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EDITORIAL.

THE ONTARIO MEDICAL COUNCIL.

The annual meeting of the Ontario Medical Council was held early in July and the report of the meeting has just reached us. It was far over due and long ere this should have been in the hands of the medical practitioners of this province. There is no excuse for so long a delay, as the amount of text is not great, and could be set up in any printing establishment in a few days.

The register is another matter of the utmost importance. The condition of this record of the medical practitioners who are members and have a right to receive voting papers is a disgrace to the profession of the province. Physicians whose names should be found in the register are not recorded, many are recorded with wrong addresses, and many have no address at all.

An effort must be made to bring the medical register up-to-date. This can be done. There need be very few whose location cannot be ascertained. It would require some time and trouble, but this is just the sort of duties the profession expect of the medical council. In some of these things the medical practitioners of the various electoral districts have been too lax. They should have seen to it that their representatives attended to this.

On page 96 of the announcement we find that a committee was appointed to deal with the re-organization of the medical council, the main object being a reduction in its membership.

On page 134 we find that this committee reported progress, and stated it was not able to report a complete scheme at this year's meeting.

This vital question must not be lost sight of. There are now 18 territorial representatives, 5 for colleges, and 5 homœopathic members. This gives a total of 28. The treasurer's report showed that the total income was $37,820.44. This appears too large a body to manage so small a trust. The looking after the other medical interests should not require so many persons. We urge reduction.

ALCOHOL IN MEDICINE.

The views on the value of alcohol in medicine have undergone much change of late years. Very many of the most experienced physicians

and surgeons regard the use of alcohol in sickness as of very questionable value or as actually injurious.

There is no doubt it has a place in the therapeutics of disease, but not the important one that was assigned to it a few years ago.

At the recent congress on alcoholism which met at the Hague, there was much plain speaking on this subject. Those best qualified to offer advice on the scientific side of the question gave alcohol a very secondary place as a medicine.

As a beverage there was no division of opinion. The one thought of the congress was that "Alcohol is a poison, a cause or an ally of nearly every form of disease." Still the traffic goes on and drives a flourishing business. We think that the medical profession should lend its great influence, even more than it does at present, to the cause of temperance. To do this it is not necessary to go to the extremes of prohibition. A man may not believe in prohibition, but he can believe in the strictest temperance. Medical men should welcome any legislation that would tend to curtail the evils of drink.

INFANT MORTALITY.

There is no subject that ought to appeal to the intelligent citizen and publicist more than the one of infant mortality. The infant is helpless. It is in the position of the common saying of "shutting its eyes, opening its mouth, and taking what fate may send it."

In all large cities the death rate among infants is very high. It is too high, and an honest effort should be made to reduce it. The question at once arises, how is this to be accomplished? There are several things that may be done.

One of these is to take such steps as will ensure as good a supply of milk as possible. Good tools, however, may be placed in the hands of a workman and yet he may do bad work. So it is that good milk may be placed in the hands of a mother and she may secure very poor results so far as her child is concerned. The mother must be taught how to keep the milk and how to use it.

This brings us to the subject of ways and means of reaching the mothers. This should be done by means of carefully prepared information that should be placed in the hands of the mothers. This would in course of time do much good. It would be regarded by some as a useless outlay of public money, but this argument is raised against every useful reform.

In the public schools of this country a vast amount of money is expended on the education of the children. We think more attention

should be given to matters of health and hygiene. As time went on there would be a diffusion of knowledge that would do good, and will repay the trouble and expense.

The results of public school inspection by qualified medical men has revealed a state of affairs that is quite alarming. The percentage of children who are attending the schools of every county and are laboring under some serious disease is quite large. The inspection of the schools and the discovery of these cases will not be of much value unless steps are taken to follow them up by proper treatment. This latter is the natural sequel to inspection.

WATER POLLUTION.

As scientific knowledge advances it becomes more and more apparent how difficult the task is of maintaining purity in large bodies of water and public streams. It has been observed that typhoid fever infection has been borne by a stream as far as forty miles from the point where the contamination occurred.

Large cities have a very hard problem before them in their efforts to procure pure water for the people. Large communities produce immense quantities of sewage. This must be disposed of in some way. The ordinary ways that present themselves are to bury it, burn it, or pour it into the lake or river, which may be hard by the city.

The first two methods are well nigh impossible when the city is large. The ready plan of emptying the sewage into the lake or river presents itself as the easiest. It is, therefore, adopted. But water flows down stream, and is surged hither and thither in the lakes. General contamination results. It is then a necessity for all large cities to treat both the sewage and the water. The sewage must be rendered as nearly sterile as possible before the liquid is permitted to flow into the lake or river.

But there will still be the utmost risk of some contamination. The water must consequently be filtered. Toronto is installing a splendid filtration plant. So far so good; but it is not enough. There must be a system for the treatment of the sewage. This the city has also undertaken. The final stage is reached when the liquid from the sewage is thoroughly chlorinated or otherwise treated before it enters the lake.

What is done in Toronto is just what must be done in other large cities. Shakespeare said that "all the waters in the wide rough sea could not wash the balm from an annointed King," so all the waters in the wide rough lake cannot wash the infection from sewage. We must do, as the witches said in Macbeth, kill, slay, burn.

All cities must do the same. If it is of very little moment that Toronto should destroy all infection in its sewage and Buffalo pour its sewage into the lake untreated.

The real remedy, therefore, is the strong arm of the law, and adjoining countries must unite. What a travesty on honesty, and knowledge to have an extradition law to surrender a murderer, and allow cities to slay there tens of thousands by the pollution of our large bodies of water! Well might we exclaim: "Lord, what fools we mortals be."

THE HOSPITAL ASSOCIATIONS.

For a number of years there have existed in this country and in the United States Associations for the study of hospital management. A short time ago the American Hospital Association met in New York. There were a number of Canadian delegates present. Many important questions were discussed.

The hospital management of Canadian institutions was highly praised for its efficiency. Special attention was given to the hospital system found in Ontario.

A good deal of attention was given to the subject of hospital architecture. The need for ample balcony accommodation was accentuated. Spacious verandahs were favored as compared with roof gardens. Some hospitals which had tried roof gardens were now installing verandahs.

Much attention was paid to the social side of hospital work. The visiting of patients is a very important one. It is not possible to prevent the friends of patients calling to see them; but this must be regulated. Convalescent patients may be granted greater liberties. There is difficulty, however, in finding the accommodation in the hospitals where they may receive there friends. The arranging for homes in the country for convalescents to be removed to received attention and was strongly recommended. There is no doubt this is an ideal plan for hospitals in large cities. Many would adopt the system of convalescent homes if they had the means for defraying expenses.

The cost of maintenance is a problem that is ever before the mind of the hospital management. This is steadily going up. It is to-day double what it was thirty years ago. There is now a vast deal more operative surgery and this calls for so much in the way of dressings that large bills are incurred. Then foodstuffs have been steadily becoming dearer. Help also costs more. There is no way in sight of reducing this cost. It then comes to the other side of the account. The hospitals must charge the patients more, and the municipalities and governments must give more in the form of grants.

The relationship of hospitals to research work was a topic of debate. Hospitals can do much to further the best ends of medical science by utilizing the material in them for investigation. The subject of "Hospital Administration and Medical Research" was handled with clearness and force by Dr. Abraham Flexner.

THE PROFESSION OF MEDICINE.

We have often reverted to this topic, and may be forgiven for again returning to it and offering a few thoughts. The colleges are now at work again and the students once more assembled in the lecture rooms and laboratories. In the old countries in Europe the condition of the medical profession is far from a happy one. There is a terrible state of over-crowding and a notoriously small average income.

In Britain recent events have introduced a piece of far-reaching legislation in the National Insurance Bill. By this act the members of the medical profession are called upon to render attendance upon the industrial classes for 4 shillings, or $1 a year. This grew out of the facts that for many years physicians had been doing contract practice for this fee, and that enquiry went to show that the income of medical men was so small that this fee would be no injustice to them.

In Canada there is a much brighter outlook for many years to come. This is a comparatively growing country as yet, with its face towards the future. The steady influx of settlers must call for much medical attendance. There will be a fair chance for the practitioner of this country for many years to come. The population of Canada is now over 7,000,000. As nearly as can be stated the number of medical men in the country is 7,000. This gives an average of a little over 1,000 persons to each practitioner.

Upon the whole the standard of the Canadian medical colleges is good. Two stand out very prominently, Toronto and McGill. These are now old and large medical colleges. But it will not do to overlook the clams of the others to their fair share of praise. Queen's Medical College has been doing excellent work and given to this country some of her best practitioners. The Medical College in Winnipeg is supplying very well the needs of the western provinces. For the French speaking people, Laval is the only college in this country. In the maritime provinces the medical college in Halifax is the only one. We have to hear of those interested in the Western Medical College in London, Laval in Montreal, and the Medical College in Halifax doing something to place these colleges on a better footing. They should give the student the

best training possible. There should be wealth and enterprise enough to do this. Who shall take the lead in these places?

To the student little need be said. Far more fail by not observing than by not knowing. All beginnings are difficult, said the German sage; and the master word for all colleges is "work."

DR. T. S. SPROULE, SPEAKER.

The medical profession of Canada will feel gratified that one of its number is the first commoner of the country. Dr. Sproule has now a long record of public service to his credit, there being only two others in the House of Commons, namely, Sir Wilfrid Laurier, and Hon. John Haggart, with more parliamentary years to look back to. Dr. Sproule has sat continuously for East Grey. He has had a long parliamentary training, and understands the rules of order thoroughly. He will make an excellent presiding officer, and we congratulate him on his promotion.

DISGRACEFUL CONDUCT OF STUDENTS.

From time to time we have had to comment on the disgraceful conduct of students in their so-called initiation ceremonies of the freshmen. This sort of thing is world wide and should by some means be put an end to. The following item from the associated press despatches reveals a most revolting instance of hazing:

"The brutal hazing of fifteen freshies by the second-year students of the Western Medical School in the annual initiation exercises has aroused the ire of a number of citizens, and it is probable that the officials of the institution will again take the matter up. The freshies were bound hand and foot at the school and driven to the Tecumseh Park in a hayrack, and mauled on the journey by forty sophomores. Each was then given a shampoo from a quart can of black molasses, and while the glue was rubbed in they were sheared bald with horse clippers. Later they were covered with shoe blacking and plaster of paris. To conclude the performance, shoes were removed and the freshies rushed over a cinder track. Several lively scraps ensued, but the freshmen were outnumbered two to one by their opponents. Hazing practice has been repeatedly forbidden by the school faculty, but the practice continues in "modified" form each year."

The sooner students learn that such practices are brutal and must be discontinued the better. Every one of those who took part in inflicting such indignities upon a fellow student is decidedly the worse for it. He

feels that he acted the part of a coward in using his strength on the side of over-powering numbers to do a wrong to others. Such conduct is not manly, it is nothing more nor less than of the barbarous savage. Isabella exclaims in Measure for Measure:

O, it is excellent
To have a giant's strength; but it is tyrannous
To use it like a giant.

We urge these words on the London students who disgraced themselves.

THE INSANE POOR.

This topic comes up from time to time and, like Banquo's Ghost, will not down. A short time ago there was held in Toronto a small meeting of those interested in the subject of better treatment for the insane poor.

It was urged that there should be some method adopted whereby these patients might be admitted more promptly for proper treatment. Those present felt that if the new General Hospital can not admit these cases, some institution should be provided for this work.

Those present at the meeting were Mrs. Cummings, the convenor; Mr. Justice Osler, Rev. Father Minehan, Rev. Dr. Turnbull, Dr. Struthers, Mrs. A. M. Huestis, Miss Elwood and Samuel Arnold.

AN UNFORTUNATE ROW IN TORONTO.

On Friday Evening, 20th October, there occurred between the students and the police a most unfortunate and uncalled for row. A very considerable force of students belonging to the medical, dental, pharmacy, and science departments were on their way home from the theatres. The parade down town had been quiet.

It is reported that the body of students appeared at Victoria College in which a function was going on. Those inside the college put out the lights. The students tried to gain an entry to the grounds through the gates, but could not, and then began to tear down the iron fence around the college grounds.

These acts led to a free fight between the students on the one hand and the police on the other. At various places in Queen's Park the students reassembled and were dispersed by the police. Several students were injured. It is much to be regretted that some who were going home in the ordinary way, and had no part in the students' mob were mistaken and injured.

Such scenes are beneath contempt. There is nothing in them from the students point of view, but what is calculated to bring shame upon them and their colleges. The university has no cause to be proud of such rioting.

If these students have not read Othello, we would commend to them the words of the wretched Cassio: "Reputation, reputation, reputation! O, I have lost my reputation! I have lost the immortal part of myself, and what remains is bestial."

Students as a body should not do what students as individuals would be ashamed of. They should not do under the cover of night and numbers what a gentleman would not do on the highway in daylight. *Noblesse oblige.*

THE INDUSTRIAL PRISON.

In the presence of a gathering of men representing the entire people of Ontario, including members of Parliament, members of the Legislature, judges, ministers, and public men, Sir James Whitney, on 25th September, laid the corner-stone of the Adminstration Building of the new group which will form the new Central Prison. More than a year ago the province purchased 840 acres of land near this city for the purpose of establishing a model prison farm, the first of its kind. Those who saw the property a year ago, and saw it again to-day, could not help but be impressed with the tremendous work already accomplished, and that to be carried on in the future.

THE IMPORTANCE OF CORRECT HOSPITAL RECORDS.

Robert E. Cloughlin, Brooklyn, N. Y., states that correct hospital records are important to the patient, to the hospital, to the hospital interne, to the visiting physician, and to the public at large. The public are benefited by the results of correct statistics of disease and causes of death. Complete and accurate pathological and x-ray reports are indispensable.—*Medical Record,* September 9, 1911.

Dr. Thompson has been elected Member of Parliament for the Yukon.

ORIGINAL CONTRIBUTIONS.

REPORT OF TWO CASES OF SEXUAL PRECOSITY:

One in a Girl of Six Years, the Other in a Boy who had Pubic Hair at Five Months, Erections a Year Later, and Emissions at Two and One-Half Years.*

By HENRY T. MACHELL, M.D.,
Associate Professor Pædiatrics, University of Toronto; Physician Hospital for Sick Children, Toronto.

CASES of precocious menstruation are so infrequent that I am tempted to report this one.

The case occurred in the practice of W. J. Corrigan, Wychwood Park, Toronto, to whom I am indebted for the history.

Family history:—Her mother, 30 years of age, was born in England, started to menstruate when 17 years old, menstruation lasting 3 or 4 days. The mother has 6 sisters, none of whom menstruated early. The maternal grandmother bore a child when 49. The father is 34, above the average physically and mentally. He has 5 brothers and 5 sisters; the latter are all large, but menstruated at usual time.

R. B., born October, 1902, normal labour first child, breast fed, had 4 teeth at 4 months. Her height now is 4 feet 3 inches, the normal for a girl being 3 feet 9¾ inches. Weight unobtainable.

She is perfect in form and well featured, hair light brown, eyes grey, and is precocious in many ways. She started to menstruate Dec. 28, 1908, thus being 6 years and 2 months old. Menstruation continued for one week. Her mother thinks she lost quite as much as she herself does. When the flow first came on the mother thought the child had been hurt, as she spoke of a fall. Menstruation was ushered in by low spirits, nervousness and tiredness.

She has menstruated for one week each month during December, 1908, to the following August, 1909. She missed September, and was unwell for one day in October, when these memoranda were handed me.

Each month she complains of pains in the breasts and legs, and has headache.

The appetite is enormous, the bowels are regular.

In disposition she is very loving and passionately fond if children.

Physical examination shows that the breasts resemble those of a girl of 12 or 14 years. The pubes has considerable hair. The vagina admits the little finger easily, uterus fair size, ovaries not pulpable.

I have never seen a child who menstruated as early as 6 years and 2 months. Clifton Edgar cites Montanaire's case of a child of less than 6 months old, very large and with well developed breasts and also the

*Read at the Section Pædiatrics, Academy of Medicine, Toronto.

case of Anna Mummenthalen, who menstruated from her 2nd to 51st year. In her 8th year she became pregnant and gave birth to a child in her 9th year.

The onset of menstruation is supposed to be influenced by race, climate, mode of life, heredity and genital sense. Which of these had an influence in determining early advent in this case, one can only conjecture. "Genital sense" seems the most probable.

It would be interesting to know the age of earliest advent in the patients of the members of this section.

The other case I wish to relate is that of a boy, A.B., born 22nd February, 1906, weighing 8½ lbs.

The father, aet. 33, weighed at birth 12 lbs., and developed early; now he weighs 103 lbs. in his clothes, and is 5 feet high. He is the small one in the family. He has three brothers of normal size, the youngest of whom developed early. He has two sisters who menstruated at the usual age. They are of average height and weight.

June 23, 1906, when 4 months, this baby weighed 20 lbs.

September 28, 1906, when 7 months, he raised himself to his feet by pulling on the wheel of his carriage.

October 22, 1906, when 8 months old weighed 28 lbs.

December 15, 1906, at 10 months, his bare foot was 5 inches long and took a No. 6 shoe.

December 25, 1906, started to walk—10 months old.

January 23, 1907, his height was 2 feet 6½ inches.

March 2, 1907, 1 year and 2 weeks, height was 2 feet 7½ inches, and weighed 34 lbs.

February 11, 1908, height was 3 ft. 2 inches.

August 12, 1908, height, 2 years and 6 months, 3 feet 4 inches.

February 28, 1909, 3 years old, weight was 50 lbs.

November 1st, 1909, 3 years and 8 months, height was 3 feet 9½ inches. Or to put it more clearly

At	4	months	weighed	20	lbs.	net,	while	12½	lbs.	=	average	boy's weight.
"	8	"	"	28	"	"	"	16	"	=	"	" "
"	12	"	"	34	"	"	"	21	"	=	"	" "
"	36	"	"	50	"	"	"	30	"	=	"	" "

His height was not taken till he was 11 months, then it was:

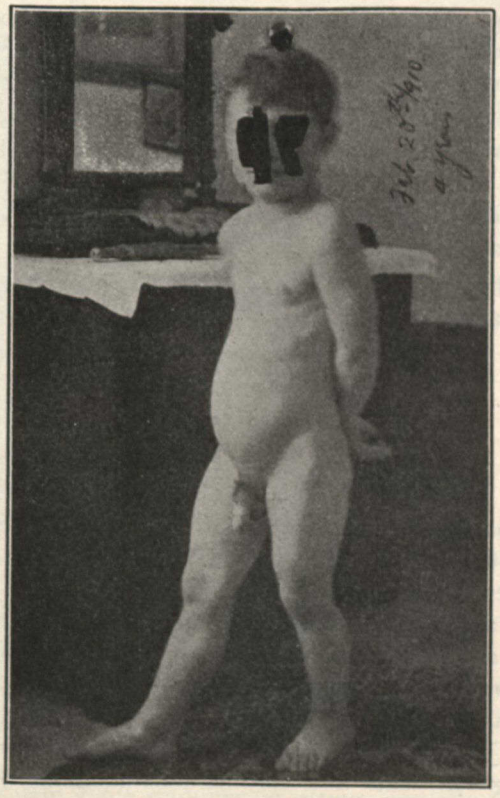
At	11	months,	height	2 ft.	6½	in.,	while	2 ft.	4⅞	in.	=	average boy's height.
"	13	"	"	2 "	7½	"	"	2 "	5 1/12	"	=	" "
"	24	"	"	3 "	2	"	"	2 "	8½	"	=	" "
"	30	"	"	3 "	4	"	"	2 "	9¾	"	=	" "
"	44	"	"	3 "	9½	"	"	3 "	1	"	=	" "

The circumference of his head now, at 4 years, is 22 inches, the same as his father. The average is 19.7 inches.

His chest measurement now, at 4 years, is 25.5 inches. The average is 20.7 inches.

These weights and measurements show that he is extra well developed physically.

Pubic hair was noticed by his grandmother at 5 months, and it was well marked and quite easily seen one year later.



The length of penis on dorsal surface measured from abdominal wall when 3 years and 4 months old was 2⅞ inches. It was abnormally large when lax, and markedly so when erect.

Erections were first noticed when one year and a half old—about the time when pubic hair was apparent to any one. Latterly when erect the penis seems enormous.

The seminal discharge was first noticed when 2½ years old, both after "playing with himself" and at other times. He handles or plays

with his penis at times if not well watched. His mother has arranged his clothes so as to make handling almost impossible now.

His voice is loud, resonant, and raucous, more like that of a full grown man or boy whose voice is "changing" or as the laity say "cracking."

His habits are like those of very much older boys. He disdains the toys of little tots of his own age, preferring those of half grown-up boys.

He is independent in manner, doing things alone or amusing himself all day long. He would stay out of doors the whole day, even in winter, if allowed. He is perfectly self possessed either with strangers or friends, answering fearlessly all questions in a loud, bass, or stentorian voice, utterly unlike that of a child of 4 years.

Many of us have seen momentary erections in a baby of a year or year and a half old, due to full bladder, removal of a napkin, etc. Few of us have heard of seminal emissions in a child of 2½ years of age. I, for one, have not.

I cannot show you the patient, but I do his photo, taken by his father in February last when he was 4 years old.

MEMBRANOUS PERICOLITIS.

By ERNEST A. HALL, M.D., C.M., Vancouver, B.C.

IT has been the experience of many of the younger operators—and the older ones—to find upon opening the abdomen, that the scape-goat of the southwest area of visceral pathology presented an appearance somewhat less active than the proverbial goat of modern literature exhibits. The appendix has carried its load of responsibility with a faithfulness worthy of commendation, but the time has come when its honors are being divided. The competitors are many. Price, Mayo, Lane and last Jackson has enriched our fund of knowledge of conditions simulating sub acute and chronic inflammations of the appendix. Price taught us to examine carefully the last few inches of the ilium for adhesions and occlusions in all cases where the appendix was considered to be at fault. Mayo has repeated this advice, while Lane, dealing with the same conditions asks us to look for a kink in the ilium within a few inches from the valve. Two years ago Jackson, of Kansas City, gave the histories of several cases which resembling chronic appendicitis in which a well defined membrane was found extending from the parietal peritoneum downwards over the ascending colon which was sufficiently dense to cause constriction. In the July number of "Surgery, Gynæ-

cology and Obstetrics," Crassen, of St. Louis, gives several instances of the same condition. To this rapidly increasing list the writer adds one more.

Mr. X, aged 51, complained of pain simulating sub-acute appendicitis, pain returned within a week, no temperature nor vomiting. He became nervous, was sent to resort in the mountains, with no relief, after five months of "neurasthenia" he came to the coast to avail himself of the moist climate. Examination showed tenderness upon superficial tenderness over the whole of the abdomen, not increased on deep pres-

sure, always a little pain while standing or sitting, partially relieved upon lying down. Immediately upon lying down a spasm of the lower abdominal muscles ensued, the muscles remaining ridged for several minutes. The digestive condition was typical of pyloric spasm, the nervous condition was pitiable, his discouragement extreme and withal this formerly active, robust man of five months ago presented a condition of helplessness rarely seen.

Upon the history of pain at the beginning of his sickness, and the presence of pyloric spasm a diagnosis of foreign body in the appendix

was made and the diffusion of pain partially relieved by lying down with the nervous condition gave the suggestion of pericolic bands. Both of these conditions were found. The band of adhesions was almost identical with that shown in the illustration made by Crossen illustrating his article. The colon was intensely congested, and bulged between the strands of fibres.

Convalescence from the operation was normal. The patient improved satisfactorily, but has not yet entirely recovered his nervous tone. As is usual in these cases there was a large amount of muco-exudation passed from the bowels.

The great majority of these membranous cases present long continued and frequently excessive nervous symptoms. This with discomfort in the cæcal region and mucus caletes should suggest to us the probability of peri-colonic adhesions, and in all cases where we find the condition of the appendix inadequate to explain the symptoms complained of, the examinations should extend to the colon.

1301 Davie Street, Vancouver, B.C.

PRESIDENTIAL ADDRESS—THE ACADEMY OF MEDICINE, TORONTO.*

By Dr. N. A. POWELL.

FIRST, before all else, it becomes my pleasant duty to thank the Fellows of the Academy for placing me in the position I now occupy.

The honour came unsought and is for that reason all the more appreciated. I count it no light thing to have been thought worthy to follow those recognized leaders of the profession who have been previously accorded the highest office in your society. The evolution of the Academy from the societies, by the union of which it came into existence, is in line with medical progress the world over. In all great centres of civilized population the day of the small medical society, of the proprietory medical school and of the ill-equipped hospital is passing or has already passed.

Modern life with its complexity of needs has made it imperative that bigger and better organizations should replace those which formerly sufficed. To be bigger is not of necessity to be better. While, in the changes that are taking place, much has been gained, some things of value have been lost. Nelson behind wooden walls needed a generation to gain for England what Togo did for Japan in one morning's use of what modern science had placed at his command.

* Delivered at the Opening Meeting, 4th October, 1911.

The Rolph School here, the Woman's Hospital under Sims and Emmett, and the Royal Infirmary under Syme did splendid and long to be remembered work, but just as it has become impossible for any one man to be a universal specialist so has it come about that no small school, hospital or society can by any effort, however able and however well directed, meet all needs.

"Our own art is too vast and too complex
For one man alone to accomplish its purpose
And hold it shut fast in his hand."

The capital city of Ontario is rapidly approaching the half million mark in population. Its people have doubled in numbers within the last decade and its future as one of the great cities of the continent is already assured. On us rests the obligation of seeing that in things medical its progress shall keep pace with its advancement along other lines. A few years ago the four medical societies, referred to, were doing excellent work in Toronto, and making the name of our city and of our country widely known. They voluntarily gave up their autonomy in order that by uniting forces one strong and progressive society should come into existence. It is to the lasting credit of the men who composed these societies that they recognized the trend of modern progress and were content to lose their corporate individuality in promoting a scheme for the more comprehensive unifying of professional interests.

"The intuition of unity is the end of philosophy," wrote Plato.

Already they are receiving their reward in the kindlier feeling that pervades the atmosphere in which we live. Men have been brought into closer relationship, one with another, and warm friendships are replacing jealousies and suspicions which formerly were too much in evidence.

The Academy with its great and growing library should be the means for bringing out and of making known all that is best amongst us. A medical school is chiefly of interest to its staff and its students, and a hospital to these and to the patients who fill its wards. The Academy has no such limitations. Here all meet on a level, and one rises above another only by virtue of the better work he is able to do, or the better spirit he displays in doing it. A strong association can afford to assume a sedentary posture on any member who prefers to split hairs rather than to split differences, and whose tempermental bias is toward carping rather than helpful criticism. It would savour of the Pharisee to claim that we are free from all such elements of disturbance, but certainly with us they are minimal.

Nine years ago when President of the Ontario Medical Association, I ventured into the realm of prophecy, and said with regard to certain

schemes for improvement which were then very much *in nubibus* that "while in the past professional jealousy had been so keen, and controversy so bitter that success would have been hardly a possibility—now *Laus Deo* we know each other better and out of mutual respect can come united and successful action. True, we are given to criticizing each other a good deal; but, with rare exception, this is in the spirit of rivals rather than of antagonists. Old animosities are dying out and are not being replaced.

"The teeming future glorious with visions of a full success."

Holds for us a grand, united and splendidly equipped school of medicine, doing for the students of a coming time what in an imperfect and patchy way we are striving to accomplish now.

I have faith in that future and in the men who shall sway its destinies, and believe that with absolute fairness to all real interests the wisest course can be found and followed." Do I make an undue claim in saying that the forecast of the future then given was at least as accurrate as the average of recent political forecasts in what is geographically the larger half of North America?

The boards governing our larger hospitals are fully awake to the needs of the present and of the future. The new Toronto General and the Western Hospitals are engaged in extensive building operations; St. Michael's is adding a new wing to its present building. Bearing the name of a Saint, who, if my memory serves me rightly, is mentioned but four times in the Bible,—and every time fighting—we shall expect this hospital to keep well in the foreground.

The Hospital for Sick Children is always adding to its facilities, and Grace, we are hoping will soon take similar action. It may well be a matter for mutual gratulation, that these various institutions through their Boards and Staffs aided each other in obtaining civic and other grants.

This is as it should be, but not as it would have been under conditions that formerly were present with us. I yield to no one in my admiration for what our predecessors, in the face of untold difficulties, were able to accomplish. Fortunately we may honour them and honour the work they did, without being tied in any way to the precedents they established. There were giants in those days. Rolph and Widmer, Bovell and Beaumont, Hodder and Richardson, were men of whom any city might well be proud.

But great lights by their very intensity cast deep shadows, and these shadows are the occasion of much stumbling. Less brilliant globes make our streets as safe by night as by day, although no one of them

can be said to far outshine its fellows. That we have come closer together and more mutually helpful is surely true, but still it would be premature to hold that the Medical Millennium is even within measurable distance of No. 13 Queen's Park.

Where we stand, however, is not nearly as important as the direction in which we are moving. To-night I want to speak to you regarding one line along which we may soon and rapidly advance. The members of this Academy are, I feel sure, broad enough to permit me to do this without being charged with giving undue prominence to a single institution, or to my own part in what is being done or is to be done.

Demosthenes made his hearers forget the speaker in the interest he led them to take in his subject, but I am as far removed in skill as in time from that hero of our school-boy days. Montaigne's aphorism, that one seldom refers to himself without detriment to the person spoken of, will warn me to guard my utterance in so far as they must be personal.

In the year, 1898, it fell to the lot of the speaker to suggest a way in which a certain ample fortune could best be used for the permanent benefit of our people. Many plans were passed in review before a final decision was reached. What was decided upon at last, involved substantial gifts in aid of the care of sick children, of the treatment of pulmonary tuberculosis, of missionary efforts, and of various other great charities, but reserved for a single purpose the bulk of what was to be devised. This purpose was to build, equip and maintain in perpetuity an emergency or casuality hospital, which should afford prompt and skilled relief to those injured or taken suddenly ill.

That a need exists for such assistance in all large cities admits of no question. When supplied by the regular service of a general hospital it is apt to be attended by delays, and to disarrange the work of the staff. The Relief Station at Haymarket Square, connected with the Boston City Hospital, and the Hudson Street Hospital which is the Casualty Department of the New York Hospital, are the best institutions of the kind to which I can refer. Each has a staff of its own and the patients admitted are soon transferred to the parent hospital. In Scotland a similar plan is found to be most satisfactory. In every great modern hospital a department like this must be given a place. On this continent be it remembered we have no great modern hospital complete in every detail. Years must elapse before anything approaching the Rudolph Virchow Hospital or two or three other in Europe can become available.

If the dreams of the architects are realized, Blackwell's Island will have one and Cincinnati another, but a million people must take their homes in Toronto before anything so extensive and costly is under-

taken here. By that time we shall all be elsewhere. In the meantime Browning's statement holds good:—

"The common problem, yours, mine, everyones,
Is not to fancy what were fair in life
Provided it could be—but finding first
What may be, then find how to make it fair
Up to our means."

Now an emergency hospital is of necessity altruistic rather than revenue producing. Its per diem and per patient cost must be out of all proportion to what is usual throughout the country. A hospital Board with deficits to face can hardly apportion to one department such as this all that is needed to maintain it at its maximum degree of efficiency. On the other hand the Board of a General Hospital to which patients can be transferred is the best possible body in which its control can be vested.

My suggestions were accepted by the donors at the time, and subsequently by the General Hospital Trust. This latter body also agreed to place the general direction of the Shields Emergency Hospital, as it will be called, under the chiefs of the Surgical Service, and asked me to undertake with the architects the work of building and organizing this special department. It is with real pleasure that I now refer to the way in which Mr. Flavelle, Chairman of the Trust Board, the President of the University, the Deans, past and present, of the Medical Department, the Professor of Surgery, the Chiefs of the Surgical Service and the architects have always and in all ways given their assistance in what has so far been accomplished.

The names of the donors were withheld until last year, when litigation regarding the site selected led to their publication. Let me break the seal of my own silence through all these years and say that Agnes and Jane Shields, in loving memory of their brother, John Shields, have made possible this addition to the city's facilities for giving aid to the suffering. Horace wrote: "I have builded unto myself a monument more enduring than brass." Surely in what they have done for humanity these noble women have builded better than they knew, and their names will be honoured by generations yet to come, and by thousands to whom their gift will bring relief in time of sore distress.

"*Divinum est opus sedare dolorem.*" These words through all the centuries come down to us from that far isle which held Hippocrates. In spite of the burden of her years the one who is still with us follows with deepest interest the progress of the building and the plans for its outfitting.

As she has discussed these matters with me I have seen the joy of giving in her eyes, and the words of Dr. Holmes have crossed my mind:

"If the good Lord will go on making splendid women He must not blame us for thinking too much of His earthly manifestations."

An ambulance service with swift self-propelled vehicles, such as are needed in a city stretching twelve miles along the lake and running half as many miles back from the water's edge, will form a part of the equipment. It is designed to have house surgeons go out with the ambulances in answering all calls. The cost of the hospital when complete will approximate $75,000. It will have five operation, dressing or clinic rooms, and 22 beds.

A belief that every physician in Toronto, and in particular every fellow of this Academy, will at times find this new department a God-send has led me to take it up in addressing you to-night. Its work must be upon broad lines, and with due and fair regard for all interests. The interest first of all of the sick or injured person, then of his family physician then of the one who was called upon to give first aid, then of the students here for instruction—all these and many others must be considered and adjusted in a spirit of fairness. The difficulties will lessen notably if we all remember that in what it is given us to do "One is our Master and all we are brethern."

Within the spirit and letter of the bequest it has seemed to those of us who have the matter under advisement that, outside the regular work of a casualty department, the facilities to be provided may be made useful in a number of ways. Time permits me to refer only to two of these —the teaching of advanced surgical technique in a very personal and practical way and the illustration by stereoscopic and photographic procedures of the surgical work going on.

If asked to name one particular in which the men who are graduated in medicine with us most seriously fall short, I would answer at once:—"In the practical aspects of their surgical training." They spend numberless hours over oil immersion lenses and become facile in their use, their nates are indurated and they run the risk of developing Ischial Bursitis by sitting out long didactic courses, they watch operations at long range and through or around assistants, but until they become house surgeons they are not taught the use of their own hands in doing or in assisting to do surgical work. Later they learn these things at the expense of their patients, or they do not learn them, and so muddle along in practice. Regarding scores of candidates whom I have recommended for hospital internships across the line, the common report has been:—"Your men are clever and energetic, and well up in theory, but they show little evidence of practical surgical training."

Baden-Powell tells grown-ups as well as boy scouts that one of the worst habits which may be acquired is that of looking on while others do the work. The right way is to learn to do things right by doing them

under supervision, and the earlier this is done the better. We do well what we learn, early in life to do automatically, and "timely knowledge is no hurt," as the wife of Odysseus told him. It is as easy to learn intestinal anastamosis on material hot from an abattoir as on a portion of human alimentary canal—and it costs less for funerals afterwards. The control of haemorrhage during operation, and the immobilization of fractures may be taken to illustrate the need of the training of the hand. The followers of Ambrose Parè put back the use of the ligature for almost a century by tying masses from which bleeding came, instead of isolating and exactly ligating the cut vessels. To-day enmasse clamping and tying goes on in ways that add new traumatism to tissues already devitalized. Complications naturally and commonly follow. What shall it profit a man to have been taught, in a theoretical way the last refinement of asceptic surgery while still untrained in the deft and skilful handling of tissues with impaired vitality? One sees too often a wound sponged with the movement used in blacking a boot or a granny knot placed where only a reef should have been tied. Now a reef knot can be tied in at least seven different ways. One single-hand method and one (not Heath's) in which both hands are employed are far and away better than the plans in general use and described in our text books. Teach these modern methods to a student and he will soon make with unvarying accuracy as many knots in a minute as the Mauretania can make in an hour. We cannot expect him to have—"Eyes to find the five which five hundred shall survive," out of all the surgical procedures he may see followed by different operators but the best of these should be taught him practically. From my own student days, I recall an unforgettable sentence in a clinical lecture by Sir James Paget: "When I have seen Sir Wm. Ferguson operate, I have not known which to admire most the perfect skill of hand with which everything was done or the perfect way in which every step of the operation had been thought out and provided for." Work like this is ideal. The other kind is still too common. Dr. Schultz in Manitoba in the early days put up fractures in bark splints padded with moss and secured by buckskin thongs. He acquired merit by doing it in that way and at that time. We all appreciate the value of resourcefulness such as he exhibited, but the foresight which provides at its best whatever may contribute to the recovery of an injured person is more to be commended than any skill in extemporizing makeshifts. My honored teacher, Frank H. Hamilton, warned me not to learn how to put up fractures in outdoor clinics where the work, at that time, was done in haste, cheaply and roughly. The advice would have less force to-day but still the need for speed and for economy may militate against the employment of means which the surgeon himself considers to be the most efficient. Having given to the teaching of sur-

gical technique more time and attention probably than any of my colleagues, I feel the more free to point out seeming defects as well as possible means for their correction. Our students and recent graduates go to London or Edinburgh, to New Pork, Baltimore, Chicago, or Rochester, Minn. to watch operations and to learn the methods by which leading surgeons attain success. Now the percentage of success is as great here as anywhere else and yet the students do not largely attend operations. They claim that to do so is a waste of time. Given a range of thirty feet and one appendix removal looks like any other one. What wonder then that a series becomes monotonous. The remedy appears to be making students practically familiar with what is undertaken and giving them a chance to follow the details of operative work. This will hold their attention and they will come to appreciate the everchanging problems which lie at the point of the scalpel.

I am glad to tell you that, after consultation those in authority have thought it best to approve of a large clinic room in the Emergency Hospital being set apart for surgical demonstration and fitted up with a lantern and what ever else may be found of advantage. With such facilities it ought to be possible to prevent any candidate for a degree making, as one did recently, a mistake in the sex of a catheter not to mention errors of a graver nature. One other line of projected usefulness remains for a moment's consideration. Toronto operators have done and are doing more creditable surgery. Their methods and their results have not been presented to the profession as fully as has been the work done in other cities. One reason for this may be that our surgeons are tongue-tied with modesty. Another doubtless is that artists to illustrate the various methods devised or conditions encountered, are hard to find and expensive when found. Now by stereoscopic and by color photography it has become possible to portray with great fidelity almost anything that may require illustration. A plant for doing such special work in photography will be available in the new hospital and whatever assistance can be given in preparing illustrations for papers written by the members of the Academy will be freely at their disposal

In conclusion may I ask of the members of our academy a sympathetic co-operation in making the gift now spoken of, a real blessing to the people for whom we care. With your help and with the continued assistance of the gentlemen whom I have mentioned it may be given me to see what will amply repay the study I have given to the problems of emergency surgery for more than a dozen years and in more than a dozen cities. I want to see the new charity started on right lines and doing much good before my time comes to join the group of shades shepherded by Hermes Psychopompus on the banks of Acheron. It may be that all will be forgotten when my camp is pitched in the fields

of Asphodel and my canoe glides over the waters of Lethe, but at least I want to take away with me a feeling that I had the confidence of my fellow workers and that their confidence was not wholly misplaced.

THE NATURE AND TREATMENT OF BRONCHIAL ASTHMA.*

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ASTHMA may be looked upon as a symptom rather than a disease. It is characterized by paroxysmal attacks of dyspnoea, in which the chief difficulty is the getting of the air *out* of the chest. The term asthma is often used somewhat loosely to denote the dyspnoeic attacks which occur in cardiac distress and in uraemia, but such forms of breathlessness are not of the expiratory type and should not be included here. Some writers limit the term bronchial asthma to attacks of the trouble complicating bronchitis, but such cases are better called ones of bronchitic asthma, reserving the term bronchial asthma for all other cases of true asthma. Hay fever is often considered a mere type of asthma, but, although it is frequently, in fact usually, complicated by some bronchial spasm or obstruction, it is essentially a vasomotor condition of the nasal and conjunctival mucous membranes.

Although asthma is very easily recognized, its true nature is far from clear, and numerous theories have been propounded from time to time as to the essential condition present. The theory generally accepted is that it consists in a spasm of the smaller bronchial tubes. It has been shown by Williams and others that normally the bronchi dilate during each inspiration and contract with each expiration; further, if the nares or the respiratory mucous membrane lower down be irritated, the contraction of the tubes becomes more marked. This contraction along with expiration is probably of the nature of a protective process and prevents irritating substances from being further inhaled into the respiratory tract. In asthmatics the bronchial neuro-muscular apparatus is so hypersensitive that very little irritation, either local or reflex, is sufficient to cause an exaggerated contraction, which, according to this theory, is a paroxysm of asthma. In some cases the hypersensitiveness is so marked that the paroxysms appear to occur spontaneously, but probably there is always some afferent impulse behind them. The spasm is not limited to the bronchial muscles, but spreads to the diaphragm and other respiratory muscles. much in the same way as a convulsion spreads over and over a wider area. One theory, indeed, is, that the essential nature of a paroxysm of asthma is that it is a spasm of these voluntary respiratory muscles.

* An address delivered before the Niagara District Medical Association, at Welland, on October 6th, 1911.

Many hold that the bronchial obstruction is due, not to spasm, but to an angio-neurotic engorgement, very similar to urticaria. Meltzer has lately suggested that asthma is really an example of *anaphylaxis.* Some years ago Theobald Smith showed that when guinea pigs are injected with some foreign protein, such as horse serum, and the injection is repeated some days later they are apt to die with symptoms resembling asthma. The first injection has produced an increased sensitiveness to such protein, so that the next injection proves toxic. The increased sensitiveness is the very opposite to immunity and is what has been termed anaphylaxis. Meltzer argues that asthmatic people have been "sensitized" at some former period (possibly through heredity, as the sensitiveness has been proved to be handed on to the next generation) and the taking at any time of a minute quantity of the same protein, even by inhalation, may bring on a mild degree of anaphylaxis, which will be evidenced by an attack of asthma. Such a theory might explain those cases following the ingestion of some article of diet and even those due to the inhalation of certain pollens and other foreign materials, but it cannot account for asthma produced by chill to the surface of the body, nor that accompanying bronchitis, or polypi in the nose and many other cases. It is interesting to note however that Gillette has recently shown that most instances of sudden death following the use of antitoxin have occurred in asthmatic subjects. In view of this fact it behoves the practitioner to be very chary of using antitoxin and other sera in asthmatics.

Whatever be the exact nature of asthma, most will agree that it is essentially a neurosis, and this was the opinion expressed by all who took part in the discussion on asthma that took place at the Birmingham Meeting of the British Medical Association this summer. No disease shows such an idiosyncrasy in causation; in one instance a depressing emotion, in another some odour, in yet another some article of diet may be the cause of the trouble. In every case two factors are probably present; (a) an over excitable bronchial neuro-muscular apparatus, and (b) some reflex stimulation.

The hyper-excitability may be inherited, fully forty per cent. of cases of asthma showing such a taint in the family history; or it may be due to some toxin in the blood, such as occurs in gout and other less definite disturbances of metabolism. Alcohol, caffeine and nicotine may cause increased excitability of the nervous system. Again, this hyper-excitability may be due to various causes which rack and wear the nervous system, such as over-work, worry and depressing emotions.

The reflex causes of asthma are most varied. Some of the most common are bronchitis (producing bronchitis asthma), divers abnormalities in the nasal passages, indigestable articles of diet, cold to the surface of the body or of the inhaled air, etc., etc.

In undertaking the care of a case of asthma it is most essential that the history be gone into very thoroughly, as not until then can any proper directions be formulated. In many instances, by such an investigation, a removable cause may be detected and thus the whole case may be quickly cleared up. Some article of diet, some apparently innocent factor such as the use of feather pillows, some nasal deformity, etc., may be the exciting cause and only when it is removed will the case recover.

In the majority of instances, however, no such striking relief can be given and the treatment must needs be prolonged and too often only palliative.

The question of climate has often to be discussed and many asthma resorts are famous. But asthma is such a subtle disease that a climate which will suit one case will not do for another and apparently similar one, so that the search for the best climate for a given case is largely a matter of experiment. If the case be a bronchitic one then the resort that is best suited for the bronchitis should be chosen. It is a well-known fact that most asthmatics are most comfortable in the smoky atmosphere of a great city. Graves' cases are often cited to illustrate the marked idiosyncrasy that exists to the air breathed: the famous physician happened to see in one day two cases of asthma, one of whom dreaded his chimney smoking, as this always brought an attack of his trouble, while the other liked his to smoke as he never felt so free from asthma as when this occurred.

Regular exercise, in the form of recreation especially, frequent holidays, cold bathing and sponging are all useful in helping to keep up the general health.

Electricity, chiefly in the form of the faradic current applied to the sides of the neck just below the angles of the jaw, has been much used. Its action here would be to stimulate the vagi, but probably any good effect that may follow its use is largely psychic, although none the less useful on that account.

Various diets have been advocated;—pure milk diet, whey diet, etc. It is of course necessary to avoid any article of food, which, to the patient, is provocative of attacks; also, in gouty, nephritic and obese patients special dietaries are indicated. As a rule the chief meal should be taken in the middle of the day, and the general diet should be plain and easily digestible. Tea, coffee, alcohol and tobacco should be avoided, or used in great moderation.

When no removal cause has been found, and attention to place of residence, general health and diet still leaves the patient suffering from his trouble, our efforts must yet be directed towards lessening the irritability of the bronchial mechanism and also the amount of reflex irritation.

If bronchitis be present, it must be appropriately treated. In most cases of asthma it will be necessary to resort to drug treatment. So many drugs have been tried here that one may conclude that none of them are constantly satisfactory. There are three at least, however, which have met with general approval; they are iodide of potash, arsenic and belladonna.

Iodide of potassium is probably the favourite. In many cases it no doubt aids in the elimination of toxins and is specially valuable for this reason in gouty cases. Again, where there is bronchitis, it is useful, probably by increasing the fluidity of the bronchial secretion and thus relieving the engorgement of the mucous membrane. It is generally given in small doses over a long period, although some have advocated the use of a single large dose at bedtime. It is occasionally condemned as being too depressing on account of the potassium base, but this is present in far too small an amount in medicinal doses to have any effect. Dixon has shown that a vegetarian consumes nearly two ounces of chloride of potassium in his day's food, and yet no depressing effects appear from the potassium contained in such a diet.

Arsenic is considered by many practitioners to be the most valuable drug used here. How it acts is quite obscure. It may be given in doses of five minims of Fowler's solution three times a day for several weeks, then omitted for a similar period and then resumed for a like time.

Belladonna was the chief drug used in the time of Trousseau, then went out of fashion for a time, but now again is frequently used. It is often combined with iodide of potash and arsenic in a mixture. Belladonna, or rather atropine, has a profound effect upon the respiratory apparatus in many ways;—it lessens bronchial secretion, stimulates the respiratory centre, tends to paralyse the vagal endings in the lungs. Dresser has shown that after an animal has been treated with atropine the contraction of the bronchi, which normally follows any stimulation of the vagus nerves, no longer takes place. It is interesting here to note that Auer and Lewis have shewn that anaphylactic shock does not take place in animals treated with atropine. A French observer, Febray, has published records of cases of very persistent asthma treated by pushing the drug for several weeks. He gives 1-130 grain daily, gradually increasing it until he reaches 1-32 grain in the day. It is given by the mouth. Any dryness of the throat or disturbance of vision calls for the cessation of the treatment for a day or two.

A paroxysm of asthma is self-limiting, and practically never proves fatal. The threatening asphyxia brings about an accumulation of CO_2 in the blood and this is an antispasmodic and tends to make the spasm cease. Dr. William Ewart, at the Meeting of the British Medical Association this summer, hinted that the practitioner might anticipate the natural

relief by causing the patient to inhale the carbonic acid gas. We do not know if the treatment has ever been tried, but fancy that it would be hard to carry out, as the sufferer feels that he urgently needs air.

The application of heat to the chest is of service and gives comfort. Numerous inhalations are used both by the profession and the laity to ease the paroxysms. Sir James Sawyer has pointed out that the free use of these by the laity dates from about thirty years ago, when the late Lord Beaconsfield suffered from asthma in his final illness. The papers published daily reports of what he was using for the trouble and thus advertised these. Most of the proprietary preparations contain nitrate of potash, stramonium and some aromatic, and a mixture such as the following represents an average one:—

℞ Potassii nitratis.
Pulveris anisi fructi $\overline{aa}$ ½ oz.
Pulveris stramonii 1 oz.
Misce et fiat pulvis.
Sig. A little to be burned and the smoke inhaled.

Such inhalations are valuable in many cases, but their too free use should be deprecated, as they are not without danger of producing heart weakness, as has been urged by Kingston Fowler.

Amyl nitrite is useful, and the objection to its too free employment, that it causes headache, may often be met by getting the patient to only inhale it by the mouth. Chloroform may be used in the same way, and, if the patient be instructed to merely wet the inside of a tumbler with the drug and then to cork the bottle before inhaling from the tumbler, it is free from danger. Its action, however, is often very temporary in character.

Cocaine, either as a spray or when painted on to the nasal mucous membrane, usually gives great relief, but it is an insidious drug, and its free use in chronic diseases like asthma may easily lead to the formation of the drug habit. Hence it should be very cautiously used if at all, and should never be re-dispensed by the druggist without the physician's orders. Many a case of cocainism has commenced by using the drug for asthma and nasal trouble.

Morphia is the drug most commonly used by the practitioner when he is called to see a patient in a paroxysm of asthma. It is very powerful in relieving the trouble as a rule. Here again, however, the fact that the disease is a chronic one must be borne in mind, and the patient should on no account be supplied with morphia and a hypodermic syringe. Adrenalin is the most recent valuable addition to our armament in the therapy of asthma. The drug may be used as a spray in a one in one thousand aqueous solution or it may be given hypodermically, or, according to some, even by the mouth or the bowel. The hypodermic method

is the best one, when it is desired to use the drug internally. Many writers have agreed within the last few years upon the great value of adrenalin in relieving the paroxysms. Abrams has described a lung reflex of dilatation and one of contraction, the former taking place when the chest is gently tapped and the latter when it is heavily struck. He says that both these reflexes disappear after the administration of adrenalin. In doses of 10 mimims of the 1-1,000 solution the drug has practically no effect upon the blood pressure and yet it gives relief. It may be taken that at present we do not know how this action is brought about. The drug, as has been pointed out by several writers, is of the greatest value sometimes in acute cardiac dyspnoea, where there is no question of bronchial spasm.

Although paroxysms of asthma are practically never fatal, they lead in time to emphysema and cardiac changes, which tend to shorten life; and for this reason asthmatics are not "first class lives" from an insurance point of view.

PASSING OF THE DRUGGIST'S VOCATION.

By JOHN HUNTER, M.B., Toronto.

VOCATIONS seem like the leaves of the forest to "have their time to fall." The past half century has witnessed many changes in human institutions, but in few have these become more in evidence than in the vocation of the druggist.

Physicians, as also members of the laity, who have passed the fiftieth mile-stone in life's journey, cannot help noticing, with some astonishment, the changes that have taken place in the deportment, methods, and purposes of the modern druggist, and in the bizarre transformations in the up-to-date drug stores. The more aged among us can readily recall scenes very familiar in our childhood days. The mothers in the middle decades of the past century had a very stable faith in vaccination, in the need of medicines as blood purifiers in the spring, and in worm powders. They knew, from practical experience gained during the long winter months that Johnny, Willie, Susie et al, fared sumptuously on such delicacies as buck-wheat cakes, pork, beef, mutton, fowl, eggs, potatoes, turnips, carrots, apples, pies, puddings, preserves, etc., and therefore felt quite sure that in the spring-time their offspring would need "blood purifiers," and in the season for "green fruits," might require worm powders.

Mother had Johnny washed and "fussed up" and took him with her to the "Chemist" as he was called in those days. The lad was interested in his mother's mission, and the impressions made during that visit have never been effaced. On arriving at the drug store, he saw in the win-

dow a small aquarium in which tiny fish swam about, on either side were flower-pots, and on brackets the mystic flasks of colored fluids. Within the door he found himself in an atmosphere, fragrant with odoriferous particles, freed by the trituration of aromatic drugs. On the shelves were rows of bottles labelled in classic Latin terminology. On the counters, and elsewhere throughout the shop there was an orderly display of a variety of carefully selected druggists' sundries. The lad watched the chemist as he explained to his mother the virtues and uses of the various ingredients in the "blood purifiers," and in the worm powders. Since that visit of half a century ago, he: "Has had his share of childhood's cares, and some of manhood's woes." (Vide West Toronto's election returns), but has not forgotten the impression made by the refinement in dress, in deportment, in language, and in professional methods, that stamped the druggist as a highly cultured gentleman "Sans reproche."

Fifty or sixty years later a grandmother suggests to her daughter that it would be a wise act for the latter to give her offspring some "blood purifiers, and worm powders." The young matron ridicules her mother's old fashioned ideas, and tells her that she always consults an ante-natal specialist who advises the kind of brain, bone, muscles, skin, and complexion food the child should be nourished on during intra-uterine life. As soon as baby is born I send for the pediatric specialist, who instructs me to have the child weighed morning and evening, and a specimen of stool and urine, sent to his laboratory every day, and he prescribes a diet containing the exact proportion of proteids, carbohydrates, and hydrocarbons. Now mother you see my children can't need blood purifiers, or worm powders as yours did who were allowed to eat what they liked best. However, this reminds me that yesterday, the pedriatic specialist referred me to the hormones specialist, who, after carefully adjusting his glasses, assured me that from the "findings" in the last laboratory examination he discovered that the right mesial lobe of Johnny's pituitary body was not functionating actively enough. He gave me a prescription, so I will get Johnny and go to the drug store. The lad, having enjoyed all the privileges of the modern parental system, which objects to parents using any restraining influences over the child's innate desires, refuses to go. However, after a struggle with the nurse over dressing him, and the mother's promise of ice cream cones, picture shows, automobile rides, he imperiously orders his mother to "hurry up," if she wants him to go. By the way, isn't parental discipline passing too? They ultimately arrive in front of the drug store. Johnny jumps out of the "auto" and pointing at the large plate-glass window, says: "Mother, what awful looking windows." She gratifies his curiosity by telling him that all those fantastic decorations are an

advertisement of some wonderful drug used by the cannibals of one of the South Sea Islands. Inside the window Johnny sees a most bewildering aggregation; a bullock's head adorned with bottles of bovril, a large chromo, portraying a swain's gift of a dainty drink to his sweetheart. Kodaks, base-ball masks and gloves, shaving outfits, toilet paper, soaps, picture cards, etc., etc., and on brackets the talismanic flasks of colored fluids. Inside Johnny finds a miniature temperance saloon, where soft drinks are dispensed from a sissing soda-water fountain, and an ice cream parlor, where druggist and clerks display great skill in safely passing plates of ice cream beneath the wide-rimmed hats our ladies wear. On the counter, in show cases, on tables, are goods in an endless variety. About all that remains of the old drug store equipment, are the rows of bottles with their Latin labels. He sees the clerks with coats off, neglige shirts and collars, abdominal belts and cuffs on pant legs, and the druggist somewhat similarly arrayed or perhaps wearing a natty business suit. The mother has pilotted the lad around news stands, picture card frames, tables, etc., to the counter to present the presecription from the hormones specialist. The druggist, or one of the clerks, as soon as released from serving soda-water or ice cream takes the prescription and assures her that it will be sent soon. Mother and son return home, where grandfather and grandson compare past and present impressions of the druggist, and drug store. The past, with the unobtrusive window settings, carefully selected druggists' sundries, refinement of dress and of deportment, high literary and scientific culture, and the present where business enterprise, and rush dominate everything, and refinement in dress, deportment, literary and scientific culture, are all submerged in the interests of a larger bank deposit at the end of the week.

That a great and radical change has come about in both druggist and drug-store is an indisputable fact, and can be viewed from either one of two aspects—the scientific, or the business one. Judging from the former, the change has certainly the appearance of being a retrograde one. This does not necessarily imply that the modern druggist has any less literary, or scientific culture than his predecessors of half a century ago had, but it does show that his changed environment is not conducive to the display of either literary or scientific condition. Judged from the business aspect, so long as the druggist keeps up a full line of drugs, and puts up prescriptions accurately, and with dispatch, he need not be censured over much, for using many "side lines" to swell his earnings. Besides there is still a goodly number of druggists of the orthodox school who look upon their vocation as a professional, rather than as a business one, and prefer to be esteemed as scientists, rather than to be envied as millionaires.

What does this passing of the druggist's vocation, portend to its senior partner, the vocation of the physician? Is the latter following in the wake of the former with leagued boots? The writer of an article recently published in one of our high class medical journals, says: "The position of medicine in the regard of the public is sunken lower than at any time since the days of Hippocrates. The physician appears to be losing his cue, and his nerve. Day by day the physician sinks lower and medicine is passing more and more into oblivion." Whether we accept or reject, this pessimistic view of our vocation, we must confess that ominous changes are taking place. The number of physicians who are willing to fill the role of the orthodox family physician is steadily decreasing. The lure is now for the greater fame and richer rewards that go to the specialist. Young men undertake major operations in surgery, and in gynæcology, with an assurance that would have amazed the young physician forty years ago. The environment of the physician to-day is a menace to high ethical ideals, and to literary and scientific culture. What time has the physician who rushes from street to street, or in the country from place to place in his automobile, for tears and repentance over the mistakes he is constantly making, on account of ignorance, imperfect examinations, or errors in judgment. The physician who will not take time to mourn over his sins of omission and commission, or is indifferent to these, is in the same class, and will meet the same fate as the unrepentant sinner in the spiritual world. The goal of achievement, of honor, of enduring fame, is never won by ignoring defects in our work, by mere obstrutation or boasting, but by meekness, integrity, industry, patience, intelligence, acquired skill and experience. Our times, and environments challenge attention, and their needs should be fully met, but the traditions of those who have preceded us cannot be altogether ignored. One of these, viz., the traditional family physician, as recorded in history, and in literature, can be cherished and exemplified in our lives and in practice with benefit to our patients, and honor to our vocation. The passing of both the traditional druggist and family physician is one of the tragic events of history, for each of these has long filled a high, an honorable, and beneficent sphere.

SUCCESS IN CATARACT OPERATIONS.*

By W. M. BROWN, M.D., L.R.C.P., London, Nustadt, Ont.

GENIUS is said to be the "ability to take infinite pains." If this is so, every good operator must be a genius, for there are many details to observe in order to be successful. The operation for cataract requires

*Synopsis of paper read at meeting of Ontario Medical Association.

more nerve, skill, judgment, delicate manipulation, painstaking care, before and after the operation, than any other done on the human body. A cut of ¼ inch too little or too much here spells disaster or failure. The chief aim of the operator is Good Vision—cosmetic results be what they may. There are a few conditions that contra-indicate operation—Dachryocystitis, owing to danger of infection, cough, tends to re-open the wound after section. Ozena is another contra-indication.

Operation: Clip off eye brows and eyelashes, sterile towels to head and chest, and good light.

Wash with soap and water.

Wash with sulphuric ether.

Wash with bichloride 1 in 4000.

Evert lids and wash thoroughly with hot bichloride 1-4000.

Put in 1 drop of 1 per cent. eserine half hour before operation.

Repeat 15 minutes later.

Three drops 4 per cent. cocaine at 2 minute intervals before operation —begin 10 minutes before section.

Boil instruments, put them into alcohol—then into 1 per cent carbolic solution. Use lint wrung out of 1-4000 bichloride.

Withdraw knife slowly. Nothing should be rushed—take plenty of time. A good sharp knife and good speculum are very necessary. Half the battle is in making a good section—if this is properly done everything else is easy. Be at ease, in a sitting position, patients head not more than 12 inches below the operator's eyes, with perfect control over your hand. This cannot be done in bed nor on a high table—a table 26 inches in height best meets these requirements for most operators.

Enter the knife slightly above the mid-horizontal line of the cornea, and make the counter puncture *corresponding* point on the inner side, i.e., section about half the circumference of the cornea. Make the section with the finger and not with a hand movement—*cut* very slowly. Sawing movements cause pain and imperfect coaptation of the lips of the wound. Following the operation, if the patient is not complaining, rest assured he is doing all right. A watchful attendant should, in every case, be on hand day and night for the first ten days to prevent the patient from getting out of bed, especially out in the sunlight.

Cocaine should not be used too freely; if the canaliculus is very patent the cocaine may get down the duct, affect the throat, cause retching and re-opening of the wound with possible suppuration and failure. Never treat a cataract at long range. After removal do not leave the care of the eye to an inexperienced man, as it often ends in disaster.

NASAL ACCESSORY SINUSES.*

By LEE M. HURD, M.D., New York.

THE usual cause of sinus trouble is a deformed middle turbinate with which is frequently associated a septal deviation to that side, an enlarged ethmoidal bulla or the uncinate process may crowd in upon the naso-frontal duct; super-imposed upon these abnormal anatomical conditions, the changes due to infection of the nasal mucosa which form the naturally open sinuses into closed infected cavities.

The cases are divided into acute and chronic, mild and severe; one should also make sure whether he is dealing with a purely acute condition or an acute exacerbation of a chronic inflammation; this latter is the far more dangerous. The acute inflammations will, without complications, usually recover under simple medical measures; attention to the bowels, diet and nasal douches, plus, at times, a slight intranasal operation.

The chronic inflammation will generally require surgical measures, usually intranasal, occasionally radical external procedure.

If there is doubt about what can be done intranasally go in from the outside where one can see what he is doing and can scrape out diseased tissue more readily.

Nasal sinus disease quite frequently involve the ethmoidal cells, then extending to antrum, frontal or sphenoid. May get orbital and ocular complication, meningeal and cerebral complications, gastric and intestinal derangement from swallowing pus, and even acute otitis and mastoiditis at times.

In some cases we get the sinuses filled with very thick membrane, these are very obstinate to intranasal treatment, especially if the trouble is in the ethmoidal cells which may extend fully an inch out over the orbit.

The Antrum.—Acute inflammation, either nasal or dental in origin, The majority are nasal following an attack of influenza. The dental cases are usually chronic. While the Transillumination lamp is good, the x-ray plate is of far greater diagnostic value. Suction with Bier's appartus sometimes brings pus from under the middle turbinate bone near the antral orifice which is a fairly sure indication of antral disease, but the antral trochar passed through the naso-antral wall under the inferior turbinate is the surest way.

Treat the acute cases with repeated douching through an antral trochar; if the purulent matter does not diminish daily under this treatment, don't waste any more time, but remove the anterior third of the inferior turbinate and all the naso-antral wall up to the attarchment of the inferior turbinate. This will cure most cases of antral disease where it alone is infected. There are a few that will not respond to this treatment, then it is necessary to do an external operation through the canine fossa, remove

*Synopsis of paper read at meeting of Ontario Medical Association.

all the diseased tissue, remove the naso-antral wall and inferior turbinate bone, leaving their nasal m. Membrane intact to be used in covering the parts of the antrum that were curetted. Then the antrum is a part of the nasal cavity and is subject only to conditions as found in the nose. The sphenoidal sinus gives good results under intra-nasal treatment. Most acute conditions get well by douching with normal saline, and injections of saturated argyrol solutions into the sinus. If there is great pain, open and drain. This is done by removing part of the middle turbinate, exposing the anterior sphenoidal wall which is removed with biting forceps; it is dangerous to use a curette because of the very thin walls of the sinus. Disease of the sphenoidal sinus is usually associated with a similar condition in the ethmoidal cells, especially the posterior group.

The ethmoidal cells are probably the most frequently affected. The acute cases will usually recover under medical measures, though it may be very severe, as in influenza, with extension into the orbit requiring immediate drainage, best by the external route where one can feel sure that it is all cleaned out.

Chronic ethmoiditis will rarely get well without the removal of the diseased tissue. The mild conditions can be cured intranasally, the more severe ones may or may not be cured this way. Here the x-ray plate is of service; if the ethmoidal labyrinth does not extend over the orbit, it ought to be able to be reached intranasally, if the cells extend over the orbit the intranasal chances of cure are not so good.

In opening the ethmoidal labyrinth the whole middle labyrinth should be removed, then the diseased ethmoidal tissue carefully taken out; do not operate further if there is any bleeding; wait for another day or until bleeding is controlled.

The frontal sinus usually becomes infected on account of some deformity about the naso-frontal duct. The acute sinusitis can usually be relieved by douches and cocaine to shrink nasal membrane. Otherwise remove the anterior end of the middle turbinate bone and withdraw the secretion from the sinus by using Bier's suction apparatus.

There is an important class of supra-orbital neuralgias of a periodic tpye starting at a certain hour each day, continuing for a certain time and then stopping. This is due to changes in the sinus secretion in which a very thick mucus is produced. If there are orbital complications it is better to open the sinus externally. In chronic cases the object sought is to establish drainage, this should be tried intranasally, using all precaution in removing the structures necessary to get at the sinus, then irrigate with astringent solutions as sulphocarbolate of zinc, 20 grs. to the ounce, saturated argyrol or silver nitrate from one per cent. to saturated solutions, first anaesthetizing the sinus with an injection of 10 per cent. cocain solution.

CURRENT MEDICAL LITERATURE.

MEDICINE.

Under the charge of A. J. MACKENZIE, B.A., M.B., Toronto.

HOW TO EXAMINE THE HEART.

In *Heart,* Vol. II., No. 1, Mackenzie describes the method which is followed in his wards at Mt. Vernon Hospital, London, in the investigation of the effects of treatment in diseases of the heart. All the work is carried on under his supervision as to records which are checked by the Einthoven string galvanometer while the drug therapy is watched over by Professor Cushny who analyzes the preparations used. The test is heart power, rest power and work power, the former condition while lying in bed, the latter tested by the effect of climbing a number of steps —the stair in the hospital. The chart has the following headings: Date, Treatment, Subjective sensations, Pulse, Respiration, Blood pressure before and after exertion, Examination of the heart, Tenderness, Examination of the lungs, Urine, Remarks: The polygraph tracings are kept in a book for this purpose.

Only those drugs are used which are in constant use by the practitioner, and the method of administration is by the mouth, so that the results when published will be of the widest interest and value. The particular drug is pushed to reaction and the records kept from hour to hour.

CARBOHYDRATE EQUIVALENTS IN THE TREATMENT OF DIABETES.

In the *Medical Record,* April 22nd, Carter outlines a method of dealing with a case of diabetes and gives a table of equivalents in ounces which will be found convenient.

The patient is first put on a diet in which the carbohydrate is reduced to 100 grams of white bread per day; if sugar still appears the amount is reduced to 50, and still lower if required to the point where sugar just appears in the urine, and this is taken as the patient's standard of tolerance. The diet is then given in the form of protein, fat, with a little carbohydrate sufficient to make up half this ratio in carbohydrate equivalent and this is maintained for two or three months when it will be found on examination that the point of tolerance will have been considerably advanced, and a new standard is set being still careful to keep well below the point of tolerance to avoid any reappearance of sugar.

This method requires that the food be weighed though after a time one will become accustomed to the appearance of the required amounts of food; it also means constant analyses of 24 hour specimens.

In a letter dated April 11th, from the Chief Surgeon's Camp, San Antonio, Texas, published in the *New Pork Medical Journal,* April 22nd, it is stated that there are 10,545 men in camp, all these have received antityphoid vaccination without a single disagreeable sequence. No case of typhoid either clinical or by diagnosis by blood culture has appeared, and the sick rate after four weeks in camp is less than 2 per cent.

FALSE VOMITING.

Mathieu (*Rev. Française de méd. et chir.,* June, 1911) defines vomiting as the rejection by the mouth, with a characteristic effort, of substances coming from the stomach, and hence false vomiting proceeds from rumination and regurgitations. The author leaves out of consideration the former, and devotes his attention to false oesophageal vomiting and regurgitations. The former he divides into vomiting or regurgitation with sysphagia, vomiting, or regurgitation accompanying a dilatation, or oesophageal diverticulum, and oesophageal pituitous vomiting. The latter is of four kinds: (1) Immediately after a meal, a sensation of weight and pain is felt in the stomach, salivation becomes increased, and a spasm of the cardiac end of the stomach results. When the oesophagus above the cardiac end is filled with liquid, a sensation of pain and thoracic uneasiness is felt, and this is at once followed by rejection of the fluid. (2) In other patients the nausea is primary, and precedes the accumulation of the saliva in the oesophagus; this is the condition in the morning vomiting of alcoholics. (3) In the same patient a pituitous vomiting may result from the oesophagus; it may be elementary, of gastric origin, or it may be bilious. (4) Hemorrhagic pituitous vomiting of hysteria. The colour of the liquid is similar to syrup of currants diluted with water, or it may be browner if exposed to the air for a certain time. The condition is nearly always hysterical. The author believes the blood can come from the salivary glands, the pharynx, or oesophagus. The author considers the vomiting of regurgitation is semi-voluntary, and can easily become voluntary, and cure can be obtained by appealing to the good sense of the patient. In cases of sialorrhoea ending in vomiting, the author has seen good results from taraxacum. In haemorrhagic vomiting suggestion plays a great part.—*British Medical Journal.*

THE TUBERCULIN REACTIONS AS DIAGNOSTIC AIDS.

O. H. Benker, St. Louis (*Interstate Medical Journal*, October), has attempted to diagnose early or suspected cases of tuberculosis by noting the reaction to intradermal injections of tuberculin. His technique is as follows:—The place of inoculation over the biceps muscle is cleaned with alcohol; then with a sterile platinum needle and glass syringe, the eye of the needle pointing upwards, inject 1-10 c.cm. of the following five solutions:—Phenol, ½ of 1 per cent., O. T. (Koch) 1-10,000 mgrm., O. T. 1-1,000 mgrm., O. T. 1-100 mgrm., O. T. 1-10 mgrm., at a distance of 5 cm. from each other, allowing the solutions slowly to infiltrate the skin, producing a small papule. A positive reaction takes place as a rule several hours after the inoculation to 1-10 mgrm. and 1-1000 mgrm., and often also to 1-1,000 mgrm. and even to 1-10,000 mgrm., showing greater intensity to the stronger solutions. After twelve to twenty-four hours the infiltration becomes visible and palpable and the inflammatory reaction increases accordingly. At the end of forty-eight hours it has reached its greatest intensity. There may then be seen a small central tubercle en circled with a zone of redness, shading off gradually into the healthy tissues. The reaction fades away, as a rule, after two days, but persist at times for several weeks. The control injection of ½ per cent. phenol shows a slight erythema which becomes imperceptible after a few hours. A slight fever reaction is due to faulty technique in injecting some of the tuberculin subcutaneously instead of intradermally. The author, as the result of his experience with the method, draws the following conclusions:—1. That by the intradermal test, in doses from 1-10,000 to 1-100 mgrm., nearly all doubtful and early cases of tuberculosis can be demonstrated. 2. If after a 1-10 mgrm. injection no reaction occurs, tuberculosis may be excluded. 3. From reactions to doses between 1-10 and 1-100 mgrm. the presence of a latent tuberculosis may be inferred.

TUBERCULOSIS.

F. M. Pottenger, Monrovia, Cal. (*Journal A. M. A.*, September 23), treats of the causes and treatment of the fever in tuberculosis. He believes the primary causes are at least three: the tubercle bacillus and its toxin; associated bacteria and their toxins; and enzymes and the products resulting from their action on the body cells. This last he considers of great importance though it has been rather generally disregarded. Two factors, the tubercle bacillus and the products of autolysis are present in all cases of advanced tuberculosis in varying degrees, depending somewhat on the activity of the process. He does not believe

the associated bacteria are always important etiologic factors in the high fevers of tuberculosis, though they are undoubtedly sometimes so. The small amount of autolysis in the fibroid type of phthisis renders its prognosis more favorable. It is in the ulcerated types associated with other bacteria that the autolysis and the danger are greatest. Pottenger gives fifteen charts with his paper in which he has attempted to analyze the different fevers and associated them with certain pathologic conditions, and he finds a number of causes, physical and mental exertion, emotional disturbance, overeating, indigestion, etc., etc., affecting the temperature in tuberculous patients, many of which can be avoided, while some, like thermometric and barometric, conditions are not so avoidable. He discusses the treatment of these conditions by the well-known therapeutic methods, improving the general nutrition and lessening the factors of heat production, and comes to the question of specific treatment and the use of tuberculin. The danger of saturating the system with tuberculin he does not consider serious. The tubercle toxins are not the chief factor in the production of fever. It should be employed for the same reason as in non-febrile cases, i.e., for its effect on the healing of the purely tuberculous processes and, from his experience with several hundred fever cases, he is convinced that it is of great value in these cases. One must, however, not expect tuberculin to do the impossible.

GOITER IN THE INSANE.

A. Werelius and C. G. Rydin, Chicago (*Journal A. M. A.*, August 5), give an account of a study of 4,184 insane patients at Kankakee and Dunning, Ill., with special reference to the relations of the thyroid gland to mental disorders. As regards hypertrophy and hyperfunctioning of the thyroid, they say there are many questions which must be answered before any direct relationship between exophthalmic goiter and insanity can be established. As regards hypothyroidism the case is different. There is no question as to its causing myxedema and, the earlier the thyroid function is impaired the greater the mental deficiency. They were not able to verify Berkley's statement that the thyroid in dementia præcox was softer than usual, though not enlarged. In fact, they confess they were unable to palpate a normal thyroid nor do they find any reason to suspect a connection between the catatonic condition and hyperthyroidism. In diagnosing the type of gland in their examination they have called a soft gland simple goiter, a firm hard one a fibroid, and a distinctly fluctuating one a cystic goiter. Among their 4,184 cases there were 270 distinctly palpable thyroids, or 6.45 per cent. The percentage in males was only 2.25, and in 2.059 females there was 222 cases,

or 10.78 per cent. Most of the goiters were of the simple type, there being only twenty fibroid and four cystic cases. Only two cases of typical exophthalmic goiter were met with, but undoubtedly some cases in which the symptoms were not very pronounced escaped attention. It seems to the authors, however, that, in the territory tributary to Kankakee and Dunning, such patients do not often manifest mental symptoms prominent enough to cause them to be sent to an asylum. Leaving out a few types of insanity comprising a small number of cases, dementia præcox presented the greatest percentage of goiters and also the greatest number of insane. As the catatonic form of dementia præcox has been considered due to thyroid disturbance, they look for the greatest number of goiters in this type. In fact, however, they found that hebephrenic forms had 93 per cent. of the goiters. Next to dementia præcox came involutional melancholia and, next to it, the paranoiac state. A full summary of the findings is given in tabulated form at the close of the article.

ARTERIOSCLEROSIS.

William Francis Waugh, Chicago, Ill., believes that one must seek for arteriosclerosis a causative factor that is common but not universal at the period of life after middle age. The cause that is most frequently present is autointoxication from constipation. With age the intestinal musculature becomes sluggish. Poisons develop and cause contraction of the blood-vessels, calling forth a greater expenditure of cardiac force to overcome the resistance. Senile pruritus, hyperacidity, pyrosis, and pyorrhea alveolaris result from the same cause. Acidemia, with which indicanuria goes hand in hand, is the commonest pathological element. Accessory causes are gout, rheumatism, syphilis, malaria, etc. Treatment must consist, in promoting a regular daily evacuation of the intestines by means of medicines and colonic flushing.—*Medical Record,* September 23, 1911.

DELIRIUM TREMENS.

S. W. Ranson and G. D. Scott (*Am. Jour. Med. Soc.,* May, 1911) base their treatment on a study of eleven hundred cases. They distinguish in their therapy: an incipient stage with insomnia, restlessness, tremor, occasional hallucinations (recognized as such by the patients); and a later stage of delirium with uncorrected, chiefly visual hallucinations, much inco-ordination, usually fever (100 to 102F.), slight leucocytosis (7000 to 9000) and profuse perspiration. As to hypnotics; even enormous doses are often ineffective; if a sleep is induced the patient

awakens from it with unabated delirium. When the disease has run its course the patient falls into a profound sleep. It is doubtful if this critical sleep can be induced by hypnotics. Chloral hydrate is on the whole of unfavorable effect, the mortality in the 183 cases in which it was used being 2.7 per cent higher (40.9 per cent.) than in the 322 cases in which it was not used. Its untoward effect on the circulation more than counterbalanced its good effects. The effect was otherwise upon incipients. Of 112 such patients treated with chloral, only 25 per cent. became delerious; whilst of 590 not so treated 41.3 per cent. developed delirium. The dose varies from 10 to 30, often repeated every four hours. Bromides and paraldehyde are akin to chloral in their results; paraldehyde is the most effective in preventing incipients from becoming delirious. Morphine (¼ gr. doses) is less effective than any of these; it increases the mortality in the delirious patients and has little, if any, effect in warding off delirium in incipients. Hyoscine (1-100—1-50 gr.) is a very dangerous drug, the mortality in the delirious being increased 16.4 per cent. Veronal is the only hypnotic which does not increase the mortality in delirious patients; the deaths were decreased by it 16.4 per cent. It is also superior to the other hypnotics in incipients, only 14.3 per cent. of such cases treated with it developing delirium. 38.2 per cent. of delirious patients receiving alcohol (whiskey in ounce doses 4 to 6 times daily) died; whilst of those who did not receive alcohol 39.9 per cent. died. To say the least, therefore, the question is not settled as against the use of alcohol, which should never be withdrawn in incipient delirium tremens. Of cases of the latter on alcohol 24.3 per cent. became delirious; of such cases deprived of it 44.6 per cent. became delirious. Of delirious patients on ergot 28.7 per cent. died. In incipient cases only 19.2 per cent. of those receiving ergot developed delirium, as compared with 46.9 per cent. of those not getting it. The drug was given by mouth, 3j of the fluid extract, repeated every four hours. Ranson and Scott conclude then that incipients should receive large doses of the hypnotics (preferably veronal) whiskey regularly and ergot at frequent intervals—the latter either by mouth or by intramuscular injection; this medication should be discontinued gradually and only after all signs of restlessness and delirium has passed. The delirious patient should receive veronal in moderate doses, and ergot should be given as in the incipient cases.—*The Medical Times.*

TREATMENT OF DIABETES.

A. J. Hodgson in the *J. A. M. A.*, Oct. 7th, gives the following summary at the conclusion of his paper on the treatment of diabetes mellitus.

1. To impress on the patient that after his apparent recovery, continued care in eating is essential to continued health.

2. To dispense, as a general thing, with such drugs as codein and arsenic and to make the patient rely practically entirely on the diet and hygiene.

3. To insist on the restriction of the quantity of food just as much as of the kind.

4. To overcome constipation by the use of castor oil and olive oil, or by the use of a mixture of these two with glycerin.

5. To insist that the food must be thoroughly masticated.

6. To restrict carbohydrates at the outset to the smallest possible amount consistent with safety.

7. To add starches gradually in but one form rather than in several until the point of tolerance has been reached.

8. To elminate from the dietary those articles of food that have been found to be difficult of digestion, even in health, though their starch-content may not be objectionable for a diabetic.

9. Above all, to impress the patient with the fact that his disease is essentially the result of vicious dietetic habits and that it is useless for him to expect any favorable results so long as the habit is persisted in.

EPILEPSY AND THE EPILEPTIC TEMPERAMENT.

Edward Livingston Hunt, New York, divides epilepsies into early epilepsy, the result of enecphalitis, hemorrhage, or thrombosis; organic cases following traumatisms and focal brain diseases; and late epilepsies which are generally the result of toxemias, alcohol, syphilis, or cardiovascular changes. The author gives a history of epilepsy from the earliest times. The epileptic is a physical and mental degenerate. Smallness of stature and slightness of build, astigmatism, high arched palate, and a symmetrical cranium are characteristics that are often seen. There is mental impairment sometimes amounting to dementia. The epileptic is an egotist who thinks he is able to accomplish wonders while he really accomplishes nothing. He is difficult to get along with, is bad tempered and selfish, and his memory is poor. Impulsiveness is characteristic, and anger and rage are frequent and uncontrollable. There are periods of exaltation and depression; often these patients are religious cranks and hypocritical. Many have a hatred of some one individual. Mentality degenerates, and the patient becomes vicious and sullen. An epileptic is probably not responsible for crime. Cases of double personality are generally epileptic.—*Medical Record,* August 5, 1911.

SURGERY.

Under the charge of H. A. BEATTY, M.B., M.R.C.S., Eng., and A. H. PERFECT, M.D., C.M., Surgeons to the Toronto Western Hospital.

OPERATIVE TREATMENT OF FRACTURES.

It is only within the last twenty years (*International Journal of Surgery*, May, 1911) that recent closed fractures have been considered from the operative standpoint. To be sure, there were occasional instances of this branch of surgery, but on the whole the ancient dread of an open or "compound" fracture has persisted until the present day, so that even now, when abdominal section has lost all its terrors *per se*, the average physician would rather take chances with the unskilled setting and splinting of a broken bone than to run what he sub-consciously feels to be a great hazard by a cutting operation.

Within the last two or three years, however, among the more progressive surgeons this hesitation has been overcome, and we are even in danger of swinging our pendulum too far, so that even fractures of the long bones, which might be treated in the old way with the probability of a perfect functional result, are subjected to what most conservative men would consider an additional risk. Sometimes it is questionable whether this risk is warranted by the more perfect anatomical result, the beautiful and accurate alignment which is demonstrated by the radiograph. Mere accuracy in the restoration of form is certainly less important than perfection of function.

To illustrate, let us take fracture of the patella. If this injury is treated by careful and skilful suture and early motion, it is probable that the limb will be as good as it ever was. Still, there is always the danger, however remote, of infection of the joint—a dire calamity indeed. We have all seen after non-operation treatment perfect union, fibrous but strong, so that the patient has been able to engage in such active pursuits as those of the acrobat or dancing master. While we emphatically approve of the open treatment of this fracture, we are bound to admit that the selection of the case and the selection of the operator are important factors in the certainty of success. We have here, however, to deal with a fracture in an ill-nourished bone that forms part of one of the most important articulations of the body, which must necessarily be invaded in an open operation. Surely we need have much less fear in attacking fractures of other bones, in which accidental infection means little more than a local disturbance, even in the face of a certain degree of *drained* osteomyelitis.

The beautiful results obtained by Lane, and duplicated by numerous other surgeons all over the world, have demonstrated the safety and

scientific value of the principle involved. If the surgeon will but put himself in the place of the injured person and say to himself: "If I had this particular kind of a fracture, would I permit an open operation for the sake of mere x-ray perfection?" He will probably answer his question to the great advantage of his patient. If reposition of a recent fracture cannot be made so nearly perfect that within all reasonable probability good function will result, then, the patient being otherwise healthy, an open operation would be the method of choice. When there is comminution, especially near a joint, it may be a nice question whether the fragments can be replaced and held in position without operative intervention. Indeed, it may not be unjustifiable to anesthetize the patient several times and make several radiographic observations, in order to be sure that the bones are properly set. If then it becomes evident that this cannot be accomplished, operation becomes our only recourse.

The arguments that we have brought forward do not, however, apply to simple fractures of the skull or the spine. In fractures of the skull operation is always the safest procedure. In fracture of the spine, if there is the slightest doubt as to the involvement of the cord, the same rule should be followed.

This question of the operative treatment of fractures is just like all others in surgery; the principle having been conceded, its application in the individual case will depend upon the skill, the judgment, and the experience of the surgeon.

HOWARD LILIENTHAL.

APPENDICITIS IN CHILDHOOD.

Dr. H. Salzer (*Wiener klin. Wochensch.*, No. 20, 1911) believes that the large mortality in children from appendicitis is not due to any special anatomical conditions, nor to the greater difficulty of diagnosis, but chiefly to the fact that the patients are still subjected at too late a period to the proper treatment, which in most instances is operative. In his opinion we must become accustomed to interpret symptoms of a chronic appendicitis in their true sense and also educate the public in this respect. If this plan is followed, the mortality will be reduced to the same level as in adults. If anything, early operation is to be urged even more than in older persons, because we are accustomed to regard gastro-intestinal affections as peculiar to childhood and not as a frequent sign of a serious disease, and also because we have to do the thinking for the children since they have no voice in the matter, and protect them against the neglect of their parents.

TREATMENT OF FURUNCLES.

For many years the writer has been quite successful in the management of small furuncles with what might be termed the collodion treatment. This consists in covering the boil with thin layers of absorbent cotton, held in place with collodion (not flexible) and extending some distance beyond the inflamed area. The main objects of this procedure were to protect the furuncle from irritation by the clothing and to prevent the dissemination of bacteria into the deeper parts by friction. Under this method it was found that the infiltration would often be absorbed without the furuncle coming to a head, or that the pus formation would be small and localized.

Recently Dr. Fuchs (*Muench. med. Wochenschrift*, No. 22, 1911) has reported upon a method of treating furuncles, the aim of which is to limit the inflammation by encircling the inflammed area with a layer of collodion, without encroaching, however, upon the central zone. This application is renewed in the course of the day and extended somewhat beyond the margins of the inflammation. It is stated that the constant but gentle pressure causes the boil to point in one to three days and rapidly localizes the infective process.

Either of these methods is so simple and easily applied that they are well worthy of a trial in cases of ordinary furuncle.

TREATMENT OF SEVERE GASTRIC HEMORRHAGE.

Dr. L. Kraft (*Archiv. f. klin. Chir.*, Bd. 93 Hft. 3) states that the chief reason for the infrequency of operative intervention in these cases is that the results thus far reported have not been encouraging. In a few cases it has been possible to arrest the hemorrhage by ligation of a bleeding vessel or cauterization of an oozing ulcer, but as the ulcer is often deeply seated it may not be possible to ligate, or the bleeding vessel may not be found. Occasionally the ulcer itself escapes detection. Other operative measures, such as gastroenterostomy, do not always give immediate results. On the other hand, Rovsing's method, which the author has employed since two years, has proved very serviceable. It consists in the introduction of a diaphanoscope, an especially devised instrument, through an incision in the stomach, thus permitting of direct inspection of its walls. This method permits of the detection of very small ulcerations, no larger than a pea, while any bleeding vessel can usually be seen. The hemorrhage is arrested by applying a ligature, taking in the entire thickness of the stomach wall, and this area buried by one or two purse string sutures. After removal of the diaphanoscope the gastric wound is sutured. In four or five cases of severe hemorrhage this procedure caused arrest of the bleeding.

THE FIELD AND THE HANDS IN SURGERY.

From a study of the literature, it appears that alcohol disinfection of the hands and iodin disinfection of the operative field are the most promising measures as regards simplicity and efficiency that have been suggested in late years for securing the desired end—that is, approximate sterilization of the skin. But it is essential to secure the proper material. The alcohol should be 95 per cent., and the hands should be thoroughly dried before its application. In the use of tincture of iodin all washing of the operative field on the day of operation should be avoided, and in urgent cases it has been suggested that the iodin may be applied without previous cleansing. According to Küttner, irritation may be prevented if a freshly prepared 5 per cent. tincture of iodin be employed and the remains of the coating removed with alcohol or ether after operation.

SUPRA-CONDYLAR FRACTURE OF THE HUMERUS.

Dr. W. F. Amos (*Medical Sentinel,* May, 1911) says that one feature of utmost importance from a prognostic as well as diagnostic point of view is not spoken of by any of the authorities. The observer, looking downward along the extensor surface of the patient's acutely flexed forearm, the palm of the hand being over the manubrium of the sternum, will note in relief an almost straight line running from the capitellum without and above downward and inward to the tubercle on the olecranon (the tip of the elbow). This line, it should be always remembered, is not horizontal. It forms an angle opening outward of about 45 degrees with and above a horizontal line projected (in the same plane with it) from the tubercle of the ulna, the tubercle lying a little posteriorly to the capitellum. This line from capitellum to elbow-tip should be most carefully watched. Any change in its direction from the normal spells disaster.

CHRONIC APPENDICITIS.

Dr. E. M. Stanton (*An. of Surg.,* June, 1911) summarizes his views as follows: 1. The majority of patients suffering from chronic appendicitis give a history of having had one or more attacks of acute abdominal illness, with a sequence of symptoms recognizable as those of an acute appendix attack, namely, sudden severe abdominal pain, usually beginning in the epigastrium or mid-abdomen, accompanied by nausea and vomiting and followed by a period of pain and tenderness in the right lower

quadrant. 2. In our experience appendiceal dyspepsia has been characterized by symptoms strikingly analogous to the earliest symptoms of acute appendicitis, namely, attacks of epigastric or mid-abdominal pain or distress only rarely accompanied by subjective symptoms referable to the region of the appendix. During those attacks the pain or distress is nearly always increased by food intake. 3. Pain confined chiefly to the right lower quadrant and not associated with attacks of epigastric pain and nausea is seldom due to the appendix, and before making a diagnosis of chronic appendicitis in these cases every other possible condition should be excluded. 4. The majority of our failures have been in patients complaining of right inguinal pain associated with chronic constipation. At operation these patients have presented an unusually long or dilated cecum, usually accompanied by other evidence of enteroptosis. In the future a certain proportion of these patients may be cured by some such operation as that advocated by Wilms, but appendectomy alone does not cure. 5. Unless the diagnosis is absolutely certain, the gall-bladder, stomach, and right kidney should be explored, and the possibility of a Lane's kink excluded in all cases operated upon for chronic appendicitis.

RECTAL DRAINAGE OF APPENDICULAR PELVIC ABSCESSES.

Dr. Chifoliau (*Progrès Med.*, No. 2, 1911) points out that collections of pus in Douglas's pouch occurring in appendicitis are not of rare occurrence. Unless these cases are operated upon early the pus accumulation may extend upward even as far as the hypogastrium. The diagnosis of such an appendicular abscess can be established only by repeated rectal examination, as the other symptoms are not characteristic. The tendency of the abscess is to become encapsulated, and if operation be undereaken at the end of the acute stage it may be very dangerous unless the local condition be determined by rectal palpation. If induration is found in Douglas's pouch, active measures should be deferred, because too early intervention may render it impossible to completely remove the appendix. If, however, the inflammation becomes intensified through some error in diet and the abscess extends upward, urgent intervention is called for. In cases where the abscess points toward the rectum it should be opened at this place, since any danger of hemorrhage, or injury of the prostate or of a coil of intestine is unfounded, as is also the risk of infection. After incision and drainage the suppuration rapidly ceases. Tuberculous effusions into the pelvis can also be drained by rectal incision. After opening the abscess a good-sized drainage tube should be introduced and the cavity irrigated for a number of days with

boiled water or hydrogen peroxide. The drain is removed on the fourth day, and after eight days the patient is allowed to leave the bed. This is followed in one or two months by removal of the appendix.

TREATMENT OF TETANUS.

Dr. C. J. Holman (*St. Paul Med. Jour.*, June, 1911) believes that in all cases of injuries it would be wise to use prophylactic doses of anti-tetanic serum; in order to have it do good it must be used early, before the bacillus of tetanus multiplies. If tetanus develops magnesium sulphate will probably control the convulsions, permitting the nourishment of the patient while anti-toxins are being formed to overcome the toxins. If death should take place it would be more pleasant under a lethal dose of magnesium sulphate than from the poison of tetanus. Other supporting measures should be used, strychnine as a tonic perhaps, morphin, fluids freely, etc.

BILATERAL PURULENT PLEURISY.

According to Dr. M. B. Fabrikant (*Deut. Ztschr. f. Chir.* Bd. 108, Heft. 5 and 6) bilateral empyema is most frequently due to pneumonia, although it may occur as a primary affection. The mortality is not great if operation be done early. Both sides of the chest may be operated on at the same time if the patient's condition permits; otherwise an interval of several days should be allowed to elapse between the two operations. The chest cavity should be freely opened, and the character of the operation will depend upon its volume. If it be sufficiently large, thoracotomy may answer the purpose; otherwise resection of ribs is preferable.

RIGHT INGUINAL HERNIA AND CONCURRENT APPENDICITIS.

Dr. W. Courtney (*Jour. Minn. S. M. A.*, April, 1911), from an experience in 76 cases, is led to believe that the appendix is generally diseased in patients suffering from inguinal hernia on the right side. This he has been able to demonstrate in operations for the radical cure of rupture, and it is now his practice to examine the appendix through the inguinal ring when operating for right inguinal hernia. The technic of exploring and removing the appendix through the internal ring in the course of a herniotomy was not difficult in the majority, and it was rarely found necessary to do an appendectomy above the internal ring, for which the Torek method proved especially useful.

CHANCRE, CHANCROID AND HERPES PROGENITALIS.

In an article on the observations of chancres in the September issue of the *Medical Era.*, Benj. H. Breakstone and A. Levison, they give the following table on the differential diagnosis of chancre from chancroid and Herpes progenitalis.

	Chancre.	Chancroid.	Herpes Progenitalis
1. Incubation	Average 21 days	1 to 14 days	None
2. Exciting cause	Spirochæta pallida	Ducrey-Unna bacillus	(Pneumococcus?)
3. Original lesion	Begins as papule or tubercule, later ulcerates	Begins as pustule or ulcer, may begin as papule	Pupulo-vesicular
4. Depth	Superficial erosion "scooped out"	Whole thickness of skin "punched out"	In epidermis
5. Edges	Sloping	Abrupt, sharply cut and undermined	Well-defined
6. Floor	Red, copper colored	Grayish	Straw-colored
7. Secretion	Very little, if any	Profuse	In vesicle
8. Number	Always single, if multiple has been so from start	May be multiple	Usually multiple
9. Location	95 per cent. on prepuce	Anywhere	Muco-cutaneous juncture
10. Adenopathy	Always present	May be present	Never
a Symmetry	Symmetrical	One side only	
b Suppuration	Never	33⅓ per cent. of cases	
c Pathology	True adenitis	Peri and para adenitis	
d Inspection	Nothing	Reddened	
e Palpation	Each individual gland easily outlined	Mass or masses of gland	
f Surrounding tissue	Free	Involved and adherent	
g Skin	Free	Involved and adherent	
11. Subjective Symptoms	None	Inflammatory	Severe itching
12. Substance	More	Loss of tissue	
13. Constitutional Symptoms	Always follow	None except from local absorption	Neurotic or rheumatic diathesis
14. Wassermann	Positive 75 per cent.	Negative	Negative

GYNÆCOLOGY AND ABDOMINAL SURGERY.

Under the charge of S. M. HAY, M.D., C.M., Gynæcologist to the Toronto Western Hospital, and Consulting Surgeon, Toronto Orthopedic Hospital.

Ulcer of the Stomach and Duodenum with Special Reference to the End Results.

By William J. Mayo, Rochester, Minn. On Jan. 17, 1911, we (C. H. and W. J. Mayo) completed a series of 1,000 operations upon the stomach and duodenum for indurated ulcer. The total number of cases operated for ulcer was considerably more than 1,000, but the only ones considered in this series were those in which an actual demonstrable ulcer existed, i.e., one that could be seen and felt in the stomach or duodenal wall. All of the so-called clinical, medical and mucous ulcers were excluded because of insufficient evidence of the actual presence of ulcer.

Of the 1,000 cases in our series, 428 were classified as gastric and 572 duodenal. This is not a fair percentage because the earlier cases in which an ulcer was found in the vicinity of the pylorus were classed as gastric, and in all probability many of them were duodenal in original.

Previous to June 1, 1906, 379 cases of gastric and duodenal ulcers were operated. Of these 227 (59 per cent.) were classified as gastric and 152 (41 per cent.) as duodenal. From June 1, 1906, to Jan. 17, 1911, 621 cases of gastric and duodenal ulcers were operated, of which 201 (32½ per cent.) were gastric, 401 (64½ per cent.) duodenal and 19 (3 per cent.) had an ulcer of each viscus. That at least two out of three cases of ulcer will be found to have their origin in the duodenum rather than in the stomach is a conservative estimate.

That benign ulcer was more common in women than in men has been an almost universally accepted statement. Of our 1,000 cases, 255 were women and 745 (practically three out of four) were men.

The operative mortality in this series was 2.4 per cent. Three hundred and seventy-nine of these patients were operated previous to June 1, 1906, before the operative technic had been well worked out, and the imperfections in methods were responsible for some failures to cure, and an increased mortality.

In studying the histories of the gastric ulcers, we found that practically all situated close to the pylorus and accompanied by obstruction were relieved by gastrojejunostomy, whether or not the ulcer was excised. However, whenever it was possible to do so, we excised the ulcer because of the liability to cancer degeneration.

In a few cases very extensive ulceration of the body of the stomach precluded the employment of any operation upon the stomach, and jejunostomy with complete rest of the organ for some week has been neces-

sary. Clairmont has advocated this plan in such cases and in the few instances we have practiced it, the results were good.

From the above data it is very evident that operations for duodenal ulcers present a higher average of cures than operations for gastric ulcers. Gastrojejunostomy, with or without infolding the ulcer, not only affords a great relief to the patient with duodenal ulcer, but a permanent cure in a remarkably high percentage of cases.

These statistics indicate (1) that the treatment of all duodenal and all obstructing ulcers of the pyloric end of the stomach by gastrojejunostomy and excision, or infolding the ulcer, is satisfactory and gives 98 per cent. of cures of great improvement; (2) 85 per cent. of ulcers of the body of the stomach will either be cured or greatly relieved by excision or devitalizing suture compression with gastrojejunostomy. The remaining 15 per cent. will be more or less benefited. The mortality under present methods is less than 2 per cent.—*Boston Med. and Sur. Jour.*

TREATMENT OF ANTEFLEXION OF THE UTERUS.

H. T. Byford (*Jour. A. M. A.*, 1911, lvi, 727) recommends for the treatment of obstinate and severe cases of anteflexion with dysmenorrhea and sterility persistent dilatation sufficient to permit the passage of a number 20 male sound for one to two years. He has sometimes commenced by dilating biweekly with a small block-tin sound, increasing gradually to a number 20. He has maintained this dilation, by means of weekly dilatations for a time, then monthly until the year was up. As a rule he has had the patients come back in six months or a year for a few weekly dilatations in order to be sure of permanency of results. In most cases he prefers beginning with divulsion under general anesthesia and has then prevented contraction by the periodical passage of the sound. The important and indispensable part of the treatment is its continuance for many months. In the event of a return of dysmenorrhea an immediate resort to the treatment gives prompt relief. A few biweekly dilatations followed by a few monthly ones usually suffice to render the cure permanent. The dilatation should be as wide each time as the patient will tolerate because the greater each dilatation and stimulation the greater the effect on development. The temporary pain of one or two treatments each month is more easily and willingly borne than the monthly dysmenorrhea. The pain ceases the moment the sound is withdrawn. The patient takes a copious normal salt douche before leaving home for the office. After the introduction and adjustment of a sterile bivalve speculum, the vaginal fornices and cervix are swabbed thoroughly with a 5 per cent. solution of phenol, and the sound, after

having been curved to suit the case, is dipped into the same solution immediately before being passed. Before removing the speculum the writer disinfects the uterine cavity, and introduces a dry sterile wood tampon under the cervix and leaves the latter for twelve or twenty-four hours for its dilating effect on the vaginal fornices.—*American Journal of Obstetrics and Diseases of Women and Children,* June, 1911.

TUBERCULOSIS OF THE CERVIX UTERI.

Duguing and Rigaud (*Prov. méd.,* July 8th, 1911), report a case of tuberculosis of the cervix occurring in a young woman who had had two children. After the last birth she suffered from bronchitis and from incessant leucorrhoea, which developed into metrorrhagia, and finally the cervix was found to be ulcerated. The speculum revealed an ulcerated surface extending over the anterior and posterior lips of the cervix, and prolonged into the interior of the cervical canal. The base was covered with granulations, between which were bleeding points and pus; the margin was irregular, undermined, and of a bluish colour. A microscopical examination revealed the presence of the tubercle bacillus. The patient was advised to undergo a hysterectomy; it was then found that the lesions were confined to the uterus, the adnexa being healthy. Tuberculous affections of the cervix are rare, and the diagnosis is often confused with that of cancer; the disease must also be distinguished from a traumatic ulceration, a chancre, a soft chancre, and tertiary ulceration. A traumatic ulcer is usually induced by the use of pessaries or the introduction of some instrument or foreign body. A syphilitic chancre on the neck is very rare; it is recognized as a superficial erosion, and is slightly raised above the level of the tissue, it is greyish in colour, and feels hard to the touch, while the microscope should discover spirochaetes. A soft chancre is also rare, and others are present on adjacent parts; it is a deep ulcer with a yellow base. The tertiary ulcer is raised, and has circinated margins. The diagnosis can be corroborated by Wassermann's reaction. No certain diagnosis of tubercle can be made unless the bacillus is found to be present. In all cases the best treatment is to remove the uterus through the abdomen.—*British Medical Journal.*

CONCERNING IODINE DISINFECTION OF THE SKIN IN ABDOMINAL OPERATIONS.

Propping, Frankfurt (*zentralblatt für Chirurgie,* May 13, 1911), states that the increase in the number of cases of intestinal obstruction,

which Propping says he has noted since the introduction of the iodine method of disinfecting the skin field of operation, suggested to him that the iodine might be responsible by causing adhesions (when the gut is brought in contact with the iodine on the skin).

If a moist sponge is laid on the skin a half hour after it is painted with iodine it will carry away enough of the drug to produce a strong reaction with starch. If, in animal experiments, the intestine is laid on the iodine painted skin, the intestine will yield a positive iodine reaction.

Towards the close of an abdominal operation the iodine is pretty well washed off the skin (by the moist sponges, etc.), and the skin gives no iodine reaction in the clear areas. The iodine is taken up by what it is brought in contact with. Small amounts of very weak iodine solutions injected into the peritoneal cavity cause fibrin deposits and adhesions.

Propping concludes that when iodine is used to disinfect the field for a laparotomy, the intestines must be protected from possible contact with the drug.—*American Journal of Surgery,* June, 1911.

CANCER OF THE WOMB.

The following report was submitted by a committee appointed to draw up a paper which could be distributed by dispensaries and the Board of Health in answer to the question: "What every woman should know to protect herself from death by cancer of the womb."

1. Cancer of the womb is at first a local disease.

2. Thus far the only reliable cure is operation, but, in order that the operation may be attended with best results, it must be done *early.*

3. Hence the great importance of detecting cancer of the womb at its very beginning.

4. There are no positive signs of the onset of the disease, but there are symptoms which are suggestive and should lead the woman to consult reliable medical authority.

5. The most important of these is a blood or a blood-tinged discharge occurring independent of, or at other times than the monthly period. This staining or spotting may be brought on by exertion or slight injury, as intercourse, or the introduction of a douche nozzle. The discharge may, at times, be thin, pale yellow, or watery.

6. Any change in the monthly period of a woman, at any time of life, demands examination, particularly if it occurs at the time of the change of life.

7. Regarding the menopause (change of life), a harmful error is common among women and is even shared by not a few physicians. It is thought that the change of life is naturally accompanied by excessive

flow at the monthly periods and that there may be a flow, even between the periods. Such an opinion is totally wrong. The natural occurrence at the change of life is a decrease of the flow with longer intervals between the periods until they cease entirely. Hence any increase in the amount of the flow, or any increase in its frequency, is wrong and demands the most careful investigation.

8. This excessive blood flow, or too frequent flow, or a watery discharge does not always mean cancer. It may be due to other causes, but often this can be known only by a scraping and a microscopical examination of the scrapings or of the so-called ulceration of the neck of the womb. Hence any offhand statement, even by a physician, that the irregular flow has no significance should not be heeded.

9. Too great emphasis cannot be laid upon the two foregoing paragraphs, for many a life has been needlessly sacrificed by the opinion that the menopause (change of life) is naturally accompanied by all kinds of discharges and bloody flows.

10. Pain and loss of flesh and strength are not early symptoms of cancer of the womb. They may not even be present when the disease is well advanced

11. Women of all ages may develop cancer of the womb, but it is most common between forty (40) and fifty (50).

12. The actual cause of cancer of the womb is still unknown. But it is known that constantly kept up local iritation may lead to the development of cancer. Hence a woman should not neglect the attention of injuries or any local disorder of her generative organs.—*American Journal of Obstetrics and Diseases of Women and Children,* June, 1911.

UTERINE FIBROIDS AND CARDIAC DISORDER.

R. L. Payne, Jr., Norfolk, Va. (*Journal A. M. A.,* May 6), says that from a careful study of the literature and a thorough analysis of his personal observations he is forced to conclude that there is a definite relation between fibromyomata and the associated condition of lost cardiac compensation, meaning by this latter term the symptoms resulting from a loss of normal cardiovascular tone. He reports two cases in both of which the cardiac symptoms ceased after operation for the tumor. He says that sufficient evidence is recorded to demonstrate this association but not much to prove the changes due to the new growth, though the cases he records would seem to support a belief in this. The literature of the subject is reviewed and the theories of the cause of the connection noted. He is disposed to believe that the cardiac symptoms are due to the products of uterine growth on the heart muscle or heart

ganglia—some internal secretion directly the product of the uterine hyperplasia—for the following reasons: 1. Hemorrhage as a causative factor was present in only one of his five cases. 2. In another case there was conclusive evidence that the cardiac symptoms developed before there were any signs referrable to the uterine growth, this being still small when discovered. 3. Removal of the tumors resulted in more or less complete relief of all cardiac symptoms, partial relief having quickly resulted from any regeneration of organic changes. His conclusions are given as follows: 1. In a large percentage of cases of uterine fibroids there are present symptoms of cardiovascular disturbance. 2. The size of the growth has no relation to the severity of the cardiac disturbance; symptoms have been apparent while the growth was still small. 3. In some cases of lost cardiac compensation associated with fibromyomata the symptoms are materially benefited by removal of the growths. 4. In some cases the cardiac disturbances are of so severe a type as to result in sudden death following operation. 5. The first signs of cardiovascular disturbance associated with uterine fibroids should be an indication for immediate operation, and the watchwords in these cases should be: (a) rapid surgical technic; (b) careful hemostasis; (c) as little handling of the viscera as possible, and (d) the greatest caution against overtaxing the heart during post-operative treatment.

OBSTETRICS AND DISEASES OF CHILDREN.

Under the charge of D. J. EVANS, M.D., C.M., Lecturer on Obstetrics, Medical Faculty McGill University, Montreal.

PROLONGED PREGNANCY AND HEAVY FETUS.

A case of interest to the obstetrician, practitioner, and legalist was reported at a recent meeting of the Société d'Obstétrique, de Gynécologie, et de Pédiatrie de Paris by Dr. R. Poux. He attended a woman who had been pregnant once before, delivery being undoubtedly prolonged to the eleventh month. On that occasion the child weighed over 12 pounds; the basiotribe had to be employed, and the extraction of the shoulders proved very difficult. The patient went through her second pregnancy to term, and as the child was clearly big, Poux thought it advisable to induce labour. Pains set in, and at the end of fourteen hours a child weighing nearly 9½ pounds was delivered without instrumental or manual aid. Poux insists that his practice in the case of this patient was correct midwifery. In prolonged pregnancy the fetus is not rarely too big to allow of safe delivery, yet some cases do well. Whitridge Williams, in his standard work, *Obstetrics,* relates his experi-

ence of a patient who on two occasions did not fall into labour until considerably over eleven months after the last period. In both instances typical labour pains set in at the end of the tenth month; they subsided after a short time, and did not return for more than four weeks. Both children weighed over 12 pounds, and measured about 22½ inches in length. The thoracic measurements were markedly increased—a condition which might easily prejudice labour. A light and short fetus delivered apparently in the eleventh month should suggest in certain cases an error of calculation.—*British Med. Journal.*

SODIUM CITRATE IN INFANTILE VOMITING.

The *New York Medical Journal,* June 17, 1911, speaks editorially of an article in L'Union médicale du Canada for June, 1911, which deals with the almost specific effect of sodium citrate in the vomiting of nurslings and of bottle fed babies. Variot has established, after seven years' experimentation, the absolute harmlessness of the salt and its action, previously unsuspected, of regularizing the peristaltic contractions of the intestines, as well as its property of attenuating the curd of cows' milk. A neutral combination results from mixing twenty-three grains of sodium citrate with thirty-five grains of sodium bicarbonate, and from fifteen to thirty grains may be given daily to a nursling. Vomiting is due not only to superalimentation, but to insufficiency of food, which also produces spasmodic contraction of the infantile stomach; in cases of both kinds sodium citrate acts with delightful certainty. To four ounces of water, two-thirds of an ounce of simple syrup may be added, and twenty five grains of the sodium salt dissolved therein; of this mixture six or seven tablespoonfuls may be given in the twenty-four hours. It will be found to control vomiting, even in those cases where the mother's milk acts as an irritant.—*The Medical Times.*

PROLONGED PREGNANCY.

A. H. Wright, Toronto (*Interstate Medical Journal,* October), repeats the recommendations published in the *American Journal of Obstetrics* two years ago, to induce all labor at term as a matter of routine. He says that if this is done in an aseptic way it is practically devoid of danger, that the gravest danger is really the growth of the child *in utero,* and that in any case the induction of labor involves much less danger than a labor when pregnancy has been prolonged to ten months. Since the Schauta method of vaginal tamponade is not effectual in a large pro-

portion of cases, the author advises in the majority of cases that a tube or bougie be introduced into the uterine cavity as the first step. The parts should be prepared as for vaginal hysterectomy, and with the patient in the lithotomy position a weight speculum is introduced and the cervix fixed with a tenaculum forceps. A sterilized gum elastic bougie (No. 12E) is then introduced gently within the uterus up to the fundus if possible, care being taken not to rupture the membranes. The patient is now turned from the back to Sim's position and after the introduction of a Sims speculum the vagina is tightly packed over or around the small portion of the bougie projecting into the vagina. The lower third of the vagina should not be packed. If the introduction of the bougie or tampon produces pain, as it frequently does, an anesthetic,—preferably ether, —is administered. Wright believes that protracted pregnancy occurs in 15 per cent. of all cases and that protraction to the extent of four weeks occurs in about 6 per cent. of the cases where there is no interference.

PLACENTA PRÆVIA.

J. F. Baldwin, Columbus, Ohio (*Journal A. M. A.*, July 29), reports a case of placenta prævia in charge of a very competent physician where he was called in. It was decided to adopt the Braxton-Hicks procedure, and with no difficulty he brought down a leg, as he had done in many previous cases. Everything seemed to be going well and there had been very little apparent hemorrhage. An hour later he was called again, as the patient was in collapse, and a glance at the abdomen showed the uterine tumor much larger than before, so that the diagnosis of internal hemorrhage was obvious. The child was immediately delivered forcibly by pulling and pressure from above, and the birth was followed by the largest discharge of blood clots he had ever seen, the patient dying a very few moments later. In spite of the very considerable literature on the subject of placenta prævia, he has failed to find any mention of the danger of concealed hemorrhage after the leg had been brought down by the Braxton-Hicks method. This case, however, showed that it is a possibility, though probably very rare.

PUERPERAL INFECTIONS.

Polak observes (*Am. Jour. Obs.*) that: 1. Curettage, douches, and examinations during the acute stage break down the natural barriers of defense and favor the further dissemination of sepsis. 2 .The endometrium should never be curetted in acute streptococcic infection; the

placental side should never be curetted. 3. Instrumental evacuation of the uterus should be limited to pregnancies of eight weeks or less. Digital exploration and digital curettage furnish the most rational means for determining the contents of the uterus. 4. The uterus having been emptied the pelvis should be left alone. Drainage should be postural, treatment should be supporting, and the natural blood resistance increased. 5. If the blood is sterile and shows leucocytic resistance to the infection by relative white cell increase the prognosis will be favorable. 6. A local exudative process following delivery should not be disturbed, while the patient shows improvement, unless there is evidence of pus. In the latter case the pus must be removed by extraperitoneal incision. 7. Exudative pelvic peritonitis is a sequel of untreated or badly treated endometritis. 8. Thrombophlebitis is a conservative process. Its manipulation or examination tends to the separation of infected emboli, and the dissemination of infection to remote portions of the body. 9. Nature will usually be competent to localize and circumscribe infections. 10. Enormous pelvic and abdominal exudates may disappear without operation, and enlarged ovaries and tubes may again resume their proper size and function. As long as the general condition of a patient is improving surgery is inadvisable. 11. The risk in all operations diminishes when the acute stage of infection has subsided. Also an exact diagnosis can then be more easily made. Vaccines then have a definite field and are valuable aids in the treatment of puerperal infection.—*New York Med. Jour.*

PERSONAL AND NEWS ITEMS.

ONTARIO.

Steps have been taken for the establishment of a tuberculosis sanitarium for Berlin and Waterloo County.

Dr. R. E. Clapp, of Mildmay, will be a candidate in South Bruce for a seat in the Ontario Legislature.

Dr. Jessop has been again chosen as a candidate for the Ontario Legislative by the Conservative Convention of Lincoln.

Dr. W. H. B. Aikins and Mrs. Aikins are spending two months in France. They expect to return about the end of November.

Dr. Hervey Jackes, who has been in St. Luke's Hospital, Chicago, for two years, will take up practice in Deer Park, Toronto.

Dr. Jeane Sproule will locate in Toronto. and devote herself to diseases of the eye, ear, nose and throat.

The University of Toronto has 512 students in the Department of Medicine.

The city of Brantford proposes raising by a vote of the people, $85,000 for the enlargement of the hospital. It is expected the county will give $15,000.

There have been many cases of typhoid fever at Swansea, near Toronto. The cause is due to the drinking of well water which became infected. The heavy rains have washed impurities into the wells.

Dr. W. J. Bray, of Toronto, lost his father a short time ago. He was the last of the pioneers of North Darlingford, and was in his 91st year at the time of his death.

It is rumored that Dr. Helen MacMurchy may be a candidate for the Board of Education. Until recently she was one of the medical inspectors of the public schools.

The Ladies' Auxiliary held a tag day in Woodstock and realized several hundred dollars. The money will be given to the fund for the erection of a nurses' home.

The hospital in Porcupine is to be gone on with. It is thought that it may be located on Lake Porcupine, midway between Golden City and south Porcupine. The Relief Fund for the fire sufferers furnished $10,000 towards this institution.

The committee appointed to consider the medical inspection of the public school children of Hamilton reported in its favor. The reports recommends the appointment of two medical inspectors and three nurses. It also urges the establishment of a dental clinic.

The latest acquisition to the medical profession of London is Dr. Oliver Bruce, late of Brompton Hospital, London, England, who has arrived to take charge of the Byron Sanitarium, with which he is most favorably impressed.

Diphtheria became prevalent among the pupils attending one of Toronto's public schools. Twenty-seven swabs were taken from suspected children, and 10 of these yielded a pure culture of the diphtheria organism. Altogether 84 cases have been reported from one district.

Dr. Roche, from a Manitoba constituency, and Dr. J. D. Reid, from an Ontario seat, have been given portfolios in Borden's Cabinet. Dr. W. F. Daniels, of St. John, N.B., goes to the Senate. These medical men should be of substantial use to the profession of this country.

The annual meeting of the Medical Alumni Association of the Western Medical College met in London on 17th October. Dr. Hover of the Western Reserve, University of Cleveland, gave a clinic, and Dr. G. E. Armstrong, of Montreal, gave an address on stomach surgery. This was followed by a smoker.

Dr. D. J. Gibb Wishart, represented the University of Toronto at the Third International Rhino-Laryngological Congress which met in Berlin, Germany, from the 30th August to the 2nd September. Nearly

500 of the leading Laryngologists of the world were in attendance. The proceedings were opened in person by the fourth son of the Emperor.

Dr. W. J. Hunter Emory, a member of the staff of Grace Hospital, Toronto, was honored by his colleagues recently. He was tendered a dinner at the Toronto Club, and was presented with an illuminated address. Dr. Emory is going to reside in Southern California and engage in fruit growing. Dr. B. L. Riordan, Dean of the staff, presided. The staff was out in full force to bid Dr. Emory good-bye.

The Kingston Health Association has organized and purchased "Kirklethan," the residence in Portsmouth of the late Lieutenant-Governor Bowen Van Straubenzie, and will turn it into a sanitarium for tuberculosis patients. The institution is to be called the Sir Oliver Mowat Memorial Hospital and towards its equipment Kingstonians have subscribed $16,000. The council has granted $2,000, and $4,000 is promised by the Ontario Government. The board elected Dr. J. C. Connell, Dean of Queen's Medical Faculty, as president, A. J. Macdonell, manager of the Bank of Montreal in Kingston, as vice-president, and ex-mayor James A. Minnes as honorary secretary-treasurer. The association hopes to begin treatment of patients in the course of a few months.

QUEBEC.

The engagement of Dr. W. Gordon M. Byers, of Montreal, to Miss Jean Newton, of Hamilton, is announced to take place in December.

Dr. Howard Pirie has left England to take up the appointment of physician in the electrical department at the Royal Victoria Hospital, Montreal. Dr. Pirie was chief assistant in the electrical department of St. Bartholomew's Hospital, and had charge of the corresponding work at Greenwich Hospital. He was also lecturer on electro-therapeutics at the London School of Clinical Medicine and North East London Post-Graduate College, and secretary of the Roentgen Society.

The abolition of the McGill "rush," a species of "free fight" between sophomores and freshmen, which for years past has been a regular feature of the university opening, is being agitated by members of the science faculty and others. A conference, consisting of several members of that faculty and undergraduates, has already been held with that object in view. As a result the sophomore class in science was waited upon by several seniors, who endeavored to impress upon it the desirability of doing away with the rush. The college authorities are opposed to the present rush, and will exert all efforts to have it abolished. Every year there has been increased opposition owing to injuries sustained by participants.

FROM ABROAD.

Dr. Howard A. Kelly had an operation of cholecystitis. He made a good recovery.

The *Tribune,* of Chicago, has commenced a medical department on preventive medicine. The section is entitled how to keep well, and is edited by Dr. W. A. Evans, formerly Health Commissioner of the city.

Dr. Thomas Dwight, successor to Oliver Wendell Holmes in the chair of anatomy at Harvard, died September 8th at the age of 68. For a number of years he edited the *Boston Medical and Surgical Journal.*

The health of the Philippines has greatly improved of recent years. The death rate from beri-beri formerly was from 5,000 to 7,000 annually. This has been much reduced. The birth rate now exceeds the death. A few years ago the reverse was true.

It is announced that Dr. David Finlay, Professor of Practice of Medicine at the Aberdeen University, will shortly resign the chair which he has held for twenty years. Professor Finlay is an Honorary Physician to the King in Scotland, and a member of the General Medical Council.

We are officially informed that the Secretary of State for the Colonies has appointed Sir Ronald Ross, K.C.B., M.D., F.R.S., Professor of Tropical Medicine in the University of Liverpool, to be a member of the Advisory Medical and Sanitary Committee for Tropical Africa, in succession to the late Sir Rubert Boyce.

J. G. Gallison (*New York Med. Rec.,* June 24, 1911) begins with a small dose of 25,000,000 and increases to 50,000,000 at intervals of two or three days. Prophylactic injections are given at ten days' intervals. Antibodies—bacteriolsins, opsonins and agglutinins—begin to develop on the fifth to the tenth day.

Sir Thomas Boor Crosby, M.D., F.R.C.S., was on the 29th ult., elected Lord Mayor of London, according to ancient custom. His election is a memorable one, in that he is the first member of the medical profession to occupy this position, as well as being one of the oldest, if not the oldest, citizens to fill the office.

The Legislative Council of Simla has taken active steps to control ague and the plague. A carefully prepared report has been secured on the spread and prevention of these diseases in many parts of India. Ague districts are to be drained; and money was set aside for the prevention of the plague.

The Metropolitan Asylums Board provided last year for a daily average of 12,792 patients, at a cost of £965,802. The Board oversees 15 hospitals for infectious diseases, four asylums for imbeciles, two hospitals for poor children, three seaside sanatoria, and several other institutions and homes.

Joseph Bell, the eminent Scottish surgeon, died on 4th October, 1911. He was the original of the character "Sherlock Holmes" of Sir Conan Doyle. He was born in Edinburgh in 1837. Dr. Conan Doyle was a pupil of Dr. Joseph Bell. Those who visited Edinburgh about 30 years ago when Bell was in his prime will remember what a brilliant operator and teacher he was.

The quincentenary of St. Andrews University was celebrated on September 12th, 13th, 14th and 15th. The affair was a very brilliant one, and many of her distinguished graduates were present, including Premier Asquith and Lord Roseberry. Mr. Andrew Carnegie who had already given liberally to the University, was presented with his portrait. Lord Balfour, the Chancellor, presided.

Dr. F. W. Pavy died in London on 12 September at the advanced age of 82. He was a distinguished authority on diabetes. He was a voluminous writer and what he contributed to medical literature was of the best. During his long life he had conferred on him many medical honors and held many high medical offices. He was for many years actively engaged in scientific work at Guy's Hospital. Of Dr. Pavy it may be truly said "he was every inch a man."

The Countess of Aberdeen, who it may be remembered was elected an Honorary Member of the British Medical Association at the annual meeting held in Belfast in 1909, was appointed Honorary President of the Infant Mortality Congress, recently held in Berlin, Prince Hohenlohe being the President. Lady Aberdeen was unable to take part personally in the proceedings of the Congress, as Her Excellency was already engaged at Stockholm with the meetings of the International Council of Women, of which she is President.

Among the members of the medical profession in foreign countries who have recently died are Professor Dieulafoy, the distinguished Paris physician, whose name is familiar to all students of medicine, aged 73; Dr. Charles Nélaton, surgeon to the Paris hospitals, *agrégé* professor in the Faculty of Medicine, and author of Tubercle in Surgical Affections, The Relation of Traumatism to Cardiac Affections, and other contributions to surgical literature, aged 60; Dr. L. Bruandet, professor of anatomy in the Medical School of Rheims, aged 36; Dr. Place, some time professor of physiology in the Medical Faculty ofAmsterdam; and Dr. Karl Hennig, professor of obstetrics and gynæcology in the University of Leipzig, aged 85.

Most of the gold mines of California are infected with hookworms, according to Drs. E. E. Endicott, of Jackson, and Herbert Gunn, of San Francisco, who discuss this subject in the Journal of the American Medical Association. Hookworm disease is generally regarded as limited to the South, but Dr. Endicott says that he doubts if there are any deep

mines in the United States which have been in continual operation for a number of years, and which employ foreign laborers—miners who have worked in the mines of Cornwall, Austria, Italy or South Africa, and perhaps many other places before coming to this country—that are not more or less infected. These foreigners come to the Pacific Coast from Eastern ports, mostly from New York. They frequently stop en route at Eastern mines, in Pennsylvania, Michigan and other places, and there is no reason to believe that they do not infect these mines.

OBITUARY.

ALEXANDER HUGH FERGUSON, M.D., C.M.

It was with feelings of genuine sorrow that we learned of the death of this brilliant surgeon and gifted man. His death did not come as a surprise, for he had suffered for some time with diabetes. His heart became affected, and, towards the end, carbuncles made their appearance.

Dr. Ferguson was born in Ontario county 58 years ago. He graduated in 1881 from Trinity Medical College and University with the degrees M.D., C.M., with medal. He took an extensive postgraduate course in Britain, and did special work along with Sir William McEwen, of Glasgow.

On his return to Canada he located in Winnipeg, and became one of the founders of the Manitoba Medical College, in which he held the position of surgeon for some years. He then removed to Chicago to become professor of surgery in one of the medical colleges there. He held this position until the time of his death. He also held many prominent offices in medical societies.

He contributed many papers on surgical subjects, and often delivered before medical societies addresses on his chosen field of work. His great mistake was that of working too hard; but he was ever ready. When the call came to read a paper or deliver an address, he could be relied upon not to fail in response to that call. The final call came to him on 20th October, when he paid the last debt of an overworked, though unusually strong constitution.

There was some correspondence between him and Dr. Eddebohls as to who was entitled to the credit for the operation of decortication of the kidney in chronic Bright's disease. The result was a verdict in favor of the subject of this sketch. As an operator he was gifted with unique dexterity. In moments of extreme difficulty his nerve never failed, and his scientific knowledge and thorough technique carried him through as an easy victor.

Dr. Ferguson was a man of unusual warmth of nature. He was a true Celt. As a friend he was loyal to the last. He was a very popular teacher. At a time when much useful work might have been expected from him he passed from amongst us, and we say with Whittier:

> Strong to the end, a man of men, from out the strife he passed;
> The grandest hour of all his life was that of earth the last.

FRANK HALL, M.D.

Dr. Frank Hall, of Victoria, B.C., died on 6th October, 1911. He was a man of rare qualities that endeared him to his wide circle of friends and his large clientele of patients. He had been in active practice for more than a quarter of a century, and may be said in the most literal sense to have given his life for others. Vespasian said: "An Emperor should die standing." So it was with Dr. Hall; for he was active to the last. He was, so far as his professional duties were concerned, ever in the firing line, but "Duty determines destiny," said the late McKinley.

CHARLES MORSE, M.D.

Dr. Charles Morse died at Amherst, N.S., on 22nd October, of heart disease. He was a son of the late Hon. James Morse, who was active in political affairs prior to confederation, and was for many years a member of the Legislative Council for Nova Scotia. The late Dr. Morse was an active medical practitioner, and had a large clientele.

CHARLES TROW, M.D., C.M.

Dr. Charles Trow, 43 Wellesley Street, Toronto, died very suddenly at his residence early Sunday morning, 8th October. Death was attributed to neuralgia of the heart. Late Saturday afternoon he returned from the Rosedale Golf Links, where he had played for several hours. On Sunday morning, when he awakened he felt quite ill. Dr. B. E. Hawke was immediately summoned by Mrs. Trow, but life was extinct when the physician arrived.

Dr. Trow, who was about 55 years of age, was a well-known Toronto practitioner. He received his early education in Stratford, Ont., and graduated in medicine at Toronto University in 1885. For about

five years following his graduation he took a number of post-graduate courses in various universities in Europe. On returning to Toronto he commenced to practise and was appointed a professor in the eye and ear department of the Medical College. At his death he was chairman of the section of otology and laryngology of the Academy of Medicine. He was also a member of the staff of the Toronto General Hospital.

He was a member of the Council of the Academy, and took a great interest in anything in connection with it. Two years ago he married the daughter of Mr. J. T. Mathews, of Toronto. In religion he was an Anglican, and a member of All Saints' Church. His father, the late Mr. James Trow, for many years represented South Perth in the House of Commons. Some years ago his father was attacked in a street car in Toronto with neuralgia of the heart and died in a few minutes. The late Dr. Trow was an ardent curler and was a member of the Granite Club.

W. C. LITTLE, M.D.

A cable message was received from Australia a short time ago telling of the death of Dr. W. C. Little, son of Mr. Robert Little, of 21 Division Street, Toronto, and a brother of Miss Susie Little, Secretary of the Dominion Council of the Young Women's Christian Association. Dr. Little was residing in Warracknabeal. He was a Canadian by birth, and a graduate of Queen's University. He took postgraduate work at Edinburgh and London, England.

GEORGE WYLD, M.D.

Dr. Wyld died on 7th September at his home in Sherbrooke, Quebec. He was a graduate of Victoria University of the class 1882. He was one of the Surgeons to the Grand Trunk Railway. He was in his 56th year.

JOHN CHAPMAN DAVIE, M.D.

Dr. Davie was one of the best known practitioners of British Columbia. He was born in England in 1864. He was a graduate of the Medical College of San Francisco. His father was the late Hon. John Chapman Davie, M.R.C.S. At the time of his death he was a member of the British Columbia Medical Council.

SAMUEL MORRIS WEEKS, M.D.

Dr. Weeks died at his home in Brooklyn, N.S., on 26th August. He was in his 82nd year. When he had been fifty years in practice, his fellow practitioners presented him with a silver service.

A. G. H. BEIQUE, M.D.

Dr. Beique, of Magog, died in the latter part of August. He was born at St. Jean Baptist de Rouville in 1864. He graduated from Laval. He was well known and much respected in his locality.

WALTER ARMSTRONG, M.D.

Dr. Armstrong died at his residence in Uxbridge, 20th August. He was born in 1860, and was a graduate of Toronto School of Medicine. He practised for many years at Zephyr, Ontario.

BOOK REVIEWS.

INTERNATIONAL CLINICS.

A Quarterly of Illustrated Clinical Lectures, and especially prepared Original Articles on Treatment, Medicine, Gynæcology, Orthopaedics, Pathology, etc., etc., by leading members of the medical profession. Edited by Henry W. Cattell, M.D., A.M., Philadelphia. Vol. III., twenty-first series, 1911. Philadelphia and London: J. B. Lippincott Company, 1911.

In this volume there are articles on Therapeutics, Medicine, Paediatrics, Neurology, Surgery, Diseases of the Ear, Obstetrics, Ophthalmology and Economics of Medicine. There are also many plates and figures throughout the volume. The articles are all of high quality, as one might expect in this series, the reputation of which forbids the appearance in it of anything but the best. We can in a very cordial manner recommend this volume as maintaining the high standard of the entire series. The eighty and odd volumes of this series make an excellent library, and cover the field of medical science with care and clearness. The profession no doubt fully appreciate the efforts of the publishers.

MEDICAL DICTIONARY.

A Pocket Dictionary giving the Pronunciation and Definition of the principal words used in Medicine and the Collateral Sciences including many valuable tables. By George M. Gould, A.M., M.D., author of the Illustrated Medical Dictionary, etc. Sixth Edition, Revised and Enlarged, 34,000 words. Philadelphia: P. Blakiston's Son & Company, 1012 Walnut Street, 1911. Price, $1.00 net.

To mention the name of Dr. G. M. Gould in connection with a medical dictionary is to practically review it. Dr. Gould has been long and most favorably known as a medical authority on medical terms that his works on this subject are very highly esteemed. This edition, for its size, is replete with words and information. The book is got up in attractive form. The paper is thin and of the best quality. The type is clear and the binding, in limp leather, most attractive. This is a very useful small medical dictionary, and we can commend it to our readers. It will certainly give complete satisfaction.

IMMUNITY AND SERODIAGNOSIS.

Clinical Immunity and Sero-diagnosis, by A. Wolff-Eisver, M.D., Berlin, translated by Ray W. Nealson, M.D., Portland, Oregon, U.S.A., Professor of Histology, North Pacific College of Dentistry and Pharmacy, Pathologist to Muttinomah County Hospital, Physician to Portland Free Tuberculosis Dispensary. Revised and edited, with a special introduction, by the Author. London: Baillière, Tindall and Cox, 8 Henrietta Street. 1911. Price, 7/6.

This is a very intersting book. It presents a subject that has been receiving special attention for a number of years, in a very attractive, lucid and scholarly manner. We are glad to see this book appear so soon in a revised edition, with everything brought up-to-date. Many regard "immunity" as a sort of terra incognita. If they will take the trouble to study this little volume they will find light in the darkness, and much that was obscure made clear. We recommend the book highly.

EDUCATION AND PREVENTIVE MEDICINE.

By Norman Edward Ditman, Ph.D., M.D. New York: The Columbia University Press, 1911. Price, 25 cents.

This pamphlet is ably written and will prove of much value. It should be given a wide circulation. The author shows how important a subject preventive medicine is, and what an important part education has played in bringing about much of the good results. The vast amount yet to be done is not lost sight of. It would be well if every practitioner secured a copy and gave it close study.

MISCELLANEOUS MEDICAL NEWS.

UNIVERSITY OF TORONTO MEDICAL EXAMINATIONS.

The results of the supplemental examinations in the Faculty of Medicine at the University of Toronto are as follows:—

Fourth Year.

Medicine, clinical medicine, surgery, clinical surgery, pathology, practical pathology, obstetrics, gynæcology, clinical gynæcology, hygiene, ophthalmology, otology, laryngology, ophrhynology, clinical psychiatry, paediatrics—Pass—A. C. Armstrong, W. D. Brace,x R. E. Brady, G. W. D. Carleton, J. P. S. Cathcart, H. C. Davis, J. C. Eager, P. J. Emerson, J. J. Finn,x J. A. Keeley, G. W. Kells, A. N. Kitt, W. J. Kirby,x J. J. Middleton, R. W. Munro, G. L. McFarlane, E. L. MacIntyre, M. A. Pollock, F. H. Pratten, J. Richards, E. A. Richardson, G. B. Rose, N. C. Sharpe, R. R. Stirrett, J. D. Struthers, D. Sweeney, P. J. Sweeney, J. H. Travis, R. W. Young.

The following students have completed supplemental examinations in the following subjects:—Medicine—J. G. Lee. Pathology—W. H. Butt, H. Heffering, J. G. Lee, F. B. Ware. Clinical Medicine—I. R. Smith, F. B. Ware. Obstetrics—W. B. MacDermott. Paediatrics—T. F. Kelly. Surgery—C. D. McCulloch, F. B. Ware. Ophthalmology, Otology, Laryngology, Rhynology—H. E. Ferguson, C. D. McCulloch, W. B. MacDermott. Clinical Surgery—G. A. O'Leary, M. Levy.

The following students are required to take supplemental examinations in the following subjects before completing the final year:—Medicine—H. E. Ferguson, W. J. Kirby, L. J. Sebert. Gynæcology—W. D. Brace, J. G. Lee, W. J. Kirby. Clinical Medicine—H. Bell, W. D. Brace, W. H. Butt, H. E. Ferguson, J. J. Finn, H. Heffering, T. F. Kelly, W. J. Kirby, J. G. Lee, M. Levy, C. D. McCulloch, W. B. MacDermott, L. J. Sebert, W. W. Smith. Pathology—H. Bell, L. J. Sebert, I. R. Smith. Surgery—H. E. Ferguson, W. J. Kirby, W. B. MacDermott, G. A. O'Leary, I. R. Smith. Ophthalmology, Otology, Laryngology, Rhynology—A. F. Mavety. Paediatrics—H. Bell, W. J. Kirby. Clinical Surgery—W. D. Brace, C. D. McCulloch.

Third Year, Four Years' Course.

The following students have completed supplemental examinations in the following subjects:—Medicine—H. H. Colwell, W. J. Kirby. Pathology—W. D. Brace, H. H. Colwell, H. Heffering, M. Levy, A. F. Mavety, F. B. Ware, R. W. Young. Surgery—W. J. Kirby. Top.

Anatomy—H. A. W. Brown. Jurisprudence and Toxicology—C. E. Trow. Obstetrics—J. J. Finn.

The following students are required to take supplemental examinations in the following subjects before completing the third year:—Medicine—W. D. Brace. Surgery—C. E. Trow. Therapeutics—C. E. Trow. Materia Medica—J. J. Middleton, I. R. Smith.

THIRD YEAR, FIVE YEARS' COURSE.

Anatomy, physiology, pharmacology, medicine, clinical medicine, surgery, clinical surgery, pathology, practical pathology, pathological chemistry, practical pathological chemistry. Pass—W. C. Allison, J. P. Austin, G. P. Dunning, P. E. Faed, R. O. Frost, G. C. Graham, G. G. Grier, R. Home, J. G. Morgan, A. C. Rowswell, T. M. Savage, W. B. Seaton, E. A. Smith.

The following student has completed Supplemental Examination in the following subject:—Pharmacology—C. H. Edmunds.

The following student is required to take Supplemental Examinations in the following subjects before completing the third year—Anatomy and medicine—C. H. Edmunds.

Second year—Anatomy, Physiology, biochemistry, histology, bacteriology.—Pass—J. R. Boyd, R. J. W. Brooke, H. H. Burnham, W. A. Cardwell, R. E. Coleman, Miss E. M. Cowling, R. Horkins, H. B. Jeffs, J. E. Knox, E. W. D. Lake, H. S. Martin, A. Matheson, A. McLeod, O. S. Ross, E. Z. Stirrett, H. C. Sutton, W. L. Tyrer, W. White.

The following student is required to take Supplemental Examinations in the following subjects before completing the second year:—Physiology and bacteriology—J. A. Duck.

First Year—Biology, mammalian anatomy, histology, embryology, inorganic chemistry, organic chemistry, physics, anatomy:—Pass—S. R. Armour, R. Ball, E. G. Berry, W. A. Cameron, T. A. Carpenter, R. D. Cowan, G. M. Dobbin, N. Furey, L. R. Gamey, F. R. Gillrie, D. H. Guy, M. Helliwell, A. B. Holmes, G. A. Lamont, I. J. Leatherdale, A. G. Ley, G. C. Livingstone, W. M. Martyn, A. B. Moffatt, A. McCallum, W. R. McLaren, W. J. McLean, D. McMullen, E. H. McVicker, R. W. Naylor, W. R. Newman, E. C. Pugh, L. M. H. Rogers, V. H. Storey, F. H. Sutherland, S. A. Walker, G. M. Watt, P. A. Williams.

The following students have completed Supplemental Examinations in the following subjects:—Embryology—A. Steinberg, H. C. Sutton. Organic Chemistry—M. R. Mahlangeni.

The following students are required to take Supplemental Examinations in the following subjects before completing the first year:—Biology—H. Heffering.c Organic Chemistry—A. F. Mavety, C. D. McCulloch, S. W. H. Nelson.

CANADIAN MEDICAL EXCHANGE.

The Canadian Medical Exchange wishes us to suggest to physicians desiring to sell their practices that this time of year is probably the best of any for doing so, as they have a larger number of buyers registered with them than at any other time of the year, asking them to pilot them on to something in the way of a desirable practice to satisfy their wants. A letter to Dr. W. E. Hamill, who conducts this Exchange, Janes Building, corner King and Yonge Streets, will bring full information gratis.

POLLUTION OF THE GREAT LAKES.

Canada and the United States joined forces in a meeting at the Coliseum to fight against the pollution of the great lakes. City health officers and sanitary engineers from both sides of the boundary line were in attendance at the Municipal Congress formed by the International Pure Water Association. The Governor of each State and the Premier of each Province on the lakes will choose a delegate to the association. Only they will have the power to vote.

Dr. C. E. Ford, City Health Commissioner of Cleveland, was made temporary President of the new organization. Dr. Charles J. O. Hastings, Health Officer of Toronto, was elected temporary Vice-President, and Dr. W. A. Evans of Chicago editor.

When the delegates have been appointed by the Governors and Premiers they will elect permanent officers. It is expected that the Lake Michigan Water Commission will be merged in the international association, as the two organizations have the same object, except that the latter is wider in its scope. All who are interested in the fight against typhoid are invited to work with the association whether they have been chosen official delegates with voting power or not.

Canada already has begun an agitation for laws controlling the discharge of sewage into the great lakes. The asociation will make this movement international. Another early activity of the society is expected to be toward a more strict enforcement of Federal regulations as to the dumping of waste matter in the lakes.

THE HOSPITAL AND THE YOUNG PHYSICIAN.

William Edgar Darnell, Atlantic City, N. J., notes that the hospitals and dispensaries interfere with the ability of the young practitioner to

make a living. This is due to the free treatment given to those able to pay. On the other hand, the young practitioner derives certain advantages from connection with a hospital. It makes him more accurate in diagnosis, serves as a finishing school, brings him in contact with the best talent of the profession, trains him in various forms of laboratory work and in physical examinations, and rousing a scientific habit of mind. —*Medical Record,* April 1, 1911.

DANGEROUS MEDICAL PARTNERSHIPS.

The English medical world has been greatly stirred by the result of charges preferred before the General Medical Council by the British Medical Association against Drs. Wallace, Trumball and Wallis, "that they had associated themselves in their professional capacity with 'an institution termed the Sandow Curative Institute, which systematically advertises for the purpose of procuring patients who are to receive, either by correspondence or by attendance at the said institute, treatment for disease under the personal direction of Eugene Sandow, who is not a registered medical practitioner,' and that they had approved of and acquiesced in such advertising; and that in relation thereto they had been guilty of infamous conduct in a professional respect." Lord Robert Cecil was counsel for the defendants and proved that they had nothing to do with the management, the treatment or the profits of the establishment. All they did was to examine patients before their entrance, to see if they were victims of any organic or general affection which might incapacitate them for the physical exercise which is the basis of the Sandow treatment. Dr. Wallis testified that he had been associated with the institution since 1907; but had never done any thing worse than certify whether a particular patient was fit for certain exercise. The counsel found him guilty and ordered his name to be erased from the Medical Register. In the case of the other two defendants judgment was deferred in order to permit them to review their positions.—*Medical Times,* August, 1911.

THOUGHTS OF AN ELDERLY PHYSICIAN.

1. Care for as you would be cared for.
2. A good physician is one who can individualize.
3. Never show anger towards a child.
4. Show to the patient that you perceive the *why* of his ailment, but do not render him as wise as yourself.

5. Go, when the patient requires you, but do not go beyond his desires.

6. Treat a question in detail: a massage may be measured by the proportion of talc expended.

7. A doctor in a vehicle never looks like a fool.

8. Always remember, by the bedside, that you have treated a similar case and that you relieved your patient.

9. Everybody requires a miracle, a sick person most of all.

10. Make people understand frequently that your conception of your profession differs from theirs.

11. Take any payment when offered (adds the French monitor). It is customary in England, and English people are acquit of false sentiment.

12. In regard to your fee, remember that people will weigh your science in proportion to the number of dollars you receive.

13. It is never permissible for a doctor to be in a hurry except in the midst of an operation, or when he finds a patient sleeping.

14. Never explain to a wise patient; you may thereby conflict with his ideas, and his theories of treatment.—*Paris médical,* 22 April, 1911.

PROPRIETARY DRUGS AND MEDICAL PORTRAITS.

The way in which the medical profession is exploited at every turn by unscrupulous quacks and charlatans constitutes a standing reproach to a short-sighted legislature. Again and again have we referred to the outrage committed by quacks who quote in their advertisements the names of eminent medical men who by reason of death are unable to enter a protest against so shameful a pillory. In this way the names of men whose lives have been passed in strenuous endeavour to uphold the highest traditions of a noble profession are debased to the vile purpose of pushing the sale of some false, worthless and swindling nostrum. The precise method of recording this stolen testimony varies: sometimes a book is quoted, sometimes a passage from an article or a speech, or, again, the name simply stands by itself. In several public newspapers last week, we noted that the proprietor of an asthma cure went one better and published a large-sized photograph of the late Sir Morel Mackenzie. Surely, there must be some remedy against so gross an outrage upon our great dead. Of what use can a General Medical Council be if it has not power to protect the medical profession to that extent, or, at any rate, to petition Government to pass a short Act to put a stop to such an abuse in the future? So far as foreign medical men are concerned, English newspapers now and then publish their portraits whilst still alive.—*Medical Press and Circular.*

THE PHYSICIAN'S FEE.

The Medical Record expresses an admirable opinion: Those who discuss this subject frequently miss the essence of it. Under present social conditions the charge made to the wealthy and well to do is the normal and proper fee; the lowered charges, made to those less fortunate, are concessions. The tremendous field of the physician's charity is therefore usually underestimated, for it extends to a great majority of his patients. In olden times, when medicine was nearly all art and but little science the fee was unknown; like other artists the leech received an honorarium, the weight of which depends naturally upon the patient's resources. The popular impression that the physician makes the rich pay for the poor is incorrect; they extend their services to all alike and all are suposed to pay as much as they can afford for services really priceless and impossible to represent adequately in money values. Any attempt made to establish standard fees by law is sure to work injustice to physicians; the standard fee would have to be much higher than the average fee at present and there would have to be some method of enforcing its sure payment. Only with the standard fixed, as now, by the ability of the wealthy is it possible for the poor to receive the benefits of the highest professional skill without losing their self-respect.—*Medical Times,* August, 1911.

COST OF MILK.

The *Rural New Yorker* has been inquiring of the superintendents of the public institutions of New York how much it costs to produce milk whose cows are kept for that purpose. Very briefly stated (in cents by the quart) the following are the replies received:

Hudson River state hospital	2.33
Gowanda state hospital	2.52
St. Lawrence state hospital	3.03
Utica state hospital	3.17
Rome state hospital	2.75
State industrial school	1.55

Ginghamton state hospital, less than two cents.

OBLIGATORY ANTI-TYPHOID INOCULATIONS.

The entire army of the United States, officers and men alike, 76,000 in all, are to be inoculated against typhoid fever—that is, all under 45

years of age. Heretofore it has been voluntary for an army man, whether he would be vaccinated against typhoid; and on that basis 17,000 inoculations have been made. But now all must submit; as did recently, by way of example, Secretary of War Stimson.

ACADEMY OF MEDICINE, TORONTO.

The opening meeting of the session was held in the new home of the academy, No. 13 Queen's Park. Dr. N. A. Powell, the President, occupied the chair. There was a good attendance of fellows.

Mr. Hazen, of New York, who has had so much to do with the filtration plant for Toronto, gave a short address. He said that pure water costs a good deal of money. It was the duty of the city to supply the people with safe drinking water; but an effort should be made to prevent waste. People would go on wasting water. The only way to prevent this was to supply the water through meters. People would then be compelled to pay for what they used or wasted. He said that every dollar expended in this way would save five.

Drs. Bruce, Trow and McCullough said that the sections over which they were chairmen would make a special effort to have the meetings as practical as possible, and encourage the clinical side of the work of the sections.

Dr. N. A. Powell then gave his address. This is published in another portion of this issue. It speaks for itself.

Drs. R. A. Reeve and John Ferguson moved, in happy terms, a cordial vote of thanks for the president's lucid and instructive address. This was very heartily given.

In reply Dr. Powell mentioned that when a lad of 12 years, he saw a case of a man who had been severely injured. It would have been terrible torture to have removed the patient in a common waggon such as was available in the part of the country where the accident occurred. He offered to transport the case in his canoe, and the people could carry the man into the house in the canoe. This was his first experience in ambulance.

Dr. G. W. Ross moved and Dr. J. H. Hamilton seconded a motion to the effect that the council of the academy of medicine he asked to consider the subject of typhoid fever vaccination in lumber camps, and that a deputation be asked to wait on the Provincial Secretary to secure his best consideration for this important preventive measure. Dr. G. W. Ross said that Dr. Leishman's figures showed that among 5,473 vaccinated soldiers there were 21 cases and 2 deaths; whereas, among 6,610 unvaccinated, there were 187 cases and 26 deaths. This gave 3.8 cases

per 1,000 in the vaccinated and 28.3 in the unvaccinated. Major Russel in United States army has vaccinated 8,510 persons. There were few severe reactions, and no cases. There were 200 cases among the unvaccinated. Dr. Wilmot Wright had found the practice of distinct value in the Boer war and in India.

Drs. McPhedran, Reeve and Anderson spoke strongly on the importance of preventive measures in camps. They thought that stringent regulations should be laid down regarding the water supply for such isolated groups of persons.

Dr. J. W. S. McCullough, Secretary of the Provincial Board of Health, gave a brief statement of the work that had been done by the Provincial Government for the protection of mining and lumbering camps. Closets and water supplies must be separated and so arranged that the water supplies could not become infected. The duty of providing proper attendance for those who became ill was also made obligatory on the employers in these places.

The motion was unanimously carried.

The Academy of Medicine, of Toronto, is now comfortably and permanently located at No. 13 Queen's Park. This building is larger than the former one, and has a large south outlook on Grosvenor Street. The building was thoroughly renovated last spring, and is now in excellent condition for the work of the academy and its sections.

The academy requires two things: A large membership and money. The membership keeps up the spirit and interest of the meetings. There are at present about 300 members, but this number might easily be doubled from Toronto and its suburbs. There should be many join from the province at large. The academy would certainly benefit something by each new member, but the member would gain more.

The other need is money. The academy requires additional accommodation for holding meetings. An assembly room is the first demand upon the attention of all. It is felt by all the fellows that with a united effort this will be secured in the near future.

The academy has already acquired a splendid collection of books, plates, charts, paintings, models, etc. Some of these are rare and very valuable. To this collection there are being made daily additions. Many could assist that have not yet done so.

Old man Prospers said: "My library is dukedone large enough." Yes, a large library is truly a large dukedom.

LORD MAYOR OF LONDON.

For the first time in its history, the City of London, England, will have a doctor of medicine as lord mayor. Sir Thomas Boor Crosby,

now an octogenarian, and on that account also a record maker, has had a long and distinguished professional career and his election has been worthily earned by his service in the city council. The manner of his election still preserves these relics of an earlier time which appeals to the British mind and adds so much of picturesque quality to public functions. Candidates for the high office of lord mayor must be aldermen of the city who have served as sheriffs and they submit themselves for election on Michaelmas Day. The lord mayor, sheriffs, aldermen, city officials and liverymen meet on that day in the Guild Hall where each receives a nosegay. Proceeding to the Church of St. Lawrence Jewry, a sermon is preached by the lord mayor's chaplain and the party then return to the Guild Hall.

At the command of the common crier all uncover and those who are not liverymen retire. Proclamation of the purpose of the meeting is then made and the recorder thereupon announces that in order that the electors' choice may be unfettered, the lord mayor and aldermen should retire from the hall. The names of the candidates are then submitted by the common sergeant to the livery who select two which are then conveyed to the court of aldermen by whom the final selection is made—the vote being secretly taken. On the return of the court of aldermen to the great hall the successful candidate is announced by the recorder. The town clerk then calls on the lord mayor elect "to come forth and declare his assent to take office." In doing so he takes occasion to assure the liverymen of his intention to uphold during his year of office the dignity of his high position.

The livery companies of London are the successors of the old trade guilds, which in ancient days regulated and to some extent controlled the trades carried on within the city. At first voluntary association charters were granted them by Edward III., and their ordinances formally recognized. Each company adopted a distinctive costume of "livery" and from this they derived their present name though they were not so called in the original charters. After the beginning of the 16th century they gradually ceased to act as trade organizations and have since been mainly occupied in administering their large wealth for benevolent and other purposes. A few, however, still devote part of their revenues to the advancement of the special industries with which they were first concerned. They possess 38 halls in London and the capital value of their property was in 1880 put at the figure of $75,000,000 of which their plate, including some of the finest specimens of antique silver in the country, was valued at $1,600,000.—*Toronto World.*

THE CANADIAN PUBLIC HEALTH ASSOCIATION.

This association will meet in Montreal on 21st November at 10 a.m. The gathering will last for three days. An excellent programme has

been arranged. Dr. F. C. Douglas, 51 Park Avenue, Montreal, is secretary of the local committee. The papers that are promised cover the whole range of public health topics very fully.

ALBERTA MEDICAL ASSOCIATION.

The officers for the coming year are as follows: President, Dr. G. A. Kennedy; 1st Vice-President, Dr. C. E. Smythe; 2nd Vice-President, Dr. Stevenson; 4th Vice-President, Dr. Archer; Secretary-Treasurer, Dr. McNally, of Lethbridge. The next place of meeting will be Calgary. The meeting will likely be of a business character only on account of the meeting of the Canadian Medical Association meeting in Edmonton next year.

MEDICAL PREPARATIONS, ETC.

THE LATE DR. FRANK P. FOSTER, OF NEW YORK CITY.

In his "Reference Book of Practical Therapeutics" compiled by our old friend, the late Frank P. Foster, A.M., M.D., we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgesic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart. As an antipyretic they act rather more slowly than antipyrine, but efficiently."

We are pleased at this expression of faith in the efficacy, promptness and absence of untoward after-effects of this most excellent remedy, and we feel that the statement applies not only to Antikamnia Tablets, but also to Antikamnia and Codeine Tablets.

WHAT IS BEST IN TONICS?

Many people, and perhaps a few physicians, are inclined to consider the terms "tonic" and "stimulant" as more or less synonymous and interchangeable. This, of course, is not the case, although some agents employed medicinally may partake of the properties of both and be properly known as "tono-stimulants." Strychnia, for instance, is a heart stimulant but may also be considered as a general nerve and systemic tonic when given in small and frequently repeated doses. While a stimulant alone is sometimes indicated in conditions of emergency, its long

continuance almost certainly produces an after depression. It is sometimes advisable, however, to give stimulant and tonic together in conditions of serious general depression, the first to "boost" the vitality and the second to hold it at the point to which it has been raised and to restore the general tone of the organism. An ideal combination of this nature is Pepto-Mangan (Gude) to which has been added the proper dose of strychnia, according to indications. This combination is especially serviceable in the convalescence of exhausting diseases such as Typhoid Fever, Pneumonia, La Grippe, etc. It is also of much value when the heart needs support and the general system requires upbuilding. Pepto-Mangan restores vitality to the blood by increasing the number of red cells and the percentage of hemoglobin, and the strychnia assists in rendering the combination a peculiarly efficient general bracer and permanent reconstituent.

DUST CARRIES IT.

Infantile Paralysis Transmission Investigated by Physicians.

Under the above headlines the *New York Sun* publishes an interesting account of a paper read by Dr. Marcus Neustaedter before the neurological division of the Academy of Medicine, in which he explains a series of experiments conducted in conjunction with Dr. William Thro, of the Cornell Medical College, for the purpose of determining the manner of the spread of infantile paralysis.

As a basis for his experiments, which were made on six monkeys, Dr. Neustaedter adopted the hypothesis that infantile paralysis, like so many other dangerous affections, is a dust disease, contracted by children coming in contact with or breathing in the dust of any room infected with paralytic germs. During March, Dr. Neustaedter and Dr. Thro collected the sweepings from rooms in which there were nineteen different cases of infantile paralysis of from three to six months standing. These collections of dust were taken from the walls, floors and wooden trimmings of the different rooms, and were then dried, sifted, macerated and dissolved in a normal salt solution. The resulting solution was injected into the brains of six monkeys reserved for the experiment.

Five of the monkeys showed prominent symptoms of paresis, in some cases paralysis being complete. Stereopticon slides showing sections from the animals and their photographs during various stages of the disease were thrown on the screen. The physicians present agreed that the monkeys were undoubtedly paralytic and that an important chapter had been added to the medical knowledge of the disease.

In the light of recent scientific research the dangers of dust as an ever-ready vehicle for the spreading of disease germs are attracting more and more attention among medical men everywhere. In this connection the value of Standard Floor Dressing as a dust preventive is receiving wide recognition. Standard Floor Dressing is a mineral preparation notably effective in catching all dust the instant it settles on the floor and holding it there until it is swept away. It prevents the dust from rising again and circulating in the air, thus keeping furniture and fixtures clean and fresh in addition to its high hygienic value. Full particulars as to the use, etc., of Standard Floor Dressing can be obtained on application to any agency of the Imperial Oil Company, Limited, or the Queen City Oil Company, Limited.

BOVRIL.

This is an excellent preparation. It has long ago found its way into the wards of the best hospitals, and is much prized by the staffs and relished by the patients. It is agreeable to take and both stimulating and nourishing. It is well known that Bovril is prepared from the best of beef, and by experts, every precaution being taken in the way of thorough cleanliness, so that the finished product shall be pleasant to the taste, safe to the consumer, and highly nourishing.

THE CHOICE OF AN ANTITOXIN.

No therapeutic agent which the physician uses to-day needs to be selected with greater care than the serums. These products must not only be individually specific, produced from specific germs or their toxins, but they must be pure—elaborated in the blood of perfectly healthy animals. The preparation of prophylactic and curative serums should never be intrusted to the inexperienced or to those who are hampered by lack of facilities. In choosing an antitoxin the practitioner should consider only serums of known reliabilty—products into which no element of conjecture enters. His own interests and those of his patient demand this.

With reference to diphtheria antitoxin it is noted that Parke, Davis & Co., in their current announcements to the medical profession, feature both the "serum," which they have produced unchanged for many years, and the newer "globulins," the two products being presented apparently upon even terms, without favor or prejudice to either. In

explanation of this the manufacturers point to a division of sentiment on the part of practitioners, some of whom indicate a preference for the older serum, while others favor the globulins. In point of efficiency the two products stand upon an equal footing, each being of definite antitoxic strength. Having no desire to influence the judgment of physicians, and in line with their well-established policy to meet the wants of the profession, Parke, Davis & Co., announce that they will continue to furnish both.

RECIPE FOR TIRED DOCTORS.

A physician who cannot rest or get time to eat regularly because of stress of work in epidemic seasons, pays the human penalty of getting sick. Then he hears the familiar Bromide, "Physician, heal thyself."

No drugs will do for the man who knows their worth; he wants a food-medicine.

Are you weary by your well-doing for your patients? Take a brace; take a concentrated, assimilable preparation that will work while you work. Take Scott's Emulsion. You know all about it and the Emulsion has been known to the profession for nearly forty years.

LAXATIVE IN DIABETES.

℞ Castor oil, ...
Olive oil, ... } .....āā 320.0 grammes;
Glycerin, ...
Flavoring oil (gaultheria or cassia) ....36.0 grammes;
Gum arabic, ...1.0 gramme.

The patient must have at least one daily bowel movement and should avoid the ordinary purgatives, such as aloes, cascara, calomel, etc.
