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THE

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THE PRESIDENT'S ADDRESS.

Delivered before the ONTARIO MEDICAL ASSOCIATION at the Annual Meeting, held at Toronto June 2nd and 3rd, 1898.

BY WM. BRITTON, M.D. TOR.

TORONTO.

GENTLEMEN :—When, at our annual gathering last year, I was made the recipient of the highest gift at the disposal of the Ontario Medical Association, my uppermost feelings were those of surprise, thankfulness and timidity. Many there were who, by right of seniority and veteran labors, had stronger claims on your consideration, any one of whom would have presided over this noble assemblage with all the dignity and ability that the occasion demands ; therefore I the more keenly appreciate the expression of your kindly

feeling and generosity. The undertaking, on my part, was fraught with much that would naturally disturb one's ordinary peace of mind; the infancy, childhood and puberty of this association (this is but its 18th birthday) have been intimately linked with a brilliant list of eminent men who, as chief officers, have so largely contributed to its growth and effectiveness—men who have created ideals the most impressive in character, and in whose onward footprints it is not easy to tread without faltering. With a consciousness of the responsibility resting upon me and a somewhat imperfect estimate of my shortcomings, around the standard I have gathered various committees possessing all the qualifications necessary to constitute this, our annual meeting, a step forward in the march of Canadian medical science; and I would take this opportunity of expressing my thanks publicly for the preparatory work which they have so gladly, assiduously and disinterestedly performed. It has been for them no sinecure; abundant evidence of this will be found in the comprehensive programme now laid before you, the carrying out of which, I trust, will prove, in the highest sense, both entertaining and instructive.

On behalf of the association I extend to our guests from afar the right hand of cordiality and goodfellowship; and, having again and again witnessed the proverbial hospitality of that branch of the profession resident in Toronto, I have full confidence that those members who have come from the many outlying districts of the province will feel perfectly at home; indeed it will not be optional with them but rather a matter of sheer compulsion, if I know aright the instincts that prompt the gentlemen who constitute the committee of entertainment.

In order that such a meeting as this should fulfil its purpose it is imperative that each contribute his share in elucidating the various topics that may be presented. Even at the risk of verging on the sacrilegious, I would say:

> "Let not fitness make you linger
> Nor of fitness fondly dream."

Modesty should be the handmaid of true ability, not its tyrant; prominence of location is not always a reliable criterion of intense personality or mental cultivation; the city doctor, to be sure, derives benefit from frequent converse with his fellows; but his solitary brother from the cross-roads has at least one advantage over him, in that his environment, perforce, evokes the cultivation of self-reliance and the faculty of keen observation. I hope that none will hesitate; we are here for the rapid interchange of ideas that will stimulate afresh our enthusiasm and perseverance.

I scarcely think it needful to exhort the home members on this line, a very large majority of whom belong to the local societies; and, as a natural consequence, a rara avis among them would he be who required snipping of the lingual frænum. Let discussion be prompt and spirited, even approaching the line of disputation, if you will; we are assembled to elicit truth and relinquish error; and, although good-natured blows may mar the symmetry of some airy castle, its builder will not take umbrage; for, locked in the embrace of a common brotherhood, our ultimate object is not self-aggrandisement but the attainment of knowledge for the alleviation of suffering and the good of mankind.

This brings me to the subject to which, for a few minutes, I wish to direct your attention, viz., the present relationship of the profession to the public at large; and, as a pre-eminent factor thereof, the standing of the profession itself, viewed, as much as in me lies, from an impartial standpoint.

Not self-constituted as such, but in the very nature of things, he who enters upon a medical career is compelled by the peculiarities of his calling to recognize himself as a guardian of the common weal, prompted by instincts the loftiest and motives superior to mere selfishness or ardent longings for the accumulation of wealth. The people claim, and rightly so, the devotion of his unflagging energy to the physical welfare of those to whose necessities he is called upon to minister. Not this alone, but his avocation stands upon a still higher plane than the relationship to the individual; the world at large is the scientific physician's parish, and its defects the supreme object of his best thought; never satisfied with what has already been accomplished by others, his leisure moments are occupied in striving to solve the problem of nature; often unsuccessful, but never without that reward which invariably follows the pursuit of the true and abiding. A Jenner, a Simpson, a Koch or a Lister once in a while towers aloft as some snow-capped Alp in the light of the rising sun invested with all the majesty of a noble creation. These intellectual giants few can ever hope to emulate; but, from the history of their life work, the lowliest and most obscure may draw such inspiration as glorifies labor with high ideals and fills the heart with burning desire for the good of others. Community of interest so intimately links the profession and the laity that it seems not unbefitting for me to dwell for a little on some features of human life--family, social and educational--as we see them in this Province of Ontario; and, in so doing, if I should indulge in a little criticism, do not for a moment imagine that I am posing

as the stalwart exponent of some great reformation. Much that I shall say has already been better said and written, my object being repetition for the sake of added testimony and emphasis.

During the past two or three generations there has been in progress, amongst our people, a certain kind of questionable evolution—intellectual development somewhat out of proportion to physical force and endurance. Our grandparents were a hardy stock, well furnished physically for coping with life's difficulties. In those early days of migration from the old lands Canada was to them a far-off, unknown country, clad in its primeval forests; and, to reach its shores, they had to undertake an ocean voyage in sailing vessels often badly equipped for the stormy journey. The weak and puny dared not venture; consequently, by natural selection, Ontario was peopled with a sturdy race of pioneers blessed with great physiques, living in a primitive, natural fashion, and free from the burden of too much scholastic training. *Pari passu* with the financial advancement of the country, a gradual change has been going on in these respects; let us inquire if it is for the better.

Herbert Spencer never said a truer word than when he affirmed that "first attention should be devoted to the development of the body, and that profound erudition should be looked upon, in some senses, as of secondary importance." True education can be nothing more nor less than that which prepares mentally and physically for the oncoming struggle. It is fortunate for the race that young men naturally choose for their helpmates rollicking, buxom damsels in preference to the sunken-eyed, sallow-faced slaves of knowledge. I do not for a moment seek to enter a protest against the higher education of woman; mental culture is, for her, a diadem of beauty; but too often a possession acquired at tremendous cost. None but the strongest should, in my opinion, enter on a career of study so exhaustive and exacting as the curricula of our universities set down. A head full of knowledge and a worn-out nervous system are but poor qualifications for the coming mothers of Canada's sons. We as a people are proud of our Ontario school system; that it is largely taken as a model by the Provinces of Quebec, Manitoba and British Columbia and the Northwest Territories, and has been highly commended by the foremost educationists of the United States, among them the Commissioner of Education at Washington, is a tribute to the wisdom and foresight of those who have placed able administrators at the head of this department of public affairs; but, like all things of human origin, we must not look for perfection in its details. From the physician's standpoint I humbly submit

that it is handicapped with a defect of such magnitude as to alarm him who weighs well the possibilities of the future. The standards of to-day reach so far above those of a couple of generations back that evolution along the line appears to have advanced at a galloping rate. Is it not time to tighten the reins? Are not children sent to school at far too early an age to stand the fatigue of book-work? The first seven or eight years of life should be free from care and worry and devoted exclusively to such pleasurable pursuits as shall conduce, in the highest degree, to the development of bone and muscle; for, during this period, the nervous system will have plenty to do in automatic preparation of itself for the subsequent performance of its special duties. Parents and teachers leap for joy when a five-year-old manifests his precociousness; and the nervous little monster is held up by his attenuated arms in the sight of his phlegmatic or sanguine classmates as a paragon of perfection angelic to behold, when he should be making mud pies and wearing out his pantaloons in the physical activities of childhood.

Unless the vision be tested too much with small objects, no one can take exception to the work of the kindergarten; for its essence is agreeable discipline, the training of the faculty of observation and the directing of memory in preparatory channels without forcing its exercise; in a word it is child's play made systematic.

In the ordinary schools, homework, as a rule, is made a burden too heavy to be borne with safety—when the pupil has finished the task there remains insufficient time for rest and recreation, and it is no unusual thing to find the problems of the evening in advance of what already has been thoroughly taught. It would appear at times as though the schoolroom were transformed into a hall of inquisition for the purpose of discovering how much the pupil has failed in his home study, instead of being the place for intelligent education in harmony with the order of development of the mental faculties.

It is to be hoped that, ere long, in the advanced classes of the collegiate institutes as well as in our universities, competitive examinations will cease to be so stiff that victorious combatants emerge from the conflict proud of their conquests; but, as likely as not, to fall into the hands of the doctor for repairs—sometimes too late—for often the foundation has already been laid for a neurasthenic superstructure. I am not speaking theoretically; but am setting forth those things with which, professionally, I have had to deal.

Let us propound to ourselves the question—why is insanity, especially that of adolescence, together with kindred forms of nervous disorders, on the increase? And, having, solved it to our satisfaction, let us give the community the benefit of the investigation. The emulation and everlasting strife for a place in the front ranks of society, financially and socially, constitute doubtless a potent factor; but let us not forget that this restless activity is often born of the habits engendered long prior to manhood.

Functional excess is always at the expense of defective reparative power. An extraordinary organ is the brain—a tired muscle refuses to work, an over-wrought mind declines to take repose—the ploughman, after having "homeward plodded his weary way," sinks into sweetest slumber, while the over-taxed student is, too often, the victim of insomnia with all its hideous reveries.

Someone has well said that the bulwarks of a nation consist not in strong fortresses erected on its boundaries, nor does its stability depend upon mighty navies that traverse every sea; but its security lies in the keeping of intelligent men and women who have sound and rugged bodies ever ready to repel the inroads of disease.

It is a matter for congratulatory reference that Governmental assistance, municipal aid and private contributions, prompted by appeals from the profession and under its guidance, have dotted the land with hospitals for the reception of the poor and needy, as well as for the convenience of the opulent, and that these institutions are accomplishing a great work in the interests of all classes; but it is to be deplored that, under the guise of poverty, daily abuse is made of the privileges that philanthropic motives have provided for the deserving poor.

Here the attending physicians discharge responsible and onerous duties without hope or expectation of reward, other than that which might be expressed in Portia's words paraphrased—"Charity is twice blessed: it blesses him who gives and him who receives"; but gratuitous services to those who are quite able to remunerate are not a blessing but a pauperizing curse to the recipients.

It is stated by no less an authority than the *Medical Record* that the number of persons who received free medical and surgical relief at the hospitals and dispensaries of New York during the past year amounted to 49.7 per cent. of the entire population, and that fully 70 per cent. of this number were quite able to pay a medical practitioner at least a moderate sum for his services; and no member of a hospital staff in Ontario will deny the fact that the evil exists here.

How this difficulty is to be met it is hard to determine; but some effectual check should be placed on a custom so fraudulent in character. As a rule, before admittance is granted to a free ward, a certificate is required from a clergyman or other reliable citizen to the effect that the case is one deserving charitable consideration; and, it seems to me that, were such a law extended so as to include those seeking out-door advice or attendance, the evil would be much mitigated. It is, of course, understood that exceptions would be made in cases of emergency and amongst those who are utter strangers in the municipality. I would suggest that a representative committee be appointed whose duty would be to make full inquiry as to the best method of miminizing these impositions and with instructions to report to this association at its next annual meeting.

My immediate predecessor denounced in forceful language the universal existence of lodge attendance; I can only emphasize the remarks that fell from his lips. To contract work, on the ground of principle, none could fairly take serious exception, provided always that the contract price is fully commensurate with the value of the work done; but to bring about such a condition of things will be accomplished only when the dignity of the profession rises superior to that which is accounted merely expedient; for, so long as medical men are willing to accept the beggarly pittance of one hundred and fifty dollars a year or less for looking after the health of a hundred members of some lodge or other, with the hope of securing thereby professional entree into their family circles, just so long will this financial snap prove to be one of the strongest drawing cards in the hands of fraternal societies.

I do not feel free to denounce the individual transgressor to the lowest depths—the custom is everywhere; and often, contrary to his nature, for self-protection he is forced into this objectionable line of work. Still, after all, it is at best the same old lame excuse: "If I don't do it, others will." With all my heart and soul I stigmatize the system as a rotten plank in the platform of gentlemanly dignity and independence.

We have, in this country of ours, an array of medical men and a galaxy of schools of medicine and surgery that would be a credit to any land under the sun. For all that, one is forced to lament the fact that, in a certain sense, their light may be hidden under a bushel. I refer particularly to the non-production of home-made medical literature. Thirty or forty years ago our special knowledge was derived from the writings of men in the mother land;

since that time our cousins across the line have been forging ahead so rapidly that, to-day, in any medical library are to be found almost as many volumes of their production as those that come across the Atlantic; and, amongst the best of these, are those whose authors were formerly Canadian citizens, but who, in search after larger spheres of activity, have gone over to the Republic.

We have a few noted exceptions—workers who have had the courage to venture out on this field of labor—and their writings have met with much favor and appreciation. There are many others who have been richly endowed by nature, and possess the knowledge requisite for the purpose, but a single obstacle in the way—lack of self-confidence—has hitherto deterred them. Personally, I hope to see the day when our students will have in their hands first-class books, emanating from those of the profession in Canada who have the genius of imparting their thoughts in a form alike striking and attractive.

Should this company formally express its convictions as a stimulus I cannot believe that I am allured by an ignis fatuus when I predict that ere we meet again in happy conclave we shall see further evidence that the hardy sons of the North are determined that our country shall stand side by side with those that have given to the world medical works worthy of closest perusal, accepted as standards and a credit to the authors.

A few years ago, for reasons best known to themselves, the members of the Ontario Cabinet indirectly assumed the responsibility of annulling that clause of the Medical Act which made provision for the framing of a tariff in each electoral district; such scale of charges to be authoritative after endorsation by the Council of the College of Physicians and Surgeons.

I was given to understand at the time that Sir Oliver Mowat expressed the opinion that the system was objectionable owing to the lack of uniformity amongst these various tariffs, emanating, as they did, from as many council constituencies. In my humble opinion, on close investigation, this could not be held as a valid reason. The urban and pioneer settlements of the province are vastly different so far as the financial resources of the people are concerned; a uniform tariff would either press too heavily on some or be inadequate for the circumstances of others, and, therefore, could not be as fair as those which were in existence.

We all know that during that session of the House there was not a little influence exerted by a certain clique or section of the Legislature, which promulgated the doctrines of extreme radicalism, and

was largely founded on the principles of iconoclasm. A prominent feature of its policy was obnoxious opposition to all kinds of class legislation, and the doctor was labeled a parasite in the community. Zeal, not born of knowledge, used all available means to secure destruction of the tariff. How much their efforts conduced to the ultimate result I do not know, but speedily the tariff became a thing of the past, and, as a consequence, the judges of the land are left without any recognized guide in estimating the value of services rendered, for which compensation might be sought in the courts.

A petition to the Government, asking for redress of this grievance and directing attention to other matters of moment was circulated last year amongst the profession by order of the Medical Council. It obtained nearly two thousand signatures and was presented in due form, but the understanding given to the Committee of Legislation was that the complexion of the house was such as to render, for the present, any amendment to the Medical Act inexpedient.

I have always been, and am to-day, a consistent supporter of our administration; therefore, it will, I trust, be conceded that I speak from an unprejudiced standpoint; but I must say that we, as a profession, cannot afford to be deprived of that which was our honestly acquired possession, a privilege the abuse of which has rarely been assailed and never proven. Let this association not forget that it wields a tremendous influence politically. I appeal to its members, as well as to those of the profession who have not yet entered its ranks, to account it their individual and combined duty to lay before their representatives in Parliament the exact facts of the case in order to have a speedy restoration of their rights.

One word more on the much-discussed question of inter-provincial registration and I am done; and, in so doing, if I introduce aphorisms afflicted with talipes, give credit at least for the effort, because Mark Twain says: "It is easier to be good than to make a maxim."

(1) Our existing system is egregious, and the natural outcome of that part of the Act of Confederation which placed the control of education in the hands of the provinces.

(2) Vast fields in the great Northwest are being rapidly developed, and require medical federation.

(3) In the older provinces it would relieve plethora.

(4) Recent licentiates, most of all, would appreciate its broadness.

(5) On careful examination I find our standard the highest, both

as to preliminary training and the prescribed course of scientific study.

(6) To await theirs to equal ours would postpone indefinitely.

(7) Reasonable concessions are neither undignified nor disastrous.

(8) Our co-workers could strive to meet us part way.

(9) Mutual sentiments, then matrimony.

(10) Unswerving loyalty to the genius of our calling and abiding confidence in Canada's future must, before long, remove every barrier, fancied or real, that stands in the way of its happy consummation.

(11) A great empire, its greatest colony, one language, and a united profession.

In conclusion let me again express my thanks and wish you all abundant prosperity, during the coming years, in your various centres of usefulness.

ASYLUM VERSUS HOSPITAL.*

By Dr. James Russell,

Medical Superintendent of the Asylum for the Insane, at Hamilton, Ontario, Canada.

As we ring out the closing years of the 19th century, laden with accumulated treasures of knowledge and experience, in every department of human activity, we naturally become retrospective of the past and prophetic of the future.

This vast inheritance bequeathed entails upon us the tremendous responsibility of passing it on to posterity, not only unimpaired in value, but magnified and enriched by our own contributions as faithful stewards of our own day and generation.

As the vanishing shadows of the old century lengthen into oblivion, already we see in the distance the glimmering dawn of a new century, heavily freighted with stupendous opportunities and possibilities for the future. The century now drawing to a close has given such a gigantic impetus to every branch of scientific, commercial and industrial thought, that we stand appalled and confounded at the very richness and magnificence of our heritage. Two great forces have been in operation, the one destructive of the old, and the other constructive of the new. Step by step, in rapid succession, old theories, customs and superstitions, the offspring of ages of ignorance and credulity, lie prostrate in the grave in the presence of the electric blaze of scientific enquiry and demonstrated truth. No branch of human research has been crowned with richer results, or rewarded with greater advance, than in the departments of medical, surgical and mental science.

The purpose of this paper is to take a rapid review, historically, of the evolution of the asylum and its sister charity, the hospital, to point out the uses and abuses of each in the past, the distinctive function of each at the present, the lessons to be drawn from past experience, and the lines upon which we shall proceed in the future.

The early history of the asylum is meagre and involved in much obscurity. We have sufficient knowledge of its history, however, to

* Read before the American Medico-Psychological Association at St. Louis, May 10th, 1898.

show that its early function was entirely different from its present use. The etymology of the word, coming from both Latin and Greek sources, signifies that it was a sanctuary or place of shelter, an institution of the church, where criminals and debtors sought refuge from justice, and from which they could not be taken without sacrilege. The ancient Grecian temples had this right, and the custom, following Jewish analogy, passed into the Christian Church. From the time of Constantine downwards, certain churches in many Catholic countries were set apart as asylums for the protection of fugitives from the hands of justice. In England, down to the Reformation, any person taking refuge in such a sanctuary was secured against punishment (except when charged with treason or sacrilege) if within the space of forty-eight days he gave signs of repentance and subjected himself to banishment. By the Act 21, James I., cap. 28, the privilege of sanctuary for crime was finally abolished. Various sanctuaries for debtors, however, continued to exist in and about London till 1697, when they too were abolished. In Scotland, the abbey of Holyrood House and its precincts still retain the privilege of giving asylum to debtors, and one who retires thither is protected for twenty-four hours, but to enjoy protection longer the person must sign his name in the books kept by the bailie of the abbey; since the abolition of imprisonment for debt this sanctuary is no longer used.

The right of asylum is still used as a term in international law, whereby persons committing certain crimes in one country may take refuge in another.

During all this time, while the Church and the State provided the right of asylum for criminals and debtors, no special provision was made for the care and treatment of the insane. They were confined in gaols, penitentiaries, hospitals and workhouses, and generally in filthy and wretched apartments. The only idea of treatment was that of forcible restraint, tied with chains to the wall and caged behind iron bars, with only a litter of straw to sleep on, like wild beasts; they were lashed with the whip into submission, and confined in cold and damp apartments; they soon pined away and died, and over the lintel of each door might be written the words: "Abandon hope all ye who enter here."

It was not until the middle of the last century that the first institution was erected at St. Luke's in London, whose avowed purpose was the cure of insanity. This was followed by the erection of the York Retreat by Tuke in 1792, who was the pioneer in introducing the treatment by non-restraint. Contemporaneous with Tuke,

Penel, in Paris, was braving public opinion in removing the chains and fetters from the insane at the Bicetre in 1791, and at the Salt-petriere in 1794. In America, Rush and others had imbibed the spirit of reform, and the good work went on, so that we might say the dawn of the present century witnessed the first attempt to treat the insane on rational and humane principles.

The early history of the hospital is quite as meagre and obscure as that of the asylum. The word hospital comes to us from the Latin words *hospes* and *hospitalis*, of or relating to a host or guest. From the mediæval Latin we get *hospitale*, a large house or palace, an inn. The same word, contracted, appears in old English as hostel, and in modern English as hostelry and hotel. In ancient Greece the sanctuaries of Æsculapius included establishments akin to mediæval and modern hospitals. A Roman lady named Fabriola, in the fourth century founded at Rome, as an act of penance, the first public hospital, and the charity planted by that woman overspread the earth.

At the beginning of the present century both asylum and hospital stood on about the same plane in regard to public favor, and both were utterly shunned and detested except in cases of great emergency, and then only by the indigent and friendless. The asylum was a madhouse indeed; the inmates were treated like wild animals, and were simply held in custody as a protection to the public. The hospital was also a synonym for the most barbarous treatment, and the public regarded it not as a place for curing disease but a place for experimentation by the doctors, and admission to one was regarded as a prelude to sure and certain death. The laws of sanitation, anæsthesia and antisepsis were still unknown, and the nursing was of the rudest and crudest character. The process of evolution from this condition to the present is simply marvellous, and is entirely due to the splendid achievements of medical and surgical science. The popular prejudice against hospitals, except in isolated cases, has entirely broken down, and people of all ranks and classes when afflicted with bodily disease now feel that the hospital furnishes not only the best medical and surgical skill, but the best nursing and equipment for the amelioration of their condition and hope of recovery.

I now purpose to draw a parallel between the asylum and hospital of to-day to see how we compare in scientific attainment and in popular estimation. I fear there still lingers a prejudice against the asylum which we have not quite overcome, but which the hospital is now almost entirely free from. When we consider the tre-

mendous legacy of prejudice which we have to contend against this is not to be wondered at. It is still a mark of social disgrace to have been in an asylum, and even when recovery takes place the person has to suffer from popular prejudice, which severely handicaps him or her in the race of life. The friends, recognizing the force of this, resort to all sorts of secret devices to hide the unfortunates away in some distant asylum if they can afford it, and all sorts of trumped-up stories are invented to account for their absence. Novelists still cater to the public craving for sensationalism by rehearsing demoniacal scenes of a bygone age in asylums. The public journals still teem with sensational reports of alleged cruelties, which are either untrue or greatly exaggerated.

The work in an asylum is so essentially different from the hospital that we are necessarily more subject to public criticism. The conditions attending the healing of the mind are wholly different from the healing of the body. In the asylum we have to deal with irresponsible beings in all stages of mental alienation. The very discipline which we enforce, no matter how salutary and curative in results, is often mistaken for cruelty, and with that shrewdness and cunning peculiar to the insane, they are not slow to tell horrible tales of neglect and cruelty, which credulous and over-indulgent friends are too apt to believe. Happily this condition of things is rapidly passing away, and the heavy demands made by the public for asylum accommodation is the best evidence of its growing popularity. The asylum of to-day is not only an expression of the accumulated wisdom of the past, but an exemplification of the highest scientific attainment in mental science at the present. It also typifies in a remarkable degree the rapid evolution of thought, which spans a century of time, and stands a monument of the wisdom, generosity and beneficence of our advanced Christian civilization.

In recent years a movement has arisen in a section of America to eliminate the word asylum from the vocabulary of our specialty and substitute for it the word hospital. We are told that the word asylum may have properly symbolized the function of those institutions in the past, when ignorance, superstition and cruelty held sway, but under modern scientific methods the word asylum is a misnomer, and should be discarded.

It is held that an opprobrium attaches to the word as typifying the inhuman and unscientific treatment of an ignorant and barbarous age. It is said the old treatment by mechanical restraint, whereby refractory lunatics were chained, strapped, jacketed and muffed by

day, and confined in cribbed beds by night, has been consigned to the limbo of the past, and that the modern hospital idea is now the dominant principle of treatment.

I yield to no one in my desire to adopt the most advanced methods in the treatment of the insane, but I hesitate at confessing inferiority and of becoming an apostate as a means to the accomplishment of the end. Is it necessary to renounce our ancestral name, even with all its original and actual sin, but now, hallowed and enriched by the light of modern science, and accept baptismal regeneration and adoption into an alien family, of whose rich domain we are not the lawful inheritors?

If the torchlight of science has burned with greater brilliancy within the hospital than within the asylum, whose fault is it? Is it not a confession of weakness to commit an act of grand larceny by assuming a name which we have not earned, and thus take a short cut to popular favor? There is nothing to be gained by masquerading in borrowed plumage, unless we can prove that we belong to the same species and have the same family instincts and habits, and are designed to do exactly the same kind of work. I take no stock in that scientific sentimentalism which seeks to popularize itself with a name—words are but symbols of ideas, and unless a name has behind it the merit of good works to commend it to popular favor it will be but a tinkling cymbal and term of reproach.

Why should we proclaim the hospital to be the apotheosis of all the scientific virtues, and brand the asylum with the trade mark of inferiority? Why should we pay such court and deference to a sister institution, and confess our weakness and inability to compete with it in the race for popular favor? Why should we humble ourselves in the dust and admit that we have not sufficient individuality and inherent strength of purpose to rise above the popular prejudices which surround a name? Is it not rather our duty to proclaim to the world (as we are doing) by our deeds that the cruelties and barbarities of a less enlightened age are long ago abolished, and that, purged and purified, we stand forth as the embodiment of the richest and noblest experience of Christian teaching and modern scientific thought? As specialists in mental science, our work is clear, we have accomplished great things in the past, but there is still work for us to do. Let us address ourselves to it in a spirit of self-confidence, that we shall not relax our efforts, but press on from one vantage ground to another, until the beauty and excellence of our work shall have so permeated the masses that old prejudices shall melt away under the noonday sun of enlightened scientific

methods, and the sweetening influence of Christian benevolence and charity.

In the published transactions of this association last year, I note that ninety-three hospitals for the insane are reported, and forty-eight asylums for the insane ; thus showing that more than one-third of the institutions affiliated with this association are still unleavened with the new designation.

Throughout other parts of the world, where similar institutions exist, I know of no movement having for its object a change of designation from the ancient landmark of asylum, to that of hospital. It is unfortunate that there should be want of uniformity in designation, as it must inevitably lead to more or less confusion and embarrassment, both in speaking and writing, in regard to these institutions.

I purpose now to show that the word hospital, in its modern application, is a misnomer, when applied to an institution for the insane, and that the future evolution of the asylum must be on educational and industrial lines instead of hospital methods. How to lessen the ever-increasing residue of chronic insane, which flows in upon us like a mountain torrent, is the great problem which confronts us to-day. With all our boasted scientific attainments and hospital methods, we stand helpless in the presence of this colossal army of mental cripples, who have failed to adjust themselves to the environment of ordinary citizenship and, unable to provide for themselves, they become outcasts from society, and are brought to us seeking the right of asylum. What do we do for them ? We simply feed and clothe them and provide as many of the comforts of life as the generosity of our respective legislatures will permit, and thus they drag out their weary hopeless years, until the great Reaper arrives to call them hence.

To further prove that the hospital idea is not the dominant principle of treating the insane, I submit a census and classification of the Hamilton Asylum which I represent. I think it may be taken as fairly representing the average asylum on this continent.

It is situated at the head of Lake Ontario, on the Niagara peninsula, and in the midst of the very garden of the province. The asylum district, from which we draw our patients, is a mixed urban and rural community, and the educational facilities are of the highest order. The population of the asylum is 1,000, and the population of the district is divided as follows :

Population of cities and towns—175,000 or 36 per cent.
" " rural sections—312,000 or 64 " ".

The population is largely of British origin with the exception of one county, which is German. The foreign population from all other countries is very small. The classification is made according to present condition and future prospects as follows :

Asylum population	1,000.
Number of cases requiring hospital treatment proper	50 or 5%.
Number classed as physically healthy, but not requiring special hospital treatment and possibly curable	200 or 20%.
Number classed as probably incurable	750 or 75%.

With this classification in view, we erected an isolated hospital with a capacity for 50 beds, which we never expect to fill, unless an epidemic overtakes us. The other 95 per cent. are not treated by hospital methods in the ordinary acceptance of the term; the whole treatment is of a general and routine character, and may be included under two heads, moral and disciplinary.

In visiting asylums one is struck with the general similarity of them all in regard to equipment, methods and treatment. The most striking characteristic in them all is the large number who spend their time in absolute idleness.

In all our large asylums, there is a perfect Niagara of mental and physical force going to waste, and how to utilize this force, from an economical and psychological standpoint, is the great and burning question which confronts us to-day. (1) How shall we utilize this force in contributing to the self-support of our institutions, and thus ease the burden on the State? and (2) how shall we direct this force to rekindle or control exhausted and disordered brain function? Insanity may be classified under two general heads : viz., maniacal excitement and melancholic stupor, with many subdivisions to meet varieties of type. The first class may be compared to a machine without a balance wheel or like a ship without a rudder, tossed on the angry waves of uncontrolled imagination ; the second class is that of morbid introspection, like the voice of one crying in the wilderness of despair, or the helpless wail of the Macedonian cry, "come over and help us." In each case there is a disturbance of the higher psychical or associative centres, which regulate and control these mental processes, and this disturbance may be due to physical disease of the cellular elements of those centres, to defective nutrition, or to enfeebled function from lack of exercise.

No psychological fact is more strongly demonstrated than that we are moulded and fashioned morally and intellectually by our

social environment, and that our mental development is weak and rudimentary, or powerful and complex, in direct ratio to the mental stimuli which we receive from our external surroundings; in fact the human race of to-day is but the expressed sum of human experience from the beginning, crystallized into form, custom and law.

I do not propose to enter into a metaphysical discussion of the origin and existence of psychical phenomena as to whether it is a cosmic entity which pervades the universe, and of Divine origin, and which manifests itself in us through the operation of our senses, or whether it is merely the outcome of molecular activity and the co-relation of forces operating from without on the cellular matter of brain tissue within; it is sufficient for us to know that mind manifests itself and expresses itself to the world in direct ratio to the environment and stimuli it receives from without. This is the foundation upon which all psychological science must rest, and on this foundation must its twin sister psychiatry build. If this hypothesis be correct, and I am sure each one can verify it by experience, then we have a clue to the whole psychical process of mind healing, mind building, and mind expansion. This brings me to the practical application of this theoretical teaching in the every day experience of our specialty. Mental and physical activity is the key-note we must strike; there must be no drones in the asylum hive, the brightest mind and the most powerful physique will wither and die for want of exercise; along every afferent nerve fibre there must be a continuous current of force to the nerve cell within, which, acting as a reservoir, again discharges itself by different pathways, resulting in muscular activity or a psychic process. The exhausted brain batteries of the melancholic must be recharged with the electric current of thought, the over-charged batteries of the maniacal must be chained or harnessed to some mental or physical process by which it may expend its force along physiological lines, and when exhausted and subdued it may rebuild and fashion itself by improved methods of mind building. A new factor, auto-intoxication in the etiology of insanity, has been advanced lately, and many plausible theories and clever articles have been written in support of this theory. We have abundant evidence of auto-intoxication as a causative agent in the degenerating effects of syphilis and alcohol on nerve tissue. The causative relation of auto-intoxication to maniacal conditions has not yet been demonstrated. The auto-intoxication may be only the symptom of a cause. It is well-known that the nervous system presides over the whole process of

secretion, metabolism and excretion, and defective nervous innervation may so arrest the chemico-vital process of metabolism, as to leave the vascular system charged with deleterious matter which would under normal conditions have been excreted. Be that as it may the primary indication is to restore nervous function on physiological lines and thus restore the normal equilibrium between nervous innervation and chemico-vital metabolism. Unfortunately many cases have passed into a condition of pathological degeneration before they reach us and from which no human skill can rescue them; many other cases that are still within the pale of physiological possibility pass on from one stage to another until they reach the terminal stage of chronic dementia from sheer mental and physical inertia. It is often a difficult question to determine when the physiological process ends and the pathological process begins.

Take an illustration: C. P., aged 46. Admitted to the Hamilton Asylum on April 10th, 1889, in a condition of melancholic stupor; history, an intelligent well-to-do farmer, married, and the father of nine children, attack had been gradual, with no apparent cause, refused to talk or undress himself or take food, was uncleanly in habits, stood in a dazed condition and refused to lie down unless compelled by force; at the end of the first year, continued in very much the same condition, walked continuously up and down the corridor and would not sit down except at meals; when taken outdoors he had a beaten path that he trod back and forward, his feet and legs were swollen from constant standing and walking, and had to be put to bed for several weeks at a time to overcome the œdema in feet and legs; still refused to speak to anyone, even to his wife and children when visiting him. He ate sparingly, would not eat butcher meat for years. Was put to bed and the rest treatment enforced with liberal regimen, which improved him physically but without improvement mentally. As years went on he became more tidy in his habits, would wash his face and comb his hair and make his own bed, but still refused to speak and took no interest in his surroundings, was a great reader in normal condition, but now never looks at a book or newspaper. In April, 1895, was subjected to the thyroid treatment as affording the last ray of hope with absolutely negative results. He was now regarded as a chronic dement and all hope of recovery abandoned. On the first of November last, the night attendant reported that he overheard a conversation between him and a fellow-patient in the dormitory after they retired to bed; he was told to listen the following night,

and again reported for several consecutive nights the same conversation.

He then began to talk to the attendants and it was like the voice of one risen from the dead; he gradually resumed his normal habits and became bright and cheerful, and expressed a desire to see his family. On the eleventh of last March he went home on probation, each report from home was more assuring than the other of his rapid improvement, and on the twelfth of April last he was discharged recovered.

Here is a man, who for eight years, six months, and twenty days had been as dumb as an oyster, and to whom, during that time, the world was an apparent blank; suddenly the cloud begins to rise, the mist is dispelled, mental consciousness returns, ideas dawn upon him and multiply, his speech centre is energized, a new motor current goes forth which unloosens his tongue and he gives expression to his ideas like a resurrected spirit from the dismal tomb; he returns to the bosom of his family and again resumes his citizenship.

Who can explain the *modus operandi* of this mysterious psychological process? Here is a case that teaches us the necessity of never abandoning the most hopeless case. Everything that mental science could suggest was tried in vain and yet under the ordinary moral and disciplinary rules of the asylum he eventually made an excellent recovery.

It further teaches us that we may trust too much to scientific methods in our psychiatry, and neglect the common things that lie within our reach, we may choose the weak things of the world to confound the things that are mighty.

This brings me to the practical application of the theories I have advanced, that the evolution of the twentieth century asylum must be on educational and industrial lines. The success which has attended the education and development of the idiot and feeble-minded should encourage us to go forward; we must descend from the dizzy heights of modern scientific affectation and get back to first principles of mind building. A great field of operation in this direction is waiting to be exploited, the fringe of which we have only yet touched. The mental process of attention, conception, judgment, and imagination must be aroused, concentrated, and developed by faithful, persevering and methodic labor. The asylum of the twentieth century shall have its school-rooms, art-rooms, work-shops and gymnasium, with a curriculum of study in each, graded to suit the varied requirements of mental enfeeblement.

The death-knell of drowsy indolence must be rung, and the gospel of mental and physical activity must be proclaimed. Mental and physical inertia means loss of function, degeneration and death; well-regulated activity means development of function, power, and life.

The twenty-four hours of each day must be divided under three heads, viz.: labor, recreation, and rest. A daily programme of orders must be issued, under which each patient must be classified, and every minute of time must be accounted for with the utmost precision and regularity. The programme must be of such a varied and diversified character as to awaken as many of the dormant faculties as possible, with a view to restore and harmonize the mental equipoise. Blind, haphazard, unreasoning routine must be abolished, and each individual case must be studied and treated according to an intelligent plan.

It may be urged that the equipment required to conduct our asylums on this plan will so increase the cost of maintenance that public opinion will not sustain it. I deny this assumption. Have we not reasonable assurance to believe that with an equipment conducted on this plan the ratio of recoveries would increase at least from 5 to 10 per cent., which in itself would relieve an ever increasing burden upon the State, and thus prove to be a profitable investment from an economical standpoint? Looking at it from a higher and more humane standpoint, if we can rescue a larger percentage of our fellow-mortals from the awful doom of perpetual mental bondage, then would the increased expenditure be more than justified. Once arouse public opinion to the possibility of such an achievement, then the genius and spirit of the 20th century will rise to the majesty of the occasion, and that grand humanistic spirit of altruism, which is the glory and honor of our modern civilization, will declare that it shall be done. On us as stewards of our specialty lies the responsibility. Every step in advance must come from within. We have accomplished much in the past. There is a wide field before us yet waiting to be explored. We have a double responsibility (1) in preventing and (2) in curing insanity. The public are either ignorant of or ignore the fundamental laws which govern the procreation of the human race. They are keenly alive to the law of methodical selection in breeding a fast horse or a beautiful dog, but quite indifferent to the same law in breeding an improved type of men and women. Hereditary transmission of mental and bodily defects haunts us with a persistance only equalled by its universality.

In order to adjust ourselves harmoniously to our whole environment we must be born right, then the task of living right becomes easy. It requires the most rigid discipline, crucifixion and scourging for some to live even an outwardly decent life; they are tossed on the angry waves of inherited tendencies and passions, which make life to them one long continued tragedy. To others, life is like the music of the Aeolian harp, which sweetly mingles all the harmonies of sound; they sail down the placid stream of life because the ship is well-rigged, well-ballasted, and well-crewed.

As alienists and specialists in mental science we have a duty to perform to the public in teaching them how to live in conformity with natural law and how to avoid the many pit-falls which beset them on every hand and which drag them down to mental and physical degeneration.

Our asylums should be an epitome of how to live in harmony with natural law, and should exemplify both by teaching and practice how to attain the highest type of mental and physical perfection. Its whole equipment must have this end in view, and should be of such a varied character as to draw out, develop, and harmonize weak and disordered functions, and thus enable it to adjust itself to natural environment. We must provide such a rich dietary of mental and physical pabulum as shall strengthen and enrich the whole economy of life, and enforce such a discipline as shall regulate and control the weak and discordant habits which have been running riot in prodigal excess; we must classify, systematize, and individualize upon a well-regulated plan of treatment, so that each mind shall be watered and fructified by continual showers of refreshing growth and development.

The dawn of a new century is a propitious time for the advent of a new psychiatry, not based on hospital ideas, which should be only part of a harmonious whole, but exploiting a newer and richer field of psychic stimulation on educational and industrial lines. We must get out of the dull and stupid routine of the past, and with our minds ablaze with a throbbing inspiration, reach out to a higher plane of success in the future.

We must be students and teachers in experimental psychology and not mere empiricists in mental science. When we review the whole field of human activity, and witness the mighty strides which have been made in every branch of science, it becomes us to examine ourselves to see whether or not we are abreast of the age in everything which pertains to our specialty, or whether in the indulgence of a spirit of indifference and self-security we may have lagged behind in the race.

The time has come for us to review the etiological factors which predispose to mental enfeeblement, as well as to mental development; both the profession and laity have long subscribed blindly to the shibboleth of *mens sana in corpore sano*. We have been taught to believe that the differential equation of mind can only be solved in terms of a physical integrity of brain tissue, and that mind expresses itself in direct ratio to physiological or pathological conditions.

We have abundant clinical experience that all mental alienation cannot be included in this general formula. Take the large class of paranoiacs who throng our asylums, and who enjoy perfect physical health and live to old age; it cannot be said of them, that their systematized delusions are the result of pathological conditions; the whole process of mental and bodily nutrition is conducted perfectly along physiological lines, and neither macroscopically nor microscopically can the slightest evidence be found of cellular degeneration. We are driven then to the conclusion that this condition must be due to congenital, anatomical malformation, or to a faulty morphogenesis of the brain cell, either hereditary, or acquired from unhealthy environment.

The world is teeming full of paranoiacs everywhere, and it is only the exaggerated forms which reach the asylum. It is held by a certain school of psychologists that the presence of a delusion is in every case the evidence of a degenerative process, and the megalomania of general paresis is pointed to as proof, but they forget that in paresis the degeneration is rapidly progressive and limited to a period of a few years and is due to a specific cause, whereas, in the paranoiac it is compatible with the most perfect physical health, and the patient usually dies of old age or some intercurrent disease.

All sorts of theories have been advanced to explain the psychic process of a delusion, but none has received general acceptance. The mistake has been made in assuming that every delusion is the result of a pathological entity, and that the psychical mechanism is the same in every case.

The paranoiac reasons from his premises with the greatest logic, and to attempt to reason with him only maddens him and intensifies his delusion. There may be a defect in the higher centres of quality but certainly none of quantity, for he enforces his ideas with all the candor and vehemence of the most enthusiastic devotee.

In recent years the law of associative nerve centres has been generally accepted to explain the phenomena of mental manifesta-

tion, but clinical observation proves the existence of a higher presiding executive centre of judgment, which examines the quality of every external stimulus, and, after weighing, measuring, and balancing, executes and determines the whole phenomena of mind. It is not the quantity, but the quality, of this power which distinguishes us from one another, and which enables us to express ourselves, normally or abnormally, to our environment and stamps us with success or non-success, in every relation of life.

To sum up, I have attempted to prove that too much attention has been paid to the physical treatment of insanity, and too little to the mental. The hospital idea is the outcome of this tendency. We attempt too much by medication and surgery and too little by mental stimuli, forgetting that the reaction of the mental on the physical is quite as potent as its converse.

The hospital is an important adjunct to every asylum, but it is only like an outpost on the frontier of the great unexplored region beyond. To the great mass of the insane hospital treatment proper is useless, except in individual cases, or as emergency may require. The rage for physical athletics is an evidence of the tendency of the age, and we may produce a race of physical giants, who are only mental pigmies. The necessity for mental athletics is equally necessary to maintain an all-round development, and how to harmonize them both in proper proportions is the fundamental basis of all treatment of the insane.

CLINICAL REPORT OF CASES ILLUSTRATING SUCCESSFUL OPERATIONS UNDER ADVERSE CONDITIONS.

By A. Primrose, M.B, C.M. Edin., M.R.C.S. Eng.

Surgeon to St. Michael's Hospital and the Hospital for Sick Children, etc.

THE following cases seem worth reporting because they illustrate that successful results may occasionally be obtained, although the patient may be suffering from some grave constitutional trouble which would make operation unjustifiable were it simply one of expediency. The first two cases come under this head, whilst the third case is the record of the operation of lithotomy in a frail old man, eighty-two years of age. The first case is one in which the patient was suffering from chronic Bright's disease, and yet an amputation through the knee-joint was successful, so that the patient eventually left Hospital with the wound soundly healed. We are accustomed to look upon such cases as desperate, and we do so justly because we seldom succeed in operative procedures where advanced Bright's disease exists. One could hardly imagine a more unsatisfactory condition for a major amputation than that in the patient referred to. The result, therefore, illustrates that even under such unfavorable constitutional conditions, where an operation becomes imperative because of the local trouble, there is a possibility that we may attain success. The point is an important one because we are tempted to look upon such cases as hopeless, whilst it is obvious that we should give the patient the benefit of what chance there is of relieving him by operation.

The second case is one in which the operation of amputation above the ankle was successfully performed in a case of pulmonary tuberculosis where both lungs were affected.

Case 1. Amputation for extensive cellulitis of the leg in a patient who was the victim of chronic Bright's disease.

This man, 56 years of age, came under my care in July, 1897. A few weeks previously a doctor in the country had opened a cellulitis in the left foot. It was first opened on the dorsum of the

foot and subsequently in the sole. His doctor informed me that the patient had had chronic Bright's disease for the past two years at least. The openings did not discharge freely and acquired a very unhealthy appearance, the foot became enormously swollen and the cellulitis now began to spread up the leg. When he came under my care he had a tremendously swollen condition of the foot and leg, resembling in appearance a case of elephantiasis.

Under chloroform the limb was examined thoroughly and free incisions were made in various directions. On cutting into the tissues they presented on section a ground-glass appearance and were very firm and solid to the feel. In the calf free pus was found lying beneath the superficial fascia; this was of a thin ichorous character. Free incisions were thus made in the foot and leg. Subsequently the wounds were dressed frequently and well irrigated, but there was never a great deal of discharge and the swelling rather increased if anything, the tissues still maintaining a firm solid condition. An unhealthy granulation tissue, œdematous in character, formed about the edges of the incisions, but there was little tendency to contraction and healing of the wounds or to a diminution of the œdema. The patient's general condition was extremely bad and the urine contained a large amount of albumen, turning solid on boiling, and also contained tube casts. This condition continued with but little alteration for about six weeks; the only hopeful sign was that the cellulitis did not tend to spread beyond a point about three inches below the knee.

On consultation with my colleagues at St. Michael's Hospital it was agreed that an attempt should be made, by amputating the limb, to save the man's life. I must say that I was so doubtful as to the possibility of operating by amputation successfully that I at first discouraged the idea of operation, but I subsequently determined to operate.

Amputation was performed on Sept. 16th last. The operation which I chose was Stephen Smith's amputation through the knee joint. It occurred to me that this method of amputating would give the minimum amount of lacerated raw surface in the wound and that consequently it would permit of a more rapid healing of the wound. In the amputation to which I refer the semilunar cartilages are left attached to the lower end of the femur and the flaps are so planned that the length of skin edge requiring suture is reduced to a minimum.

The wound healed throughout by first intention excepting a small point at the posterior extremity. Here, however, a small amount

of discharge occurred which soon became purulent. The pus burrowed and the external semilunar cartilage sloughed away completely and the remains of it was removed from a sinus which formed over the external condyle. The wound was subsequently dressed daily, being irrigated with boracic lotion and dressed with plain sterilized gauze. It gradually took on healthy action and closed slowly. It was completely closed during the early part of January, four months after the operation. The man's general condition has greatly improved. He has put on flesh, has a much more healthy appearance and the amount of albumen in his urine has very noticeably diminished in amount.

CASE 2. Amputation of the leg for tuberculous disease of the tarsus and the bones of the leg, in a patient suffering from pulmonary phthisis.

The patient was a young man about 22 years of age. The trouble began in the ankle about nine months before he came under my care. He had for two years suffered from pulmonary tuberculosis, but the disease had not progressed rapidly. He injured his foot in the woods by slipping over an icy log, and wrenching his ankle severely; swelling occurred and pain of a severe character. Openings had been made and drainage provided for, but the condition got progressively worse; he suffered a great deal of pain, and he was anxious to have the foot removed. There was a great deal of swelling about the ankle, and the sinuses were discharging somewhat freely. The patient had a tubercular deposit in both lungs, and it was thought that if the disease in the foot proved to be very extensive, on examination under chloroform, it would be prudent to remove the limb. Subsequent events proved the wisdom of our decision.

On August 19th, amputation was performed two inches above the ankle joint. The disease was very extensive. It was found that every bone of the tarsus was diseased. On section of the bones one found numerous foci of softened bone of a dirty green appearance, each focus surrounded by a congested area of bone. The lower end of both the tibia and the fibula were in the same condition.

The wound healed by first intention; the stitches were removed on the sixth day, when the dressings were disturbed for the first time, and the patient was discharged three weeks after the operation, when he had a firm cicatrix.

Subsequently the patient improved very considerably in his general condition. He gained in weight, and his health was gene-

rally better. The improvement was, however, only of a temporary nature, and he has failed of late; and it is quite evident that pulmonary tuberculosis is making steady progress, and the patient is now losing ground.

CASE 3. Vesical calculus the nucleus of which is the tip of a hard rubber catheter. Removed from a man 82 years of age.

The man came under my care in July, 1897. He had an enlarged prostate, and had been obliged to use the catheter for evacuating the bladder for the past three years. He habitually used a catheter made of gum-elastic material with a hard rubber tip. The tip had become detached, and the old gentleman cemented it in its place with shellac, and then proceeded to insert the catheter. The shellac was dissolved by the urine, and the catheter was withdrawn minus the tip. This accident occurred three months before he presented himself to me for treatment. He was then in a deplorable condition; he had incontinence, and had no voluntary control over the bladder; urine was voided more or less constantly, and his clothes and bedding became saturated. I found that regular catheterization did not prevent this, and I passed a sound for the purpose of determining whether or not a foreign body was present in the bladder; the patient's friends had some doubt as to the accuracy of the patient's statement regarding the catheter tip. I readily detected a calculus by means of the sound, and advised operation.

I operated on July 6th, 1897, and removed the calculus through a median lithotomy wound. The wound healed up, the patient made a good recovery, and urine was subsequently drawn off by catheter, whilst there was no longer the distressing incontinence which previously troubled him. The patient was, however, a frail old gentleman, and had for years suffered from heart trouble, and was subject to peculiar attacks of unconsciousness, which had become more and more frequent during the last year of his life. He died suddenly at his home on October 11th, 1897, three months after the operation for stone.

The nucleus of the calculus in this case proved to be the tip of a catheter, with some red sealing-wax adherent to it. The calculus tip is about a centimeter long, and less than half that thickness; it is coated with a phosphatic encrustation about one millimeter thick. The case is of interest as an instance of operation for vesical calculus in a patient over eighty years of age.

APPENDICITIS WITH PERFORATION*.

By Dr. C. M. Smith,
Orangeville.

CALLED to H. S. on October 5th, 1896. Patient under care of Dr. Dunning, of Mono Mills. Patient's residence eleven miles from Orangeville and four from Mono Mills.

Some four or five years previous to this date, patient was treated surgically for *fistula in ano*. Was seized with pain in abdomen (general) on Friday, 2nd instant. Dr. Dunning had thoroughly emptied colon by enemata, had avoided narcotics and administered triturates of calomel and sodium—which served to control the nausea. At my visit found a young man of twenty-one or twenty-two lying on a settee near the kitchen stove in a low-ceilinged lean-to attached to a log-house.

Pulse 108; small, wiry. Temp. 102.5; tongue coated, with dry centre. Marked swelling in right iliac region extending along inguinal canal, giving obscure impulse on coughing; tenderness over right lumbar and epigastric regions.

Large enemata brought away more or less liquid stools containing traces of oat hulls and what looked like grains of wheat. The triturates were ordered to be continued. Further examination disclosed two swellings over sacro-sciatic foramina, elastic, fluctuating and giving tympanitic resonance on percussion.

Advised operation within twenty-four hours. Did not hear from patient again until 8th instant, when Dr. Dunning wired that parents had consented to surgical treatment. When I reached the case found that valuable time had been lost and that the skin and subcutaneous tissues were infiltrated from anterior superior spinous process to external ring and some distance inward, shewing redness in addition to œdema.

Assisted by Dr. Dunning and Dr. Jas. Hunter, of Orangeville, I proceeded to perform section. An incision three inches long was made parallel with Poupart's ligament, one and a half inches internal to

*Paper read at meeting of Bruce and Grey Medical Association.

spinous process. Separated fibres of external and internal oblique with blunt dissector, but owing to the infiltration had to divide transversalis with knife. Subperitoneal areolar tissue was carefully drawn aside from line of wound and the divided tissues retained by restractors. The lower r. angle of omentum had apparently walled off the abscess from the general cavity, and while carefully exploring externally and posteriorly with finger the pus-cavity was entered. Grumous foul-smelling pus escaped in considerable quantity. Sac flushed with hot solution until latter flowed clear from wound.

Found the appendix with its mesenteriolum folded up along it and nearly detached from the cœcum by ulceration, lying along the posterior aspect of the latter viscus.

This small concretion (spec.) was brought to view while searching for the appendix. The small shred of mesentery which still held the appendix to the cœcum was divided between two pairs of compression forceps, the serrated portions of which were protected by rubber tubing. Oozing did not cease until styptic colloid was applied to this point. The walls of the abscess having been previously guarded by iodoform gauze, the cavity was again flushed until solution returned free from color; stump of appendix cauterized and invaginated into cœcum, the walls of which were brought together over the orifice with half-a-dozen Lembert sutures of chromicized gut.

As primary union could not be expected, a glass drainage tube was left in lower angle of wound, three sutures having been left untied. The peritoneum was brought together by catgut, the aponeurotic structures by silk, and the skin by continuous silk sutures. The latter form was used owing to the waning light and exhaustion of ether supply. The lumen of drainage tube was loosely filled with iodoform gauze before introduction.

Oct. 11. Margins of wound infiltrated throughout lower half. When Dr. D. visited patient on 13th inst. the tube was lying on the surface, having been forced out during the night, owing to restlessness of patient.

Oct. 18. Upper portion of wound had united, but the gray sloughy wall of the cœcum was bulging out between edges of wound.

After splitting edges of aponeurotic structures with sharp perineorraphy scissors, I brought the fresh surfaces together as well as possible by aid of four harelip pins. I was forced to use the utmost dispatch, as the patient appeared to be suffering from alarming collapse, although I had used only local anæsthesia. Free stimula-

tion and hypodermics of strychnia at length restored the patient to a more satisfactory condition. A soft rubber drainage tube was left between the lower two pins. A figure-of-eight suture was thrown around the pins and iodoform collodion applied to line of wound.

Two fœcal fistulæ (small) developed subsequently, but as patient improved these gradually closed.

To the skill and attention of the attending physician, Dr. Dunning, must be attributed the ultimate recovery of this patient, who is at present following the vocation of a barber and was at last account free from that *bete noir* of abdominal sections, namely ventral hernia.

This case illustrates the manner in which the general practitioner is handicapped. The "way-back" surgeon has the impecunious, desperate case of acute disease to deal with, as well as the objections of relatives to the use of the knife, in addition to the absence of trained nursing and all the conveniences of the operating theatre.

THE VARIOUS OPERATIVE METHODS OF DEALING WITH EYES LOST THROUGH INJURY OR DISEASE.*

By G. Herbert Burnham, M.D. Tor., F.R.C.S. Ed., M.R.C.S. Eng.,

Associate Professor Ophthalmology and Otology, Toronto University; Oculist and Aurist to the General Hospital, and Mercer Eye and Ear Infirmary.

BY a lost eye I mean an eye which has been so affected by injury or disease that no operative interference with the eye itself would be beneficial or could be borne; and when interference is needed then the removal of the eye is the only course to be pursued.

The principal reasons, that an eye lost through injury or disease requires to be dealt with in an operative way, are the danger of sympathetic ophthalmia of the other eye, sometimes on account of the severe pain in the lost eye, or for cosmetic purposes. As a rule, heretofore, the chief reason, that any one possessed of such an eye was unwilling or refused to have the eye removed, was the fact that a glass eye would look bad. This timidity was justifiable, for in many cases the effect of the artificial eye was far from pleasing. Now, however, an oculist can almost guarantee a pleasing cosmetic result through the advances made in this branch of ocular surgery.

There are four operative methods I shall speak of, viz., enucleation, evisceration, Mules' operation, and optico-cilio neurotomy. I have performed all these operations, some more frequently than others. Enucleation consists in the entire removal of the eyeball and nothing else, the capsule of Tinon and the surrounding tissue being left. This operation is the most simple, the speediest in performance, and the one from which the patient recovers the most quickly and with the least after disturbance. The glass eye which is put into the orbital cavity is often very difficult to make in appearance like the other, as it is so apt to look more sunken, and the freedom of movement is restricted. Another method, evisceration, consists in cutting away the cornea and a rim of sclero with the ciliary processes attached. The entire contents of the eyeball are now

* Read before Ontario Medical Association, June 2, 1898.

removed, leaving the scleral sac quite bare. The scleral and conjunctival edges are now united with sutures.

The advantage of this operation over enucleation is not as great as might be thought for, and is now seldom practised.

The third method, Mules' operation, has taken the place of evisceration. This operation is evisceration with the addition of placing a glass ball inside the scleral sac, and then uniting separately the edges of the sclera and conjunctiva.

The fourth, optico-cilio neurotomy, is the most difficult of performance. It consists in dividing the conjunctiva, if for the right eye, over the internal rectus. Then, after dividing the tendon, incising all the tissue back to the optic nerve. A pair of scissors is now passed well back along the nerve so as to divide it one inch or so from the eyeball. The eyeball is now turned about so that the cornea points backwards towards the apex of the orbital cavity, and the severed optic nerve points out between the eyelids. The nerve is now divided close to the sclera. At the same time the greatest care is taken to divide completely each ciliary nerve. This latter is difficult to perform fully; it is so easy to overlook a nerve, which is small, and when drawn tight sinks into the sclera so as very easily to escape notice. Also the bleeding, if not properly managed, will cause much after trouble. After this it is necessary again to turn the eyeball about and place it in the orbital cavity so as to be well-covered with the eyelids. If the operation has not been perfectly done, this may be found very difficult or perhaps, impossible at first, and thus the eye is exposed. As you can easily understand this is the most difficult of the four methods given.

Enucleation is apparently the best operation in certain forms of lost diseased eyes, as sarcomatous growths, tumors, panophthalmitis. Many also favor it because it is thought more fully to lessen the danger of sympathetic ophthalmia, and also because it is so much easier to do. Optico-cilio neurotomy, if properly performed, was thought by some oculists to be as safe; but recently some cases of sympathetic ophthalmia, some time after the operation, have made them alter their opinion. However, I think, with a large piece of the nerve removed and the full division of every ciliary nerve, the protection is as great. However, the ease with which a ciliary nerve can be overlooked is one of the drawbacks. Mules' operation is undoubtedly the operation in that class of lost eyes, when the effect desired is that the glass eye, when placed in position, be made to resemble as much as possible the normal eye, in other words where appearance is one of the great objects. Some oculists condemn

this operation on account of the reaction. If the operation be properly performed and the treatment properly carried out, the reaction is not severe nor of so long continuance. Then with three sizes of glass balls to choose from you can make the stump of a size that when the artificial eye is placed upon it, there will be given the full appearance to the eyelid possessed by the normal eye. Moreover, the freedom of movement of the glass eye is also very good. The likelihood of sympathetic ophthalmia after this operation is as small as after enucleation and the cosmetic effect on the whole decidedly superior. I may mention that sometimes there is now used a silver ball, there being less danger of breaking. I think Mr. Brekerton, of Liverpool, introduced this variation.

An eye that is lost through injury or disease is always a source of danger to the other eye. Especially is this the case when the tension is not as firm as in the normal eye.

The rapidity with which the onset of the sympathic affection comes varies greatly. The extremes are a few days to between fifty and sixty years. I remember when resident surgeon to Moorfield's Eye Hospital, London, England, to have had under my observation a man sixty-seven years of age with recent sympathetic ophthalmia, the exciting eye having been lost in childhood. Therefore in warning people of the danger be careful to state no exact time; but to mention the usual length of time, two to six or eight weeks, and also that it may occur at any time from three days to between fifty and sixty years.

Physicians have had hitherto in advising the removal of an eye to combat the plea that often the glass eye looked so bad, and have not been able to gainsay the statement. Now, however, with Mules' operation, they can be much more positive in their assertion that this new operation gives very much greater, surer, and more satisfactory cosmetic results than the operations previously in vogue, with, at the same time, as great protection from sympathetic ophthalmia. In conclusion, I can state that, in cases in which after enucleation the appearance of the glass eye is very unsatisfactory, the operation for the introduction of a glass ball into the tissues of the orbit can be performed resulting in a stump, which latter, when the glass eye is introduced, gives a very much improved and more natural appearance.

Selected Articles.

CLINICAL AND THERAPEUTIC CONSIDERATIONS FROM A CASE OF PREMATURELY MALIGNANT SYPHILIS.

By Dr. de Amicis, of the Royal Navy,
Honorary Assistant in the Royal University of Naples.

THE following is the history of a patient admitted into the "Clinica Dermosifilopatica" of Naples, suffering from severe and premature forms of constitutional syphilis:

Antonio Vitale de Raffaele, twenty-four years of age, bricklayer, unmarried. Nothing of interest in the family history. Has never had any important disease. At eighteen years he contracted simple ulcers of the preputial mucous membrane, followed by swelling and suppuration of the right inguinal glands. In November, 1896, about twenty days after the last coitus, there appeared at the preputial frænum an ulceration with induration, followed by general manifestations consisting of inguinal, cervical, and epitrochlear polyadenopathy and acne of the trunk and limbs.

In this condition he presented himself at the out-door clinic of Prof. De Amicis, where he was ordered hypodermic injections of corrosive sublimate, of which he received only three, preferring internal treatment by pills of the protiodide of mercury. Not improving, he resolved after some time to resume the hypodermic treatment, which was abandoned as soon as he saw himself improving.

In April, 1897, all specific treatment being stopped, the infection had a new phase of recrudescence with cutaneous manifestations, this time much more serious and diffuse, accompanied by a specific lesion in the left eye, and by a general state of progressive and rapid nutritive deterioration. In such a condition he was admitted to the clinic on May 7th, 1897.

Present condition. Young man of normal physical development, organic constitution originally good and robust, at present pallid, weak, and ill-nourished. On the face are seen numerous groups of pustules of the size of a pin's head ; also scars of various sizes. Similar pustules and scars on the trunk. On the limbs are seen numerous deep ulcers, some as large as the palm of the hand, mostly circular, with clearly defined edges, without much inflammatory action, intensely painful, some covered with brown crusts. In the left eye is seen considerable conjunctival hyperæmia, with modification of the color of the iris. The pupillary foramen occluded by small yellowish nodules the size of a millet-seed. Nothing is to be seen in the mucous lining of the mouth or of the genitals. The testicles are normal.

Subjective Symptoms. Photophobia, feeling of heat and tension in the eye, and intense supra-orbital pains. In the inguinal and lateral cervical regions are felt many indolent glandular swellings ; also an enlarged gland in each epitrochlear region. Pressure on the spinal bones not painful.

Diagnosis. Recent malignant constitutional syphilis. Pustular ulcerating, necrotic syphiloderma disseminated, chiefly on the lower limbs. Multiple adenopathy inguinal, cervical, bilateral, epitrochlear; iritis and hypopyon of the left eye.

CLINICAL DIARY.

7th May. Parenchymal injection of calomel in right nates (ten centig.) iodide of potassium a gram, cinchona decoction in the morning, ethereal tincture of iron acetate at noon. Iodoform ointment on the ulcers. Instillation into the affected eye of a few drops of solution of neutral sulphate of atropine (five centig. to ten grams of distilled water). During the following days the dose of the iodide was gradually increased to three grams a day, not neglecting the tonic treatment up to his leaving the hospital. The lesions begin to improve pretty rapidly.

10th May. All the ulcers on the limbs are healing ; an improvement also is seen in the general condition. No reaction at the seat of injection.

12th May. Second injection of calomel in the left nates. The rapid general improvement progresses ; the lesions in the limbs are granulating ; the left eye is perceptibly improving, and already that little purulent deposit in the inferior segment of the cornea is being absorbed.

16th May. The ulcers are almost entirely cicatrized.

17th May. Third injection of calomel. Ulcers of lower limbs are completely cicatrized.

20th May. The ulcers on the face and those on the left arm are completely cicatrized.

22nd May. Fourth injection.

27th May. The patient goes out completely cured of the grave lesions which he had on entering.

CONSIDERATIONS.

From the above history it is clear that it is a case of prematurely malignant syphilis, from the rapid appearance of necrotic ulcers in the greater part of the cutaneous surface, only a few months after the initial lesion, accompanied by a rapid and progressive general deterioration.

Bazin, when referring to these anomalous forms of syphilis admitted three varieties of grave syphiloderma : pustular-ulcerating' tubercular-ulcerating, and gangrenous tubercular-ulcerating. In Badouin's thesis (1889) the author reports 32 cases of prematurely malignant syphilis, and concludes that malignant syphilis is not as rare as classic authors would have us believe. These serious forms present themselves, either immediately after the appearance of the chancre, as a first manifestation, without being preceded by the ordinary secondary phenomena; or they present themselves later, so that we can with Guibot distinguish a primitive malignant form and a consecutive malignant form of syphilis. Braussè, in 1891, published a case of prematurely malignant syphilis in which the grave symptoms appeared twenty days after the initial lesion without preceding secondary symptoms.

In our case the initial lesion was followed by secondary symptoms somewhat serious (pustular syphiloderma with disseminated acne); but these were followed, about five months after the initial lesion, by the very serious conditions above described. As we see then, the infection in this patient presented very soon a rapid evolution from the beginning of the secondary period—it must, therefore, be considered a prematurely malignant syphilis. What cause has rendered here the evolution of the syphilis so malignant? This is a question which observers are frequently asking. The origin has been attributed to various factors; alcoholism is one of the chief causes that aggravate syphilis, and, according to Haslund, favors its struggle against the organism. Fournier adds too that alcoholism is one of the factors that predispose to cerebral syphilis, and for that reason the latter is rarely seen in children. Other

causes of aggravation of syphilis are advanced age, scrofula, chronic malaria, debilitating causes of any kind, especially pregnancy, hereditary or acquired predisposition, poor resisting powers of the tissues, vulnerability or antecedent changes in the blood vessels; absence or insufficiency of treatment at the beginning of the infection (Fournier) and physiological poverty of the organism, poor alimentation, physical and intellectual abuses—in short, everything that can contribute to diminish organic resistance. We should add also some states of chronic poisoning, as by morphine or lead. In our patient none of these causes are to be noted. We must admit also a certain individual predisposition, which resolves itself into the fact of being or not being a good soil for the syphilitic virus, but that can be decided only *a posteriori*. In our case it seems to be the only cause of the malignity of the syphilis.

Diday tried to show in the syphilitic virus a condition of *greater* or *lesser* force, whence a *grave* and a *mild* syphilis. This has been opposed by most authors. However, in the present state of our knowledge in bacteriology, if we were to judge by analogy, we could not deny that the syphilitic virus, like other virulent principles, could, under given circumstances, increase its virulent activity, or diminish it, and we could then attribute a malignant syphilis to the *greater state of force of the virus*. But, in ignorance of these special biological conditions of the syphilitic virus and in presence of what clinical experience daily teaches us, that is to say, that syphilis taken from the same source by two individuals can become benign in one, malignant in the other; and also the fact that often a syphilis running an ordinary course may be contracted from one suffering from malignant syphilis. These facts make us give more value in our case to the *quality of the soil* than to the *kind of seed*. Not rarely this special vulnerability of some organisms towards syphilis is shown from the time of development of the virus in the initial lesion, which becomes necrotic and phagedænic, but in our patient this latter followed the ordinary course.

Our case is another proof of the value of mixed treatment and especially of the calomel injections in grave forms of syphilis. For some time calomel injections, extolled by our Prof. Scarenzio, have been declared to be of great efficacy in forms of syphilis that resist ordinary treatment.

Nicolich, in the report of Trieste Hospital for 1887, relates several cases of syphilis similar to ours, cured after three or four injections of calomel. He had no bad results, even when he gave as much as 20 centig. in one injection. A similar report was made by

Thibierge at the Congress of Lyons in August, 1894. Fournier, although not very favorable to calomel injections as a general rule, has stated that in two cases of prematurely malignant syphilis he had particularly good results. Doctor Gabriel Felix in his thesis written in 1896 considers this treatment in cases of malignant syphilis the surest remedy yet discovered. At the meeting of the Therapeutic Society of France in December, 1896, the celebrated syphilographer, Jullien, was enthusiastically in favor of calomel injections and affirmed that the views of Prof. Scarenzio have been realized beyond his hopes, since these views represent the most radical progress in the treatment of syphilis during this half of the century.—*Translated from Giornale Internazionale delle Scienze Mediche for* THE CANADIAN PRACTITIONER *by Dr. Harley Smith.*

Editorials.

THE ONTARIO MEDICAL ASSOCIATION.

THE meeting of the Ontario Medical Association for 1898, although not particularly brilliant in any way, was a very pleasant and successful one. Dr. Britton, as president, pleased everyone; no president can do any more. The Committee on Papers and Business, under the chairmanship of Dr. McPhedran, arranged an excellent programme. A few of the discussions were animated and interesting, some were rather dull and flat. It is somewhat unfortunate, and rather surprising, that the character of the discussions has not improved in recent years; in fact, many think it has to some extent deteriorated. It would probably be well for the committee in the future to put forth more strenuous efforts to make discussions on papers a leading feature of the meetings.

The Committee of Arrangements made things very pleasant for the visitors. Dr. Ryerson, the chairman, gave a most enjoyable smoking concert at his residence after the evening session of the first day. The luncheon on the second day at the Royal Canadian Yacht Club, under the chairmanship of Dr. Ryerson, was a complete success. Dr. Jas. F. W. Ross entertained a party on the *Oriole*, Mr. George Gooderham's crack sailing yacht. Wind and weather being favorable—in fact, simply perfect—those on board enjoyed themselves immensely. A number went over to the Island on the Royal Canadian yacht, *Hiawatha*, and spent a pleasant hour on the beautiful grounds of the club. Others, under the guidance of Dr. Arthur Jukes Johnson, took a trip on the trolley cars, which had been placed at the disposal of the association by the Toronto Street Railway Company. On the evening of the second day, Dr. and Mrs. Price Brown were "at home" to the members and others to meet Dr. Shurly, of Detroit, the president of the Michigan Medi-

cal Association. A very pleasant evening was spent. The social events, only a part of which we have recorded, did much to add to the pleasure of those in attendance at the meeting.

INTER-PROVINCIAL REGISTRATION.

WE think that, without doubt, the most important medical question in Canada to-day is that which pertains to Inter-Provincial Registration. The gross carelessness and indifference which the Ontario Medical Council has shown in connection with this subject during the last ten or fifteen years is, to say the least, very remarkable. This carelessness has amounted really to discourtesy towards the Canadian Medical Association, manifested on various occasions; and yet, of course, no one person means to be discourteous. There is a certain section (26) of the Ontario Medical Act, which has been in existence for over twenty years, and has been quite sufficient for the Council. This is simply thrown at the heads of deputations from the other provinces in a most lordly and supercilious fashion whenever and wherever occasion arises. "We are the people who live in Ontario; you people that live in the outlying districts of Canada must come up to our standard; we will submit to no degradation; we are virtuous, you are not, therefore keep away from us, and defile us not." This tone is very lofty and fine in a way, but is really not worthy of the premier province of Canada, which might better afford to be generous as well as just.

We are glad to be able to say that a few members of the council have for years entertained broader views, but have not been able to impress their colleagues with the importance of the subject. We understand that certain others fear that the removal of the fence might prove disastrous by allowing practitioners from other provinces to come into Ontario. It may be well to remember that there are two sides to that question. We have now more doctors in proportion to the population than the other provinces. In the interchange that is likely to take place under inter-provincial registration we would probably have many more going out than coming in to Ontario. This is especially true of the newer parts of Canada. The present regulations tend to prevent large numbers of our younger and sometimes older, practitioners from going out to the newly-developing districts in the far West. We only refer to this aspect of the case incidentally, and not because we are proud of any such selfish line of argument. We prefer to take a wider view of the subject.

We want no low standard, but we want a common standard for our whole Dominion. In time we might hope for a common Imperial standard. The following words from an impartial outsider, Lord Lister, will show to some extent what independent men, well capable of judging, think about the matter: "I trust the day may come when, as it is now with Great Britain, so it may be with Canada, your degree (University of Toronto) will confer a license to practise over the whole of Canada, and the license to practise anywhere in Canada will be accepted by you." If for degree of the University of Toronto we substitute qualification of the Ontario Medical Council it would be more suitable for this country. We simply wish to record Lord Lister's opinion that there ought to be one license for Canada, as there is one license to practise in Great Britain.

THE INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS.

WE have referred in former issues to the meeting of the above association which is to be held in Toronto, July 6, 7 and 8. As already stated, the meeting will be held in the Normal School buildings, St. James' Square. There will be a formal reception on the first day, when it is expected that Sir Oliver Mowat, Lieut.-Governor of Ontario, Mayor Shaw, of Toronto, and others will welcome the visitors. The committee of arrangements have provided a steamer on which the members in attendance will be invited to take a short sail, disembarking at Exhibition Park, where refreshments will be provided by the Council of the City of Toronto.

On the morning of Saturday, July 9, the members, or a large portion of them, will visit the Muskoka district on a special train provided by the Grand Trunk Railway. After reaching Gravenhurst the party will be taken round a portion of the lakes on steamers supplied by the Muskoka Navigation Company. Refreshments will be served on the steamers, and also at Port Sanfield and the Muskoka Sanitarium.

Reports received thus far are very encouraging to the officers of the association. It is expected that the attendance will be large, and that many very interesting papers will be read. Toronto has become very popular in recent years as a place for holding conven-

tions especially amongst the citizens of the United States; and we are told that a large number of railway surgeons from all parts of that country have promised to attend.

EXAMINATIONS FOR LIFE INSURANCE.

CERTAINLY the most important factor in the success of a life insurance company is the efficiency of its medical examinations. It is in the interest of the policyholders and stockholders alike that the very best men obtainable should make the examinations, and that the medical supervisors should be men of the highest order of excellence. Some of the companies recognize this and make careful enquiry before appointing their examiners. But too many allow themselves to be influenced by other motives; and medical directors, as well as local examiners, are chosen because of their social prominence, influential connections, or because of the amount of stock or insurance their wealth permits them to take. Directors are apt to be influenced by a doctor's reputation with the public. Unfortunately this is not a true index of his professional attainments, for men with very moderate attainments frequently have large practices.

Life insurance examinations, whenever it is possible, ought to be made by men with special qualifications and training for such work. The fact that one is an eminent surgeon or a successful accoucheur is not of itself a guarantee that he is a good examiner. He must, in addition, be skilled in physical diagnosis, painstaking, and possessed of good judgment.

There can be no doubt that much of the work is wretchedly done. During the past two years the writer has met with three instances in which the company has had to pay a heavy penalty for the incompetence or carelessness of its examiners. One young man had been afflicted with phthisis for nearly twenty years. He had had repeated hæmorrhages, and his right lung was so contracted that the heart was crowded over under the right nipple. And yet a duly qualified practitioner, enjoying a large practice, and an excellent reputation with the public, recommended him for a policy, which was granted. He died, within two years, from the steady progress of the disease.

Another patient, who had been under treatment for phthisis for some months, was examined and passed, and the friends of the patient enjoyed within a few months the penalty the company paid for the ignorance of its examiner. Examination of a third for a

large policy was declined because it was known to the examiner that the applicant had a bad aortic regurgitant murmur. He went to the examiner of another company and was accepted. He is now suffering from cerebral embolism, and cannot live very long. Not one of these three would have been accepted by an examiner skilled in physical diagnosis.

In the fraternal societies it is a notorious fact that the medical supervisor is seldom chosen because of special fitness for the position, but rather because he was clever enough to ally himself with the winning "slate" at the convention. The examinations for these fraternal societies are, for the most part, loosely conducted. In the first place, the fee is so niggardly as to discourage careful work. Then the local examiners are chosen because they belong to the lodge or have a "pull" with its leading spirits. Fraternal insurance is doubtful enough without this added danger.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

THE last regular meeting of the society for the year was held in the council building on the 26th May, 1898. Dr. T. F. McMahon presided. The minutes of the previous meeting were read and adopted.

Dr. H. Hook Oldright read a paper on tuberculous inguinal glands, resulting from a wound in the foot. It was discussed by Drs. Parsons, Smuck and Oakley.

Dr. Graham Chambers reported a case of purpura hæmorrhagica.

Dr. Webster reported a case and presented a patient—general septic arthritis. A number of the larger joints he had drained. The patient began to improve after the administration of antistreptococcic serum.

The treasurer's report was then received and adopted.

Dr. Parsons moved that the meetings be held fortnightly instead of weekly. Lost.

The motion to lower the fee was withdrawn.

Dr. W. J. Wilson moved, That, in the opinion of the Toronto Medical Society, no one should receive free treatment as an indoor patient in our public hospitals, except those receiving their hospital maintenance from the municipality to which they belong. That a copy of this resolution be sent to the public hospital boards and to the medical council. That the president and Dr. B. E. McKenzie and the mover be a committee to see that the spirit of the resolution be carried out; and that the secretary communicate with the other medical societies with a view to securing their cooperation in the matter. Carried unanimously. The society then adjourned.

The election resulted as follows: President, A. Primrose; first vice-president, F. Oakley; second vice-president, J. Webster; corresponding secretary, M. Currie; recording secretary, J. N. E. Brown, (re-elected); treasurer, G. H. Carveth, (re-elected); council, W. J. Wilson, J. E. Graham, and T. F. McMahon. The society then adjourned until the first Thursday in October.

TORONTO CLINICAL SOCIETY.

The 46th regular meeting of the Toronto Clinical Society was held in St. George's Hall, Toronto, May 11th, 1898.

President Dr. Albert A. MacDonald in the chair. The following Fellows were present: A. A. MacDonald, J. A. Temple, G. S. Ryerson, W. H. B. Aikins, A. Primrose, G. A. Peters, G. Boyd, Edmund E. King, F. Fenton, H. A. Parsons, A. Baines, W. Oldright, R. Dwyer, J. N. E. Brown.

Dr. Brown gave notice of motion, that in view of the fact that the Clinical Society had its full quota of Fellows, and as there were a number of eligible applications for Fellowship, any Fellow absenting himself from all of the meetings of the society for one year should have his name struck from the roll.

Dr. William Oldright presented a boy, aged six, whom he had operated upon for talipes equinus, doing a tenetomy of the tendo achilles. The patient was aged six, and the trouble had been in existence since he was eighteen months of age. The affection had supervened after a long walk. Photographs before and after the operation were shown. He had applied a plaster paris splint to keep the foot in the corrected position. The boy was wearing a thick-soled shoe on the affected side.

Dr. Primrose stated it to be his experience that most cases of talipes equinus were the result of injury. He reported a case following a gunshot wound.

Dr. Primrose reported a case of gunshot wound in which the bullet had entered the palm of the hand and had passed completely through the carpus, and lay situated on the dorsal aspect of the wrist, below the head of the ulna. The "X" rays revealed the situation of the bullet, and only a small incision was necessary to extract it.

The doctor reported a second case, that of a boy who was accidentally shot by a 44 calibre revolver last Christmas. The bullet entered the body at about the level of the 10th rib, three or four inches from the median line. It was probed for at the time unsuccessfully. The wound healed up. About eight months after the boy complained of pain in the hypochondriac region. This was followed by the vomiting of blood and purulent material. The patient became very weak. The "X" rays were used and showed a tumor of the left hypochondriac region. A tumor in this region could be felt, and it was a question whether it was in the abdominal wall or not. An exploratory incision revealed an enlarged spleen. It ap-

peared from enquiry that the patient had suffered from malaria, although the blood count showed only 220,000 white corpuscles.

Dr. Primrose reported a third case in which the patient was injured from the bursting of a gun. The man had been experimenting with smokeless powder and had used too heavy a charge. The left arm was severely lacerated by a piece of the barrel. It was probed for but could not be felt. The "X" rays showed it distinctly lying between the bones of the forearm. In the upper arm there was a piece of the barrel one-quarter of an inch square to be seen in front of the humerus. A good deal of cellulitis had set in. Operation was done, the piece in the lower arm being found, the upper one not. The patient was improving. An interesting nerve involvement had taken place involving the median and ulnar nerve.

Dr. Boyd, who had charge of the case Dr. Primrose reported first, said he was able to reach the bullet with a probe, but thought it wise not to attempt to extract it through the palm for fear of dangerous hæmorrhage.

Dr. Parsons discussed the question of leucocytosis in malaria, pointing out that as long as the malarial organisms exist in the body the leucocytes will not increase, but so soon as quinine is administered there is a regular inflammatory leucocytosis.

Dr. Primrose closed the discussion.

Dr. W. Oldright presented a patient upon whom he had resected a portion of two ribs for necrosis.

Dr. Oldright presented another patient from whom he had removed a wedge-shaped portion of the first metatarsal bone to correct a mal-position of the great toe caused by a bunion.

Dr. J. A. Temple presented a specimen of an ectopic gestation which he had removed from a woman aged twenty-four, mother of one child. Two weeks before she consulted him she suffered from pain in the left side. She had missed two periods. The rupture had induced a state of collapse. After a good deal of persuasion an operation was consented to, and done at 11 p.m., when the patient was almost *in extremis*. The abdomen was found full of blood, and the break close to the cornu of the uterus; so close, indeed, that the cornu of the uterus had to be transfixed to secure the pedicle. Hypodermic and rectal administration of stimulants was resorted to, and the woman made a good recovery. One point that had rendered the diagnosis more difficult was that the woman positively asserted that she was not pregnant. She stated that she had missed her periods frequently. The text-books would lead us to

believe, Dr. Temple asserts, that this accident occurs only in women near the menopause, or in those who have borne no children for some years. The above cases, with several others he had seen, led him to disagree with this statement of the authors.

Dr. MacDonald discussed the question of pain in ectopic gestation and the causation of the trouble.

Dr. A. Primrose presented a hernial mass containing a piece of the omentum, adherent to the sac. This procedure, he stated, shortened the operation very much.

Dr. Edmund E. King presented two similar specimens in the removal of one of which he had followed a similar plan. The other contained a large mass of omentum, not adherent at any place, but so constituted at the neck of the sacs that reduction was impossible. The mass of omentum weighed nearly one-half-pound.

Dr. W. Oldright discussed the question.

The election of officers for the coming year was then proceeded with, and resulted as follows:

President, F. LeM. Grasett; Vice-President, G. A. Bingham; Corresponding Secretary, H. A. Bruce; Recording Secretary, John N. E. Brown, re-elected; Treasurer, W. H. Pepler; Council, W. B. Thistle, G. Boyd, F. Fenton, H. J. Hamilton, and G. Chambers.

The retiring President, Dr. MacDonald, was then tendered a vote of thanks for the acceptable manner in which he had presided over the meetings for the past year. He, in a few words, expressed his thanks to the society for their appreciation of his efforts and for the assistance they had given him during the year.

The society then adjourned for refreshments.

The next meeting will be held on the second Wednesday in October.

ONTARIO MEDICAL ASSOCIATION.

THE eighteenth annual meeting of the Ontario Medical Association was held in Toronto, June 1st and 2nd, Dr. William Britton, of Toronto, presiding. Dr. E. L. Shurley, President of the Michigan State Medical Society, was introduced and given a seat on the platform.

Dr. A. McPhedran presented the report of the Committee on Papers and Business, and moved its adoption. Carried.

The reception of the report of the Committee on Arrangements was postponed.

Dr. Greig, of Toronto, read a paper on "Infant Diet."*

Dr. George Peters, of Toronto, opened the discussion on surgery. Subject, "Treatment of Fractures of the Skull."* This was discussed by Drs. Bingham, T. T. S. Harrison, T. K. Holmes, and I. H. Cameron.

Dr. Peters closed the discussion.

Dr. Samson, of Windsor, read a paper on "Conclusions Culled from Thirty Years' Experience."

The president read a communication from Dr. R. Rogers, chairman of the Committee of Foreign Invitations of the American Medical Association, extending to the members of the Ontario Association an invitation to be present at the Denver meeting.

On motion of Dr. Harrison, seconded by Dr. McPhedran, a vote of thanks was tendered to the American Association for their kind invitation.

The secretary read the minutes of the morning session.

Dr. Ryerson read the report of the Committee of Arrangements, which was adopted.

Dr. Bruce Smith presented the first interim report of the Committee on Credentials, which was adopted.

Dr. Britton then delivered the presidential address (see page 321). He was tendered a hearty vote of thanks, on motion of Dr. John Coventry, seconded by Dr. Harrison.

Dr. W. J. Wilson moved that the regular order of business be suspended, as he had a resolution to bring before the meeting. Carried.

Dr. Wilson moved, that in the opinion of this association no one should receive free treatment as an out-door patient in our public hospitals, except those receiving their hospital maintenance from the municipality to which they belong.

Dr. Samson moved in amendment that a committee consisting of Drs. Coventry, John Wishart, T. K. Holmes, Bruce Smith, A. H. Wright, J. C. Mitchell, W. J. Wilson, and C. O'Reilly be appointed to consider the various recommendations made in the president's address. On motion of Dr. Ross, seconded by Dr. Powell, Dr. Wilson's resolution was tabled.

Dr. A. T. Hobbs, of London, read a paper on "Some Present Methods of Treatment of Patients at London Asylum for the Insane."*

This was discussed by Drs. J. Russell, Bruce Smith, and J. F. W. Ross.

The association then divided into sections.

* Will appear in THE CANADIAN PRACTITIONER.

MEDICAL SECTION.

Dr. J. C. Mitchell was appointed chairman in this section, Dr. Brown acting as secretary.

Dr. R. Ferguson, of London, read a paper on "The Injurious Effects of our Over-wrought School System on the Health of Public and High School Pupils."

Dr. Ferguson, at the end of his paper, introduced the following resolution :

That this section of the Ontario Medical Association expresses its conviction that the school pupils of this province are overworked, that the examination system is overdone, and that the strain and cramming due to excessive study is injurious to the mental and physical constitution of the pupils.

That this section recommends that the number of school studies be lessened and that the curriculum be framed with a due regard for the mental capacity and the preservation of the health of the school children.

This was discussed by Drs. Sheard, Spence, and Britton.

Dr. Ferguson closed the discussion.

The chairman suggested that those who had spoken on the subject constitute a committee to consider the resolution and report before the general session of the association.

Dr. C. J. O. Hastings read a paper on "Toxæmia of Pregnancy."

A paper on "Vicarious Urination" was presented by Dr. A. T. Rice, of Woodstock.*

This was discussed by Drs. Adami, Hastings, McLurg, Cruickshanks, McCallum (London), Fenton, Chambers, Dr. Rice closing the discussion.

Dr. C. B. Oliver's paper on "The Traumatism of Labor," was taken as read.

Dr. Walter McKeown read a paper on "The Application of the Principle of Osmosis to the Treatment of Toxæmia."*

Dr. Olmstead's paper was postponed.

SURGICAL SECTION.

Dr. Angus McKinnon was appointed chairman of the section, and Dr. Herbert A. Bruce secretary.

Dr. A. Primrose presented a paper on "Operative Methods in the Conservative Treatment of Tubercular Joints."* This was discussed by Drs. Coventry, A. Davidson, H. P. Galloway, and C. L. Starr.

*Will appear in THE CANADIAN PRACTITIONER.

Dr. Primrose replied.

Dr. Homes was appointed chairman while Dr. Homes read his paper on "Supra-Pubic Prostatectomy." This was discussed by Drs. A. B. Welford, Greig, Forfar, H. H. Oldright, Holmes, and Peters.

Dr. McKinnon replied.

The section then adjourned.

Evening Session.

Dr. McPhedran presented his paper on "Cretinism in Ontario,' illustrated with lantern slides.

Dr. H. A. McCallum opened the discussion in medicine on "Immunity in Excretion and Cure." This was discussed by Dr. Anderson.

Dr. J. C. Adami, of Montreal, read a paper on "Syphilitic Cirrhosis."*

Thursday Morning.

The president ruled that papers read be handed to the secretary to be disposed of by the Committee on Publication.

Dr. Holmes, of Chatham, opened the discussion in Gynæcology, subject—"Carcinoma of the Uterus." This was discussed by Drs. Rowe, Georgetown, and A. A. Macdonald, of Toronto.

Dr. A. H. Wright presented a paper on "The Management of Difficult Breech Labors."* The essayist demonstrated his method by the use of a manikin. Drs. C. J. Hastings, W. Oldright, Bray, and Rice discussed the paper.

Dr. J. H. Richardson was invited to the platform, and briefly addressed the association.

A communication was read from Dr. A. M. Rosebrugh, secretary of the Prisoners' Aid Society, regarding the establishment of a home for inebriates. The president said he would, with the consent of the association, appoint a committee whom he would ask to consider the matter, and report at the next annual mee ing. This was approved of by the meeting. The president referred the matter to the Committee on Public Health.

Dr. McKinnon begged the privilege of introducing a motion: That the dinner of the association take place on the first evening of the association, and that the out-of-town members pay their own way. Seconded by Dr. Rowe. Carried.

The association then divided into sections.

*Will appear in THE CANADIAN PRACTITIONER.

MEDICAL SECTION.

Dr. A. T. Rice, of Woodstock, was appointed chairman of this section.

Dr. R. Doan, of Harrietsville, read a paper on "My Experience with Antitoxin in the Fall of 1897." This was discussed by Drs. E. L. Shurley, C. Sheard, Price Brown, Adami, L. M. Johnston, McPhedran, and Samson. Dr. Doan closed the discussion.

Dr. Heggie then read a paper on "Hyper-resonance of the Chest, a Premonitory Symptom of Pulmonary Tuberculosis."

Dr. P. H. Bryce read a paper on "The Effect of the Climate of our Canadian Northwest on Patients with Tuberculosis."

The section then adjourned.

SURGICAL SECTION.

Dr. N. A. Powell read a paper on "Cat-gut, Gauze, and Sponges—What are the best Methods of Their Preparation."

Dr. Oldright, sr., read a paper on "When Should We Operate," illustrated with cases. This was discussed by Drs. McKinnon Riddell, McKenzie, C. Starr, and Holmes.

Dr. G. H. Burnham read a paper on "The Various Operative Methods of Dealing with Eyes Lost through Injury or Disease (see page 352). This was discussed by Dr. Chas. Trow.

The section then adjourned.

The association then adjourned for lunch which was tendered to the out-of-town members by their Toronto confreres and served at the city club house of the Royal Canadian Yacht Club.

A clinic followed at the Victoria Hospital for Sick Children. Dr. W. B. Thistle showed two cases of rheumatoid arthritis. Dr. Geo. Peters showed (1) a case of teratoma—two tumors on the back of a child, each containing intestine; (2) a case of ectopia vesicæ with prolapse of the rectum; (3) a case of empyæma.

Dr. Primrose showed (1) a case of psoas abscess in which he had operated without drainage; (2) a case of deformity due to birth palsy; (3) a case of arthrectomy for tuberculosis of the knee-joint; (4) a case of Calot's operation for forcible reduction of spinal deformity.

Dr. Crawford Scadding made some remarks on the administration of chloroform in the prone position. He showed a case of rickets.

Dr. Powell showed a case in which he had fractured both lower

limbs by manual force followed by plaster paris splintage for the correction of deformity.

The hot air bath as used in the treatment of surgical and medical diseases was showed and its operation demonstrated.

Evening Session.

Dr. Britton presided.

The minutes of the preceding session were read and adopted.

Dr. McPhedran presented the report of the Committee on Nominations. It was as follows: next place of meeting, Toronto. President, W. J. Gibson, Belleville; first vice-president, J. F. W. Ross, Toronto; second vice-president, I. Olmstead, Hamilton; third vice-president, W. J. Rowe, Georgetown; fourth vice-president, N. McCrimmon, Kincardine; general secretary, John N. E. Brown; assistant secretary, E. Hurlbert Stafford, Toronto; treasurer, Geo. Carveth, Toronto. To the Committee on Credentials were added W. J. Wilson and W. G. Greig, Toronto; to the Committee on Public Health, J. Hutchinson, London, and Gilbert Gordon, Toronto; to the Committee on Legislation, J. G. Mitchell, Enniskillen, and John Samson, Windsor; to the Committee on Publication, J. T. Fotheringham, Toronto, and V. Anglin, Kingston; to the Committee on By-laws, J. Wishart, London, and A. McKay, Ingersoll; to the Committee on Ethics, A. McKinnon, Guelph, and G. Hodge, London; to the Advisory Committee, Wm. Britton, Toronto. The report was adopted.

Dr. Samson was then appointed to the chair.

Dr. W. Britton presented the report of the committee appointed to consider the resolution appended to the paper of Dr. Ferguson. It was as follows:

The committee appointed yesterday by the medical section to prepare a resolution for submission to the association on the subject of over-study in the public and high schools of Ontario, and other matters pertaining thereto, beg leave to recommend the adoption of the following resolution:

Inasmuch as the promotion and maintenance of the public health constitutes one of the most important objects for which the Ontario Medical Association was organized, it is submitted that, while fully recognizing the high standard of general education attained under our provincial school system, it is the opinion of this association,

(1) That the school children are overworked to the detriment of their mental and physical health.

(2) That in many schools the ventilation and air space per pupil are not ample to fulfil the proper sanitary requirement.

(3) That the lighting of the school-room is often so inadequate or so badly arranged as to induce various forms of visual defects.

(4) That while some provision has been made for physical exercise there is room for improvement in this respect.

(5) That home studies are, as a rule, made too arduous to allow for such rest and recreation as are essential to physical growth and development.

It is therefore recommended :

(1) That the number of subjects of study prescribed by the Education Department be lessened.

(2) That homework be curtailed.

(3) That less exacting examinations be imposed on the pupils.

(4) That more time during school hours be devoted to physical culture.

(5) That school trustees should confer with members of the medical profession as to the lighting, ventilation, and capacity of school-rooms.

(6) And that the curriculum generally be framed with full consideration of the paramount necessity for preserving the physical health of the rising generation.

Dr. Britton moved the adoption of the report. Dr. Peter Bryce seconded the motion. It carried unanimously.

Dr. Ross, Minister of Education, who was present, was then called upon. He expressed his pleasure at the recommendations made by the association, and invited the president to appoint a committee to confer with him regarding the points touched upon in the report.

All of which is respectfully submitted.

The resolution was signed by Drs. Britton, Sheard and Ferguson.

The president named the following gentlemen as members of the committee to confer with the Minister of Education : Drs. R. A. Reeve, A. A. McDonald, D. G. Wishart, E. J. Barrick, A. McPhedran, J. T. Fotheringham, R. Ferguson, A. MacKinnon, C. Sheard, J. Spence, Rowe, G. Gordon, Hutchinson, H. Griffin, P. H. Bryce, C. S. Ryerson, and L. L. Palmer.

The treasurer presented his report, which was adopted.

(See archives for statement of same.)

It was moved by Dr. Britton, and seconded by W. J. Wilson, and resolved,

That this association deplores the fact that in the various hospitals and dispensaries of the province, under the guise of poverty, many designing persons who are quite able to pay a medical practitioner at least a moderate sum for his service, make false representations as to their financial standing, thereby securing gratuitous care and professional advice or attendance, inflicting a grievous evil upon the profession at large, imposing upon the time and skill of those who attend them, and obtaining the charitable consideration which is designed exclusively for the deserving poor; therefore it is further resolved that a representative committee be appointed, consisting of five members from the staffs of as many hospitals, and five chosen from the outside profession with power to add to their number in the same proportion, whose duty will be to make full enquiry during the coming year as to the extent of the evil, and to report to this association at its next annual meeting their conclusions as to the best means for its suppression.

The resolution was discussed by Drs. Ryerson, Bryce, and Fotheringham. Carried.

It was moved by Dr. F. N. G. Starr, and seconded by Dr. T. S. Harrison, that this association desires to express its willingness to approve of some scheme whereby reciprocity between the provinces may become an accomplished fact, without degradation of the Ontario standard, and that its members in meeting assembled do request that the Ontario Medical Council act in conjunction with the councils of the other provinces with a view to bringing about this happy result.

This was discussed by Drs. Powell, Britton, Ryerson, Cruickshanks, and Barrick, and carried.

It was moved by Dr. Barrick, and seconded by Dr. W. J. Wilson,

That it be an instruction to the Committee on Papers and Business to take up the report of the Legislative and Special Committees and resolutions of which notice has been given immediately after the president's address at the next meeting of the association.

This motion was discussed by the mover, the seconder, J. F. W. Ross, H. T. Machell, and Bryce. Lost.

Dr. Barrick then gave the following notice of motion:

That, whereas there is reason to believe there is a widespread feeling among the medical men of this province, that the system now

in vogue of lodge and contract practice is undignified and derogatory to the best interest of the profession, and should be abolished.

Be it therefore resolved that in the opinion of this association the Medical Council be and is hereby memorialized to take a plebiscite on the question of prohibition of lodge and contract practice.

And further, in case the prohibition be endorsed by a substantial majority to immediately, or as soon thereafter as possible, apply to the Local Legislature to have such amendments made to the Medical Act as to put the above in force.

The usual honoraria were then voted to the secretaries.

A letter was read from Dr. C. R. Dickson, president of the American Electro-Therapeutical Association, inviting the members of the Ontario Medical Association to attend the annual meeting, to be held in Buffalo in September.

On motion of Dr. E. H. Adams, all papers unread were taken as read.

Dr. Bruce Smith presented the following report of the Committee on Necrology :

Your Committee on Necrology beg to report the names of the following members of this association who have gone over to the majority during the last year: Drs. Burns, Strange, Burgess, and Clossen, of Toronto; Drs. Miller and Shaw, of Hamilton; Dr. Cronyn, of Buffalo ; Dr. Dixie, of Springfield; Dr. Newcombe, of Sandwich ; Dr. McClure, of Thorold ; Dr. Griffin, of Brantford ; Dr. Killock, of Perth ; Dr. Hill, of Ottawa ; and Dr. Cunningham, of Kingston.

The report was adopted.

Dr. Primrose presented the report of the Committee on Publication, as follows :

The Committee on Publication beg to report that, in consequence of the fact that during the past few sessions of the association members have been permitted to part with their papers otherwise than through the Committee on Publication, the members of the association have not handed their papers to the secretary. The president ruled this morning that all papers should be disposed of through the committee, and that they should be distributed to the various journals. This ruling was, however, too late to affect matters this session, and in consequence the committee have no papers referred to them.

Dr. N. A. Powell presented the report of the Committee on Ethics. It was as follows :

Your committee beg to report that during the year no formal complaints have been sent in calling for action at our hands.

We recommend that, as the supply of copies of the code of ethics adopted by this association is now exhausted, a new issue be arranged for. The code having received a thorough revision when last before the association, it is inexpedient to make further changes in it at the present time.

It was moved by Dr. Samson, and seconded by Dr. Harrison, that the sum of seventy-five dollars be donated to the Ontario Medical Library Association, in recognition of its usefulness to the profession throughout the province generally, if the funds of the association will warrant it. Carried.

The following votes of thanks were then passed :

It was moved by Dr. Gibson, seconded by Dr. C. R. Dickson, that the thanks of this association be tendered to the Royal Canadian Yacht Club for the use of their club-house in entertaining the members of the association.

It was moved by Dr. Dickson, and seconded by Dr. Clouse, that the secretary be instructed to send to the Toronto Street Railway Company the thanks of the association for their kindness in supplying cars for the excursion about the city. Carried.

A hearty vote of thanks was tendered to the Honorable the Minister of Education, for the courtesy manifested in placing once more the handsome rooms of the Education Department at the services of the association.

The meeting then adjourned until the first Wednesday and Thursday of June, 1899.

Book Reviews.

BRIEF ESSAYS ON ORTHOPEDIC SURGERY. Newton M. Shaffer, M.D., Clinical Professor of Orthopedic Surgery, University of New York. New York: D. Appleton & Co. Canadian agent: Geo. Morang.

This volume is a collection of articles that have appeared in the various journals during the past twelve or fourteen years. The papers necessarily overlap one another a good deal, the same ground being covered a number of times. Yet, for the short time it takes to read, it well repays the reader, as it gives a very clear outline of the present status and scope of orthopedic surgery, of course, from the view point of a conservative orthopedist.

The views of the author are very well set forth in his definition of orthopedic surgery. It is as follows: "Orthopedic surgery is that department of surgery which includes the prevention, the mechanical treatment, and the operative treatment of chronic or progressive deformities, for the proper treatment of which special forms of apparatus or special mechanical dressings are necessary."

ORTHOPEDIC SURGERY. A Manual of Orthopedic Surgery, by James E. Moore, M.D., Professor of Orthopedics and of Clinical Surgery in the College of Medicine of the University of Minnesota. 8vo., 356 pages, 177 illustrations. Price, cloth, $2.50 net. Philadelphia: W. B. Saunders. Canadian agents, J. A. Carveth & Co., 413 Parliament Street, Toronto.

This work is intended as a text-book for students and as a ready reference for general practitioners, and as such is a timely production and fills the bill admirably.

It is a concise, clear treatise on the important subject of Orthopedic Surgery, and, with the special emphasis that is laid on early diagnosis, and the simple plans of treatment outlined, will be a valuable aid to one who is not devoting his entire time to orthopedics.

The illustrations, many of which are original, serve beautifully to aid, by appealing to the eye, the understanding of the text. An earnest effort is made in the treatment to follow a middle course between the too radical surgeon, who operates on everything, and the conservative mechanic who never operates.

The success, the author claims, which attends the American surgeons in this department is largely due to their natural inventive genius and mechanical ingenuity, combined with the fact that they fit and apply all apparatus themselves, and do not send their patients to instrument-makers who know nothing of disease. No doubt the general practitioner does too often turn his cases of deformity over to instrument-makers for treatment. This is pointed out as absolutely wrong, as one might just as properly send a patient to a druggist for treatment after making a diagnosis.

The work lacks in its dealing with pathological conditions, paying very little attention to this important branch of the subject.

A COMPENDIUM OF INSANITY. By John B. Chapin, M.D., LL.B., Physician-in-Chief to Pennsylvania Hospital for the Insane. Illustrated. Philadelphia: W. B. Saunders.

The purpose of the author to compile in a condensed and concise form a compendium of diseases of the mind for the convenient use and aid of physicians and medical students has been very successfully accomplished. While making no pretension of being an elaborate treatise on insanity, the work is more than a compend, and the condensation is not made at the expense of clearness in describing the mental symptoms of the different forms of insanity. In the chapter on classification of insanity, while strictly adhering to the scientific aspect of his subject, Dr. Chapin inclines to a position of moderate conservatism. While not departing too far from the long-recognized elements of Pinol and Esquirol, he favors a scheme based on clinical forms as furnishing the best classification. This is practically the plan adopted by the French congress of 1889, and it is one that allows of indefinite expansion to admit new clinical and pathological forms as they come to be demonstrated. He asserts that the time has not arrived when a classification can be based on the pathological conditions of the insane, because too little is known. Observation, experience, and the results of treatment lead to the conclusion that all insanities have an origin in physical changes in the nervous mass, mental and physical degenerations, or in a deficiency of those nutritive processes that sustain the functions of the nervous centers.

The clinical descriptions, while brief, are pen-pictures which are strikingly graphic and life-like. This can scarcely be said of the photographic illustrations.

The sections dealing with the therapeutics of insanity are exceedingly valuable and, coming from one whose wisdom has been acquired by years of experience, possess the merit of being thoroughly practicable. He summarizes the treatment of the insane most succinctly by urging the following procedure. (1) To remove any known cause of ill-health; (2) to promote the normal performance of the bodily functions; (3) to place the greatest reliance upon nutritious food; and (4) to place

less dependence upon drugs. He utters a warning in regard to the abuse of hypnotic drugs. This note of warning deserves more than a passing notice. Too often patients are brought to our asylums whose existing mental disorder is burdened by a new pathological state, due to excessive narcotic drug administration. The indirect effect of excessive hypnotic drugging is to add a toxic agent which retards or even endangers mental recovery. Life itself is often placed in jeopardy in consequence of partial paralysis or impaired performance of the functions of vital centres by this injudicious practice.

Dr. Chapin, having had large medico-legal experience, is able to give many practical suggestions for both lawyers and experts. His definitions are carefully considered and will no doubt be helpful to those who have to meet the requirements of the law. The chapter on medical certificates is especially worthy of attention.

For the general practitioner, who has neither the time nor the inclination to read any of the large systematic treatises on insanity, Dr. Chapin has provided an excellent work, bearing on each page the impress of practical knowledge and experience. Its teachings have all the merit of ripe opinion and all the charm of a vigorous and natural style.

OUTLINES OF RURAL HYGIENE. For Physicians, Students, and Sanitarians. By Harvey B. Bashore, M.D., Inspector for the State Board of Health of Pennsylvania. With an appendix on The Normal Distribution of Chlorine, by Prof. Herbert E. Smith, of Yale University. Illustrated with twenty (20) engravings, 5½x8 inches. Pages vi.-84. Extra cloth, 75 cents net. The F. A. Davis Co., publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

This little book fills a useful place, giving such detailed information, as is required "about the house and premises" in the rural districts, to persons who are chiefly interested therein and desire to get said information in concise form.

Chapter one points out the elements of danger and safety in wells, and gives directions for the improvement of them. One curious fact is mentioned that with obliquely shelving strata a dangerous vein may suddenly be encountered by an increasing depth. Good directions regarding filter-cisterns are given. Remarks on other sources of water supply and examination of water are given. If the simple and economical directions in chapter two on waste disposal were carried out on farms and country gardens what a pleasant and wholesome change we would often see! We think the flushing tank would be a benefit in the disposal of slop water even if there be no water service.

Chapters three and four, on soil and habitations, give useful hints for making building sites and houses more healthy.

Chapter five, disposal of the dead, gives instances of contamination of stabling and wells with arsenic in some cases and disease germs in others.

The normal distribution of chlorine, chapter five, should be of interest to our hygienic and analytical chemists. The paper, type, and illustrations, and binding are of excellent character. The style clear and concise.

A MANUAL OF HYGIENE AND SANITATION. By Seneca Egbert, A.M., M.D., Professor of Hygiene and Dean of the Medico-Chirurgical College of Philadelphia; Professor of Anatomy, Physiology and Hygiene in Temple College; Member of the Academy of Natural Sciences of Philadelphia, etc., etc. Octavo Vol. of 368 pages with 63 illustrations. Price, cloth, net. Lea Brothers & Co. Philadelphia and New York.

This little book is well-printed and spaced, and on good paper.

The introductory chapter gives some of the most recent statistics, as well as some of the older ones, showing the value of practical hygiene in lessening the death and sickness rates of various countries.

Next follows a chapter on bacteriology of a general character and such as to interest and impress the ordinary reader and the student commencing the study of the subject. Air, outdoor and indoor, is fully considered in the next chapter. The poisonous ingredients of exposed air, and then relative importance and *modus operandi* are very fully considered. The author refers to the work of Drs. Mitchell, Billings and Bergey, as set forth in Vol. xxix. Smithsonian Contributions of Knowledge and the late experiments, indicating that the organic effluvium or effluvia are not so largely responsible as they were until very lately supposed to be, and that more is due to "a decrease of oxygen and an increase of carbonic acid, heat, and moisture."

Dr. Egbert does not, however, readily acquit the organic emanations and reminds us that "it must in fairness be stated that in spite of the later experiments it has seemed to such careful investigators as Brown-Séquard, D'Arsunal, Merbel, and others, to be directly poisonous to lower animals." We may also point out the inconsistency of giving to the Carbon Dioxide in the proportion contained in exposed air any great share of the blame when air containing a much larger amount from other sources may be breathed with impunity.

The chapter on ventilation considers very nicely general principles, but, like most parts of the book, does not profess to go very fully into detail. The author seems to give a sort of *quasi* support to a portable steam radiator for use with gas for purifying the air of respiration, but we cannot see where his fresh supply of oxygen is to come from. We like the way the claims of indirect *versus* direct heats are advocated. We would emphasize his statement that the furnace air should come from a point *outdoors* well up above the ground. Those makers who wish their furnaces to make a good heat record are too much in the habit of taking the air from the inside hall, serving the inmates with the same air over and over again. We think we are quite safe in saying that this is done in over fifty per cent. of our first-class houses, and

in hot water and steam heated houses no systematic provision is made for fresh air.

The next succeeding chapters take up water, food, stimulants, and beverages, personal hygiene, school hygiene, disinfection, and quarantine.

Then comes the removal and disposal of sewage. Dry methods are merely mentioned in a very general way, as also the disposal of garbage. The general principles of the water-carriage system are well set forth. We think the necessity of vent pipes to save traps is rather minimized on pages 310 and 311. The traps ought to be protected by vents whose diameter should be equal to that of the efferent from the trap. We also think the trap, where one is required, in the house drain between the house and sewer should be much closer to the house than "just before its junction with the sewer."

The remaining chapters are devoted to vital statistics and examination of air, water, and food.

The book is a pleasant, readable work, tending to popularize a very useful subject.

Medical Items.

DR. F. T. BIBBEY has removed from Port Hope to Kimberlay, Ont.

DR. K. C. MCILWRAITH, of Toronto, sailed June 1st for England, where he will remain a few months.

DR. JOACHIM GUINANE was married this month, and will live at corner of Wilton avenue and Mutual street.

DR. DON. ARMOUR, Tor. '94, will likely remain in England. He has received an appointment on the staff of University College Hospital, London.

DR. FRANK P. FOSTER, editor of *The New York Medical Journal*, paid a visit to Toronto to attend the meeting of the Ontario Medical Association.

DR. HARRISON, of Selkirk, sailed for England June 5th. He will attend the meeting of the British Medical Association as the representative of the Ontario Medical Association.

WINDSOR was well represented at the meeting of the Ontario Medical Association. Dr. Coventry, past president; Dr. Casgrain, Dr. Sampson, Dr. Cruickshank, and Dr. Raeme.

THE Canadian Medical Association meets in Quebec on August 17-18-19. Let Toronto be well represented. Dr. F.N.G. Starr, Toronto, will be pleased to give any information to enquiring physicians.

DRS. J. ALGERNON TEMPLE, William Wilson, and Allen Baines, of Toronto, attended the annual meeting of the American Pædiatric Association, June 2nd, 3rd, and 4th, in Cincinnati, and after the meeting took a trip through the Southern States.

DR. THEODORE COLEMAN, Tor. '94, has returned from a long post-graduate course at Johns Hopkins and in Germany. He will locate in Toronto, adding another to the M.D. company (unlimited) already here. We wish him every success.

WE regret to learn that Surgeon Lieut.-Colonel Neilson, Director-General Medical Department, met with a serious accident a few days ago by falling down the hatchway of the steamer on which he was proceeding west on departmental business. We hope he will soon be fully recovered.

FEARFULLY AND WONDERFULLY MADE.—"Depend upon it, children," said the benignant old gentleman who was addressing the

Sunday school, "we were fashioned by a wiser power than ourselves. There was no mistake made in putting us together. If our hands were placed where our feet are, and our feet where our hands are, how could we get along? It would be exceedingly awkward, children, exceedingly awkward. I stretch my hand out this way. I move my fingers like this. Now, what is this an evidence of, children?" There was no reply, and after waiting a moment the speaker answered the question himself. "It is an evidence of design. Don't forget that, children," he continued, impressively. "It is an evidence of design. Suppose, for instance, my eye, instead of having lids and lashes, had legs. Suppose my eyes had legs. How could I use them?" "You could use them in running your eye over the congregation, couldn't you?" replied a deeply interested little boy near the door.—*Chicago Tribune.*

FORTY-NINTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

Denver has redeemed her pledges, and the meeting of this association just closing has been one of the most satisfactory in its history. The very atmosphere of Colorado seems to be imbued with hospitality. The attendance has exceeded all expectations, the registration reaching 1,600. In the absence of President Sternberg, the chair was gracefully filled by First Vice-President Joseph M. Mathews, of Kentucky.

The entertainments provided by the local committee were not only elaborate but pleasing in the extreme, and the memories of Denver's beauty spots will ever remain in the minds of the visiting physicians.

The following officers were selected for the ensuing year:

President—Joseph McDowell Mathews, of Louisville, Ky.

First Vice-President—W. W. Keen, of Philadelphia, Pa.

Second Vice-President—J. W. Graham, of Denver, Col.

Third Vice President—H. A. West, of Galveston, Texas.

Fourth Vice-President—J. E. Munney, of Topeka, Kansas.

Secretary—William B. Atkison, of Philadelphia, Pa.

Treasurer—Henry P. Newman, of Chicago, Ill.

Members of the Board of Trustees—Alonzo Garcelon, of Maine; I. N. Love, of St. Louis, Mo.; H. L. E. Johnson, of Washington, D.C.; X. C. Chappel, of Boston.

Next place of meeting—Columbus, Ohio.