugate of great value; indeed, it is probably much more fallacious than those just discussed. An external conjugate which is less than 7 1-4 in. should arouse suspicion, and is often a sign of contracted true conjugate, but a good many cases of contraction have external conjugates exceeding this figure by a quarter, a half, and even three-quarters of an inch. Nor is the amount of diminution much guide to the pelvic inadequacy: sometimes an external conjugate of seven inches is found with a true conjugate very nearly normal; at others with extreme contraction.

At this examination the condition of the circulatory, respiratory, and urinary systems should be investigated by inquiry as to the past personal history, supplemented by physical examination if necessary.

The object of the second examination towards the end of the seventh (calendar) month is chiefly, in those whose pelvis are known or believed to be normal, the correction of breech presentations; and in those known or suspected to have contracted pelvis the estimation of the relative sizes of the inlet and the fetal head. Twin pregnancies can also then be detected, and the necessary preparations ordered on a double scale. It is also possible to decide finally what shall be done in the case of tumors discovered earlier, and not removed by operation at the time. A small fibroid without symptoms does not demand operation during pregnancy unless there is reason to suppose that it will obstruct labor, and this it is often impossible to predict early in pregnancy. Later on it can be noticed whether the tumor has risen out of the pelvis to a position of safety, or whether, owing to its uterine relations or to adhesions, it is threatening to cause trouble.

Occasionally, too, a placenta previa may be discovered before it gives rise to symptoms; although there is then no immediate treatment to be ordered, it is of some advantage to be able to warn the patient of impending difficulty and to advise her what she must do as soon as hemorrhage commences.

There is one more point to mention. If there is any vaginal discharge noticed, other than the blindest leucorrhœa, it should be treated. This measure of prophylaxis is almost as important as Crêdè's method, and much more often neglected. By the adoption of these precautionary examinations in every woman who is sensible enough to take the word of her obstetrician for

their importance, we are consulting our own interests as well as those of the mother and her infant: on both grounds, but particularly on the latter, it is to be hoped that this growing practice may soon become universal.—*The Hospital*.

The Gilliam Operation.

EDITOR SURGERY, GYNECOLOGY AND OBSTETRICS.

Dear Sir,—In the July number of your journal Dr. J. A. Polak, in a report of pregnancies following ventrosuspension of the uterus, makes this statement: "Alexander's and its modifications, Dudley's, Baldy's as well as Goffe's, and vaginal fixation, have had attention, until Gilliam's method of suspending the uterus was published. In this operation, we thought we had an ideal procedure, as it permitted not only the performance of the necessary intra-abdominal repair, needed by so many of these women, but allowed us to suspend the uterus by its natural ligaments. My records show that 33 of these operations were done, in which 6 primary suppurations occurred. Two patients became pregnant, and were delivered at term without complication. At the post-partum examination, a month after the confinement, their uteri were found low and retroplaced. A second objection is the likelihood of suppuration in the wound."

I am under obligations to Dr. Polak for giving me the opportunity to throw some light on this subject. I would state in the first place that so many suppurations, or indeed any case of suppuration following the operation of round ligament suspension of the uterus as devised by me is the result of faulty technic. I would not for a moment have it thought that I suspect Dr. Polak of carelessness or uncleanness, but I am assured that in some one or more particulars he has done violence to some of the more susceptible tissues in such a way as to weaken their resistance. In my earlier operations I had not infrequent suppuration of a most discouraging character, until it occurred to me that it might be due to the bruising and stretching of the subcutaneous fat in the effort to retract it from the face of the fascia. For years past I have made it my practice to clear the fat from the face of the fascia with a sweep of the knife, since which time I have had no suppuration. It was a surprise to me to find that after these suppurative cases the uterus remained in its normal position, showing that the ligamentous attachments had not been severed. Now as to the retrodisplacement after parturition. This, so far from being a fault, is a recommendation for the operation. The ligaments elongate in pregnancy

to accommodate themselves to the growing uterus (a happy thing for the woman), then after pregnancy undergo involution, slowly, to be sure, but in the course of time it will be found that the uterus is back in its place and the ligaments performing their function, just as before parturition.

D. TOD GILLIAM.

50 North Fourth St., Columbus, O.

Treatment of Appendicitis in Pregnancy.

Rudaux (*La Clin.*, August 28th, 1908) considers that as a prophylactic measure all pregnant women should be cautioned against the dangers of constipation and advised as to the use of laxatives. The diet should be arranged on a simple and nourishing basis, and these precautions must be especially emphasized in the case of persons who have already suffered from appendicular attacks. Should an attack supervene, the patient must be kept in bed and deprived of all food and drinks, and neither purgatives nor injections should be administered. Subcutaneous injections of serum are given to relieve thirst, and an icebag is suspended over the right iliac fossa. If the abdominal pain is severe, injections of morphine or heroin are useful. When the symptoms have subsided after five or six days, a teaspoonful of Evian water may be given every half hour or hour, but not more than half a pint should be given during the day; on subsequent days a pint may be allowed. When the temperature is normal, spoonfuls of milk with either rice water or Evian water are given. After four or five days a large sound should be inserted into the rectum twice a day for half an hour, and at the end of a week small doses of olive or castor oil may be given to promote an action of the bowels. The icebag should only be removed when all tenderness has disappeared. Food is then given with great caution, and the patient is kept in bed for at least a month. Surgical intervention is only advised when symptoms of abscess or of general peritonitis are observed. —*Brit. Med. Jour.*

(We think surgical intervention is indicated as soon as diagnosis is made.—Ed.)

The Hygiene of the Nipple.

Lenhoff (*Med. Klin.*) recommends the use of a nipple clamp to prevent the dribbling of milk from the breast between the times of suckling. This clamp measures 7 by 4 cm., and is so thin that its weight is not noticeable, nor is its presence under-

neath the clothes perceivable. The pressure on the nipple can be delicately regulated, and experience has shown that no bad or disagreeable results accrue from its use, either to the nipple itself or to the milk secretion. The clamp is not worn continuously, but only when dribbling may be expected. A larger amount of milk is by its use available for the child, and in one case the author found that a child who, before the clamp was applied, appeared unsatisfied, afterwards became contented and quiet. The troublesome soiling of clothes by the milk is also avoided when the clamp is worn. If the clamp tends to slip off the nipple, its arms may be covered with a piece of thin rubber tubing. Lennhoff claims that the use of this clamp also tends to produce well-formed and useful nipples.—*Brit. Med. Jour.*

Hebotomy or Symphysiotomy?

Jeannin (*La Presse Medicale*) concludes that pubiotomy is superior to symphysiotomy for the following reasons: (1) It substitutes an osseous for an articular wound; (2) the technique is easy and the operation is performed in a less dangerous zone; (3) immediate accidents are less frequent and remote accidents are much more rare; (4) the mortality, both fetal and maternal, is much less; (5) in case of repeated intervention the operation can be performed on the opposite side.—*N. Y. Med. Jour.*

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF J. PRICE-BROWN.

Laryngology and Rhinology. By J. Price Brown. Abstract of Symposium upon Atrophic Rhinitis and Ozena. New York Academy of Medicine (taken from *Laryngoscope*. June, 1908).

The Herd Theory as an Etiological Factor. By Clement F. Theisen (Albany).

The writer of this paper concludes from personal observation of sixty cases of atrophic rhinitis, that Herd's theory, that the disease has its origin in the accessory sinuses, is only to a limited extent true. Personally, he has made a careful investigation into the history of sixty of his own cases. Out of

these, fourteen were affected with accessory sinus disease, or about 23 per cent. Six out of the fourteen had maxillary sinus disease, two had frontal sinus disease, in one the sphenoid sinus was affected; while in nearly all of the fourteen cases the ethmoid cells were involved.

The Pathology of Atrophic Rhinitis with Ozena. By Braden Kyle. (Philadelphia.)

This writer believes that we can have ozena without atrophy, and also, atrophy without ozena. Hence, there may be two distinct pathological conditions. Also, that there are many causes which lead to pathological changes that result in atrophy. When this atrophy is accompanied by ozena, it may arise either from an altered secretion of the glands of the mucous membrane, or from an involvement of an accessory sinus. The latter may be either primary or secondary. While he has seen many cases of atrophic rhinitis with ozena in which there was no involvement of the sinus, he has seen a number of cases of ozena without atrophy in which the sinus was involved.

In examining sections taken from atrophic cases that were ozenic, the tissue after removal would retain its characteristic odor; indicating that both the secretion and the gland structure were involved in the organic chemical changes incident to the disease. At the same time atrophy of the nasal tissues may occur without the usual concomitant of ozenic odor.

The Treatment of Atrophic Rhinitis, including Ozena. By Robert Myles. (New York.)

The clinical history of typical atrophic rhinitis is divided into three stages:

1. The muco-purulent stage of childhood.
2. The incrustation or ozenic stage, which develops between the fourth and sixteenth years.
3. The adolescent stage, which may be observed from the age of 25 years to the end of adult life.

Myles accepts Bosworth's theory that the above first-mentioned stage is the cause of atrophic rhinitis. But he affirms what Bosworth does not believe, when he says that the purulent rhinitis of childhood is contagious.

In the treatment of this first stage he advises clearing the nasal passages by the use of warm alkaline sprays or solutions by means of pipettes, after which the nurse is instructed to

insufflate into the nasal passages minute quantities of powdered boracic acid and aristol; the treatment to be repeated once or twice a day. After the morning treatment vaseline ointment of ichthyol or nosophen is advised to be used also.

The treatment of the second stage consists in removing the malodorous crusts by the use of washes and cotton carriers, prevention of re-formation by regularity of treatment, and operations upon accessory sinuses when necessary. For home treatment the patient should be thoroughly instructed how to personally cleanse the passages, and on the necessity of repeating the treatment at regular intervals under the physician's directions.

In the third stage, particularly when the sinuses are involved, operation upon the affected ones is usually followed by marked reduction in the amount of secretions, and also in the severity of crust formation. This, of course, is in addition to the systematic cleansing treatment.

The Treatment of Atrophic Rhinitis. By George L. Richards. (Fall River.)

In speaking of treatment, Richards dwells upon the advisability of combining alterative internal treatment with the local, in dealing with atrophic rhinitis, such as the various iodides. In local treatment, besides naming a long list of deodorants and stimulants which from time to time have been used, he mentions Grossman's application of X-rays as a new method of treatment which has been found of service. The benefits which have been reported from the intra-nasal injections of paraffin are also referred to.

Of course, like all other writers, Richards insists upon the thorough cleansing of the passages by lavage in one form or another; the solutions used being aseptic and of blood temperature; the passages to be subsequently freed of all secretions by means of cotton-tipped probes.

A Fatality Subsequent to Cauterization of the Inferior Turbinal.

A Thooris, *Revue Hebdomadaire de Laryngologie et Otologie et de Rhinologie*, January 11, 1908.

A man aged 35 had the left inferior turbinal body operated upon by galvano-cautery for turbinal hypertrophy. Eighteen days later severe hemorrhage occurred from that side, which was not controlled until the whole passage was methodically plugged. Death took place thirty hours later, being preceded by several attacks of syncope.

Atrophic Rhinitis and Ozena. By Clarence Rice. (New York.)

This writer dealt chiefly with the etiology and treatment. He believes that it is useless to classify atrophic rhinitis and ozena as two distinct diseases, as no one has ever proved that their pathological processes differed from each other. Hence the two names apply to the one condition. The distinction, however, that he would draw would be to divide the disease into acute atrophic rhinitis and chronic atrophic rhinitis, the acute being the purulent rhinitis of childhood, and the chronic the full development of the disease in more mature life.

(Query: Can any disease be considered acute when it extends continuously over a term of years, as purulent rhinitis frequently does?)

Rice also believes that the purulent rhinitis of childhood, described by Bosworth as the primary cause of the atrophic lesion, is really, in the majority of instances, a subacute bilateral sinusitis; and that all forms of sinusitis are contributing causes to atrophy of the nasal tissues. The possible bacillary cause of the disease is referred to; also the fact that the number of cases that exist are gradually becoming less, probably due to improved hygienic conditions. Heredity he considers to be a strong etiological factor, consisting as it does in a feeble power of resistance.

In treatment, sanitary measures and out-of-door life are insisted upon; combined with regular washing and oiling of the nasal chambers. The sea air and air of the piny woods are excellent adjuvants to regular treatment.

Hemorrhage Following Quinsy; Ligation of the Common Carotid; Recovery; with a Study of Fifty-one Cases of Hemorrhage in Connection with Pharyngeal Suppuration. James E. Newcombe. (New York.) *Journal of Laryngology*, June, 1908.

In a well-analyzed and carefully-prepared paper, the writer gives a history of all the cases heretofore recorded, including his own, which recovered. Of the total number 23 recovered and 28 died, a percentage of 54.8. A very large majority of the cases were males and one-half of them occurred in the third decade of life. In some of the cases hemorrhage occurred by spontaneous rupture; in others, from some part of the abscess cavity, directly after opening it with the lance; and in a number from secondary hemorrhage.

One feature of peritonsillar abscess is its virulence, due to

its proximity to the air passages. The mouth and throat are hot culture beds to bacterial life, due to the constant flushing of inspiration and expiration. Hence the pus and gas evolved, being in contact with arterial walls, have a destructive effect upon their muscular and elastic fibres. According to Monod, nature attempts to remedy this defect by inducing hypertrophy of the tunics of the vessels; but it is often ineffectual. Under the pressure of cough and muscular effort slight leakage occurs, soon followed by formidable rent in the arterial coats and the production of dangerous hemorrhage.

In the treatment of the fifty-one cases, ligation of the common carotid was practised sixteen times, resulting in eleven recoveries and five deaths. Ligation of both external carotid and internal carotid, once, with recovery. Ligation of all three, once, with recovery.

As will be noted, the usual operation is the tying of the common carotid. This is followed by the large majority of surgeons where operative treatment is called for; and is justified by the facts—that the bleeding point can rarely be determined, and that ligation of the external carotid would be in the immediate neighborhood of sloughing tissue.

Case of Congenital Stridor. Dundas Grant. *Journal of Laryngology*, June, 1908.

This is the case of a boy, aged three and a half years, who all his lifetime had suffered from inspiratory stridor. In perfect tranquility the difficulty of respiration ceased, but was renewed upon the slightest effort. Under chloroform, the larynx was examined, when it was found that inspiration was accompanied by insuction of the ary-epiglottic folds.

There was no indication for tracheotomy or other operation, and it was believed that as the larynx of the child grew, the present difficulty would be overcome by nature's effort.

Editorials.

THE PROPHET IN HIS OWN COUNTRY.

In an interesting communication from Dr. McClanahan, of Omaha, Neb., he says that he is satisfied that as the result of the work of Wright and all of his pupils, there will come much valuable information to scientific medicine, and that in the years to come his work will be credited a place in medical history along with that of Pasteur and Koch. He also tells us that his work does not receive the credit in London that it merits, and he thought of the scripture saying, "A prophet is not without honor save in his own country." He heard much in praise of Wright and his work in Vienna and Berlin, but usually only criticism in London.

We do not wonder that the American physician was surprised at the attitude of the profession in London towards Wright. Those who know London well, however, will not be surprised. We know that the largest city in the world contains a number of great and broad physicians and surgeons, but unfortunately it contains also a vast army of the smallest and meanest medical practitioners in the universe.

We had a notable example of their littleness in the case of Lister. His great work in Glasgow between 1860 and 1876 was highly appreciated in London, especially by the minority. As a consequence he was induced to go to King's College Hospital, in that city, in the latter part of 1876. The majority of surgeons, however, did not extend the "glad hand." Some of them endeavored to belittle his results so far as they were published. Many of those who criticized his methods had no clear conception of the principles underlying his system of treatment. The spray was exalted to such an extent that its use was considered by many to be Listerism, while it was in reality only one, and that the least important, feature of his treatment. At that time many of the continental surgeons, especially those of Germany, understood Lister and his methods better than the majority of his confrères in London.

Some prominent surgeons went so far as to say that he suppressed statistics, because "he had none that he would not be ashamed to produce." The following is an example of some of the unpleasant things insinuated: "The publication of isolated cases, however good, proves nothing, whereas the withholding of the whole suggests much." These were the words of Mr. Bryant, and were endorsed by Mr. Savory (afterwards Sir William Savory), who quoted them with approbation in his address on surgery at the Cork Meeting of the British Medical Association in 1878.

Lister, however, lived long enough to change all that; his industry, dignity, patience and sweetness overpowered all opposition and jealousy.

Let us hope that Wright will be equally fortunate, and that he will live long enough to complete his great work, and that in due time his efforts will be properly appreciated.

OPERATIONS FOR INTERNAL HEMORRHAGE.

Dr. Sierra, a Chilian physician, recently asked the question about the origin of Lawson Tait's operation for internal bleeding. *The British Medical Journal* looked into the matter, and, thinking that the subject was of interest to others besides the inquirer, published the result of its investigation.

The history of this important subject is certainly very interesting, and is given in detail in Tait's work on Abdominal Surgery. In the summer of 1881, Mr. Tait was asked by Mr. Hallwright to see with him in consultation a patient who had arrived by train from London, in a condition of serious illness. The illness had been diagnosed by Mr. Hallwright as probably hemorrhage into the peritoneal cavity from a ruptured tubal pregnancy. Tait agreed, and Hallwright suggested that he should open the abdomen and relieve the ruptured tube. To use Tait's words, "the suggestion staggered me, and I am ashamed to have to say I did not receive it favorably." I saw the patient again in consultation with Mr. Hallwright and Dr.

Jas. Johnson, and again I declined to act upon Mr. Hallwright's request, and a further hemorrhage killed the patient. The post-mortem examination revealed the perfect accuracy of the diagnosis. I carefully inspected the specimen which was removed, and I found that if I had tied the broad ligaments, and relieved the ruptured tube, I should have completely arrested the hemorrhage, and I now believe that had I done this the patient's life would have been saved. In 1883 I saw another case with Mr. Spackman, whose patient was clearly dying from hemorrhage, and he at once advised abdominal section. Tait operated at once. He admitted that he wasted much time in separating the tubes and ovaries, and as a consequence the patient died. He decided in future to make at once for the source of hemorrhage, the broad ligament, and tie it at its base and then remove the ovum and clots at leisure. By 1888 he had operated in this way in 39 cases with one death, and was quite justified in thinking that he had "really achieved a surgical triumph."

THE NEW PROFESSOR OF PHYSIOLOGY

Dr. Brodie, the new Professor of Physiology in the University of Toronto, comes to us in the midst of a useful and distinguished career. The University has been fortunate in obtaining his services, and our gain is the loss of several English Universities, Colleges and Laboratories. He was appointed Lecturer in Physiology at the London (Royal Free Hospital) School of Medicine for Women in 1899, and, as we learn from their *Magazine*, he has held "amongst others, the following appointments: Lecturer on Biology, King's College, London; Demonstrator of Physiology at King's College, and the London Hospital Medical College; Lecturer on Physiology, St. Thomas's Hospital Medical School; Director of the Research Laboratories of the Royal College of Physicians, London, and of the Royal College of Surgeons, England; Professor-Superintendent of the Broom Institution, University of London; and Professor of Physiology at the Royal Veterinary College. Dr. Brodie has

also held Examinerships in Physiology for the Examinations in Medicine in the Universities of Cambridge and Durham, for the Natural Sciences Tripos, Cambridge, for the Primary Fellowship of the Royal College of Surgeons, England, and for the Conjoint Examining Board of the Royal Colleges of Physicians and Surgeons, England.

“ In our own school he has taken the keenest interest in all matters concerning it and has been of great service to us by his wide outlook and by his help and advice in the School Committee, of which he has been a member since he came to the School and of which he was appointed Chairman for the two years 1906-1908.

“ But it is especially as a Physiologist that we have been so proud to have him on our staff, and those students who have had the privilege of working with Dr. Brodie will realize that his teaching was of the kind and had the stimulus that can only be given by one who is actively engaged in making the science which he is teaching. Dr. Brodie is the author of *The Essentials of Experimental Physiology*, of the Physiological articles in a *Text-Book of Medical Practice* edited by William Bain, M.D., and of a very large number of papers giving the results of research work on a very wide range of physiological subjects. In the papers he has made important contributions to knowledge as regards the innervation of the bronchial muscles and the conditions of lung circulation, the secretion of urine and the gaseous metabolism of the kidney, coagulation of the blood and other questions, including some dealing with certain morbid conditions of value in relation to diseases of man. He has also designed a large number of physiological apparatuses and devised methods of investigating physiological problems which are widely used in laboratories in our own country and abroad. Recognition of the value of this work was shown in his election as a Fellow of the Royal Society in 1904, and a Fellow of King's College, London, in 1906. Dr. Brodie has the further valuable power of not only doing a great deal of work himself, but of inspiring others to work in his laboratories, as evidenced by the numbers of those, including many foreigners, who have come to work under him, and to

whom he can always suggest interesting problems to be worked out. Of later years a great deal of his research work has been done in our own laboratories and this has been of incalculable value to the spirit and kind of work which has been done in physiology in the School.

“We shall miss profoundly from the School the charming and kindly personality of one to whom of late it has been natural to turn with a certainty of receiving help and sympathy in all questions concerning the School and the students. But while we realize how much we are losing in losing Dr. Brodie, we hope that our loss will be his gain, in that in Toronto he will have the opportunity, as he has the capability, of making a School in Physiology which shall be second to none, and we offer to Dr. and Mrs. Brodie our very best wishes for their happiness and success in their new life.”

For our own part, we can only hope with all possible sincerity and kindness that the wishes of our contemporary, expressed with such sympathy and appreciation, will be fulfilled to the utmost. Dr. Brodie has already received a cordial welcome among us, and we have reason to believe that he already feels himself at home and among friends here under the old flag and in the world-wide brotherhood of Science, Art and Medicine. The coming of Mrs. Brodie in a few months to make a Canadian home here is greatly looked forward to both by those who have already had the pleasure of meeting her and the Professor, and by all the new friends whom he has made since his recent arrival.

NOTES.

At the last meeting of the Academy of Medicine, held Nov., 1908, a portrait of the late Dr. John Fulton, Professor of Surgery in Trinity Medical College, was presented to the Academy of Medicine by his daughters. Miss Fulton unveiled the portrait and Dr. G. A. Bingham made the presentation-speech.

Toronto Hospital for Consumptives.

Mr. Gage, Chairman of Trust, has issued the following statement about the position of the Toronto Hospital for Consumptives:

"The burden of a large debt is pressing upon us and we must secure money to provide food, nurses and doctors for the sick ones.

"For months every bed has been filled and to-day nearly a score of new applicants are seeking admission. These poor sufferers are in an unfortunate plight—in their poverty and sickness they cannot find entrance into other hospitals through fear of contagion; they apply to the Toronto Free Hospital for Consumptives as their only refuge. So urgent are they that scarcely a day passes without some of these sick ones repeating their request and begging to be admitted.

"The only answer that can now be given to their pleading is, 'Sorry we cannot help you—every bed is occupied.'

"To meet this demand, provision for at least 25 new beds should be made at once, and \$20,000 will be required to cover this outlay and cost of food and nursing for 90 patients.

"A correspondent describes one of these waiting cases as: 'A young girl of 17, far gone in consumption—the eldest of a family of six and the wage-earner of the home—the father, through drink, is in prison, and the mother gains a small pittance at her daily work.'"

The Canadian Medical Exchange, for the purchase and sale of medical practices and property, conducted by Dr. Hamill, medical broker, wishes to remind physicians who desire to make a change that the present season is a good time to list their offers with him, as probably more medical sales are made during January and February than any other months in the year.

Prospective medical purchasers can secure the list of practices for sale simply by agreeing to treat everything as confidential and acting honorably. For the past fourteen years a large percentage of all the medical sales made in Canada have been conducted through this Exchange, and we believe it offers a short cut for either vendor or vendee to secure the goal desired.

The forty-second annual meeting of the Canadian Medical Association will be held in Winnipeg, Man., on the 23rd, 24th and 25th of August, 1909. The Chairman of the Local Committee of Arrangements is Dr. H. H. Chown, Winnipeg, and

the Secretary of same, Dr. Harvey Smith, Canada Life Building, Winnipeg. President, Dr. R. J. Blanchard, Winnipeg. General Secretary, Dr. George Elliott, 203 Beverley St., Toronto. We are requested to state that those desiring accommodation in the hotels of the city at that time should write early for hotel accommodation, because the British Association for the Advancement of Science will meet in Winnipeg at or about the same time.

Canadian Medical Protective Association.

We desire to remind our readers that there is such a thing as the Canadian Medical Protective Association, which is in some respects the most important medical organization in Canada.

The annual fee for membership is \$3.00, which is, in fact, a very cheap form of insurance against the worries caused by malicious malpractice suits.

Every young physician should join this Association the day before he enters active practice. We should strongly advise the large majority of our own practitioners of medicine who are at present non-members to join at once.

Medical Education.

At the session of the Ontario Medical Council in July, 1908, a committee was appointed to deal with the whole question of medical examinations and curriculum, and also reciprocity with other provinces and Great Britain, and to report at a special session of the Council to be held in November, 1908.

We trust this committee will be broad-minded enough to recognize that the university degree in medicine given by the teaching bodies in this province ought to carry with it the right to practise medicine in the province. This is the arrangement recognized in Great Britain by the British Medical Council and practically also recognized in the provinces of Quebec and Manitoba. Undoubtedly the Medical Council ought to retain control and this they could do by appointing a board of assessors to sit with the examiners or pass upon the examinations of the universities, and report to the Council. It is perhaps too much to expect that this arrangement can or will be made at once, but we sincerely trust that consideration will be given such a view, and that at least some steps in this direction will be taken at the November meeting. As to reciprocity, Ontario has much to gain and little to lose by adopting a basis for reciprocal registration with other provinces and Great Britain.—*Queen's Medical Quarterly.*

Passed in Medicine—Ontario Medical Council Announces the Results of Examinations.

FINAL.

R. G. Armour, Toronto; W. Bethune, Ryckman's Corners; F. R. Bennetto, Palmerston; E. Blanchard, Leaskdale; W. A. Broddy, Uxbridge; Nancy Rodger Chenworth, Belwood; J. A. Dixon, Almonte; F. J. Donovan, Gananoque; A. G. Fleming, Toronto; W. J. Glanfield, Jarvis; F. C. Harrison, Toronto; J. F. Hazlewood, West Toronto; E. G. Hodgson, Toronto; A. E. Jones, Toronto; C. V. Jamison, Guelph; H. W. Johnston, Midland; H. M. Lackner, Berlin; W. S. Lyman, Ottawa; J. A. MacLeod, Priceville; A. D. MacMillan, Finch; F. S. Minns, Weston; W. Morrison, Ashgrove; F. R. Miller, Toronto; H. A. Nickle, Madoc; A. L. McLennan, Lancaster; A. McDonald, Scotch Line; J. E. McGillicuddy, Watford; Neil McLeod, Moose Creek; R. K. Paterson, Renfrew; A. J. Prentice, Drumbo; C. A. Publow, Ithica, N.Y.; A. C. Ricker, Dunnville; W. S. Scheck, Hamilton; J. A. Stewart, Renfrew; P. L. Tye, Goderich; E. G. Turnbull, Branchton; E. L. Walker, Glencoe; H. Walker, Bealton; C. E. Wilson, Napanee.

INTERMEDIATE.

R. G. Armour, Toronto; H. B. Andrew, Toronto; P. G. Brown, Toronto; O. S. Craise, Petrolea; F. J. Donovan, Gananoque; J. A. Dixon, Almonte; W. R. Fader, Windsor; W. M. Fielding, Toronto; W. J. Glanfield, Jarvis; G. P. Howlett, Toronto; E. G. Hodgson, Toronto; A. E. Jones, Toronto; W. Krupp, New Dundee; W. S. Lyman, Ottawa; J. A. MacLeod, Priceville; A. J. MacKinnon, Star; F. S. Minns, Weston; W. Mabee, Toronto; W. Morrison, Ashgrove; F. R. Miller, Toronto; A. McDonald, Scotch Line; J. E. McGillicuddy, Watford; J. A. McGibbon, Forest; A. L. McLennan, Lancaster; P. L. Tye, Goderich; E. G. Turnbull, Branchton; H. Walker, Bealton; J. H. Wood, Florence; G. W. Williams, Aurora; C. E. Wilson, Napanee; G. H. Patterson, Stella; A. J. Prentice, Drumbo; W. S. Scheck, Hamilton.

PRIMARY.

J. R. Fraser, Lakefield; J. R. Gibson, Millbank; C. G. Heyd, Toronto; W. S. Lyman, Ottawa; R. D. Lane, Kinlough; W. W. Lailey, Toronto; F. R. Miller, Toronto; J. A. McGibbon, Forest; J. D. McDonald, Langton; A. L. McLennan, Lancaster; G. H. Patterson, Stella; T. W. Peart, Freeman; H. G. Peltier, Fort William; Jennie Smillie, Hensall; Estella O. Smith, Toronto; J. H. Thompson, Toronto; C. E. Wilson, Napanee; F. S. Young, Forfar.

Personals.

Dr. C. M. Hincks (Tor. '07) is practising at Campbellford.

Dr. C. C. Cragg (Tor. '03) is practising at Lethbridge, Alberta.

Dr. H. A. Abraham (Tor. '06) has removed from Kenora to Newfoundland.

Dr. F. M. Campbell has removed from Rossland, B.C., to La Crosse, Wash.

Dr. Jno. Caven, of Toronto, will sail from New York for Naples, January 20th.

Dr. Delaske Marr, of Ridgetown, has been appointed Associate Coroner for Kent County.

Dr. R. G. MacDonagh, of Toronto, will sail from New York for Rio de Janeiro, Brazil, January 16th.

Dr. Chas. A. L. Reed, of Cincinnati, has received the Order of Chevalier in the Legion of Honor in France.

Dr. E. Fidler (Tor. '07) has joined the staff of the State University of Minnesota in the Department of Pathology.

Dr. Percy W. Saunders (Tor., '02) is pathologist in the City of London Hospital for Diseases of the Chest, London, Eng.

Dr. C. F. Moore, of Toronto, after spending several weeks at various hospitals in the United States, returned to his home Dec. 20th.

Dr. E. C. Wilford (Tor. '08) is now in Edinburgh doing post-graduate work, and expects to go shortly to China as a medical missionary.

Dr. William Warren Potter, of Buffalo, was elected President of the New York State Board of Medical Examiners at the annual meeting, held at Albany, Nov. 16th.

Dr. K. H. VanNorman (Tor. '04), formerly interne surgeon Toronto General Hospital, after spending a year in post-graduate work in England, has now gone to Germany.

Dr. A. E. Howard (Tor. '07), who was house surgeon at St. Michael's Hospital for a year, has been appointed surgeon to the "Empress of India," which sails between Vancouver and Japan.

Dr. Roswell Park, of Buffalo, was entertained at a dinner at the Hotel Iroquois, on the evening of Dec. 7, 1908, in commemoration of his 25th anniversary as a teacher of surgery at the University of Buffalo.

Dr. A. B. MacCallum, of Toronto, attended the Dublin Meeting of the British Association for the Advancement of Science. While in Dublin the University of Trinity College conferred upon him the honorary degree of Doctor of Science.

Dr. Ernest C. Dickson (Tor. '06), who was for a time assistant resident physician at Johns Hopkins Hospital, Baltimore, has been appointed first assistant in Pathology in the Medical Faculty of Leland Stanford University, San Francisco.

The following gentlemen have passed the examination admitting them to membership in the Royal College of Surgeons, England: C. R. Rumming, E. N. Gideon, A. M. Rolls, G. S. Strathy, W. Taylor, of Toronto University, and E. A. Lindsay, of McGill University.

Dr. Wishart, who has been lately appointed Chief of the Ear, Nose and Throat Department of the Toronto General Hospital, has on that account resigned his position as Chief of that Department in the Hospital for Sick Children, which has devolved upon his junior in the service, Dr. Geoffrey Boyd. Dr. Wishart has been elected a member of the Royal Society of Medicine, London.

Marriages.

On July 7th, at Liverpool, Eng., Dr. H. E. Roaf (Tor. '02), of the University of Liverpool, to Miss B. S. Herdman, of Liverpool.

On Sept. 9, at Vancouver, B.C., Dr. W. C. Achison (Tor. '07), of Washington State, to Miss M. A. Armour.

On Sept. 10, Dr. J. M. Park (Tor. '03), of Marshville, to Miss M. Ketchison.

On Sept. 11, Dr. A. G. Huntsman (Tor. '07), to Miss F. M. Sterling.

On Sept. 17, at Hessele, Eng., Dr. J. E. Lehmann (Tor. '93), of Winnipeg, to Miss Ida Hillers.

On Sept. 30, at Dunnville, Dr. Herbert Walker (Tor. '07), of Bealton, to Miss Flora Taylor.

On Oct. 7, Dr. Paul L. Scott (Tor. '00), of Toronto, to Miss M. A. Wilson, B.A.

At St. Catharines, Dec. 17, Dr. W. O. Stewart, of Guelph, to Miss Lilla Sheppard.

At Montreal, on Dec. 17, Dr. G. A. Winters, of Toronto, to Miss Ruth Macfarlane.

Obituary.

JAMES ROBERT DRYDEN, M.B.

Dr. J. R. Dryden died at his home in Guelph, Dec. 2nd, after an illness of some weeks, aged 53. He received his medical education in the Toronto School of Medicine, and graduated M.B. from the University of Toronto in 1879. After practising for some time at Rockwood, he went to New York for post-graduate and special work, and on his return to Canada he commenced practice in Guelph.

DONALD GILLESPIE, M.D.

Dr. D. Gillespie, one of the best-known physicians in Central Ontario, died at his residence, Cannington, Dec. 22, aged 70. He had been attending to his practice up till noon on Dec. 20, when, not feeling well, he went to bed, and died the following morning at six o'clock. The cause of death was said to be heart failure.

He graduated M.D. from the University of Victoria College in 1860, and after a short stay in Manilla went to Cannington, where he practiced with much success for many years.

Book Reviews.

FOURTH ANNUAL REPORT OF THE HENRY PHIPPS INSTITUTE FOR THE STUDY, TREATMENT AND PREVENTION OF TUBERCULOSIS. (February 1st, 1906, to February 1st, 1907. An account of the general and special clinical and pathological work done by members of the staff of the Institute during the year. Edited by Joseph Walsh, A.M., M.D. Published by Henry Phipps Institute, 233 Pine St., Philadelphia. 1908.

The 400 pages of the above report contain an astonishing fund of general information regarding the cases which have come under the notice of the collaborators, and we cannot too highly compliment these workers on the results of the year's investigations.

The first hundred pages deal in detail with the clinical features of the cases recorded, and in addition the sociological aspect of the disease has been most fully analyzed. Short reports on the results of careful routine examination of the blood of a large number of cases, with the conclusions reached, also of the finding of casts and albuminuria in pulmonary phthisis follow. The subject of infection through the passages of the upper respiratory tract has considerable space devoted to it. Tuberculosis of bones and joints, of skin and glands, of the nervous system, the pleura, etc., each has a separate section. The report closes with the voluminous pathological and bacteriological findings.

To all who are in any way interested in this the most important of all the infections to which man is subject we commend this report.

GREEN'S ENCYCLOPEDIA AND DICTIONARY OF MEDICINE AND SURGERY. Vol. IX. Rhinoliths—Thermotaxis. Published by William Green & Sons, Edinburgh and London.

In this, the penultimate volume of the series, we find a similar arrangement and style to that of the former numbers. As in them the illustrations are profuse and clear, the printing, etc., are above criticism.

Certain articles are outstanding. Among them we notice those on scarlet fever, medical inspection of schools, diseases of the stomach, syphilis, tabes, the teeth, and many others. The standard set by the earlier volumes has been well maintained.

Miscellaneous.

Paris Clinics.

The students are beginning to return from the summer vacation, and the Latin quarter is beginning to take on a lively air again. There are almost all nationalities represented here. Of the foreigners, the Russians and Roumanians predominate. It is a study to sit in front of one of the principal cafés here and watch the people go by.

The number of students, they tell me, has diminished within late years on account of the expensive living. The time when one could live over here in the students' quarter for \$500 per year has gone by, and to live even modestly one needs at least \$1,000 per year. Board and room in anything like a fair pension or boarding-place costs \$10 per month for the two meals, déjeuner a fourchette, at noon-time, and dinner in the evening. Nearly everybody here takes only coffee and rolls in the morning. You have to pay ten cents for a cup of coffee in even the cheaper restaurants, and bread extra, and a franc, or twenty cents, in the better class, over in the commercial section of Paris, and bread extra; and any kind of a decent déjeuner a fourchette, in the restaurants, in the students' quarter, costs three francs, and dinner three fifty, and from that up. A good-sized glass of beer costs ten cents.

There are not many American medical students here. I have only met two since I have been here. If one wants to study one particular branch of medicine, and understands the French language, this is a good place to come to, as there is plenty of material in the clinics connected with the hospitals. Surgery is particularly good here, in its various sub-divisions—head surgery, abdominal surgery, etc. The Saint Louis Hospital, with its more than a thousand beds for syphilitic and skin cases, furnishes a matchless place for the study of dermatology. The Salpetriere, the celebrated hospital for nervous diseases, with its nearly four thousand beds, is a place that is unsurpassed for the study of neurotic diseases. If one wishes to take several courses in medicine at the same time, Paris is no place to come to, as the hospitals and clinics are so scattered that one would have to race around nearly all day to take even a limited number of these courses. Vienna or Berlin would be a place for such a person to visit. There is a good summer course here given in the School of Medicine on laryngology, with plenty of material.