

**HON. SENATOR MICHAEL SULLIVAN, M. D.,**  
President of the College of Physicians and Surgeons of Ontario; Professor of Surgery, Medical  
Faculty, Queen's University, Kingston.

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## THE CYCLE METHOD OF THE TREATMENT OF SYPHILIS.\*

By NOAH E. ARONSTAM, M.D., Detroit, Mich.

Lecturer on Dermatology in the Michigan College of Medicine and Surgery.  
Member of the Medico-legal Society of New York, etc.

THE above title suggests neither a new mode of treatment nor a recent discovery, still less the highly vaunted, ephemeral and phantastical pseudotherapeutic innovations of our laboratory confreres, but a rational, practical and effective method of the successful management of this malady, so aptly styled by Prof. Morrow a social evil.

It may not be amiss to state, prior to the discussion of the subject proper, that treatment must not be instituted until a positive diagnosis has been arrived at, lest the symptoms be masked and the appearance of determinable lesions thus prevented, hence incurring the risk of a curtailed and inefficient form of treatment and endangering the life of the individual, least of all desirable in this particular affection. The passive or expectant plan must be had recourse to before the advent of the more definite and exact manifestations. There are no certain rules or accurate signs indicating the most opportune or adequate period at which treatment should be begun. Still, when a general adenopathy has come into existence, it is proper time to resort to specific medication; local adenopathy, however, and especially inguinal adenopathy *per se* precludes it. It is absolutely unnecessary to wait for the approach of involvement of the mucous and cutaneous surfaces; as intimated above, the condition of the lymphatic system throughout, should serve as a guide to the prompt institution of treatment.

The author wishes also to insist in this connection upon a sufficiently prolonged course of medication. Much difference of opinion is extant among syphilographers as to the length of time required for the eradication of the syphilitic virus and the establishment of an apparent status of quiescence or permanent non-recrudescence. Upon this point they are at variance. Notwithstanding this, by summing up the different expressions of opinion pertaining to this vital question the inference may be drawn, *that not less than two years of efficient and continuous treatment*

\*Read before the Alumni Association of the Michigan College of Medicine and Surgery.

should be enjoined, the third year being devoted to the intermittent plan of therapeutics, or as some authors term it "intermittent treatment."

As soon as the existence of lues is established beyond doubt, no procrastination should be suffered, but specific medication immediately inaugurated. The initial sclerema, unless there be a concomitant mixed infection, need not give much apprehension and necessitates but little attention, except strict cleanliness and the application of innocuous antiseptic dusting powders, as bismuth subnitrate, boric acid and aristol in combination. A favorite formula with the author is the following:—

R/ Acidi borici dr. ʒ.....gm. 12. 0  
 Bismuthi subnit. dr. ʒ.....gm. 12. 0  
 Aristolis dr. ʒ.....gm. 8. 0

M. et. ft. pulv.

This should be applied twice a day after detesting the ulcer with hot water to which a small quantity of boric acid is added. Cauterization is absolutely contraindicated and should only be resorted to when the initial lesion is complicated by chancroidal infection and threatens to assume a serpiginous or phagedenic aspect. Cauterization will neither avert nor attenuate the already existing syphilitic toxin. In conjunction with the above, the organism should be brought under the influence of mercury without delay or dalliance, a course which should be persistently and rigorously adhered to for the subsequent 18 or 20 months with short periods of intermission or repose.

The author desires to acquaint the reader with a method of procedure which, for the lack of an adequate terminology, he has designated the "cyclic method"—and for which he implores indulgence and forgiveness. This method has been extensively used in dispensary as well as in private practice, and has been attended by the most favorable results; seldom, if ever, have any recurrences of the malady been observed. The treatment consists, broadly speaking, of the systematic administration of mercury in variable, changeable and alternate forms, with slight intermissions, wherein tonics and eliminatives are exhibited. This method possesses the following advantages over the old, ultra-empirical and crude form of routine:—

1. It never salivates the individual.
2. No untoward after effects are discernible.
3. Gastro-intestinal disturbances are obviated.
4. Consecutive mercurial dermatoses are not apt to appear.
5. Its greater efficacy, promptness and permanency.
6. It is more systematic and thorough.
7. The danger of recrudescence is minimized.
8. The tardive or tertiary phenomena are held in abeyance.

## SPECIFIC TREATMENT.

1. Metallic mercury should be given the preference in the commencement of treatment, mercury and chalk being a very ideal form of the same. It can be administered in doses of from 2 to 5 grains *ter in die*, in conjunction with *nux vomica* and *hyoscyamus* to prevent griping and some of the easily assimilable ferruginous preparations if anemia co-exists, as follows:—

R/ Hydrarg. cum creta, gr. 63.....	gm. 4.18
Extr. nucis vomicae, gr. 5.....	gm. 0.30
Extr. hyoscyami, gr. 7.....	gm. 0.42
Ferri lactatis, gr. 20.....	gm. 1.30

M. et ft. cap. No. 21.

One *ter in die*, 2 hours after meals, and should be continued for 7 days, after which a bitter tonic in combination with belladonna and arsenic in a vehicle of wine of kola is to be exhibited for about three days.

The author makes use of the subjoined prescription:—

R/ Tr. nuc. vom., dr. 1.....	c. c. 4.0
Tr. quassiae, dr. 3.....	c. c. 12.0
Tr. belladonnae,	
Liq. pot. arsenitis, aa dr. 1.....	c. c. 4.0
Vin. kolae, q. s. oz. 4.....	c. c. 120.0

M. Sig. dr. 2 before meals with water. The three days of intermission are termed the *short period of repose*, in contradistinction to the long period of intermission, to be delineated in detail later on.

2. The protoiodid of mercury is the form next to be employed. It can be given in doses of from gr.  $\frac{1}{8}$  to  $\frac{1}{4}$  t. i. d., either alone or together with the tartrate of iron and ammonium. The length of time of administration is one week, to be followed by the same tonic as mentioned in the preceding section, for three days, which constitutes another period of repose.

3. Mercuric iodid gr.  $\frac{1}{12}$  to  $\frac{1}{8}$  t. i. d., is then exhibited in the same manner as above, with a similar period of intermission, wherein tonics are used.

4. Inunctions of unguent., hydrargyri (U. S. P.) or, what is better, mercury vasogen (which is supposed to be metallic mercury with an oxidized hydro-carbon as a base) may be employed. Before applying the same, however, the portion of the skin to be anointed is washed with an alkaline solution, followed by a brisk rub with alcohol, after which the mercurial ointment is thoroughly applied with friction, the most appropriate time for its application being the hour of retiring, and it must be continued for 12 consecutive evenings. Twelve regions of the body are

anointed as follows: 1. Right arm and corresponding axillary space; 2. left arm and corresponding axillary space; 3. anterior thoracic region; 4. abdomen; 5. right thigh and inguinal space; 6. left thigh and inguinal region; 7. right leg; 8. left leg; 9. both hands; 10. both feet; 11. lumbar and sacral regions; 12. dorsal and cervical areas. Two grammes of ointment are used for each inunction, which, as already intimated on a previous occasion, must be thoroughly incorporated in the skin. This completes one inunction course, a warm alkaline bath being taken immediately upon the completion of the course and a three days' tonic repose granted.

5. Fumigation is the form next utilized. Calomel is the best mercurial preparation which lends itself readily to sublimation, 15 grains being a medium dose. Any of the bath cabinets on the market may be used or one may be improvised. After the mercury has been totally sublimated and has deposited itself upon the integument, the patient is directed to go to bed, taking care not to rub off the film of mercury from the cutaneous surface, until the next morning. On rising, a bath is taken and the skin thoroughly massaged. Fumigation should only be ordered every alternate day for one week. Another short period of repose with tonics and eliminatives is then instituted.

6. The next form is the so called "mixed treatment", which comprises the simultaneous use of mercury and iodine, the former as the bichlorid or biniodid and the latter in the form of the sodium or potassium salt. The sodium salt is, in the writer's opinion, more efficacious than the potassium. The appended formulæ were found very advantageous:—

R/ Hydrarg. biniodid. gr. 2.....gm. 0.12  
Sod. iodid, dr. 3½.....gm. 14.0

M. et. ft. cap. No. 21. Sig. One 2 hours after meals, or

R/ Hydrarg. biniodid. gr. 1.....gm. 0.06  
Pot. iodid, dr. 2.....gm. 8.0  
Tr. gentianæ comp. dr. 3.....c. c. 12.0

Syr. trifolii comp. q. s. ad oz. 2; M. et ft. sol. Sig. One teaspoonful with water 2 hours after meals.

In cases of coincident anemia, the following combination acts very beneficially:—

R/ Ac. arseniosi, gr. 1-5.....gm. 0.012  
Sod. iodid, dr. 1½.....gm. 6.0  
Hydrarg. biniodid, gr., ½.....gm. 0.03  
Ferri lactatis, gr. 24.....gm. 1.54  
Quininae sulph. gr. 6.....gm. 0.36

M. et. ft. cap. no. 12; Sig. One capsule 2 hours after meals.

The mixed treatment must be persisted in for a similar length of time as advocated for the aforementioned forms. Another short period of repose is thense permitted, during which the tonic medication already suggested is given.

Throughout the entire cyclical period of specific therapeusis, the patient must be warned against indiscretions in diet and general hygiene. The use of mineral acids must be interdicted, while vegetable acids may be allowed, especially the fruit acids; hence the patient may partake of sour fruits, as apples, oranges, peaches and prunes. Pork and pastry must be tabooed from the dietary. Over-exertion, both physical and mental, is to be prohibited. The mouth and teeth are to be kept scrupulously clean and all tartar removed from the alveolar margins and surfaces of the teeth. Alcoholic beaverages are forbidden, but a light claret at the table may under circumstances be allowed; stout and ale may be partaken of in moderate quantities, as well as malt extract. Of course, it is needless to say, that all these beaverages, if permitted at all, must be used very tentatively. Coffee and tea must be absolutely discarded and smoking or chewing abstained from, lest mucous plaques ensue, manifesting much obstinacy towards treatment. In the eliminative treatment, as will be noted subsequently, the diet may be more liberal and additional concessions made. Balneotherapy, either simple or medicated, should supplement the method of treatment promulgated on the foregoing pages, and should be assiduously encouraged, as frequent ablutions remove much effete matter from the organism and lend the body greater resistive power towards the onslaughts of intercurrent affections.

7. Eliminative treatment. The patient is next put on sod., or potass., iodid in ascending doses for one week, beginning with one minim of a saturated solution ter in die and increasing by one minim each subsequent day; it should be taken considerably diluted with water. The best time for its administration is 2 or 3 hours after meals. If the iodides are not well borne, the syrup of hydriodic acid may be substituted in lieu of it, or the pot., iodid may be given in solution per rectum, to which a few drops of tr., of opium may be added to allay rectal tenesmus; this may be injected three times daily. The iodides may also be prescribed in conjunction with the vegetable alternatives, as stillingia, trifolium taraxacum, rumex, lappa, sasaparilla, etc. A repose of three days is again allowed, during which tonics are administered.

8. After this, simple or alkaline baths daily for a week are advised; the various sulphur spas are of decided value at this particular stage of medication.

9. All treatment is then suspended and the patient permitted to enjoy a longer period of rest, or a *nidium period of repose*, for about 2 weeks, after the expiration of which the above method is resumed.

This constitutes the treatment of acquired lues for the first eighteen months of its existence. Another cycle will be given in connection with the management of the succeeding terminal eighteen months, wherein iodine or its preparations are the predominant therapeutic agents.

The cycle method of treatment may be adequately illustrated by the accompanying diagram:—

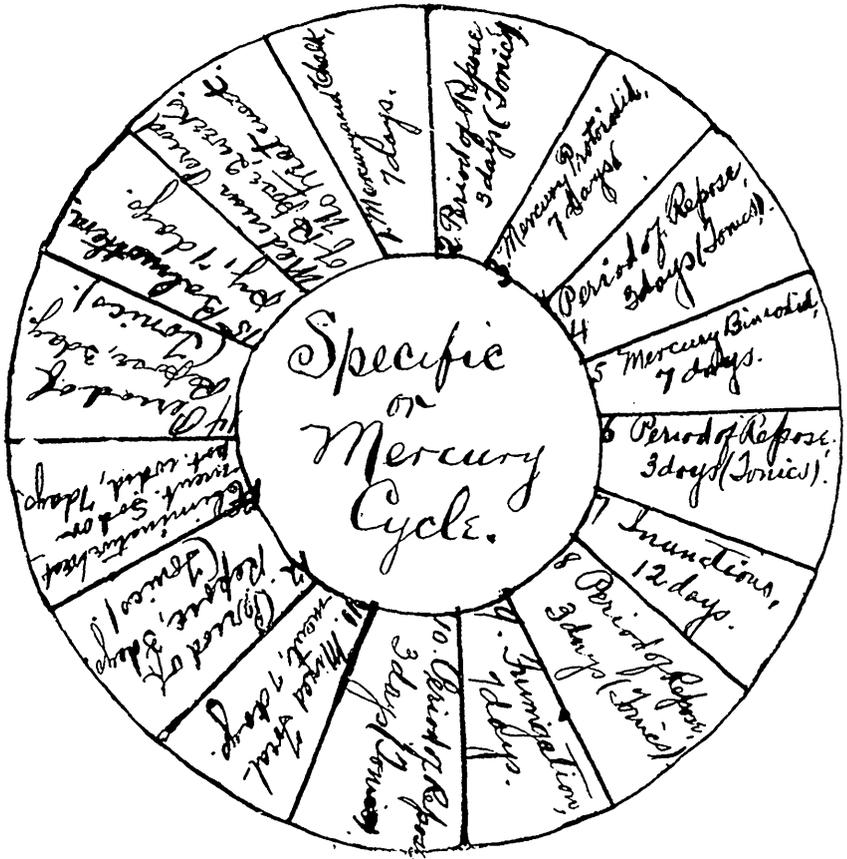


Fig. 1.

Thus it will be seen from the foregoing illustration, that a cycle comprises a little over three months, and that within the first eighteen months six cycles are contained; these cycles are termed *primary, specific or mercury cycles*, in contradistinction to the succeeding six cycles for the terminal eighteen months, which are denominated *eliminative, intermittent or iodine cycles*, by virtue of the preponderance of iodine at this particular period of treatment. The following section will be devoted to an elucidation of the second or iodine cycle.

INTERMITTENT TREATMENT.

After the elapse of the first eighteen months under the above systematic specific medication, a month's repose is granted, after the expiration of which time the treatment following below is adopted:—

1. Iodin, in the form of the sod., or pot., salt is exhibited in ascending doses for one month, the saturated solution of either salt serves admirably well at this juncture; it may also be given in conjunction with the vegetable alteratives enumerated elsewhere.



Fig. 2.

It is begun by giving one minim of the saturated solution ter in die, well diluted with water, to be increased each subsequent day by one minim, so that at the end of the month thirty minims three times a day are taken. By accustoming the patient to the use of these salts by the above mentioned procedure, a tolerance is established, so that even larger doses may be taken with impunity. The best time for their administra-

tion is 2 or 3 hours after meals. A period of intermission, termed the longer interval of repose, is thence allowed, which should not exceed one month.

2. Mercury in the metallic form (mercury and chalk) is then prescribed for ten days, followed by a bitter tonic for four days. For the subsequent 2 weeks all treatment is entirely suspended and the patient is ordered to take frequent baths, simple or medicated. This completes an intermittent or iodine cycle, which may in its turn be depicted by Fig. 2.

The subsequent cycles are similar to the preceding, except that the form of mercury is varied to correspond with the classification of mercurial administration as outlined under specific treatment.

With greater or lesser modification to suit individual cases, and to meet coincident indications and intercurrent conditions as they arise, this constitutes the cyclical treatment of the malady under consideration. Many a favorable and permanent outcome can be ascribed to this method of combating syphilis, and very few, if any, cases of recurrence have come under the observation of the author. He is confident of the superiority and advantage of this method over the old, unsystematic and irregular regimen.

The writer will regard himself amply repaid for all the labor incurred in the preparation of this paper, if after the perusal of these pages his system will be given a critical test by his confreres. He shall appreciate all comments and suggestions conducive towards a better elaboration of the subject he is endeavoring to systematize.

164 E. High St., Detroit.

## THE DIAGNOSIS OF MODIFIED SMALLPOX.

B. CHARLES A. HODGETTS, M.D., L.R.C.P. Lond.,  
Secretary to the Ontario Provincial Board of Health.

THE term "Modified Smallpox" given in the title is somewhat misleading, for heretofore the word "modified" has been reserved for cases of smallpox occurring in vaccinated persons only; it has in short been considered a synonym of varioloid. The continuance of variola in a mild form for the past five years has led to the application of the term "modified" to all cases where the course has been considered in any way atypical. By the setting up as a clinical standard a certain chain of symptoms, which has for many decades been considered diagnostic of variola, there has become engrained into medical practitioners the idea

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\* Read by request before the Ontario Medical Association, 15th June.

that these are the only symptoms which could be found in a case warranting the diagnosis "Smallpox".

The infallibility of this doctrine has like many other of the "sure things" of this world been proved to be fallacious. Like others of the group exanthemata we know, as indeed have all writers of authority upon the subject, that smallpox is capable of every degree of modification, from the initial stage through each successive stage, until that of complete recovery is reached.

That this long continuance of smallpox in so mild a form is perhaps unprecedented is true, certainly as far as modern medical history is concerned, but a careful study of the writings of those who have discussed the subject at any length, cannot fail to convince one that in outbreaks where the mortality was high, atypical (mild cases) were always to be seen. Most cases were severe and so the description recorded corresponded with the type. In like manner one writing now would describe in detail the progress and symptoms of the type of case as observed, incidentally referring to the severe or very mild ones as atypical of this epidemic.

Again the modified cases have for the past 100 years been considered as those upon which vaccination has had a controlling influence, and at this date to apply the term "modified" to a large series of cases upon which the beneficial effects of vaccination cannot claim to have exercised any modifying influence, is most misleading.

It is therefore preferable to consider all cases which occur in the unvaccinated as smallpox no matter of what type, reserving the terms "varioid" and "modified smallpox" for those cases happening in persons who have derived any immunity from a successful vaccination, or re-vaccination, or previous attack of smallpox. The possibility of an inherited immunity derived from vaccination in a line of ancestors as being a factor in the cause of the mild type characterizing the recent epidemic is not substantiated by observations extending over the last whole period of its presence.

For the past five years perhaps no subject has called forth more discussion than that of smallpox, chiefly from the fact that the mild type which characterized the first cases of the disease has been almost constant throughout that period. True it is that individual instances have not been wanting where all the virulent symptoms have been present, but these typical cases have been like cases in the desert, and their appearance has cheered the heart of many an anxious Medical Health Officer whose diagnosis had at last been confirmed, his hope being often realized that virulence would be followed by public alarm, which would result in precautionary measures being taken with more alacrity.

The diagnosis of the disease under such terms as "Cuban Itch", "Phillipine Rash," "Elephant Itch," etc., required merely passing notice, and their use by any physician is to be severely condemned.

Before considering the differential diagnosis, the presentation of a brief review of the symptoms which have characterised the disease as it has occurred in Ontario is desirable.

*History.*—Some five years ago the first cases appeared in Essex County, and in the following year the disease became widely scattered in the lumber camps of Northern Ontario before its presence was known. In both instances it came from the State of Michigan. At first considerable difference existed as to the diagnosis. By some it was considered to be chicken-pox, while others were as confirmed in their opinion that it was impetigo contagiosa, and a number expressed the opinion that it was some new cutaneous disease without a name, and for a time at least the opinion was expressed that it was of a syphilitic character.

This latter opinion was no doubt due to the fact that male adults seemed to be the chief persons attacked, but soon it became apparent that it was not limited either by age, race or sex, and although it spread somewhat insidiously, yet those unvaccinated became its victims when brought into contact with it. Usually it required more than a passing exposure, but frequently cases occurred where the contact was but slight. When it occurred in schools, unchecked, it was particularly interesting to observe that a period of several weeks would elapse between the appearance of the first case and the general outbreak, the first cases being those occupying seats contiguous to the initial one, it being clearly evident that the infection was of a mild character. A very noticeable feature, and one that was emphasized as the cases became more numerous, was the immunity of those who had been vaccinated, the disease pursuing an almost unaltered course through thousands of unvaccinated persons, at times presenting slight exacerbations in those who from some personal susceptibility developed the old fashioned type of smallpox.

*Climate and Season.*—The disease has continued from year to year with a maximum number of cases in January and a minimum in the summer months. The type presented no variation in the cold of winter as compared to those happening in the heat of summer.

*Contagiousness.*—It would appear that the virulence of the contagion is in direct relationship to the severity of the attack. During the early stages preceding pustulation the infection is not as great as subsequently, and the mere entering a room or house wherein is a mild case during the pustular stage, is not always followed by an attack. Often persons live for weeks in the same house with a mild case before they develop it.

I have not known of a case due to convection, indeed on this point I am somewhat sceptical.

*Incubation.*—The usual period of twelve full days from the date of one receiving the specific infection of smallpox is, as a rule, the correct one, but the exceptions were so numerous during the past five years where 15, 16 and 18 days have elapsed, that for mild cases the period may safely be extended to 15 days. For the reason of prolonged incubation the period of quarantine has been extended to 18 days, and in some of the neighboring states three weeks is the statutory period.

*Initial Symptoms.*—While in many cases the onset, although slight in character, is often sudden, yet many patients have suffered so little discomfort, that it has been hard for them to fix any time for the onset. Mild and insidiously indeed have been his prodromata, from a passing malaise to headache and backache, accompanied by nausea and vomiting, children and adults alike have had the same experience, and the latter have often followed their usual occupation throughout the whole progress of the disease. Many have described this group of symptoms as simulating "La Grippe" than anything else. The temperature has averaged from 100 degrees F. to 102 degrees F., while the instances have been as many below the minimum as above the maximum quoted.

The fever continues as a rule for 24 hours to 72 hours, although it frequently passes unnoticed by the patient, the temperature drops to normal or subnormal, with the appearance of the eruption, and thus ends for many their sickness, and the usual occupation is resumed. Because the onset is severe it does not follow that the attack will be severe, nor does it hold true that the mild onset will be followed by a slight attack.

*The Eruption.*—This appears from a few hours to 72 hours after the onset, and consists in the first instance of minute red macules that disappear on pressure. They are not hard to the touch nor perceptibly raised above the surface. The distribution conforms very much to that of the more severe type of the disease, being more marked upon the face and extremities, than on the trunk. Often within a few hours the maculae become papules when the shotty feel is first noticeable. This is frequently the first stage noticeable in mild cases, and that this time some of them may show distinct signs of beginning vesiculation. Thus it is stated by the patient that they began as vesicles, whereas the correct way to state it would be, the eruption was first noticed when vesiculation began. This is a fruitful source of error in diagnosis and leads the practitioner to call the attack one of chicken-pox.

The rash may appear in one crop but more frequently even in very mild cases, from one to three days may elapse before it has fully come out.

During vesiculation, which continues for about three days, rarely five as seen in previous outbreaks, the rash increases in size until many of them become as large as a pea, pearly in appearance and either filled or partially filled with serum. The more typical will be found to be multi-locular and different to the others, will not collapse on being transfixed by a needle. Some, but not all of the vesicles will present umbilication.

The change to a pustule may begin as early as the fourth day and usually in most cases is markedly noticeable on the fifth day. The rash on the face usually shrinking and drying up into thin crusts are shed from the face and neck often as early as the tenth day. Not so, however, is the course of the lesions on the other portions of the body and the extremities. The course here is prolonged and the pustules present a more typical appearance and on the 6th, to the 8th day of the eruption there will be found a circular pustule presenting a dome-shaped appearance and surrounded by a marked areola. These pustules shrivel and subsequently rupture or are broken, and the contents form a dry crust or they become inspissated presenting a brownish appearance. Particularly is this the case in the feet and hands where the epidermis is thickened. The stage of incrustation continues for a longer period in the latter case than where simply thin crusts form. In the majority of cases there is no dermatitis and if present is but slight. Intumescence if present is not only slight in degree but is evanescent in character and lasts for two or three days.

The average duration of this atypical form of smallpox is slightly under 21 days.

The chief difficulties met with have been as follows:—

- A. The frequently mild form of the onset.
- B. The abortive character of the eruption as observed chiefly on the exposed parts.
- C. The entire absence of constitutional depression after the appearance of the rash thus permitting of many persons resuming their usual calling.
- D. The absence of secondary fever even in more markedly typical cases.
- E. The extreme mildness of the infection as shown in many instances.
- F. The brevity of the period of isolation as compared with former outbreaks.

These and possibly a few others of a minor character have thrown many a physician off his guard and led in the past to rather widespread outbreaks in some portions of the Province.

Of the foregoing the abortive character of the eruption is the greatest source of diagnostic mistakes, for it is found that the eruption when

once out does not pass through the successive stages even in an imperfect manner, but it pursues an abortive course; given a case with a definite number of maculae there will be found to be an aborting of numbers of these, the remainder developing into papules of which in turn a number will also abort before becoming even slightly pustular. It will be further found that the papules have developed into solid conical elevations crowned by small vesicles containing sero purulent or sero-sanguine purulent fluid, which vesicles dessicate early, leaving the solid portion which remains for some time as a warty like excrescence of the skin. This is most frequently noticed on the face but disappears without leaving any permanent disfiguration.

The size of the pustules or the aborted vesicles will be briefly referred to before leaving this portion of the subject; usually circular and of the size of a split pea, yet in many instances it is found that the greater number are smaller in size, some not larger than a good sized pin-head. The apex of many will present a dark appearance similar to an acne though without any marked dermatitis or intumescence. In such cases some few typical pustules will be found possibly on the abdomen or extremities or along the hair line. Again, early rupture of the vesicles or pustules produces, where such has occurred, an irregular outline, somewhat simulating chicken-pox.

The affections with which smallpox of the present type has been, and unfortunately still is most frequently confounded, are Chicken-pox, Impetigo Contagiosa, Pustular Syphiloderm, Urticaria Papulosa and Acne; of these Chicken-pox is the most common, chiefly owing to the fact that the premonitory symptoms have been so mild that the patient has misrepresented them to the physician, and coupled with these mis-statements there is found on looking at the exposed parts only a few, often only one or two abortive vesicles or pustules. The examination is not pushed any further. Both parties concerned are satisfied. The patient particularly so from the knowledge of the fact that isolation will not be necessary, although he may be well aware that had the physician stripped him, an altogether different condition of affairs would have been found on the "hidden parts". The blame is in most instances to be laid at the door of the patient rather than at that of the medical attendant for the mistake, for had the one been honest the other would have been more painstaking in his examination. In Smallpox, believe nothing you hear, doubt much you see on first appearances, but carefully note all that the surface of the body has to reveal to both touch and sight.

The chief characteristics which distinguish Chicken-pox from the present mild form of smallpox are:—

1. It is a disease chiefly confined to childhood being only occasionally seen in adults.
2. It rapidly runs its course in a week, passing through the stages of pimple, vesicle and scab often within a few hours, certainly within twenty-four hours after the first appearance of the papular rose spot the vesicle develops.
3. The premonitory symptoms are but slightly marked, indeed are frequently wanting altogether.
4. The temperature accompanies or follows the appearance of the rash.
5. The vesicles of Chicken-pox are ovoid or irregular in appearance, and attain their maximum development much quicker than do those of smallpox.
6. The eruption as a rule appears first on the portions of the body covered by clothing.
7. After the crusts fall off they leave a red instead of pigmented spot.

With these marked differential symptoms it must be stated that many cases of smallpox of the present type occur as to make it extremely difficult to correctly place them. \*"It may, however, be stated in a general way that a mildly febrile eruption appearing without prodromal symptoms, being distinctly vesicular from the beginning, and commencing to desiccate on the second or third day, should be regarded as chicken-pox, and on the other hand an acute exanthem preceded by an initial stage of 48 hours in which the temperature was distinctly elevated, beginning as papules and ending in vesicles and vesicopustules even though the period of evolution be short should be regarded as smallpox."

The chief points in the differential diagnosis of Impetigo Contagiosa are :—

1. It is a skin affection rarely accompanied at any stage of its progress by an elevation of temperature.
2. There is no initial stage.
3. It does not begin as a papule but as a vesicle or vesicopustule or growth of the same upon an apparently normal skin.
4. It appears chiefly on the face, head and hands,—the exposed parts—
5. It is usually unsymmetrical and superficial and spreads from the periphery, often attaining the size of a ten cent piece.
6. The crusts are of differing degrees of thickness, are varied in color from straw to a brownish hue. They are friable, crumbling very eas-

\*Wm. Welch, M.D., *Philadelphia Med. Journal*, Nov. 18, 1889.

ily. On removal the base is covered with pus which on healing leaves no scar.

7. Fresh inoculation may occur in the same individual, the infecting material being generally carried by the finger nails to any part of the skin.

*Pustular Syphiloderm.*—Although few mistakes have arisen from the diagnosis of cases of smallpox for pustular syphiloderm, yet there is a greater resemblance between these two diseases than is generally supposed. This stage of syphilis is ushered in by fever and accompanying pains and aches, very similar to smallpox. There then follows the papular eruption which subsequently ends in the pustule. The chief distinguishing points are:—

1. The absence of the shotty feel of papules.
2. The formation of small vesicles at summit of the papules.
3. The large indurated base of the vesicles.
4. The appearance of the rash in successive crops.
5. Umbilication is absent.
6. The tendency of some of the lesions to ulcerate.
7. Examination reveals other symptoms of syphilis.
8. A History of the initial syphilitic lesion is confirmatory.

*Urticaria Papulosa.*—In this disease the papules are small, the size generally of a split-pea; in color a dull white. They attain their full size in one or two hours. The initial symptoms are absent.

*Acne.*—This skin affection occurs chiefly at puberty and the chief points in the diagnosis are:—

1. The absence of initial symptoms.
2. The pustules are acuminated with a black central dot or comedo. Base is indurated.
3. The face, shoulders and back are chiefly affected.
4. The rash will be found in all stages in the different portions of the body.

5. The chief diagnostic difficulty is found in the rash as it affects the face, as in these mild cases it often simulates acne. An examination of the whole body will assist in clearing up the diagnosis.

There is no necessity to refer to the rashes which happen in the initial stage for in this type of smallpox they do not occur.

ADDRESS IN MEDICINE.—CANADIAN MEDICAL  
ASSOCIATION.\*

By R. E. McKECHNIE, M.D.

**M**R Chairman and Gentlemen,—In asking a member of the profession residing in the far West to deliver the address in medicine, I feel that a compliment has been paid, not so much to myself, as to the West. To demand that we, living so far away from the centres of learning, from the great teaching institutions of the East, should nevertheless be expected to keep ourselves abreast of the times, and in touch with the latest discoveries, is surely expecting a great deal; and then to expect that one, living under such barren influences, should be able to give you an address equal to this occasion, containing some food for thought and pointing out the pathway of duty and practice, is to look still further for a miraculous manifestation. But the genius of the West is ever equal to all occasions. It has grown accustomed to the knowledge that the best wheat in the world grows in our North-West; that our forests can supply the hugest sticks of timber known to commerce; that our fisheries can supply the world with illimitable quantities of salmon, halibut and other delicacies; always the best, the hugest and the illimitable, ever the superlative. So, it is not strange that a strong egotism has developed out here sufficient even to accept this task, and hoping, but with misgivings, that its self-sufficiency may not suffer in the attempt. Personally, I feel that a great honor has been conferred on me, and I most sincerely thank the Association for its kindness, and trust that its confidence may not have been misplaced.

As to-day we seek to adapt treatment according to the cause of disease, so, looking back to the remotest ages, we find the human instinct groping along the same pathway. But in the early ages of the race science was unknown, and miracle was seen in every unexplainable phenomenon. Hence disease was attributable to the wrath of a good being or the malice of an evil one, and treated accordingly. Among the ruder tribes the Medicine-man has ever held sway; but even in higher civilization we find that in Egypt the priests of Osiris and Isis claimed powers over disease; in Assyria, the priests of Gibil; in Greece, the priests of Aesculapius; in Judea, the priests of Jehovah. While these have ceased to exist with the decay of their respective religious systems, the ruder primitive tribes have persisted. They are found among the aboriginal tribes of Africa to-day, as also on this side of the Atlantic. Parkman, in discussing the customs of the Hurons, says: "A great knowledge for the simples for the cure of

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disease is popularly ascribed to the Indian. Here, however, as elsewhere, his knowledge is, in fact, scanty. He rarely reasons from cause to effect, or from effect to cause. Disease, in his belief, is the result of sorcery, the agency of spirits or supernatural influences, undefined and undefinable. The Indian doctor was a conjuror, and his remedies were to the last degree preposterous, ridiculous or revolting."

Among the Coast Indians in British Columbia the practice is still kept up, and it may interest you to hear me relate what I saw not forty miles from here only three years ago. In the Indian villages are to be found huge barnlike structures called rancheries, each consisting of one immense room and capable of accommodating twenty or thirty families. Living close to nature, the floor, of course, is mother earth. Rough stalls arranged along the walls, separated by screens of rush matting and open toward the centre, form the none too private retreats of the individual families. Each lights its own fire on the earthen floor opposite, whereon their rude cooking is done. The smoke escapes through the shingles, as there is no chimney, and in the absence of windows the light comes in through the cracks in the wooden walls. I went down one evening to such a place to see a sick Indian woman. It was dusk, and the waves of the sea were lapping the beach close at hand, while dusky children flitted by in the twilight, engrossed in some pastime. On entering the only door in the rancherie, I found it in utter darkness, excepting for a small fire burning at the extreme end of the building. Here was presented a study in light and shade, to have suited a Rembrandt. Around the fire was arranged a circle of Indian women (it is always the women who are closest to the mysteries of nature), while at one side was the patient, too weak to sit up, but supported by a couple of sympathizers. Facing her was the Indian Medicine-man, trying to cure her disorder by directing his energies to overcome the supposed cause of her disease. My diagnosis was tubercular pleurisy with effusion, but my Indian confrere had diagnosed possession by an evil spirit, and as he was in charge of the case, I could only look on. Each woman, with a stick in her hand, was beating on a piece of wood before her, making as much noise as possible, and adding bloodcurdling explosives to the incantations of the Medicine-man, in a vain endeavor to drive out, to scare out, the possessing spirit. But unfortunately this kind comes not forth by such rude wooing. And so, from the gray dawn of time, down to what we imagine is the mid-day splendour of to-day, such forms of practice have persisted through all the ages.

But let us not imagine the air clear yet; the fog is only getting thinner. In other times the sun has attempted to shine through. Five hundred years before Christ, Hippocrates broke away from the old traditions of healing, the supernatural methods, and laid the foundations of medical

science on experience, observation and reasoning. Later his teaching influenced the school of Alexandria, where positive knowledge was developed by the adoption of anatomic studies; and centuries later, under Moslem patronage, the medical sciences reached their highest development in the Middle Ages. But Europe was less fortunate under Christian influences. There was a return to a belief in the supernatural origin of disease, and in the practice of supernatural methods to combat it. Retrogression prevailed over progression. Still believing in demoniacal possession, the various phases of exorcism was practised, even combined with such practical methods as the following: "To disgust the demon with the body he was tormenting, the patient was made to swallow or apply to himself unspeakable ordures, with such medicines as the livers of toads, the blood of frogs and rats, fibres of the hangman's rope, and ointment made from the body of gibbeted criminals." For myself, I would prefer the simpler methods of the British Columbia Medicine-man. Cures affected by relics, by pilgrimages and sacred observances obscured the horizon, while even the Divine Right of Kings gave the world the blessings of the Royal touch for King's Evil. All these practices were injurious to the development of medical science, for "why should men seek to usurp sacred observances, according to an overwhelming mass of concurrent testimony, had cured hosts of sick folk in all parts of Europe?" But finally the tide turns. The discoveries of Galileo, Kepler and Newton had their reflex on the sister science of medicine, and investigators made bold to pry into the secrets of life, and learn her vital processes, to seek the true causes of disease and endeavor to find the cure. Relapses have occurred. As fanatics opposed the introduction of the fanning-mill because it infringed on the divine prerogative, which furnished the wind to winnow the wheat from the chaff, similarly, opposition arose to the introduction of inoculation, vaccination, and the use of anesthetics. And as supernatural agencies were invoked to cure diseases supposed to be of supernatural origin, so to-day we have the various sects of faith healers, magnetic healers and what not.

But, as Carlyle says, "Only what is true will persist. Out of the merciless fire of modern criticism truth, like asbestos, will come forth purified; but vain theories, gaseous, will be dissipated among the waste winds forever."

But where do we stand to-day? Have the fogs all lifted and do we all see clearly? Unfortunately not. Investigators to-day are not numbered by tens but by hundreds, pursuing many diverse threads of thought, and giving to the world their conclusions, fully formed or immature, probable or fantastic, relevant or irrelevant.

The search for the causes of disease still continues as actively as ever, but disappointments are far more numerous than successes. Concerning sarcomata, Stimson, in this month's *Annals of Surgery*, says: "We are absolutely in the dark as to etiology, and no further advanced in prognosis and treatment than were our colleagues a quarter of a century ago."

Dr. Snow, Chief of the London Cancer Research Committee, has come to almost identical conclusions regarding carcinoma. As regards these two classes of diseases, we are, therefore, forced to be content, at present, with increased ability to diagnose them, and have to thank the surgeon largely for the groundwork of this advance.

In 1882, Koch proved tuberculosis to be due to specific bacillus, and in 1890 startled the world with the announcement of a cure. We all remember the reaction, the tremendous disappointment, felt not only by the laity, but even more keenly by ourselves, when slowly, unwillingly, we were forced to admit that our expectations were not realized. Early in 1893, Behring delivered a lecture before the Vienna Medical Society, detailing his experiments on animals with his own special serum, and speaking very hopefully as to the future. Perhaps he, who with Roux, discovered in diphtheritic antitoxin the greatest remedial agent of recent times, will unravel the puzzle.

More recently, Marmorek, of Paris, has staked his great reputation by giving to the world the results of his labors in a new serum, and we can only trust that time will prove that it possesses some definite value. Later still, that our professionally agnostic brethren may not starve for want of food, an Italian professor has announced that Koch's tubercle bacillus is not the cause of phthisis, but rather an uncouth octapoid micro-organism of his own finding. Well may the general practitioner raise his hands in despair and wonder what he can believe.

But experience has shown that in tuberculosis, as in other things, prevention is better and surer than cure. Statistics are piling up year by year, adding proof where now none is needed, that, recognizing tuberculosis as an infectious disease and treating it accordingly, a definite gain can be recorded. Education of the public has already been advanced so far that more positive steps should be enforced. Compulsory notification, as in other infectious diseases, proper disposal of infected excreta, disinfection of infected dwellings, etc., should be rigidly carried out, and the same positive results would be attained throughout the country at large as already obtain in the few places far advanced enough to follow this self-evident line of action. A resolution should be passed by the present meeting, urging the various Provincial Governments to introduce the necessary legislation, and I venture to affirm that, coming from so influential a body of scientists, the suggestion would be adopted. And, if adopted, as I have

already said, the educated sentiment of the public would not obstruct, but rather would uphold the action of the authorities. Perhaps this body has already taken this action, but until the various authorities have adopted the suggestions, I consider it the duty of this Association to yearly reiterate the advice. Then finally will begin an era of diminution, until, as some of our more optimistic brethren affirm, fifty years will see the extinction of the Great White Plague.

Councilman's pronouncement as to the causative agent of variola still remains unchallenged: while more recently Mallory, of Boston, has described a protozoan which he has named cyclaster scarlatinalis, and which he believes has a causal relation to scarlet fever. In the winter of 1902-3, Mosher, of the Kinderspital in Vienna, announced the discovery of an anti-scarlatinal serum prepared from a coccus constantly found in the throats of subjects of that disease. His statistics, covering several hundreds of cases, both mild and severe, were, as such statistics usually are, certainly favorable; but he failed to prove his coccus as the cause of the disease, and the consensus of opinion inclines to believe that the favorable results were due to the combatting of the influences of a mixed infection. The same favorable results can also be obtained by the use of antistreptococic serum, which reagent in other forms of infection, has not the wide use among the profession that its virtues demand.

To turn to another field, where surgery and medicine meet we find that some definite progress has been made. Numerous operations on the stomach have shown that ulceration is more common there than formerly suspected. The physician of to-day must not expect to find all the classical symptoms, for we can have ulceration without pain, as we also can have it without haemorrhage. Brilliant results have been obtained in most inveterate cases by operative methods, results such as medicine has not afforded. Under these circumstances we have the added responsibility of advising some of our patients to submit to the risk of an operation, a responsibility which will often tax our courage to the utmost, but which we, as true men, should not shrink when the occasion arises.

In diseases of the biliary tract, surgery has also disclosed many new features. The post-operative biliary fistula, in cases of obstruction of the common duct, affords a positive means of correctly estimating the quantity and qualities of the bile. The use of cholagogues has an established place in our practice, but now our faith is rudely shaken. Although the term cholagogue has been in use for more than two thousand years, and is apparently as firmly seated as the everlasting hills, recent investigations have caused it to tremble, and it may eventually disappear as did many a mountain in some prehistoric cataclysm. Mayo Robson, in estimating the effects of certain so-called cholagogues, found that the old reliable

calomel caused a diminution instead of an increase in the flow of bile. Euonymin gave the same result, while rhubarb and podophyllin, turpentine and benzoate of soda gave negative results. His conclusion is: "The supposed cholagogues investigated seem rather to diminish than increase the amount of bile excreted." Perhaps the most of us feel like saying as the fox to the grapes, "We did not think they were much good anyway."

As regards cholelithiasis we have also learned a great deal, and have had to revise our views as to etiology, and must consider the typhoid bacillus and the bacillus coli the primal cause for the majority of cases. The French school go so far as affirm that, without infection at some stage of the disease, we will not have cholelithiasis. Legars says; "The infectious origin of biliary lithiasis is proved, for the following reasons: If we have shown that gall stones do not depend on general and obscure humoral conditions, but on a local infectious process, the disorder becomes for the most part also a local matter, and as such accessible to direct local means. If the calculi are once formed, they increase and multiply, and we can still be sure that they are due to a single attack of lithogenous infection. At a given moment microbial invasion of the gall-bladder took place, and these microbial invasions, of intestinal origin, depend on various causes, and may occur in the course of different acute disorders; at any rate the calculous disorder comes from this primordial lithogenous cholecystitis. Once more, it is a complaint of the gall-bladder and ducts, not of the bile, and lithogenous cholecystitis is comparable to many other localized infections, such as appendicitis, for instance. By removing the calculi, or the gall-bladder, recovery may be complete and final. Finally, we find infection not only at the origin of lithiasis, but also at all stages of the disorder; it is the leading factor of the various complications as well as of the prognosis of the complaint."

Deaver says: "It can be emphatically stated that gall-stones are always the result of precipitated salts and tissue debris, following in the wake of bacterial infection, mild or severe in degree. Furthermore, the complications of chronic gall-stone disease, adhesions, ulceration, fistulae, liver and pancreatic disease, are also due to infection." He also says: "The treatment of chronic gall-stone disease, its complications and sequelae, can only be surgical. Gall stones are formed through the aid of infection, and therefore the disease is local and requires local treatment, that is, operation, and not solvents or cholagogues to relieve a condition resulting from faulty metabolism."

Therefore, the same application can be made here as was made in reference to gastric ulceration. We should realize the impotence of medicines. Solvents do not dissolve, and the old treatment was merely that of temporizing, with the hope that Dame Nature would aid our misguided

efforts by expelling the offending bodies through the natural passages. Such expectancy is often dangerous. Surgery holds out a positive cure in a large proportion of cases, but too many of us fear the responsibility of advising such radical treatment, and our patients suffer from our timidity.

Let us now return to a consideration of the work being done by our great army of investigators. In reviewing their work, not only that of the past year, but of recent years, we see labor multiplied, mountains heaped on mountains in the attempt to scale the heights of the unknown, until, considering the results attained, we might be forgiven for enquiring, "What avails so Titanic a struggle?" The causes of disease are so intricate that they are reached only after ages of scientific labor. Yet a few successes have made us impatient of the coming of complete victory. Some successes have proved to be stars of the first magnitude, others but the smallest flint sparks to illuminate the truth, whilst many so-called discoveries have given no more light than when wax is struck on wax, idle theories, thoughts written on the brain, and now, let us hope, rubbed out forever. Looking at the workers as constituting an army, one searches in vain for a controlling spirit, one which will concentrate the tremendous and apparently never-tiring energies of this mass of workers into a well-directed assault on some stronghold of the unknown. Modern investigators are, to quote a phrase of Carlyle's, "like a hapless servant gone masterless, unfit for self-guidance." To give an idea of the varied subjects being studied, let me quote the titles of a few of the papers published during the year in but one publication, *The Journal of Medical Researches*, "On the Appearance and Significance of Certain Granules in the Erythrocytes of Man," "The Influence of Certain Bacteria in the Coagulation of the Blood," "The Relation of Specific Gravity and Osmotic Pressure to Hemolysis," "The Bacteriolytic Complement Content of Blood Serum," "The Agglutination of the Pneumococcus with Certain Normal and Immune Sera," "Cat's Blood: Differential Counts of the Leucocytes," "A Study of the Agglutinating Hemolytic and Endothelialitic Action of Blood Serum in Variola," and so on. I do not wish to speak slightly of the labors which these titles of so diversified investigations portray, but I do affirm, that if the workers of some one strong school were under one sole control, their campaign planned against one enemy, and their work properly correlated, more progress would be made in a given time than by the independent, uncorrelated work of all the schools combined.

Such a view is perhaps too Utopian. The world will "gang its ain gait," and our workers will continue to work as before. Truths will gradually be unfolded and science will be developed in the medical field as in the other realms of science. As Marconi did not have to wade through all the drudgery of elaborating the data he needed, but utilized the work of others

in perfecting his discovery; as Roentgen needed to win but a single step in advance of others in the race to gain the palm, so, too, can we confidently look forward to the appearance of a master from among our members, one who, building with the bricks made by others, will erect the edifice of truth containing the key which will unlock the secrets of nature and give us command over our most illusive foes. We all feel that that day is near at hand, and when it dawns we will join unselfishly, without a trace of jealousy, in crowning that master with the everlasting laurel.

In conclusion, Mr. Chairman, and Gentlemen, I thank you for the patience with which you have listened to this address, and wish you every success in your labors in the Section of Medicine.

#### ADDRESS IN MEDICINE.—CLINICAL FEATURES AND ANATOMICAL FINDINGS.

By W. F. HAMILTON, M.D.,

Lecturer in Clinical Medicine, McGill University, Montreal.

MR President, Ladies and Gentlemen,—The honor that I have in addressing you to-day is much greater than I deserve. Five years ago it was my pleasure and privilege, in response to an invitation from the Executive of that year 1899, to read a paper before your Association in session at Charlottetown. The kindly treatment received at that meeting and the pleasant recollections of the fellowship with the members of our profession down by the sea, which I have since cherished, played no small part in deciding me in accepting the second invitation received but a few weeks since. To have been asked the first time was indeed a great honor, but to have been asked a second time is, to me, a much greater one.

I have realized for the first time in my life the difficulty, and I had almost said the distraction, that one may experience in deciding upon a subject suitable for such a meeting as this. To give you a resume in the advance in medicine made within the past few years would take you over matter at least as familiar to most of you as to myself. It occurred to me it might be of interest to many of the members to present, in groups, several cases in which diagnostic difficulties had arisen, and to compare the clinical with the anatomical features as revealed by the post mortem examination. I decided, therefore to speak to you upon some *Clinical Features and Anatomical Findings*. Doubtless it has come within the experience of all here to find at an autopsy several anatomical features not anticipated in making the diagnosis during life. It is mainly to such cases that I wish to direct your attention for a brief time this morning.

\*Read at meeting of Maritime Medical Association, Halifax, July 7th, 1904.

The matter upon which my remarks are based is gathered from my clinical experience during the last ten years in the wards of the Hospital, with which it is my high privilege to be connected. In a few instances I am indebted to Dr. James Stewart and Dr. C. F. Martin for permission to use their cases. I need scarcely remark with all our improved means accurate diagnosis of internal conditions is often most difficult.

We are justly proud of the advances in our methods of diagnosis. The sera-reactions, bacteriological tests, cyro-diagnosis skiagraph and fluoro-scope, and, I may add, the explorators incision, are all of recent acquisition in clinical work. They all have their limitations, and those who use them most frequently and most faithfully will not fail to apply the *ordinary* methods as well. Sydenham's "Natural History Method" of study, without explanations of diseased conditions, was doubtless better than all preceding methods, but it would not have achieved much without Harvey's Circulation of the Blood, Malpighi's work, Histological, on glands and lungs, or Morgagni's infective spirit of advance along pathological lines. Heirs as we are in these latter days of the records of these other discoveries, and of as much as it is possible to inherit, of the experience of the Fathers in Medicine, we fall far short in so many matters of diagnosis, prognosis and treatment that, were we but a little less optimistic we might abandon the field to quacks, mountebanks, "skilly" women, and *prescribing apothecaries* who, in earlier times as now, swelled the motely route of competitors with whom the honest physician had to contend. But, Mr. President and Gentlemen, lest I should wander too far and be chargeable with an aimless digression, let me address myself to my subject.

From among many interesting and instructive cases with lesions of the nervous system, which have recently been observed, three have been chosen as illustrating rather rare anatomical findings—at least when taken with the clinical features.

N. N., a well developed French Canadian shoemaker, aged 50, came into the ward complaining of pain in the upper part of the abdomen, a sharp lancinating pain over the region of the heart, attacks of shortness of breath, and sleeplessness due to palpitation.

In early life he had done very heavy work upon the farm. He was the father of fifteen children, and was married a second time, two years before coming under observation. He used tobacco in excess, and alcohol in very small quantities. He had never suffered from rheumatism, chorea, or any venereal disease.

As we have stated, his chief complaints were of praecordial pain, palpitation and dyspnoea. After a few days of observing the patient a diagnosis of Cardiac Dilatation, Myocarditis, Adherent Pericardium, and

possibly Endocarditis, was made. The heart was enlarged upward to the second space on the left and right laterally, on the right almost to the nipple line, meeting the liver dulness at an *obtuse angle*; while on the left it passed outside the nipple line. Peripherally, there was no evidence of arterio-sclerosis. The uriae showed a trace of albumin and was diminished in quantity; otherwise it was normal.

He did not react to treatment with rest, purgation, digitalis and morphia. One afternoon at two o'clock the patient complained of a sensation of numbness, extending over the left arm and left foot, becoming general over the left side of the body. A little later the same peculiar sensation was felt on the left side of the face and head. Cheyne-Stokes respiration set in. He sat up in bed, swayed from side to side, turned very pale, and rubbed his left arm and leg, complaining that they were cold. His left arm moved about as if parietic. Within a few hours paresis passed into paralysis. The tongue was protruded to the right side. At eleven p.m. there was paresis of the right levator palpebrae, and the lines of the right side of the face seemed less marked than normal. Weakness was the patient's chief complaint; there was no headache nor convulsion. He died eighteen hours after complaining of the first sensory disturbance. The terminal features of the case seemed to favor Cerebral Hemorrhage or Thrombosis.

The autopsy served to confirm the view of dilation and hypertrophy of the heart; there was no endocarditis. A careful examination of the brain revealed no abnormal features, either in the vessels or brain substance proper; neither hemorrhage or thrombosis.

One naturally asks the cause for such a wide-spread paralysis. A search through many books of reference throws but little light upon such a condition. So far I have found but a brief line or two in Osler's Textbook which appears to bear on the subject: "According to Kolisko, softening of limited areas, sufficient to induce hemiplegia, may be caused by sudden collapse of certain cerebral arteries *from cardiac weakness*."

From the standpoint of exact diagnosis the advantage of a careful bacteriological examination of cerebro-spinal fluid is illustrated by our second case. It is one in which a secondary infection masked the primary condition, and threatened at one time in the course of the post-mortem examination to set aside the original clinical diagnosis. Stripped of details the story is as follows:

W. M., aged six years, was admitted with signs of cerebro-spinal meningitis. The history was in accordance with the clinical features of the case. He was deaf when first seen in the ward. His ears showed nothing abnormal on examination by inspection. A lumbar puncture was done and the fluid thus obtained contained the meningococcus intra-cellularis.

The little patient lingered long after the diagnosis was thus confirmed by bacteriological examination of the fluid, dying 67 days from the beginning of the illness.

When the brain was removed at autopsy the pathologist remarked that it did not present the appearance usually found in cerebro-spinal meningitis. Extensive suppuration was discovered in both middle ears and mastoid antra. The drum membrane and external canals were normal. A streptococcus infection was present, particularly in the middle ear, while the meningitis was due primarily to the meningococcus intra-cellularis.

It would appear that in this case so low did the process of life become after the onset of the disease that ample opportunity was afforded for other infections to develop.

Not the least interesting of those taken from among the nervous cases is that of a quarryman aged 54, who came into the Hospital with pain, tenderness and swelling in the right ankle, headache and general weakness. For four weeks, following a chill, he had suffered with his ankle, and for a shorter time with his right shoulder. The headache had been a common complaint of his, extending intermittently over many years. The patient's family and personal history were good. He had never had syphilis or rheumatism, and he indulged but lightly in alcohol.

He was a poor, wretched looking man, older than his years. The mucous membranes were pale. He had emphysema, with marked arteriosclerosis of palpable vessels, enlarged heart, and an accentuated aortic second sound. There was no albumin in the urine, but on careful sedimentation a few casts were discovered. The right ankle was swollen, tender on pressure, and painful in movement. The nervous system was negative with but few exceptions: an increase of reflexes and an inequality of the pupils, the right being larger than the left contraction of the left. His temperature was normal or subnormal.

The patient was admitted on the 1st of September and up to the 4th of that month he had slept well at nights and at intervals had been troubled somewhat with headaches. On the 4th, at two o'clock in the afternoon, the temperature rose to 101 degrees, and at five o'clock it was 103 degrees. He became restless, irrational, and passed his urine involuntarily. Beginning as a tonic spasm and ending in clonic spasms, a sharp general convulsive seizure of three or four minutes duration supervened, in which the head was rotated strongly to the left. After the seizure the patient was restless for a time and then he gradually became himself again in the course of an hour, when the temperature dropped to 101 degrees. There was no paralysis. Five days passed over and but

little change was noticed. On three of those days the record is of "no headache;" on the fourth of "slight headache in the morning."

On the evening of the 10th of September, five days after his first seizure, he had a few twitchings about the face, lost consciousness, his muscles became rigid, and there was involuntarily micturition. When he regained consciousness the left leg and arm were almost completely paralysed. The right pupil was much larger than the left. On the following day there was some rigidity of the paralytic limbs. The head was retracted, rotated to the right and the eyes turned to the right. The face was not affected. The patient's mental state was not clear. The reflexes were increased on the paralysed side; Babinski's sign was present. The patient became completely unconscious and died on the morning of the 12th day of his stay in the Hospital.

The diagnosis was not clear. The complaint led us to regard the patient as the subject of an arthritis of a mild type. The marked rigidity and irregularity of his palpable arteries, made positive a diagnosis of arterio-sclerosis and with this a kidney more or less damaged. The patient, however, did not give any symptoms of renal changes, and but little weight was attached to this. The headache was carefully inquired into, and, as we have stated, it was a common complaint from time to time over many years, and even when his condition was at its worst, during his final illness, headache, when not absent altogether, was constantly less marked. Hence, as a diagnostic point it was not regarded as of much value. There was no optic neuritis. He had not been subject to convulsive seizures. The Febrile temperatures with which the convulsion was associated was certainly exceptional, particularly as it preceded the spasm. Viewed, however, in the light of persistent, though mild arthritis, the fever was not unusual.

Realizing the difficulty of distinguishing between haemorrhage, thrombosis, embolism in certain cases of apoplexy, it was felt that such a case was before us. We had a sudden onset, with but brief premonitory symptoms, referable to the nervous system, a general convulsion and no paralytic signs remained. A few days intervened between this and the final convulsive seizure which left the patient paralyzed on the left side, and then coma rapidly supervened. The diagnosis was general Arterio-Sclerosis, Arterio-Sclerotic Kidney, Myocarditis, Left Hemiplegia of Haemorrhagic or Thrombotic origin.

Need I tell you of our surprise when we found a Suppurative Meningitis, secondary to a very small abscess of the scalp, posteriorly in the right parietal region which was covered by a thin scale-like scab, and underneath which a localized necrosis of the outer table of the bone had taken place. On examination a portion of the outer table, of irregular shape,

and measuring 2 x 1.5 cm., lay loosely in its place, and beneath it the inner table seemed intact. Two relatively large veins connected it with the dura mater, which was rather thick and opaque. Immediately beneath this the most intense purulent meningitis was observed. The inflammatory process was observed. The inflammatory process was widespread bilaterally, and a large collection of puss was found in the median fissure, between the inner aspect of the right hemisphere and extending down to the base of the occipital lobe. There was no basal meningitis.

In reviewing this case we may remark that the main points were in favor of haemorrhage—general convulsion, loss of consciousness, deep prolonged coma and marked arterial sclerosis. In the second place a quotation from Gowers, on purulent meningitis, may be recalled, and with this case in view, I am sure its truth will be impressed upon our minds: "No form of inflammation, not even the tubercular, presents greater variations in symptoms and course, in proportion to the intensity of the process. I have known slight occasional strabismus, slight retraction of the head, moderate headache, irregular fever and optic neuritis, to be the only symptoms, although after death both cerebral and spinal membranes were bathed in pus, and the meningitis certainly commenced a fortnight before death." In the case just related we have not even one of these diagnostic features save the headache and irregular fever, which might be found in many conditions.

Another lesson taught in this decade of hospital experience is that one should be slow to consider obscure cases referable to the nervous system as *functional*. One may briefly recall a good example:—

—Miss T., aged 35, milliner, came under my care October 30th, 1900, complaining of pain in the back, the left hip, knee and leg. She was of light frame and fairly well nourished. Her history showed that for five years she had complained of pain in the small of her back, which set in gradually, increased in severity and often radiated round to the front of her abdomen. Tight clothing and stooping aggravated the pain. Four months before she came under my notice she felt pain in her left hip and thigh, so severe as to need morphia for her relief. Then, after freedom for some time, another attack came on, not so localized as before—all over the left hip, thigh, side of neck and ovarian region; the back was comparatively free. There was a sense of weight and pressure in the top of the head, and she felt as if she were too long for the bed on which she lay. Morphia, bromides, sulphonal and codein had been freely indulged in before coming under my care.

On examination she was found to be very emotional. There was neither deformity, area of tenderness, limitation of movement, alteration of reflexes, loss of power, wasting of muscles, nor rigidity of lumbar

muscles that could be detected. At times she would not undertake voluntary movement of left leg, but it could be moved by another without pain. Her complaints were so bitter, her requests so importunate, that despite the view of a functional condition at first held, we gave her occasional doses of opium. Hot air and counter-irradiation were tried to no good purpose. She was much improved under the judicious care of a special night nurse—she slept better and without drugs. This period lasted for about four weeks, when the right hip became painful. By this our view of a functional condition was becoming doubtful, and again and again we sought an explanation in signs of spinal or other organic disease. Towards the end of January, after three months of worry and dissatisfaction signs of spinal disease developed. Now the right hip was painful, the left less so. There was a deviation of the upper lumbar spines to the right and a rounded tender mass upon the left.

The course of the attack was rapidly downward, and death ensued as the result of an attack of broncho-pneumonia. The spinal deformity was due to an angio-sarcoma beginning in the body of the third lumbar vertebra, secondary in adjacent bones and in the sternum.

The protracted history of pain—its variability, both as to position and intensity; the disproportion between the complaints, and the function of the parts apparently most involved, and the improvement following upon special nursing, when considered in relation to the absence of all objective evidence, accorded good reason for the view of functional disturbance. It must be remembered, however, as we review the case, that there were no certain stigmata of hysteria, and that the pain was complained of chiefly and most constantly in the left hip. Pain when constantly referred to one place should be considered as far more likely due to some organic cause than to a functional condition.

Two cases may serve to illustrate the difficulty of diagnosis between pericarditis with effusion and dilatation of the heart. In several textbooks these two conditions, it would appear, need scarcely ever be confounded, and in several journal articles the differential diagnostic features are set forth. The experience of not a few trustworthy clinicians, however, serves to show that errors of diagnosis are quite within the range of possibility.

The first case was that of a boy aged 12, who had frequently complained of a sore throat. In the early part of his brief and fatal illness he had arthritis in the ankles and right knee, and shortly after became dyspnoeic and complained of great praecordial distress. The pulse was rapid, very irregular, both in rhythm and in volume. There were signs of fluid in the right pleura; the praecordia bulged and showed pulsation, wide-spread on both sides of the sternum. There was dullness across

the chest at the fifth rib, measuring 16 cm., 7 cm., to the right and 9 cm. to the left of the middle line. Traube's space was obliterated, the heart sounds became weaker, the extent of dullness increased upward towards the neck into the second interspace. The friction rub persisted and death supervened. A diagnosis was made of sero-fibrinous pericarditis with right pleural effusion, and possibly of endocarditis.

The autopsy confirmed the diagnosis of mitral endocarditis and of pleurisy with effusion. There was an acute plastic pericarditis, but no pericardial effusion. The heart filled the greater part of the chest, which measured 18.5 cm. over all—the heart itself occupying 14.5 cm.

The case had several points supporting the view of pericarditis with effusion, e.g., the pain and the friction sound; the increase of praecordial dullness, both laterally and upwards, the cardiac impulse within the area of cardiac dullness on the left and the change of percussion note in Traube's space.

The test of the right line of dullness, upon which several writers lay considerable stress as a help in the diagnosis between dilatation and pericarditis with effusion, fails for obvious reasons in this case, for at the autopsy the heart filled the whole of the lower portion of the exposed thoracic cavity, and was enlarged especially to the right (8 cm. right, 4th rib; 6.5 cm. left, 6th rib).

By this case and that which immediately follows, Rotch's angle sign is not shown to be infallible. Dr. Middleton, writing in the "Glasgow Medical Journal, '99" describes the same condition—dullness in Rotch's angle,—in a case of tri-cuspid stenosis. Upward extension of the dullness fails also as shown by this case, and the one following.

The second case was that of a boy, P. T. 11 years of age, who was the subject of a rheumatic endocarditis and had been under observation from time to time for upwards of four years. When last admitted to the Hospital he complained of severe pain in the chest. His pulse was 140, and there was marked increase of praecordial dullness, both to the right and left, measuring transversely four inches, while the note in the second left interspace was impaired. The angle of dullness between the liver and heart was obtuse. The condition grew rapidly worse, the cardiac dullness increasing from four inches to six and in a few days to seven and a half inches. There was a to-and-fro friction murmur heard over the centre of the sternum, the heart sounds were weak, and the general condition was extremely bad. Believing that the patient was the subject of pericarditis with effusion threatening his life it was decided to punc-

B. M. J., 1896, Vol. I, pp. 817.

Edin. Med. Journ., 1895, Vol. 40, pp. 673.

Trans. Clin. Soc., London, 1875, Vol. 8, p. 169.

ture the pericardium. This was accordingly done. The fourth right interspace, close to the sternum was chosen and three ounces of bloody fluid was withdrawn. The patient died 22 hours after. The clinical diagnosis was pericarditis with effusion, mitral regurgitation and cardiac hypertrophy.

The autopsy showed acute fibrinous pericarditis with adhesions and marked dilatation of the heart with hypertrophy and chronic mitral endocarditis.

Before the patient died it was thought that in all probability the heart had been punctured in attempting to withdraw fluid from the pericardium, and at autopsy it was shown that such was the case. The right auricle had been tapped.

According to Gibson and others the danger of puncturing the heart in tapping the pericardium has been greatly exaggerated. Fearing however, that such an accident might occur in this case, special attention was given to the pulse during its operation, and no change could be observed. According to Sloan (*Edin. Med. Journ.*, '95) and Evans (*Trans. Clin. Soc. Lond.* '75), and Broadbent (3rd edition) puncture of the heart is not uncommon, and has been followed by few serious results. Indeed there is evidence supporting the view that it may do much good, and some have even advocated the operation for relief of greatly dilated hearts.

A small group of pulmonary cases remind us of a few misleading features that may arise in some of our most common diseases.

No. 1 (3512), a male aged 60 years, complained of shortness of breath, cough and expectoration. He had been sick for several years, and cyanosis, anaemia, and emaciation were marked. His fingers were decidedly clubbed; his chest was emphysematous, with no dulness at any part; both moist and dry râles were wide-spread. He was slightly febrile and very weak. The sputum examination was negative to tests for tubercle bacilli. The course of his case was that of gradual failure and he died with a diagnosis of chronic bronchitis, emphysema and general arteriosclerosis.

The autopsy revealed chronic ulcerative tuberculosis of the Lungs, fibrosis, chronic pleurisy, emphysema, etc.

No. 2 (7540), female aged 55 years. Complained of pain in the stomach, gas on the stomach and colic. She had been ill for about nine months with weakness and emaciation. There was an irregular temperature, sometimes febrile and sometimes normal. The chest was long with considerable retraction in the supra and infraclavicular regions. There was dulness over both apices, but more marked on the right with moist râles. The yellowish sputum was very scanty and no tubercle bacilli

were found in it. A diagnosis of chronic fibroid phthisis was made with marasmus due possibly to latent malignant disease.

The anatomical findings were, endothelioma of the right lung; secondary carcinoma of the stomach, etc.

No. 3 (3326), that of a man aged 27 years, whose illness began rather indefinitely some weeks before coming to the Hospital. He complained of cough, blood in sputa, and difficulty in swallowing solids. He was irregularly febrile, weak, emaciated and dyspnoic. There was dulness in the right base posteriorly; the breath sounds were blowing and moist râles were heard over the right lung. A very few tubercle bacilli were reported as found in the sputum. The diagnosis was pulmonary tuberculosis.

The anatomical findings were those of carcinoma of the oesophagus, bilateral gangrene of the lung, right empyema, etc.

This group of cases serves to emphasize the following well known clinical facts:—

(1) That tuberculosis may be completely masked by the co-existence of emphysema, and in such cases the diagnosis is all the more difficult because of the rarity, and indeed at times, the total absence of the destructive bacillus.

(2) Case No. 2 illustrates the difficulty of diagnosis of malignant disease of the lung as well as the fact that it may often be confounded with chronic fibroid phthisis.

(3) There may be in the sputa other acid-fast bacilli than the tubercle bacillus, a fact that is well known. In case No. 3 haemoptysis doubtless led to the mistake in the diagnosis.

In a group of two cases we have the common complaint—shortness of breath. The dyspnoea was urgent when the patients were admitted and as they illustrate rather rare and obscure conditions their histories may be briefly sketched:—

Case 1, a female aged 65 years had suffered intermittently with shortness of breath for eight years and was regarded as an asthmatic. She was in the wards but a few hours before death, and the clinical diagnosis was Broncho-Pneumonia with Nephritis.

The autopsy served to sustain the diagnosis, but it was found that the middle lobe of the thyroid gland was greatly enlarged and formed a mass which pressed upon the trachea, so that from the middle third downward the lumen of the trachea was but a mere slit from side to side. There was an intense tracheitis, pulmonary congestion and an early diplococcus infection. The lateral lobes of the thyroid were not enlarged and in life the physician's attention had not been called to this region.

Case 2 was that of a man aged 61 years who, in addition to dyspnoea had loss of voice. For two months before coming under observation he had been troubled with cough and shortness of breath, and for four weeks before his voice had been reduced to a whisper. There was a syphilitic infection of several years' standing. He had lost weight. The dyspnoea was extreme with both inspiratory and expiratory stridor. The chest was emphysematous; there was no visible or palpable pulsation, and tracheal tugging was not present. The vocal chords were in extreme abduction, and on phonation the arytenoideus muscle was the only one brought into play, making the rima glottis a very large ellipse. The fluoroscope showed nothing more than an abnormally broad shadow at the upper part of the mediastinum. There was no pulsation discovered on the broadened shadow. The diagnosis lay between an aneurysm of the aorta and malignant disease involving the mediastinum. The absence of tracheal tugging and of pulsation on fluoroscopic examination added to the obscurity of the diagnosis.

At the autopsy the trachea was found definitely narrowed just above its bifurcation, the wall being pushed in and eroded. The left bronchus was also involved. A purulent lobular pneumonia hastened the end. Almost immediately above the valves, the aorta underwent rapid distension. On the posterior wall at the juncture of the ascending portion with the arch and extending behind the orifices of the cervical branches was a large saccular aneurysmal pouch. This pouch, filled with firm whitish clots, projected back and compressed the lower part of the trachea and left bronchus. But, because of its position and of its being filled with clot the characteristic sign of pulsation was not forthcoming.

We may next consider a most interesting case of staphylococcus infection.

W. N., (7762), aged 39 years, fell ill six weeks before he came under our notice with an attack of abdominal pain accompanied by fever. He was told he had appendicitis. When admitted he complained of severe pain in the stomach, loss of weight, weakness and occasional nausea. There was a history of indigestion without vomiting for several years. During the past two years he had taken freely of alcohol in various forms. He was very anaemic, his skin being a subicteroid cast. The blood count showed 3,000,000 red cells, 4,600 white cells, with 55 per cent. of haemoglobin. The various systems carefully examined gave but little direct evidence leading to a satisfactory diagnosis. A few moist rales were heard at both bases, and the epigastrium was slightly tender on palpation. The liver could be felt. The urine held a trace of albumin. The possible conditions uppermost in my mind were, tuberculosis and early cirrhosis of the liver.

There developed gradually during the next four weeks right pleural effusion, ascites, and left pleural effusion, Arthritis of the left ankle, and an increasing amount of albumin in the urine, with casts. The ascitic fluid and pleural effusion were withdrawn in part and carefully examined, both as to cells and bacteria present. Endothelial cells, polymorpho-nuclear leucocytes and a few lymphocytes were present in the fluid from the chest. Numerous cocci were also found. The same forms were found in the peritoneal fluid. A culture taken from the blood revealed the same organism which Dr. Bruere, who kindly did the examination for me, pronounced as the staphylococcus pyogenes albus. From this it was clear that we had to deal with a case of staphylococcus infection. Some ninety ounces of fluid were taken from the abdomen, and about twenty-seven from the right pleura.

At the height of the patient's illness the urine contained casts, cylinders and an increased amount of albumin. There was a marked improvement in all the symptoms when the fluid from the chest and abdomen was withdrawn. The temperature after a few days became normal, the urine normal and one month after the first blood culture was taken in the same was as before and was free from microbes. He made a good recovery.

The source of infection, or rather the site could not be defined. But, it is not infrequent to find this form of infection with cholecystitis and cholelithiasis. In our patient's history, however, no support for this view could be found.

I wish further to remark upon the great advantages and high degree of satisfaction the clinician enjoys when thus associated with the skilled laboratory worker. It is felt that many cases—not widely different to this—pass under the diagnosis of healed tuberculosis of cirrhosis of the liver, or in the event of death when no autopsy is made, die of one or both of these diseases.

The diagnosis of abdominal cases is usually very difficult. With the assurance, born of asepsis, exploratory incision is recommended and submitted to with increasing frequency, and in not a few instances it is a short cut to diagnosis. It is to be hoped, however, that the day will never come when, confronted by a grave abdominal case, the physician without the greatest care passes his patient over to the surgeon for exploratory laparotomy.

When one reflects that the diagnosis of appendicitis now thought to be so easy has been developed within the last twenty-five years one need not wonder that other conditions, which by their very *nature* are obscure, yet, remain with but few, if indeed any, *characteristic* features. In reviewing the abdominal cases which come before one in an hospital practice

it is clear that in many of these a diagnosis is impossible without a laparotomy or a post-mortem examination. These we must pass over. There is a group of cases, however, in which we think a diagnosis should be made, and yet an experience with such cases teaches the lesson that our clinical observations and conclusions are often wrong. Cirrhosis of the liver, tuberculous peritonitis and abdominal cancer are among the more common conditions met with in clinical medicine in the diagnosis of which many an error has been made not infrequently.

(1) The man in middle life, after several years of alcoholic excesses,—after a diagnosis of the cirrhosis of the liver, dies of cancer of the stomach and tuberculous peritonitis,—his liver being found free.

(2) A patient of more than 60 years of age with a history of alcoholism, dies of syphilitic cirrhosis.

(3) Another patient with jaundice, a rough, palpable tender liver, and severe abdominal pain, becomes greatly emaciated, and, after losing 60 pints of fluid from the peritoneum by tapping, dies with a diagnosis of cancer of the liver. The autopsy reveals a small cirrhotic liver.

(4) Another patient with no alcoholic habits, but with a history of recent malignant disease in the left breast, and with signs of recurrence in the axillary glands, dies with a diagnosis of recurrent carcinoma of the liver,—while the autopsy reveals an atrophic cirrhosis.

(5) A man passed the middle life with a clear alcoholic history in early life from 18 to 42 years of age, had fever, jaundice and an enlarged liver and spleen. A diagnosis of hypertrophic cirrhosis was made. The anatomical diagnosis was, cancer of the common bile duct, secondary in the pancreas, obstruction in the bile ducts, and throughout the liver, with necrosis of the liver.

(6) Our sixth case of this group is that of a female aged 70. She was febrile; her liver and spleen were enlarged; she had jaundice and haemorrhoids. A diagnosis of mixed cirrhosis was made, which in the light of pathological anatomy had to be revised to read, carcinoma of the pancreas, secondary in liver and elsewhere.

(7) And finally, while considering our abdominal cases, we find a young man aged 27, dying of carcinoma of the stomach, secondary in the peritoneum. The clinical features had been interpreted as those due to tuberculous peritonitis, for he had spat up clear blood and was febrile. There was fluid in the peritoneum, and he had passed some blood by the bowel.

REMARKS:—1. In considering those and similar cases clinically we have taken into account the etiology, particularly where cirrhotic changes were suspected. In that case, where "five to fifty glasses of liquor, all kinds", had been indulged in for years, the liver was free.

The recent work of Boix upon the etiology of cirrhosis of the liver in which he shows that butyric acid, valerianic acid, and particularly acetic acid are active in producing the changes of cirrhosis gives a new view-point for this subject, lessening in some degree at least the etiological value of alcoholic.

II. The specific gravity of the fluid withdrawn from the peritoneum is not conclusive.

III. The amount withdrawn, and frequency of tappings, has not been found to agree with Dr. Hale-White's opinion that in cirrhosis the patient rarely survives more than one tapping.

IV. The findings in the liver clinically may be very misleading. In one of our cases enlargement was made apparent by fluid above it pressing it down, while the organ itself was shrunken and small.

V. Cytodiagnosis promises but little of diagnostic value.

It may be said that a differential diagnosis between cirrhosis of the liver and cancer of the pancreas, secondary in the liver, can have no practical results in the direction of the treatment of those aged persons whose cases we have here recorded. There are few who, on this account, will lose interest in the clinical manifestations of disease. Our system of medical education, provided as it is with ample means for pathological anatomy, teaches the physician to think anatomically, as Charcot remarked years ago when describing the services rendered by pathology and autopsy work. In this connection he says that the question whether "do you cure more patients than they cured of old," is a very indiscreet one, and to it he replies in the words of Behier, "Be sure that practice without incessant scientific renewal will very soon become a belated and stereotyped routine."

It has been felt, Mr. President, that some hardihood was required for one to address one's fellow practitioners as I have done on what might be styled diagnostic errors, yet I have regarded these as among the most valuable of my clinical experiences, teaching me more, perhaps, than many successful diagnoses, and it is hoped that this sketch of some of my observations is not wholly devoid of interest.

### THE MEDICAL SOCIETY: ITS PLACE AND EQUIPMENT.

By JOHN HUNTER, M.D.

Physician Toronto Western Hospital.

**A** writer says: "There is, for every one of us, a place and an equipment that, taken together, insure success. It is our duty to find our place and to use our equipment." The wisdom of this statement may be taken as indisputable. I shall, therefore, with some license, use it as a text on which to base a few remarks, that you will please accept,

\*Presidential Address before the Toronto Medical Society, 6th October, 1904.

as an instalment, on the debt which, as president, I owe to the members of this Society for the honor conferred upon me. It has the merit, too, of being a fairly orthodox text, for it can be said that it naturally divides itself into two heads: The Place and the Equipment.

#### THE PLACE.

The Medical Society was begotten, and has ever been perpetuated, by one of the most meritorious inspirations that govern the physician's life, namely, the desire for more knowledge, wider experience and greater skill. A glance over the names enrolled in the membership of the Medical Society shows the place it holds in the estimation of medical men. There you find the names of men distinguished alike for the highest professional attainments in technical knowledge and skill, and also for the noblest attributes of character. The fact that the Medical Society can gather into it such a class of men, is very positive evidence that it has a place. Another equally strong proof for its right to claim a place is the fact that the progress in the science and art of medicine, is very largely due to the work which has been done in the Medical Society. Where else can papers be presented and discussed to better advantage? The Medical Journal is a great medium for the distribution of knowledge. But which physician, who has listened to the words and studied the play of emotions, as expressed in feature and gesture of some of our great medical teachers, would exchange that experience for a perusal of the same article in the quiet of the library, however interesting and instructive a careful reading might prove to be? Would the Apostles have accomplished as much for Christianity if they had read the words of its Founder, instead of hearing them from His lips? Was it not the impress of a personality that made these men invincible? What surgeon could listen to Lister without receiving an inspiration to do all his work more aseptically for all the days to come? Those of us who had the pleasure of hearing Osler's address at the Meeting of the Canadian Medical Association in Montreal, treasure that occasion as one of the most inspiring of the reminiscences of life. To these two names each one of us could add many others to whom we have listened with the greatest pleasure and profit. But some may say that often they have neither been pleased or edified by the manner in which papers or addresses have been given in the Medical Society. This suggests another feature that may be very briefly referred to, that the Medical Society is a place for moral and social development.

High attainments in technical knowledge and skill may be grievously impaired if associated with irascible tempers and boorish manners, which ruthlessly lacerate those tender feelings that constitute the "woof and warp" of our sentiments. A Medical Society is a school in which

anything incongruous in language or manner is likely to be rebuked and corrected. In what other place do sharp tricks, dishonorable intrigues, or petty jealousies seem so small and contemptible to us as when we are convened in a Medical Society? Here we meet in a quieter and serener atmosphere, where the heat and discomfitures that arise from the friction and collisions of the every-day struggle for existence or pre-eminence are not felt, and where we can estimate more justly the work and worth of our fellows.

Time will not permit me to dwell any longer on this phase of my subject: but I wish *en passant*, to refer briefly to those who are not members of any Medical Society. These men belong chiefly to one or another of three groups: The egotists, who are deluded by the belief that they are the incarnation of all knowledge and, therefore, cannot be taught anything by their fellows; the indolent and indifferent—quite too numerous a class; and, perhaps, the most pitiable of all—those who cling to the delusion that they must cherish a real or imaginary grievance against some member or members of the society. These feel their loss keenly, but still hold that it is their duty to immolate themselves on the altar of avenge. Some may say: "Well, if these do not wish to attend let them stay away, we can get along without them." Could we dispose of these classes in this cursory manner, it certainly would be an easy way to get rid of them. But can we do so? These men are members of our profession, and the old adage holds true in our case as in all others that "a chain is no stronger than its weakest link, a fleet no swifter than its slowest vessels, nor a fortress any stronger than its weakest point." A majority of the cases of sickness falls into the hands of the nearest physicians; and, if any of these be less competent because they will not avail themselves of the help a medical society can render, their incompetency and ignorance imperil life and bring oprobrium on an honorable profession. Have those of us who can speak from experience of the value of the medical society no missionary work to do among these classes who do not attend its meetings? Should we leave egotism, ignorance, indifference and petty jealousies to exercise their baneful influence? Is there any better way to get rid of evils than to expose them? "Is not he who is afraid to see, and dare not mention the wrong-doing of himself and his colleagues, his profession's worst enemy? Should we not govern our own lives and, as far as lies in our power, help others to govern theirs, by the abstract truths that "right is right, wrong is wrong, and duty is duty?" Unless the wisest, most cultured and upright men have erred in judgment, or have been deceived by experience, their actions prove that the Medical Society is the right place for every medical man, inspired with any desire for more knowledge, wider experience and greater skill.

## THE EQUIPMENT.

The question of equipment is always involved in the character of the work to be done. Upholstered furniture would not be an essential part in the equipment of a dissecting room. It might represent surplus-wealth or a morbid type of refinement, but strong tables and adjustable stools would answer much better. So in a Medical Society, learned papers and discussions on mere abstract theories might exhibit mental acumen, but the record of every day experience would be of much greater utility.

The equipment of a Medical Society, in so far as the place of meeting is concerned and the frequency with which the meetings are held, must be governed by special conditions. The rooms should be centrally situated, suitably furnished, well-ventilated and lighted. Experience fully proves that meetings held weekly or bi-weekly are much better attended than those held at longer intervals. The meetings should open at the appointed hour. They should not, as a rule, extend over two hours, as long hours exhaust vitality, and impair the interest in the proceedings. I suppose it is a matter of individual opinion, as to whether or not we should retire immediately after the session is over, or spend a few minutes socially over some light refreshments. Personally, I prefer the latter, as it affords an opportunity for the members to become better known to each other and, as a result, to become better friends.

We come now to consider the most essential part of the equipment of the Medical Society, the papers, discussions and the presentation of cases, pathological specimens, photos, instruments and surgical appliances.

Before entering upon the discussion of these, permit me to make a short digression : for I wish to state as emphatically as I can, that there is an imperative obligation resting upon every member of a Medical Society, not only to attend its meetings as regularly as possible, but also to take an active part in the work. The function of a Medical Society is not to nurture drones and parasites, but to be a school in which all are experts and zealous students, imparting and acquiring knowledge.

## PAPERS.

In preparing a paper at least three features should be most religiously kept in view. It should be practical, tersely and concisely written in technical language, and brief. In a society like this one, which includes the whole field of medicine and surgery, the writer of a paper has a great variety of subjects to choose from. When a choice has been made, the writer should strive to imitate the true artist—stamp his individuality on his work. He should never leave it possible for any one to say that his paper was simply a mere repetition of what

has been written in books or journals. Before writing his article, he should read every book and journal that can aid him, but his paper should be as characteristically his own as are his features or tone of voice. What one reads and hears should be to the mind what wholesome food is to the body. The cantatrice transforms her food into musical symphonies that are enchanting, and the statesman his dinner into words that are lustily cheered by his followers. If this be true of physical nutriment, and it is a scientific fact that, without the proper assimilation of food, we could have neither song nor speech, why not make as great a transformation in our mental pabulum? The auditory and ocular centres were never intended to be mere wayside storehouses, out of which the same thoughts should pass again, but rather to be switch-boards, flashing impressions on to the psychic laboratories, whose functions are to discover and interpret these impressions, as they come, and then to stamp them with personality and send them forth again to delight others and to increase the common fund of knowledge. It does not necessarily follow that the work of each one of us will equal in importance that of a Harvey, a Hunter, a Jenner, or a Lister, but it should represent the best that the opportunities of our age, our experience and our mental endowments can produce.

So much for the intrinsic worth and character of a paper, and now a few words about the form and manner of its presentation. An instrument may have considerable value in its design, but be of such poor workmanship that its worth is seriously impaired. In like manner, a paper may show much originality of thought and yet be so carelessly arranged and so poorly read that its real merit is lost to the audience. The writer of a paper should take under his "most careful consideration" the fact that an audience has only a limited amount of time and energy to spend on any one paper, and so should be extremely conservative of both. The scope of his subject should be clearly outlined in title and headings, and the language concise and technical. He should exercise all his elocutionary powers, the tone of voice being made pleasant, and the pitch such as to be easily heard by all present. It is the speaker's duty to make himself heard, not the duty of the audience to have to strain their attention to hear him. How can one expect an audience to be interested in his subject, when he buries his face in his paper and mutters away to himself? Papers should be of no greater length than is necessary to present the subject intelligently. It is as bad to overfeed an audience as it is to overfeed a baby. Too long a paper, causes a wave of anguish to sweep over the faces of those who have to listen, and also a constant shifting of positions in order that they may be able to endure the affliction and mitigate their suffering as much as possible.

## THE DISCUSSIONS.

These, like the papers, should bear the impress of the speaker. It is well to be able to quote authorities, but better still if able to qualify these from personal experience. This by no means excludes the younger members from taking part in the discussions: for how often it happens in earlier years that cases are met which furnish an experience rarely, if ever, duplicated. The youngest member may thus be able to contribute something of as great value to the Society as the old veteran can, and, if you will allow a slight digression here; I would say that this is preeminently the young man's age, and I wish to extend to all such a most cordial invitation to take a large share in our work. In doing so I am sure I express the feelings of all, not only of those in the strenuous period of mid-life, but also of those of us labeled with the serenest graces of maturer years.

## CLINICAL MATERIAL.

In this contingent of our equipment are included clinical cases, pathological specimens, photos, instruments and appliances. However valuable good papers and discussions may be, yet these do not seem to meet all the requirements. We rather long for something that we can see, feel and handle. The appearance presented by the morbid condition; the sounds elicited by percussion or heard through the stethoscope; the sensation produced by touch, can scarcely be overestimated, as aids in furnishing information. In the absence of patient or morbid specimen, good photos are of great service, and no description of instruments or appliances can equal the act of examining and handling them.

I must not violate some of the precepts I have laid down, so will briefly summarize this phase of my subject, as follows:—

The equipments of a Medical Society are:

A home in a central locality, with suitably furnished, well-lighted, properly ventilated rooms.

Weekly or bi-weekly meeting, beginning sharp on time, and of about two hours duration.

Short, practical papers and discussions, bearing the impress of originality and personality.

Presentation of clinical cases, pathological specimens, instruments and appliances.

A large membership, with punctual and regular attendance.

In conclusion, am I not justified in saying that every physician who makes it his business to join the Toronto Medical Society, or one of its sister societies, will find a place and an equipment that, taken together, will insure his success: not always it may be, if judged from the pecuniary standpoint alone, but assuredly success in that far worthier achievement, the ability to do good work.

OPENING ADDRESS OF THE SESSION, MEDICAL FACULTY,  
UNIVERSITY OF TORONTO, 3rd OCTOBER, 1904.

By J. A. TEMPLE, M.D., Toronto,  
Professor of Obstetrics

**M**R President, Ladies and Gentlemen.—I must acknowledge with deep feeling the honor which my confreres have done in selecting me to deliver the opening address to you this session, an honor of which I feel more deeply sensible, when I realize how many among you here present are more gifted than I, and more worthy of this distinction; but none more earnestly desirous than I am of doing my share of the work of publicly presenting the strong position and attainments of this great school, and the strong medical arm which we must all feel our University now possesses in the amalgamated faculty.

To-day we enter upon the second session of the combined schools of medicine, and if the past session be an earnest of the success which we are to meet with in the future, we will indeed have reason for congratulations. The harmony and success of what some were inclined to think an experiment, has been demonstrated beyond peradventure as a decided step in advance.

We are this year continuing the work for which the foundation was really laid last session, the work made possible by the amalgamation of the medical colleges, and the enlargement of the medical faculty, the construction of this building, and the equipment of the laboratories therein contained, presenting a combination of circumstances sufficient in efficiency and equipment to guarantee a medical education for the country which will bring it into the foremost rank of the world. But this satisfactory state of affairs has only been rendered possible by great sacrifices made by every member of the medical staff who, in this particular, has maintained the reputation which is the pride of our profession—that where progress in medical science is to be made, or where the status of the medical profession is to be enhanced, or where benefit is to be conferred upon those who are to receive the consideration of physicians, such work must be proceeded with regardless of the sacrifices it entails. The amalgamation of the medical colleges and the fusion of the two medical faculties do not mean merely the formation of a huge medical combine—it means far more. It means a unification of medical interests in the province, and their welding with the interests and the life of the Provincial University, and the focusing of its powers, and with all its far and wide-reaching influences to compel the recognition and support which this institution and our profession are justly entitled to demand. Furthermore it means obliterating the line of separation which might attach to this or

that graduate of any particular school. It tends to obliterate those influences which separate students and practitioners in their early professional career, and which have in the past sometimes been carried on and continued in after years, when they should long since have been forgotten, and enables the student to avail himself of the best in medical science and example procurable. I hope in future years many of you will see, when this plant shall have reached its maturity as the result of its renewed life, a fragrance and a beauty, which will make the advancement of medical science renowned in all places where that science is known.

In no department of knowledge has the separation of thought from the tangled mesh of scholasticism been followed by more or greater benefits to science and humanity than in medicine. Since reason displaced authority, and demonstration superseded unverified hypothesis, medicine has gradually worked its way into the front rank among so-called natural sciences. Thanks to the method of experimentation, medicine, as an art and a science, has made more advance in the last two centuries and a half than it had made in the previous eighteen.

If this work is to continue and grow it can only do so by the distribution of that knowledge regarding medicine which, when thoroughly comprehended, will appeal to government and people alike, and compel that support which even no higher motives than self preservation prompt. Over and over again it has been demonstrated and proven that the increase of medical knowledge is an asset of value to the community in which it has occurred. Let us stop for a moment to survey some of the branches of our work which more intimately touch the masses of people. I do not propose or claim to be able to present a perfect and complete portrait of the marvellous progress of our craft, but even the dullest can see some rays of light in the picture which must appeal to them very strongly. No more than half a century ago the unfortunate and overworked, suffering from that direst of all afflictions the loss of reason, was separated, not only by his own but by the mental darkness of his day; and restraint, confinement, torture, chains and fetters, the straight-jacket, terrorization, manacles and excommunication was the treatment of the insane. As his violence increased these were intensified. Once within the door of an asylum his doom was sealed, his life among the damned. But fifty years of progress and advancement have abolished all this, and to-day the bond and the straight-jacket are things of the past, whilst sunshine, comparative happiness, home comforts, the development of restful surroundings, proper nourishment, freedom from care, and the supplying of well regulated pleasure has become the lot of this class of sufferers. This same line is developing still further, and though even to-day the horrors of the past attached to the idea of an asylum for the

insane, may still prevail in remote regions, the very word is being expunged from the language of our nation, and replaced with the pathos and the meaning of home, and the conditions created necessary not only to cure, but to prevent the more distressing manifestations, and to eliminate the odium which attaches to the very name of the only institution where the mentally unsound can reasonably hope for shelter. Again, when we turn to the department of surgery, and survey even superficially the marvellous progress and attainments of this department of our art, when we stand in horror before the pictures of the suffering, torture, and agonies endured prior to the time of Sir James Y. Simpson; when we read in our literature of the hemorrhage from the amputated stump being checked by the application of melting tar and red-hot iron; when we endeavor to enumerate those regions of our body which were forbidden the surgeon because of the writhings unavoidable in the absence of anesthesia; when we see to-day the results of the ligature and antisepsis; when we read of work must be proceeded with regardless of the sacrifices it entails. The success of the abdominal surgeon and the almost fairy pictures revealed in intracranial surgery rendered possible alone by the quiet and unostentatious yet unremitting labors of the plodding student, is it any wonder that we should apply for some measure of recognition from governing bodies, or from the great mass of the public, who either do not know, or do not heed these great achievements? Rather is it not a wonder that we are not inundated by earnest offers to contribute in their own way to extend these great blessings? When we look again at what has been achieved by the great pioneers in medicine in the matter of public hygiene, in improved sanitary surroundings, in emphasizing the importance and value of preventing diseases which are preventable, how there has been almost wiped out of existence some of the devastating plagues so prevalent fifty years ago, how there has sprung up organizations and laws for the benefit of communities, rich and poor alike, and in the saving of human life—the amassing of those assets which governments and people profess to be so jealous of. We do not marvel that in the great and progressive industries of the world to-day wealth is being directed towards the endowment and equipment of such machinery. We do not have to look far for such examples. Across the line, where we can find many instances, we regret to say almost daily evidences, that the flower and the brilliancy of our Canada has been attracted by the congenial harbors and wider fields afforded for those whose lives are to be spent in scientific advancement so closely akin to our own. If this country is to keep its place, if it is to sustain its reputation and its scientific prowess, two things must assuredly happen. The Government must recognize more fully and perfectly than it has in the past the real commercial value of scientific education and

scientific work; and the creator of wealth must also realize that he owes some measure of his success, and some of the money made, to the great scientific institutions whose walls sheltered the quiet and unknown student in his daily and nightly task laying the foundation for a work, the tangible benefits of which are too often absorbed by what the public recognize as the successful manufacturer. It remains with the Government to do its part in this great amalgamated scheme and realize the necessity at once of endowing such Chairs as Bacteriology, Hygiene, and Pathology, and in furnishing sufficient funds for securing teachers who will be able to give their undivided attention to these all-important branches. It remains for the wealthy merchant to follow the examples of those in the Republic to the south of us, and in his private beneficence give some character and feature to a country growing prematurely old by the consumption of its crude material. The recent generous and munificent gift of Mr. Cawthra-Mulock, I hope will stimulate some of our wealthy citizens to follow his example and give of their abundance. I trust Mr. Mulock may be spared for many years to come to see the fruits of his gift abundantly realized, for to no better cause could he devote his wealth than the furtherance of clinical research and the relief of the suffering poor.

To those of you who have already been associated with us in the past I extend a most hearty and cordial welcome, and also to those who for the first time appear here to-night. I would express the hope that the same devotion to study, which has in the past characterized the medical students of this University, will be fully maintained by the class of this session, and the mutual respect and good-will which has existed in the past between professors and students will continue, developing a kindly feeling and interest in each other. I can assure you, gentlemen, that you have no warmer friends or well-wishers for your future welfare than your professors. Long after you leave these halls your progress in life is watched and your successful climbing up the professional ladder affords us both gratification and pleasure.

The science of medicine requires a wide and varied experience in other departments of knowledge; it is not enough for you to confine your studies to medical works alone, you ought to be well read in other subjects or you are apt to become narrow in your views. The more time you can devote to other branches of science the better fitted will you become to understand the many complex subjects of medicine. The great aim of medicine is the prevention of disease, the preservation of health, and the cure of disease.

Medicine is one of the most difficult studies you can enter upon. To grasp fully all that has been written on medicine is a task not lightly to be entered upon. It will require all your energies and determination to

master even in a most superficial manner its very outlines; yet for all that it is one of the most interesting and attractive studies you could possibly select, and as you proceed step by step its attractiveness and beauty will gradually unfold itself to your mind, and what to-day appears to you as being quite beyond your grasp, you will in time be able to know and appreciate. The elementary branches to the beginner will prove tedious and irksome, and you will often feel discouraged; but persevere, be not discouraged; a mastery of these subjects will teach you the dependence and relationship of the one to the other, and in due time you will be able to put into practice what you have learned in the lecture-room, and the investigation and treatment of disease will soon be appreciated, and what was at one time a hardship to you will afford you pleasure and gratification. It is most important early to acquire the art of doing what you may at the time consider uninteresting work in a serious and determined way.

The first year or two of the student's life is the most momentous time of his whole student career; if he wastes that time it is an opportunity lost forever, he can never recall the wasted hours. If, on the other hand, he avails himself of the opportunities placed within his grasp, he lays a foundation which will ever prove invaluable to him; and when he passes from the class-room to the hospital wards he will never come out of them without having learnt something he never knew before. His future may be either a success or a failure; it rests with himself which it shall be. I am no believer in what is called "luck" or "fortune," but believe every man's success depends on his own steady and persistent labor; his future success is largely under his own control; the truly successful men are those who do their work and do it with all their might. The lazy, procrastinating, waiting man is, with few exceptions, a disappointed man; he waits and waits for something to turn up, but he waits in vain; his life slowly passes away; the opportunity he hoped for never came, and in the sunset of his days he finds himself a disappointed man, his youth spent, his energies dead, his hopes extinguished; he has wasted a life which might and ought to have been better in its success, and yet even then he fails to see he has himself alone to blame. I hope that this may not be the lot of any one before me. If you want to succeed, begin now; let your watchword be "work"; strive with all your might to avail yourself of the opportunities now placed before you, and success will be yours. It is quite true, "The race is not always to the swift or the battle to the strong," that many men possessing more than average ability, yea, even brilliant intellects, have failed, and it is hard sometimes to know the reason why; I think it is because they lacked perseverance, the knowledge of the little things that go to make up the man, perhaps I may call it common-sense.

Enter on your studies with a firm determination ; work methodically ; lay out for yourself a certain amount of work to be done daily ; see that it is done ; let nothing prevent your doing it ; do not let yourself become careless or indifferent to your work ; you may often feel weary, fatigued, or even despondent, but do not let your feelings conquer you, and there can be no question of failure in the end. Success is sure to be yours. Constant and regular attention in the lecture-room is essential. I am thoroughly convinced that didactic teaching is as essential to the student as any part of his whole training. I do not wish to overburden the student with lectures, but I fear there is a tendency in some quarters to ignore their usefulness. This, I think, is a great mistake. There was a time when too many lectures were required of the student. He was compelled to follow the same course of one hundred lectures on one subject twice over—an obvious absurdity. But to-day the College of Physicians and Surgeons has wisely cut the lectures down to one-half of their former number, and perhaps there are still some subjects the lectures on which might be still further lessened ; but to do away with them altogether I think most ill-advised. A student in the course of his lectures will every day learn something from the professor which he will never learn in the same manner from his text-book. A carefully thought-out lecture will prove of great advantage to any student who listens attentively and takes notes from it. Attendance in the laboratories, where so much is to be learnt, cannot but prove of inestimable value ; it is here you learn what you cannot learn elsewhere, and to-day so much is done in the laboratory, that you cannot afford to lose any opportunity of careful attendance to the instruction given there.

In these days the science of medicine is making tremendous strides, encouraged and prompted by laboratory research, and many a seemingly small discovery may mean a great bound in professional advancement ; but whilst the laboratory undoubtedly has its purpose, and the cloister studies of original research may result in invaluable benefit to the medical practitioner, we must not forget the wide field of medical work, where nature plays the part of a cruel and relentless vivisector, and produces many an experiment which you will be asked to interpret, and the results and bearings of which you must forecast with a certain degree of absolute accuracy. In the life of a medical practitioner the laboratory must never be permitted to supersede that larger laboratory, the hospital ward, nor the study of those intricate problems of disease whose relief is the life-work of the true physician, and whose surroundings are often dissimilar in every way from what he might be led to fancy they would be from studying only the narrower feature in laboratory research.

The importance of hospital attendance is of extreme value; here you will learn the habit of observation, and familiarize yourself with investigations into the diseased conditions of man. Clinical investigation at the bedside will give you confidence in yourself and enable you to investigate for yourself the various forms of disease.

Reading and study is essentially necessary to acquire the knowledge of the causes and symptoms of disease, but clinical experience is still more necessary to enable you practically to apply that knowledge. The responsibility that rests on you as a practitioner is very great. To your care and skill will be entrusted many a valuable life, and if you should prove ignorant, incompetent, and not prompt and decisive in action, you may perhaps be the means of losing that life, of depriving a family of the love and care of a mother or father whose place can never be filled. If, on the other hand, you are competent, you will have the undying satisfaction, it may be, of snatching a life from the very jaws of death. What can be of more satisfaction to any man than such a reward? No pecuniary remuneration is equal to your own consciousness of the successful discharge of your duties. The grateful thanks of the poor man, who has only thanks to offer for your services, will be esteemed by you as of more value than the money of him who only values your services at so many dollars. The day you are enrolled as a member of the medical profession, that day your responsibilities begin. Until then you have scarcely known what responsibility means; and as you proceed in your professional career, responsibility continues to increase with your increasing work. You will some day realize the tremendous weight of this responsibility. When, for instance, you stand at the bedside of some stricken and dearly beloved member of a family who have called you in, and who have placed their whole trust and confidence in your skill. The stricken one may perhaps be the head of the family, the breadwinner, upon whose daily work depends the existence of a large family of helpless little ones; or it may be the dearly beloved mother, who has tended and toiled so hard for her children, and whose loss is irreparable to that young family, who wait and yearn for her recovery. Or, again, it may be a child, perhaps the only and dearly beloved child, for whom your ministrations are sought by the sorrowing parents, the going out of whose life would crush their every hope, and you stand there entrusted with their full confidence. They will watch your every movement; they will listen eagerly for some words of hope from you; their gaze will seem to penetrate through and through you and to read your inmost thoughts. Upon your decisive action, your skill, the balance is turned, the life is snatched from the grave, the joy and light of that household is once more restored, and you have the unbounded satisfaction of knowing that you contributed in no small

measure to that happiness. Do you not think that this is a responsible moment in a man's life? Is it not sad to think, on the other hand, that through ignorance, neglect and carelessness, you may have helped to sever the tender cord that bound that precious life to the bereaved family? We cannot save every life, nor can we expect to; but we are expected most assuredly by our patients at least to commit no gross blunders. To avoid such mistakes can only be done by constant study. The more busy you become the more study is called for; the more constant must be your observation of disease in all its forms. It is then you will learn the value of your attention to your clinical work in your student days. Your teachers have had to learn all this before you. Take every advantage of their well-earned and rich knowledge. They are only too willing to impart it to you; but you should realize that they have acquired that knowledge by hard work and untiring devotion to their studies.

The practice of medicine demands of us the greatest devotion and self-denial—and not unfrequently true heroism. How seldom does the medical man receive proper recognition for acts of the truest bravery performed in the discharge of his duties? It is not in the din of battle, or the excitement amid the roar of cannon and shouts of the victors, that he is called upon to do some act of bravery, but in the harrowing hush of some dread disease or epidemic, that the physician daily takes his life in his hands, and goes in amongst the sick and dying even where the nearest relatives shrink from going. There he is to be found, ministering to the suffering, soothing their last moments with his presence, never thinking of himself or the danger he is exposing himself to, but only of the faithful discharge of his sacred duty. How many noble men in the past have, under such circumstances, sacrificed their lives in their endeavors to stem some dread epidemic, to find out some mystery about the disease that is rushing over the land. History tells us of many such noble sacrifices, but they are soon forgotten; no monument is raised to their names to commemorate their noble, heroic deeds—such public praise is kept for the soldier alone—and yet I claim their bravery was equal to the bravest act ever done on the field of battle. Follow the surgeon on the battlefield. Where is he to be found but in the very foremost post of danger, in the very firing line, amidst the shot and shell falling thickly around him, calmly ministering to the needs of those brave fellows who lay down their lives for their country? He heeds not his own danger; where duty calls him there does he go unflinchingly to do that duty. But it is seldom we hear of him as receiving rewards equal to his brother officers. Of course, I do not say that all are overlooked, but of the many who deserve recognition and honors, few, indeed, receive their rightful share. In the great war at present engaging the fascinated attention of the whole world, the surgeons must of necessity be doing an immense deal of courageous work.

Not only on the battlefield do they toil, but long on into the weary hours of night they must continue their labors when other soldiers are taking their rest. The fearful amount of disease that must at present be raging amongst those two mighty armies engaged in mortal strife, must tax the strength of the surgeons beyond our conception. If occasion should demand of any one of you present to risk your life in the discharge of your duties, I know you will never shrink from that duty.

Truthfulness and loyalty must at all times characterize your life and actions. Be loyal to your King, your country, your profession and yourselves. Never be tempted to do a mean thing that would bring discredit on any one of them; you have not been so taught in the past, you can find no excuse for so doing in the future. Some day in the near future you will come to this great university to seek at her hands the highest gift she has to give, viz., her diploma. I tell you, gentlemen, if she could foresee that you would some day tarnish her honor by some dishonorable act, no inducement, however great, would tempt her to entrust you with that diploma. She looks to you to help build up her reputation and not drag her honor in the mire. If your only object in seeking admission to the ranks of medicine is to gain wealth, you will be doomed to disappointment. Few, indeed, are those who succeed in that direction. You can at all times, by strict attention to your studies, make a moderate competency, a comfortable living, but not more than this.

It is only the charlatan and quack who amass great fortunes out of the too credulous public. The public are only too ready to read their pretentious advertisements and ludicrous promises to cure all ills human flesh is heir to. Few, apparently, ever stop to inquire into the truthfulness of their glowing promises. The public press of this city teems with quack advertisements that are simply disgusting, a disgrace to our public prints, and I cannot understand why such advertisements are permitted in our midst—why any respectable newspaper will permit them on their pages.

If the profession has to maintain its high position, truthfulness and honor must reign supreme in all the dealings of its members. Tact may be important, but tact, when incompatible with truthfulness, is deceit pure and simple, and whilst expedience may be employed, remember it must never intersect the straight lines of right and wrong. The young doctor embarking in his profession meets many difficulties of a financial order, and great are the temptations he may be called upon to withstand—temptations which might lead him from the strict path of professional rectitude. I would remind you that lapses from moral or professional rectitude are never profitable. In the majority of instances they are wholly and completely ruinous; and whilst one might fancy they would afford temporary relief in cases of stringency, they all lead to one central pit of everlasting

and complete professional failure. Two wrongs never make a right. If your colleague and competitor resorts to unprofessional action, it does not justify or excuse you in similar conduct. Let your profession be your highest ideal, let its influences be ennobling, and though failure encounter you, you will at least have the satisfaction of knowing that you have done your best to maintain its true ideal.

The establishment of a post-graduate course here during the past summer is a step in the right direction, a want long felt. The usefulness of a post-graduate course has been proved beyond measure by the success which has attended these post-graduate schools in Berlin, Vienna and New York, and I venture to say it only wants time to prove the same of our own. We have the material and the men to make post-graduate work a success, and practitioners throughout our province will not be slow in availing themselves of the advantages to be gained from attending for a few weeks from time to time a practical course on some of the various clinics to be given. It will be nothing but practical work, hospital and laboratory work. After a man has been in practice for some years, isolated, in many instances, from even the advantages of a neighboring practitioner, practically entirely by himself, the advantages to be derived from returning once again to the hospital and laboratory can not but be of immense advantage to him.

The progress our profession is making in educational matters ought to be a source of great gratification to us all. The preliminary education required of our students prior to entering on the study of medicine compares favorably with the Old World. Indeed, we even ask more of them than in many other places. The elevation of the standard of education tends to elevate our profession and to draw to its ranks a better class of students, and providing the standard is not raised too suddenly and beyond our requirements, no harm can come of it. Wherever possible, a liberal education should always precede professional education and training. That is, a student should be a Bachelor of Arts before he enters the medical department of the university. A liberal education fosters mental alertness and readiness of mind; it broadens one's sympathies and one's outlook upon life and the world; it stimulates the imagination and enables a man to adjust himself more easily and quickly to new conditions and unexpected complications; and it increases one's knowledge of human nature—a most essential knowledge for the medical man to possess. The student who is liberally educated, who has imagination and originality, will never be in danger of regarding his degree in medicine as merely a bread-and-butter degree. To do his work honestly and well is his first consideration. His income, though a very important consideration, will ever be a secondary consideration to the man of wisdom and honor. He who puts income first will never achieve success in the best sense of that much

abused word. I cannot too strongly impress this fact upon my young friends. Nor can I impress upon them too strongly the necessity of being reading men, not only now, but all through their lives. The gift for reading is a priceless gift. Few have it by nature, but fortunately it can be acquired. The world's great men have invariably been great readers. To be well read, not only in one's profession or business, but in general literature, as well, to know the great writers of old time and the wise ones of to-day, gives a distinction and a character to a man which cannot be otherwise attained. It is one of the greatest antidotes, too, of premature old fogeyism of which I know. A doctor's life is apt to be a distracting one unless he has a firm hold on his mental machinery, if I may use such a phrase. He is called hither and thither at all hours of the day and night, and unless he determines to read a certain amount each day, and resolutely adheres to his decision come what may, he is only too apt to fritter away his precious spare moments, and so lose his grasp on things. The use a man makes of his leisure time largely determines what manner of man he is, and what he will become. There is scarcely any pleasure comparable to the sense that one is "growing" mentally as the days slip by. Would that the spirit of self-perfection were more prevalent among us all!

Those who are gathered together here this evening are not all members of the medical profession or preparing to become members of it, not all alike interested in its welfare and reputation. Much that I have said will, I fear, be of little practical concern to the laity at large, yet there is no other profession in whose well-being and reputation the public is really so deeply and practically concerned as in the medical profession. To every man, woman and child in the community the standard attained by this profession is of immense moment. Disease is no respecter of persons. No one knows how soon he may find it necessary to summon a physician to his bedside. No individual can afford, then, to be indifferent to those things which make for a skilful and learned and highly efficient medical profession. The law of self-preservation, if no other, would point out the folly of indifference. Yet for all that, and in spite of the greater prevalence in these present days of the altruistic spirit, we cannot say that the present state of public opinion in Canada with respect to the value of professional instruction of high university rank is what it should be. It may be objected by some of my hearers that it is very difficult to know what the state of public opinion is on this matter; but it may be inferred from the difficulty the profession has in arousing the active interest of our public men in medical education. When public men are difficult to interest in any question, it is generally because they imagine their constituencies are not interested, and the collective constituencies make up what is called public opinion. Without an active public opinion in favor of the

highest possible standard in medical education, it is almost impossible to maintain such a standard. When the mass of the people appear to be hungering for quacks and quacking and patent medicines, a strong public opinion in favor of education of any kind is scarcely to be expected. On the earnestness with which the Canadian public regard education in general, and on their consequent willingness to spend money on it depends in large degree the standard which will be won and maintained in the Dominion. We should allow no country to surpass us in advanced subjects of medical instruction. I have no hesitation in saying that the standard of medical education in a country is one of the most sure, if not the surest, of tests for judging the intellectual status of its people, the stage it has reached in civilization. Disregard for human life is invariably a sign of a low civilization. Moreover, money spent on education is a magnificent investment for any country. There is none better, let our politicians flatter us as they may. It is an investment eloquent of the wisdom of the ages and of to-day. You cannot estimate a nation's greatness merely by the number of bushels of wheat it exports, or by its miles of railways and canals, or by its lines of steamships, or by its coal, its iron, its gold, or by its forestry. Yet, when our orators would tell us what a great people we are, what very fine fellows we are, it is on these things they dilate. No! a nation's greatness is weighed in balances more delicate than those that weigh material things. Its standard of greatness, of success, cannot be measured in dollars—so many dollars, so much success. That country promises to be the greatest which most clearly recognizes the indisputable fact that of all subjects deserving the serious consideration of the people, education is the most important, moral and spiritual, of course, as well as material. Buckle, in his well-known "History of Civilization," tells us that the acquisition of fresh knowledge is the necessary precursor of every step in social progress, and must itself be preceded by a love of inquiry and research. It is not enough for us to be passive recipients of the accumulated inherited thought of the ages gone before. A nation to advance must make original contributions to knowledge and learning. A profession to advance must likewise make original contributions to knowledge and learning. It cannot stand still. To keep medical instructions abreast of medical progress the professor must lecture on what he is doing, on what he is by research discovering, and not on what other people have done or discussed. Do our public men, and the power behind them, recognize this fact? Are they doing what they can and should do to promote liberal education and the highest professional training? Do they realize that the one great and chief office of education should be to call forth and develop whatever spirit of originality, whatever element of genius, may lurk in the mind, and that this cannot be accomplished without our students acquiring the methods and habits

of scientific research, and enjoying opportunities for the prosecution of such research, and abundant facilities in the way of libraries, museums and laboratories? Is all this realized by our public men and by the people who pick them out from their fellows and send them as representatives to parliament? There can only be one answer to this question, but I will leave it to you, ladies and gentlemen, to determine what that answer is. The emphasis of public opinion in Canada cannot be said to be laid upon things of the mind. Observe the men picked out for honors by the multitude—the crack shot, the skilful oarsman, the valiant slugger. Were it otherwise, the saving remnant among us who prize the things of the mind and are jealous of the intellectual reputation of our country, would not be compelled to move heaven and earth to squeeze a few dollars out of the public coffers to promote the best interests of higher liberal and professional education in the country. And if the money is voted, it is grudgingly voted, not in the belief that a splendid investment is being made. In reading the various reports of the members of the recent Mosely Educational Commission, nothing impressed me more than the intense belief of the Americans in education, the enthusiasm for it which is everywhere manifest, and the consequent willingness of government and people to pay for it, the amazing liberality of their wealthy men in promoting higher education, both liberal and professional. It is at least one characteristic of our neighbors which we can all admire without reservation. They have more money than we have, but they should not have more enthusiasm for learning and culture. I am an intense believer in the ability and stability of my own people. We have few failures in the medical profession in Canada, and fewer still who slide down hill and eventually join that unhappy class popularly known as the “submerged tenth.” My own experience leads me to believe that nearly every one who comes to our medical school has enough of the right stuff in him to enable him to be trained and instructed, and sent forth from our halls a good physician or a good surgeon. All cannot be great successes. Clever, successful men are, to a large extent, born, not made. But fresh and living and stimulating education, opportunities and facilities in the way of libraries, laboratories and museums for independent study and research, can go far to insuring a man’s success—character and some native ability and aptitude for medicine being taken for granted. For these reasons I appeal to our public-spirited citizens, to those who appreciate the high value of the coherent and civic conception of education, to aid by their personal influence the creation of a public sentiment in this country more in favor of intellectual progress, of intellectual independence, more in favor of promoting the higher interests of professional learning, and chiefly of that profession which comes home inevitably to everyone sooner or later, the profession which, as I have said, is in many respects the criterion of a coun-

try's civilization. May I venture to go further and to say it is the duty of everyone who has mind enough to realize its importance, thus to exert his personal influence? The word "duty" has not always an agreeable sound, but it is, as the late Bishop Phillips Brooks once remarked, the one thing on earth that is so vital that it can go through death to come to glory.

Before I close I wish to offer some few remarks embodying the main reasons which induced the old Faculty of Trinity Medical College to join with that of the Provincial University. I regret with all sincerity the passing away of Trinity Medical College; she has done noble work in the past, and her record was one of continued success; her graduates, numbering upwards of two thousand, are scattered over the whole world. Many hold positions the foremost in the ranks of the medical profession; they are to be found in our legislative halls and in positions of public trust, and although Trinity Medical College exists no longer as a teaching body, yet her reputation survives and her graduates, from their high and distinguished positions, testify to the liberal education which they have received at her hands. Our faculty, however, felt that the progress of medical education to-day was such that its demands could not any longer be supplied by private enterprise or by proprietary medical schools. The use of public and private funds is essential for the advancement of our science, and we could not expect these so long as we existed as a private corporation. We amalgamated relying on the hope that we will receive both government and private assistance, such as is now so generously given to McGill and other great universities throughout the United States. Again, amalgamation was in a degree imposed upon us by the attitude and earnest desire of Trinity University, of which we were indirectly a part. For some years past we knew that federation with the Provincial University was the policy of Trinity University, and we realized that it would take place, and upon its consummation leave our students practically without a place for graduation, the only other places being London and Kingston, which had their own medical faculties. The Provincial University offered us liberal and honorable terms of amalgamation, assuring us that the professional staff of teachers, the graduates and undergraduates, would receive generous treatment. We realized that these were advantages which later on we might not have been able to secure. By the arrangement which has been entered into, all the graduates in medicine of Trinity secure enrolment and status in the Provincial University, enjoying the same rights as her own graduates in the selection of representation to the senate and governing bodies of the University.

In conclusion, I can but thank you for your patient hearing, and wish you all the most abundant success in the honorable calling which you have selected for your life's work.

# CURRENT MEDICAL LITERATURE

## MEDICINE.

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

### THE CHEMICAL PATHOLOGY OF GOUT.

In the section of Pathology of the British Medical Association a paper was read by Von Noorden, in which some variations from the accepted views were expressed as, for example, the general metabolism of the gouty is not always sluggish, the oxidising power does not differ from that of healthy people, but there are profound differences in the metabolism of nitrogen. Uric acid originates from the nuclein of the body and of the food, about 50 per cent. of the uric acid produced appears, the other purin substances which accompanies it are not of importance. Sudden rises in the excretion of uric acid are not confined to gout, but the rise of uric acid after the ingestion of purin substances seems to be delayed in the gouty.

Gouty deposits consist of sodium urate, uric acid is a poison determining inflammation of the tissues, but only in a marked concentration, the solid needles do not irritate the tissues, they are deposited probably before the attack and dissolved perhaps by phagocytic action, the solution causing the inflammation. As a hypothesis Minkowski puts forth the suggestion that in gout substances of a kind that bind the uric acid firmly and make it easily soluble and easily excreted are formed in too small quantities both in the blood and in the gouty foci.

Therapeutically the dietetic treatment consists in avoiding all substances which contain excess of purin bodies. Alcohol is very injurious, the salicylates are very powerful agents but are dangerous; alkalies in any form are useless, in true gout they cause a diminution in excretion, that is an increase in the retention of uric acid; the saline waters are the most useful, notably the Homburg Elizabeth Spring, which long ago enjoyed a popularity founded on empirical knowledge of its virtues.

### CANCER OF THE PYLORUS WITH JAUNDICE.

The Journal des Sciences médicales de Lille for Sept. 10th has a report of a case of cancer of the pylorus accompanied by icterus which simulated an affection of the biliary passages. The patient was a woman aged

00, the history was that of digestive trouble for a year, with sensations of uneasiness after eating, flatulence and loss of appetite; this was succeeded some time later by vomiting after eating, and about a month before admission the icterus appeared and increased in amount accompanied by nausea with pain in the pit of the stomach but not colic.

Examination revealed an acute jaundice, slight enlargement of the stomach, liver of normal size and not painful upon pressure, no induration or enlargement could be detected by palpation. The diagnosis rested between a number of conditions but the progress of the disease soon pointed to a neoplasm, though it was difficult to decide whether it was primary in the stomach or the liver. It was finally diagnosed as cancer of the pylorus with extension to the biliary canals and this seemed to be well supported by the physical signs, but autopsy revealed a cancer of the pylorus with extension to the liver making such pressure upon the biliary canals as to produce the icterus.

#### RUPTURE OF ANEURISM INTO THE PERICARDIUM.

In the Johns Hopkins Hospital Bulletin, May, there is a report by Gilman of two cases of multiple saccular aneurism which ruptured in the pericardium. They were interesting in showing in both cases a certain amount of organization of the clot, in one case this process had gone on to some considerable extent, showing that the rupture had taken place some time before death, and that attempt had been made at spontaneous cure.

#### GENERALISED LEAD PARALYSIS.

In the June number of the *Johns Hopkins Hospital Bulletin*, Thomas reports a case of generalised lead paralysis from Dr. Osler's ward. A man 46, worked as an enameller for two weeks, when he noticed the first symptoms in the form of a weakness showing itself first in his legs. There was nothing of importance in his family or personal history apart from a free use of alcohol. The weakness spread so rapidly that in a week he was helpless; there was no history of abdominal pain or severe pain in the limbs, though certain of the joints were painful, and he was for some days delirious. On admission, patient was pale and sickly looking, blood count gave reds 3,736,000, whites 3,100, hemoglobin 40 per cent. There was no involvement of the cranial nerves or of the fundus, the muscles of the neck were fairly strong, but below that almost all the muscles were paralysed. The reaction of degeneration was

present in the paralyzed muscles, the deep reflexes were all lost, and sensation was everywhere acute, while firm pressure on the arms or legs caused pain; the bladder and rectum were unaffected. The picture is one of a typical, severe, multiple neuritis, the distribution is not typical for lead poisoning, but similar cases have been described.

### RIGOR MORTIS IN STILL-BORN CHILDREN.

In the *British Medical Journal*, Sept. 24th, 1904, Parkinson discusses this question in the light of a number of cases in his experience, and concludes:—

(1) That rigor mortis may occur in utero and (a) may pass off before labor terminates, or (b) may occur during labor and so hinder it and continue after delivery.

(2) That in deaths during the later stages of labor, where the child is expelled soon after death, rigor mortis may set in afterwards.

(3) That in all cases the character of the rigidity is the same, and that whereas in children that have been born alive the rigidity is that of ordinary rigor mortis, and the limbs stiffen in the position in which they may then be lying, in children still-born the rigidity always takes the same form, and the limbs although lying loose and limp, are drawn up more or less into the position they took in the uterus, and even if the rigor mortis had passed off in utero before delivery, there would be evidence by pressure marks, or the natural tendency of the body and limbs to adopt the intra-uterine position that this has occurred.

(4) Rigor mortis does not accompany still-birth always, but where it is not present there is no difficulty in deciding the fact from the signs of decomposition present. The mode of death probably influence the rigidity in still-births as it does the rigor mortis of adults.

The importance of these conclusions in their bearing on the determination of live-birth is very apparent.

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### SURGERY.

Under the charge of H. A. BEATTY, M.D., M.R.C.S., Eng.

Chief Surgeon Canadian Pacific Railway, Ontario Division; Surgeon Toronto Western Hospital.

### DISARTICULATION AT THE KNEE AND ELBOW BY CIRCULAR INCISION.

In the *Scottish Medical and Surgical Journal*, September, A. G. Miller, of Edinburgh, describes a method of disarticulation at the elbow and knee by circular incision with the limb held in the extended position.

The cicatrix in a circular amputation is said to be usually central, and to be apt to adhere to the end of the bone. In circular amputation at the knee and elbow, with the limb extended, the cicatrix is not, and cannot be, central. It is well up on the flexor aspect, and there is no chance of its becoming adherent to the bone. This result is due to the unequal retraction of the soft parts which takes place on the flexor and exterior aspects, and this inequality is made certain by fully and forcibly extending the joint before the circular incision is made. This circular incision is made below the condyles— $1\frac{1}{2}$  inches in the arm and  $2\frac{1}{2}$  in the leg—down to the deep fascia. The skin in the flexor aspect at once retracts considerably, and the extensor flap is dissected up as far as the head of the tibia in the leg, and to above the olecranon in the arm, and disarticulation is performed from the front of the joint.

The method is practically a utilization of the natural tendency to unequal retraction of the soft parts at the elbow and knee to frame a long flap, by the simple performance of one circular cut.

The writer does not claim this is a new method, but recommends it as an adaptation of an old method, and claims for it the following advantages besides the ordinary well-known and recognized advantages of a single long skin flap and of disarticulation:—

1. The procedure is simple, is easily and quickly performed, and there are no elaborate details to remember.
2. The skin flap from the extensor aspect is well accustomed to pressure and to the situation in which it is ultimately placed over the condyles.
3. The cicatrix is in a most favourable position.
4. Much tissue is not required. The operation is therefore suitable for both primary and secondary amputations.

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#### A SIMPLE METHOD FOR THE REDUCTION OF LUXATIONS OF HUMERUS.

In the *American Journal of the Medical Sciences* for June, E. Boulton describes the following method of reduction as being applicable to all cases of dislocation of the upper end of the humerus:—

The surgeon stands behind the patient, manipulating with the hand which corresponds to the side upon which the lesion exists. The hand of the operator is practically closed, the thumb extended and the wrist pronated.

The ball of the thumb is placed below, against, and parallel to the margin of the scapula on the axillary border, just external to the inferior

angle. Firm pressure is exerted and the wrist is slowly and steadily supinated, exerting pressure upward and backward, thus pushing the lower angle of the scapula upward toward the median line. The lower lip of the glenoid cavity is so depressed that the head of the humerus slips back into place. In the subspinous dislocation, where reduction fails by this method, pressure may be made upon the head of the dislocated humerus in the direction of its long axis; this will be sufficient to complete the reduction. In subcoracoid or subglenoid dislocations the operator places his hand upon the patient's shoulder, the base of the ring finger resting upon the acromion process, the ball of the finger placed below the clavicle. The thumb is placed beneath the spine of the scapula as far to the inner end of the spine as possible. Pressure is then made with the balls of the fingers, holding the acromion process in place. The elbow is extended while steady pressure is exerted downward, inward and backward with considerable force.

The following advantages are claimed for the method:—

(1) There is little risk of further damage, since a short lever is used instead of a long one.

(2) In cases in which fractures of the humerus, or the bones of the forearm are present, the surgeon is enabled to effect reduction in a manner which does not necessitate the handling of the limb.

(3) The patient does not suffer any great amount of pain during the procedure.

(4) The patient is apt to be docile, since he does not expect reduction to be effected from the rear, and without manipulation of the arm.

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#### THE IMPORTANCE OF EARLY REMOVAL OF DOUBTFUL TUMORS OF THE BREAST.

In a recent number of the *British Medical Journal*, J. C. Renton advises that in every patient over thirty years of age where a hard swelling appears in the breast, the sooner the tumor, together with the breast and glands, is removed the better for the patient.

It is a very serious matter when a hard swelling in the breast has been discovered, to recommend delay in intervention while its progress is being observed. In the majority of cases it is better to advise operation at once.

Early and radical operation in such cases is the best treatment, and if more generally done would reduce the mortality from cancer of the breast.

## GYNAECOLOGY

Under the charge of S. M. HAY, M.D., C.M., Gynaecologist, Toronto Western Hospital; Consulting Surgeon Toronto Orthopedic Hospital.

## INTRA-UTERINE EXPLORATION FOR DIAGNOSTIC PURPOSES

In the July number of the *Post Graduate*, Dr. Abram Brothers, of New York, writes an exhaustive paper on the above subject. He says as recently as ten years ago a gynecological examination could hardly be called complete without the routine resort to the vaginal speculum and uterine sound; while now many gynecologists have practically discarded the use of the sound, unless in exceptional cases. He quotes Keating and Coe as saying: "With increasing skill in diagnosis the necessity for the employment of the probe or sound grows less, until the more experienced gynecologist will restrict its use almost entirely to determining the calibre of the canal, and in obscure cases, its depth. Not so, however, with the beginner. With him it is a valuable aid to diagnosis, and provided it is used antiseptically, there is very little danger from its use."

The doctor says we can accept the contra-indications to the use of the sound as laid down by Hart & Barber and quotes from them the following four points:—

1. The sound is not to be passed during the ordinary menstrual period.
2. It is not to be passed in an acute inflammatory attack of uterus, ovaries, pelvic peritoneum, or connective tissue.
3. It is not to be passed in cases of cancer of the cervix or body of the uterus.
4. It is not to be passed if the patient has missed a menstrual period.

The dangers connected with passing the sound into the uterus are 1. interrupting a possible pregnancy, 2. exciting an intra-uterine inflammation or pelveo-peritonitis, 3. introducing sepsis into the uterine interior with resultant suppurative processes in the Fallopian tubes, and 4. perforation of the uterine wall.

Dr. Brothers gives the following indications for the use of the sound:

1. Patency of internal os and external os.
2. Patency of uterine interior.
3. Relation of uterus to a tumor.
4. Presence of an intra-uterine polyp or submucous fibroid.
5. Determination of the size of an undeveloped or hyperinvolved uterus.

Constriction at the internal os offers, in the doctor's experience, one of the most frequent causes of dysmenorrhoea and sterility, and can only

be positively established by resort to the uterine sound. In a few instances he has known sterility to be cured as a result of the examination.

In speaking of the curette, the doctor says twenty years ago it was so seldom used that only experts were supposed to handle it. To-day, the general practitioner's armamentarium is not complete without it.

The chief danger of the curette, he says, is perforation; he has collected 66 cases of this accident, of which 17 died. Another danger is pelveo-peritonitis which has rendered some patients invalids for life. A third condition is after a too thorough curettage the raw surfaces have become agglutinated with complete obstruction of the uterine cavity.

The contra-indications to curettage, he says, are mainly two: the various forms of pelvic inflammation and ectopic gestation. No matter how urgent the indication to explore the uterine cavity may be, only harm can result when this is attempted in the presence of pelveo-peritonitis, parametric abscess, pyosalpinx, ovarian abscess, or extra-uterine pregnancy.

Continuing, the doctor says the curette is, at times, an almost indispensable aid in intra-uterine exploration. It gives us most precise information concerning the structure of the uterine interior. Much valuable information may be gained by having the scrapings microscopically examined. If accidental perforation occurs suspend the operation immediately, do not irrigate, and pack the uterine cavity with gauze. Examination of the uterine interior with the finger is, in the doctor's opinion, a very valuable method of intra-uterine exploration, but there are cases where there is not room for the end of the finger.



## OBSTETRICS AND DISEASES OF CHILDREN.

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

### CELLULAR CHANGES IN THE BLOOD IN PUERPERAL INFECTION.

*Potocki and Lacasse*, "Des modifications cellulaires du Sang dans l'infection Puerperale," in *Annales de Gyn et d'Obstet.*, June 1904, state that this work was undertaken to verify the conclusions of Manchotte and Carton, that with certain reserves, the condition of the cellular elements of the blood in puerperal infections was of prognostic and diagnostic value.

With this object in view, an examination of the blood was made in eight cases of puerperal infection at certain intervals. While the cases are few in number, they seem to have been carefully studied, and full

details of the conditions present, of the treatment adopted, and of the blood examinations are given.

The results obtained are certainly suggestive and, if further work on the part of others along the same lines, leads to similar conclusions, a valuable aid to diagnosis and treatment is at hand.

The changes of value from a prognostic standpoint are in the number of the leucocytes, polyneuclears and eosinophiles. They conclude that if the leucocytes reach or pass 25 to 30 thousand, and the polyneuclears 80-90 per cent., prognosis should be reserved, especially if this augmentation is accompanied by a rapid reduction or complete disappearance of the eosinophiles.

From the point of view of indication for treatment, the examination of the blood gives less satisfactory results. Thus, if the leucocytes and polyneuclears are moderately increased and the eosinophiles are present in the proportion of about 1 per cent., then curettage and simple uterine injections, with appropriate constitutional treatment, is all that is indicated. In grave or desperate cases, where a marked increase in the number of leucocytes and polyneuclears is present, with a complete absence of eosinophiles coeliotomy, followed or not by hysterectomy, is perhaps the last therapeutic resort.

The authors conclude that in these grave cases examination of the blood showing the absence of the eosinophiles, will permit the undertaking of radical operative procedures at a sufficiently early date to improve the results, hitherto unsatisfactory, which have followed such surgical intervention.

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#### THE BLOOD IN PREGNANCY.

In the *Johns Hopkins' Hospital Bulletin*, June, 1904, Dr. Thompson reports the result of observations made on twelve cases during a period of seven months, examination of the blood being made once a month as follows: (1) enumeration of the red blood corpuscles, (2) estimation of the hemoglobin percentage, (3) count of the leucocytes, (4) differentiation of the leucocytes, and (5) determination of the specific gravity; a series in all of thirty-three separate blood examinations. The conclusions arrived at are as follows:—

1. A moderate decrease is observed in red blood corpuscles rather early in pregnancy, remaining subnormal throughout the middle months, to rise again to normal at the termination of pregnancy in most cases.
2. A low percentage of hemoglobin constant throughout the first seven months, rapidly approaching normal in pregnancy, draws to a close.
3. A slight absolute leucocytosis exists in every case of preg-

nancy, but this slight leucocytosis does not support the theory that it is due to any positive chemiotaxis. 4. There is no variation from normal in the different forms of white corpuscles. 5. The specific gravity is high at the onset of pregnancy, diminishing by progressive steps, to reach its lowest level in the middle months, rising to normal at term.

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#### A YEAR'S EXPERIENCE WITH CONVULSIONS OF CHILDREN.

D. S. Hanson, M.D., in the *Cleveland Medical Journal*, September, 1904, discusses this topic. The paper is a study of nineteen attacks of convulsions, occurring in fourteen children, whose ages varied from eight months to eight years. In six cases the cause was pulmonary irritation; in six, intestinal irritation; one, cutaneous irritation; one, meningitis; and the remainder, the toxins of acute febrile conditions, or undetermined causes.

With regard to treatment, the author considers chloroform the best means of controlling the convulsions. This should be supplemented by chloral enemata, the initial dose for a child of six months being four grains; one year, six grains; two years, eight grains; dissolved in one ounce of warm milk, and injected high into the bowel. The dose may be repeated in half an hour, if necessary.

In severe cases morphine may be given hypodermically in the following doses: at six months, 1-48 grain; at one year, 1-24 grain; at two years, 1-16 grain; and repeated in half an hour if required.

When asphyxia is marked, oxygen inhalation should be resorted to.

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### OPHTHALMOLOGY AND OTOTOLOGY.

Under the charge of G. STERLING RYERSON, M.D., C.M., Professor of Ophthalmology and Otology, Medical Faculty, University of Toronto.

#### MASTOID DISEASE AND THE GENERAL PRACTITIONER.

Dr. H. Jurgens in the *Medical Fortnightly*, September, 10th, 1904, discusses mastoid disease from the general practitioners point of view. The otologist, he says, is not worried about these cases but the general practitioner, especially the country doctor, finds them a great source of trouble. In 1899, he was called to meet a brother practitioner in consultation. On the way out, the doctor told him that he had a bad case of earache. The patient, aged 19, had been troubled with running ear and severe pain in the head for about two weeks and was then in a semi-comatose state. He was met on the road by a messenger stating that

the boy had just died. A post mortem was refused. In 1903, he had a case in his own practice. A lady had a severe attack of grippe and, after recovering from this, she developed otitis media. The drum membrane was incised and she obtained prompt relief. In the course of a few days the mastoid became very much swollen and tender. Operation was advised but was declined. The temperature ranged from 102 to 103, pulse small and rapid, running from 120 to 160. She went almost crazy with pain. He expected her to become comatose and die; but, on the contrary, the pain and swelling gradually subsided and she made a perfect recovery. In March, 1904, the doctor was called to see a case in a neighboring village who had had a severe earache for several days. The drum membrane had ruptured and there was a considerable discharge of pus, the post-auricular region being much swollen and very tender to the touch. The boy was pale, dull and stupid, pulse rapid and weak, temperature 103. Operation was advised and refused. Hot applications were commenced and seemed to give some relief, but the patient continued to grow worse until finally consent was given to operation. Pus was encountered, the antrum cleared of granulations, the patient making a rapid and perfect recovery. Here are three cases, one of which died without operation, one recovered without operation and the third recovered as the result of operation. Although it is hardly possible to adopt any rule from the experience of three cases yet some general conclusions may be reached.

The question will come up from time to time, does this case require operation or not? In cases of well developed mastoiditis there should be no difficulty in making up one's mind. But what should we do for those protracted middle ear cases which have been discharging pus for a week or two when the pain returns, accompanied by a rise of temperature? Many doctors are apt to postpone operative measures hoping that nature will help us out of the dilemma.

Brother practitioners, says Dr. Jurgens, if you wish to understand the extreme danger of this disease take a skull and look at it. Observe the extreme thinness of the tegmen tympani. It is like tissue paper and the least pressure will rupture it. Look at the large number of communications existing between the tympanic cavity and the two cranial fossae; note the close proximity of the fossa sigmoidea, containing the lateral sinus. The smallest amount of fluid is like dynamite in this cavity. One drop of thick pus will completely block the opening. Only the superior mastoid cell is of any size and the pus must find an exit somewhere. It may break through into the digastric fossa and then burrow down into the neck. By the arrangement of the deep cervical fascia it is liable to find its way into the anterior mediastinum along the anterior prolongation of this fascia. Is that the worst to be expected,

however? We all know the meaning of jugular or lateral sinus thrombosis, of temporo-sphenoidal abscess, of cerebellar abscess. Anyway you look at it, the tympanic cavity is filled with pus, above, below, behind or in front it is a source of extreme danger. Can you tell where the pus will go? Can anyone tell?

When the country doctor next takes into consideration the anatomic conditions, he must see the extreme danger of all such cases. After worrying about such cases and muddling through them somehow, I have come to these conclusions:—

That all cases of otitis should be treated on the expectant plan.

All subacute and chronic cases must be treated systematically. These are the cases which must be turned over to the otologist. It is not here a question of life or death, but of restoration of function. The doctor cannot possibly be expected to replace the specialist. If, however, in acute cases mastoid infection takes place, one can ride them over the critical period by simple measures. It is not necessary for the practitioner to do a complete Stacke-Schwartz operation, but he can establish drainage of the antrum. Make your incision and use the chisel, working slowly upwards and forwards, looking out all the time for the lateral sinus and the aqueductus Fallopii, containing the facial nerve.

By following this plan the doctor will retain the respect of his patient, will guard his own welfare, will obviate unnecessary worry and, above all, will prevent unexpected deaths.

#### PURULENT INFLAMMATION OF THE MASTOID PROCESS AND ITS TERMINATION.

Dr. A. O. Pfister in the *American Practitioner and News*, Sept., 1904, writes as follows: Whenever an acute inflammation of the mastoid process does not subside in a few days, not usually exceeding eight, it terminates in the formation of pus. When pus is once formed we know that if not evacuated it will sooner or later find its way out of the mastoid, either inward into the cranial cavity or into the surrounding tissues. It is asserted that an abscess of the mastoid may heal spontaneously by the absorption of the pus. It is difficult to determine how often this has occurred. Another exceptional termination is by the spontaneous discharge of pus through the middle ear and auditory canal. A more common termination is in cario-necrosis of the osseous lamellae separating the mastoid cells with the formation of granulation tissue.

Politzer says that these changes usually take place after the abscess has existed for a long time; occasionally, however, as early as the tenth to the fourteenth day after the beginning of the trouble. Even after the

necrotic process has brought about such changes spontaneous cure without perforation of the osseous cortex has taken place.

In such cases there is a tendency for the granulations to ossify.

In nearly every case in which the mastoid process contains pus and granulations, if not operated upon, perforation of the external cortical layer will eventually take place, forming a fistulous opening. This is the most common termination of neglected cases of mastoid suppuration. Spontaneous perforation takes place most frequently through the external surface of the bone. It may occur at a point corresponding to the position of the antrum, but more frequently it occurs lower down. Occasionally it breaks high up, as in one of the cases which I will include in this report. When the pus leaves the bone a swelling usually develops over the point of perforation in which fluctuation can usually be detected early. Unoperated cases of this kind finally break through the skin, either at a point corresponding to the opening in the bone or at some distance away from it. The latter will also be illustrated in one of the cases to be reported. The abscess may also break through the inner plate of the mastoid tip into the digastric fossa. These so-called cases or Bezold mastoiditis are uncommon. They usually cause an induration at the insertion of the sterno-cleido-mastoid muscle, and in neglected cases pus burrows and is found in the sheath of the muscles and sometimes in the sheaths of the large vessels of the neck. Pneumatic mastoids, with several large cells, are especially prone to perforate into the digastric fossa.

Mastoid abscess may also perforate the posterior superior wall of the auditory canal, causing first a sagging of that wall (a symptom characteristic of suppuration in the attic), and finally break and discharge pus through the ear canal.

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## LARYNGOLOGY AND RHINOLOGY.

Under the charge of PERRY G. GOLDSMITH, M.D., Belleville. Fellow of the British Laryngological, Rhinological and Otological Society.

### A CASE OF CARCINOMA OF THE NOSE.

Sir Felix Semon, *Journal of Laryngology*, showed a specimen to the London Laryngological Society, of a case of papilliferous columnar-celled carcinoma of the nose in a young man, aged twenty-four. Attention was first drawn to the case about ten months previously, owing to a profuse attack of epistaxis, followed by a watery discharge which steadily got worse and rapidly became offensive. A cauliflower-like growth was

found to occupy the whole region of the middle meatus of the left side. This was removed, without hemorrhage, by a snare. A pathologist reported a tendency toward malignancy, but would not call the disease cancerous. A month later, all the growth was removed intra-nasally. It was found to be springing from the septum, high up underneath the cribriform plate. Recurrence took place in two months and a definite report of malignancy was made. Sir Victor Horsley was asked to do a radical operation. He first ligated the external carotid, then after plugging the naso-pharyngeal cavity, did a Rouge's operation, removing the greater part of the bony septum, the left middle turbinal, and the ethmoid on the left side, up to the cribriform plate. The operation lasted nearly two hours ; but, so far as could be judged, succeeded in completely removing the growth with a healthy area around it. The case was put on record (1) on account of the general rarity of malignant disease of the nose ; (2) because this particular form was very rarely, indeed, found in the nose ; and (3) on account of the uncommonly young age of the patient.

#### ADENOIDS AND ENLARGED TONSILS.

Joseph White, in the *Virginia Medical Semi-Monthly*, August 26, writes very clearly on this subject. He draws attention to the relationship existing between certain conditions of the system, which, being about sluggish circulation, and the tendency to engorgement and infiltration of the normal lymph tissue in the naso-pharyngeal space, which by frequent repetition may produce chronic hypertrophy. He believes there frequent repetition may produce chronic hypertrophy. He believes there is an element of hereditary in these cases, and in cases of enlarged faucial tonsils he speaks of such children as having usually an inheritance of

#### NASAL SYPHILIS.

Kyle uses the following as a cleansing application in ulcers within the nose due to nasal syphilis, or in fact any ulcerative condition :

R. Potassii Permanganatis, gr. II (.12).

Acidi boraci, gr. V (.3).

Aquae (tepid) ℥ I. (30).

R. Extracti Hydrastis, (aqueous, colorless) ℥ II (7. 5).

Hydrogen Peroxidi.

Aq. Cinnamomi, a.a. ℥ I. (30).

## PROVINCE OF QUEBEC NEWS

Conducted by MALCOLM MacKAY, B.A., M.D., Windsor Mills.

The Montreal Medico-Chirurgical Society opened the season's work with a "smoker". A large number of the profession assembled to hear the outline of the work which has been planned for the session and to hear the words of the retiring president. A most successful year was reported, and the finances are known to be in a flourishing condition so that the prospects for the future are particularly bright.

Dr. Courmont, of Lyons, France, who has been attending the international convention at St. Louis passed a week in Montreal upon his way home. While in the city he gave a demonstration in the bacteriological laboratories of McGill and Laval upon his agglutination test for tubercle bacilli. The well known original work by Aryling, of Lyons, has been elaborated by Dr. Courmont, who has discovered a peptone medium upon which the tubercle bacilli will grow in such a way as to make a test similar to the Widal reaction in typhoid fever. Dr. Courmont believes that the test is of the greatest value in the early diagnosis of tuberculosis, the agglutination occurring before the bacilli can be detected in the sputum.

Dr. H. G. Nicholls is the only one in Montreal who has done any work in this direction and in several published papers his results have been seen to correspond closely to those obtained by the French observers. He has also pointed out that although of great use in the early cases yet when the physical signs are well established it is not present, and further that cows and sheep give the reaction when no tuberculosis can be made out post mortem. Dr. Courmont who was the guest of Dr. Nicholls was entertained at luncheon by the St. Louis Club and left Montreal for Boston and New York, where he intends to visit the laboratories of the various medical schools.

Mr. Dore, sanitary engineer, of Montreal, has completed a report in regard to a desired reform of overcrowding in congested dwellings. He urges that in future not more than seventy-five per cent of the land should be occupied by buildings, in other words that every house shall have twenty-five per cent. of spare land around it. He also states that houses and stables should have better ventilation and that the Board of Health have power to limit the number of persons dwelling in one building. The present by-law does not give the sanitary engineer power to remedy this state of affairs.

In the death of Dr. P. P. Boulanger, Montreal loses another editor of *La Revue Medicale du Canada*. Dr. Boulanger, who was but thirty-five years old, graduated from Laval in 1892 and practised for six years in Levis later moving to Montreal. Two years ago he gave himself over entirely to the publication of the journal which he founded and became managing editor. A little over six months ago Dr. Brennan, who was associated with Dr. Boulanger in the editing of this weekly, succumbed to pneumonia and Dr. William Derome is now the only one of the original editors left on the staff.

Sir Felix Semon, the English throat specialist, has recently been the guest of Dr. H. S. Birkett, of Montreal, and although visiting Canada on a hunting tour was much interested in examining the laryngoscopic department of the Royal Victoria Hospital, as well as the new operating theatres which are nearing completion.

At a special meeting of the Governors of the Sherbrooke Protestant Hospital the proposed plan of sun-parlors was considered. The plans were submitted and found satisfactory. The two balconies will be situated on the south side of the hospital, communicating with the public wards by wide doors so that patients unable to walk may be readily wheeled or carried out. They will be enclosed in glass, the lower part of which will be arranged to slide up when desired, thus throwing open the parlors to the air as well as the sun.

Major Wood, the President of the Hospital, then informed the Governors that he would take the responsibility of finding funds for building the parlors.

There was a large attendance of medical men, of the province at the elections of the College of Physicians and Surgeons at Laval University, Quebec.

The elections resulted as follows: Pres. Dr. E. P. Lachapelle, Montreal; First Vice Pres., Dr. D. Brochu, Quebec; Second Vice President, Dr. O'Connor, Montreal; Registrar, Dr. H. R. Marsolais, Montreal; Treasurer, Dr. A. Jobin, Quebec; Secretary, Dr. P. O. Faucher.

The Board instructed the Executive Committee to ascertain if it was possible to have a central board of examiners established for the examination of all candidates for license. It also authorized the Committee to apply to the legislature to have the law modified so that the medical curriculum should extend over a period of five years instead of four. The Secretary was then requested to communicate with the General Secretary of the College of Physicians and Surgeons of England, to find out what had been done in the matter of reciprocity of licenses.

The following is a complete list of the governors returned by election :—Universities—Laval, Quebec; Drs. J. M. Ahern, L. Catellier; Laval, Montreal: Drs. E. P. Lachapelle, L. D. Mignault; McGill: Drs. R. Craik, H. A. Lafleur; Bishop's: Dr. F. W. Campbell, J. B. McConnell.

Governors elected by the profession :—District of Montreal—Division No. 1: Drs. A. R. L. Marsolais, J. U. Berard, Montreal; Division No. 2: Drs. R. Boulet, H. J. Chartier, Montreal; Division No. 3: Drs. J. A. MacDonald, G. A. Brown, Montreal; Division No. 4: Dr. A. Laurendeau, St.-Gabriel de Brandon; Division No. 5: Dr. J. A. Pominville, St. Vincent de Paul; Division No. 6: Dr. E. S. Quirk, Aylmer; Division No. 7: Dr. C. O. Ostingy, Valleyfield; Division No. 8: Dr. L. A. Lessard, Granby; Division No. 9: Hon. Dr. Jean Girouard, Longueuil; Division No. 10: Dr. F. H. Daignault, Actonvale; Division No. 11: Dr. I. Sylvestre, Sorel; Division No. 12: Dr. J. A. Ropleau, Montreal; Division No. 13: Dr. J. U. Lalonde, Ste. Cunégonde.

District of Quebec—Division No. 1: Drs. A. Simard, D. Brochu, P. V. Potvin, Quebec; Division No. 2: Drs. M. Fiset, A. Lamothe, A. Tobin, Quebec; Division No. 3: Dr. J. E. Ladière, Lévis; Division No. 4: Dr. M. Brophy, Ste-Foye; Division No. 5: Dr. A. Riverin, Chicoutimi; Division No. 6: Dr. J. L. M. Genest, St. Bernard; Division No. 7: Dr. L. M. Moreau, L'Islet; Division No. 8: Dr. F. J. Langlois, Trois-Pistoles; Division No. 9: Hon. D. J. B. Fiset, Rimouski.

District of Three Rivers—Division No. 1: Dr. L. J. O. Sirois, St Ferdinand d'Halifax; Division No. 2: Dr. L. P. Normand, Trois-Rivieres; Division No. 3: Dr. D. A. Pante, Louiseville.

District of St.-Francois—Division No. 1: Drs. L. O. Camirand, Ls. C. Banchar, Sherbrooke; Division No. 2: Dr. A. Thibault, St.-Camille de Watton.

Miss Marie Laporte, only daughter of Mayor Laporte, and Dr. D. E. Le Cavalier, both of Montreal, were married in the private chapel of St. James Cathedral.

Dr. Jos. Dobbin, of Quebec, who has been visiting the principal cities of the United States, returned home recently after an absence of two months. Dr. Dobbin took occasion to visit the leading hospitals in the various cities he visited, and speaks in flattering terms of the progress being made in medical science, but although many of these institutions are necessarily larger, our modern Canadian hospitals compare favorably with them.

## UNIVERSITIES AND COLLEGES

### MEDICAL FACULTY UNIVERSITY OF TORONTO.

The Session was officially opened on the evening of the 3rd October, when Dr. J. A. Temple delivered the annual opening address. There was a large attendance of students present to greet the remarks of Professor Temple. The enthusiasm of the students was quite marked, and the good points in the address were thoroughly appreciated. Surrounding the lecturer were many of the professors and members of the senate. It was quite evident from the close attention given the lecturer that his words were not falling upon dull ears. It is saying less than could be truthfully said when it is stated that Dr. Temple gave the students excellent advice.

Dr. Reeve, the dean of the Medical Faculty, made the statement that the number of first year students this session exceeded that of any previous one.

Much enthusiasm was manifested over the announcement of Mr. Cawthra Mulock's splendid donation of \$100,000 to the clinical facilities of the Medical Faculty. It would appear that the most of this sum will be expended in equipping an out-door department in a thoroughly up-to-date manner.

It was also announced that Mr. P. C. Larkin had very generously given a sufficient sum of money to endow the Reeve Scholarship. This scholarship has been given for a number of years, but there was a possibility that it might have to be discontinued. Mr. Larkin's generous gift puts any such unfortunate termination of the scholarship out of the question.

Mr. Cawthra Mulock and Mr. Larkin deserve the thanks of all those who are interested in the welfare of the Medical Faculty of the University of Toronto. They have also set a good example to others who have enough of this world's wealth to meet their own needs and some to spare for educational and charitable objects.

There were 608 students registered at a recent date as follows: First year, 163; second year, 152; third year, 120; fourth year, 163; fifth year, 10.

There is an active movement on foot to establish a fellowship by contributions from graduates.

### QUEEN'S MEDICAL FACULTY, KINGSTON.

The academic year of the Medical Department of Queen's University, Kingston, opened September 28th, with a large attendance of students.

There was no formal opening lecture. In fact, this ante-natal appendix has been abandoned for the most part at Queen's. Instead, a course of lectures, on the history of medicine will be given by different members of the staff, at regular intervals during the session.

These lectures are open to all students of the University.

Dean Connell gave the first lecture of the course on Friday evening, October 14th. After showing the necessity for such a course and setting forth some of the advantages to the physician of a better knowledge of the history of medicine, Dr. Connell dealt with the period of Aesculapius. The lecture was illustrated with many lantern slides, projected on a screen, of statues of Aesculapius representing the conception of the various Greek masters. Perhaps the best series of views were those of the temple of Epidaurus, showing the imposing ruin of a shrine where thousands upon thousands had knelt before the spirit of Aesculapius.

The combined course, covering a period of six years, and leading up to the degrees of B. A. and M. D. is annually growing in favor with the students.

Last year there were 37 graduates in Arts enrolled in medicine and about the same number of undergraduates or students taking the combined course out of a total of 216 on the register.

It will be some days yet before the total registration for the session can be made known, but it is expected the attendance will be in the neighborhood of 225.

#### MCGILL MEDICAL FACULTY, MONTREAL.

The opening lecture of the McGill Medical Faculty was delivered by Prof. A. C. Abbott, of the University of Pennsylvania. The custom of having such an address has become a fixed one at McGill and many notable names have been associated with it in times past.

The subject was in general an appeal to the student body to follow out their training on as broad lines as possible. The lecturer pointed out that the modern tendency in all big enterprises was specialization, and that in medicine, as in other pursuits, it was the order of the day; but that it was killing to the individual if begun too early in his career, before he had acquired a firm broad foundation. If one wished to be a thoroughly educated physician whose councils would carry weight in professional deliberations, it was necessary to leave specialism to a later period of life. To a student entering upon a medical curriculum it seemed absurd that such a vast field must be covered, in the "good old times" two courses of lectures of four or five months sufficed. Why the necessity of such a change? Was it not that the gradual change of medicine from a state more or less of empiricism to a broad biological problem had forced into recognition the various branches of science and art to which the advance

was due. Again if one were to take the branches taught twenty years ago, such as Chemistry, Physiology, and Pathology, and compare the actual work done then and now the differences if tabulated would be startling. Take for instance Chemistry; as taught in medical schools of today, it is a practical science bearing upon the clinical work, and required daily in routine practise, general chemistry being a subject required for entrance at the matriculation examination. Bacteriology itself opened up a vast field for increase of time and labour, not to speak of Pathology with its unending variations in gross and microscopic anatomy. Preventive medicine was another subject which should in every curriculum absorb a fair share of time, this was the medicine of the future and great developments must result from the time devoted to this branch. Leading off from this point the lecturer showed how so many of the triumphs of preventive medicine originated directly or indirectly in the laboratory, and demonstrated that it was impossible for a medical school to get on without facilities of this description, and further that money in large quantities was an absolute necessity for equipping and maintaining them. Further facilities were in many cases required for extension in the field of preventive medicine, more especially for the training of men to take up the work of practical sanitation in a public capacity. Lastly the professor dwelt upon the responsibilities which the senior student would soon find thrust upon him,—the duties demanded by the central and local governments in regard to the registration of transmissible diseases, births and deaths. Carelessness in these matters was a definite neglect of duty and the doctor should remember that he should be a good citizen as well as a good medical practitioner.

Dean Roddick at the close of the lecture announced that Lord Strathcona had presented the medical faculty with another gift of fifty thousand dollars; an excellent demonstration upon the subject before them.

The University lecture by Principal Peterson was also of especial interest to the medical faculty, in that he dwelt upon the particular needs of this department and told of some of the uses to which donations might be applied.

The students societies are now in full swing and at the opening meeting of the McGill Medical Society the lecture was delivered by Dr. J. G. Adami. The subject chosen was Life, and the lecturer in his own inimitable style and graceful English explained the meaning of life and the shades of difference between organic and inorganic matter, illustrating by means of the vital processes as compared with the chemical activities between the carbon compounds.

The presidential address was delivered by Mr. A. Cumming, Med. '05. In the McGill Medical Faculty there are some 375 students who have already registered, and of these about 100 are freshmen.

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## EDITORIAL

### THE TREATMENT OF INEBRIATES.

A short time ago there was held a very influential and representative meeting in the Lieutenant-Governor's residence, Toronto, to consider the important question of the treatment of the inebriate. Hon. G. W. Ross presided. Among those who were present may be mentioned Lieut.-Governor Clark and Mr. Clark, Dr. T. D. Crothers, of Hartford, Conn., Dr. A. M. Roseburgh, Secretary of the Association.

A number of resolutions were passed organizing the meeting into an association to study the best methods of dealing with inebriates. The general trend of opinion was that inebriety is a disease and should be treated along rational lines. It was held that the custom of committing drunkards to jail, as a means of correcting the evil of intemperance, was a complete failure.

Dr. A. M. Roseburgh gave a very full and lucid account of what is being done for inebriates in some parts of Britain and the United States. It is well known that Dr. Roseburgh has given this subject much thought, and, consequently, what he has to say carries much weight.

Dr. Crothers, of Hartford, Conn., gave a very able address upon the treatment of the inebriate. He took very strong ground that inebriety is a disease, and that success can only come by treating it as such. He discussed very fully and successfully too the objection to restraining inebriates because it was interfering with personal liberty. All the best authorities are now agreed that the true inebriate is the victim of disease, regardless of the fact that he may be responsible for his morbid condition through bad habits.

In the midst of the more scientific discussion of any question, it is sometimes well to listen to what people think. The following quotation is taken from the *Pioneer* and is from the pen of a well-known and well-informed working man :

"If this habit, or mania, is a disease, as these great men say it is, then I defy all the doctors and all the statesmen in Christendom to tell us of one other disease the cause of which is so clearly indicated as that

of drunkenness. I do think it was a most ridiculous farce for these men to spend their valuable time discussing how they could tinker up the poor drunkard, and not say one word in favor of the removal of the cause of all his woe."

Whatever steps may be taken in this matter, we commend the whole question to our readers. The medical profession has ever been in the advance line in all movements for the betterment of the human race. When the best method of treating the inebriate will have been worked out, it be found that the major share of the credit will belong to the medical men of the country.

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#### THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The report of the meeting of the Council of the College of Physicians and Surgeons of Ontario held last June has been issued. In looking over the report one is pleased to note the tendency to raise the standard of medical education in Ontario. The Council very wisely adhered to the five years' course of study.

On page 57 there will be found a list of patent medicines which contain large percentages of alcohol. The percentages run all the way from 13 to 47, several of the most popular of the list averaging about 30. We have said on former occasions that this should be stopped, and that all proprietary should have the formulæ printed on the wrappers. Further, they should not be allowed the freedom of the market if they contain any ingredient that is now on the prohibited drug list. This is a fit and proper subject for legislation, and the Council adopted such a resolution, asking that the Dominion Government be asked to pass such an Act.

It is a matter for congratulation that the Council has courage to take action against those who do discredit to the profession of medicine. The receipts from fines amounted to \$1,150, while the disbursements were \$1,046. The cases of Dr. J. E. Hett, of Berlin, and Dr. A. Crighton, of Castleton, were referred to the Discipline Committee. There were in all 59 prosecutions and of these 38 were successful to some extent, either by way of fine, warrants out for the offender, or that they have left the country. With regard to Osteopaths, Christian Science healers, Miasmotic healers, etc., the prosecutor states that he was unable to do anything because they prescribe no medicines, and thinks the law should be amended so as to enable these classes of healers to be proceeded against. These classes of healers are growing more numerous and bold every year, and it is high time that the medical profession took a bold stand to secure such legislation as will enable the Council to successfully purge the province of such impostors.

Mr. J. L. McDowell was suspended for three years and Mr. Thomas Gray for two years for wrongful acts in connection with their examinations.

The Council acted wisely in maintaining a fairly high standard for matriculation. A number of examinations are accepted but all of them are such as to reflect credit upon this part of the student's education.

There was a good deal of discussion on the advisability of selling the building on Bay Street. On motion of Dr. King it was agreed to offer the property for sale. In this we concur. Neither the building nor the location is suited to the requirements of the Medical Council.

Dr. Moorehouse gave notice of a by-law to hold examinations in London. This ought to meet with the approval of the Council at a future meeting. London has a medical college and is in the same position as Kingston, where examinations are held.

It is gratifying to note that, after paying off \$7,500 on the mortgage, there was a balance of \$5,128 in the treasury. The annual fee remains the same, namely \$2.

It was agreed to pay each member of the Council \$15 per day while absent from home, and a mileage of 5 cents. The salary of the Registrar was fixed at \$2,500, and the Treasurer at \$600.

Fifth year students may put in the year in a recognized hospital, or six months with a medical practitioner and six months in a hospital.

The following scale of fees was suggested by the Committee: Advice in office, \$1 to \$10; certificate of lunacy, not less than, \$5; any written opinion, \$2 to \$10; vaccination, single, \$1 to \$2; death certificate, for Life Insurance Co., \$5 to \$10; single visit, 8 a. m. to 8 p. m., \$1 to \$5; night visit, 8 p. m. to 8 a. m., \$2 to \$10; detention at patient's house, per hour, \$1 to \$5; fee for consulting physician, \$5 to \$25; mileage out of town, 50 cents to \$2; normal labor, \$6 to \$25; subsequent visits at usual rate; detention at patient's house, beyond 3 hours, \$1 to \$2; instrumental or complicated labor, double normal; a general anaesthetic, \$5 to \$25; major operations, \$50 to \$500; minor do., \$5 to \$50; simple fracture, \$5 to \$50; compound do., \$10 to \$100.

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#### THE GROWTH OF QUACKERY.

Constantly there is being brought under the notice of the medical profession the virtues of some method of treatment, flaunted before the public gaze by some enterprising electrician, masseur, bather, x-rayist, and so on. In many instances, the persons, starting various institutions for the carrying out of the above methods, have the affrontery to appeal to the members of the medical profession to send in their patients with the view of having these various treatments put in practice.

The medical profession cannot be too guarded in its attitude towards all this sort of quackery. These persons and institutions are not working for the good of the medical profession, but solely for their own gain. They are only too willing, however, to make use of the profession to further their own ends, if they can do so. The medical profession should not countenance any person, or institution, not working in direct harmony with it.

Many of these persons, having acquired a smattering of knowledge in some subject, desire to make gain out of this knowledge, and start some place for the cure of disease, by the employment of some means that, though possessed of some merit in its proper limits, is worse than useless when pushed beyond these limits. On many of these so-called methods of treatment, the medical profession has been too silent, and has thereby lent a sort of countenance to them.

Massage, hot air, baths, sunlight, electricity, exercise, x-rays, drink cures, and such like are all very well in themselves, and are capable of much good in the proper hands; but when their application to the treatment of disease falls into the hands of the purely commercial methods of the persons and institutions, now referred to, nothing but evil, in the end, can come from them to proper employment of these agencies. Mysticism is the main feature of these systems of treatment. The patient is rubbed, and, at the same time, informed that a special influence is brought to bear on his case, through some power in the person treating him. Some utterly worthless concoction is given a victim to drink, or drugs, and he is assured it will create within him a new power of resistance. Whatever there is in the treatment is merely one of suggestion.

The medical profession must take a firm and a united stand on these matters. If institutions are to exist for the treatment of disease, they must be under the supervision of the medical profession. No proprietary medicine, or plan of treatment, should be allowed, the nature of which is not made known in the fullest manner. Light is most valuable in the destruction of infection; and, so here, light will prove valuable in relegating these quack methods to their proper place—oblivion.

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#### DR. H. T. BULSTRODE ON THE CAUSES OF PHTHISIS.

In his third milroy lecture, *London Lancet*, August 15, the following pregnant sentences occur: "If I were told to select three, and three only, of the agencies with which I have in some degree dealt in these lectures as those upon which, assuming always a sufficiency of food, I would place

most reliance as regards the control of pulmonary tuberculosis, I should arrange them somewhat in this order—1. The education of older children in principles of health, and the periodical physical examination of all school children with a view to improving the health of those prone to tuberculosis, or who may already be suffering from the disease in an unrecognized though not unrecognizable form. The direct and indirect results which would accrue from this would soon make themselves felt in the direction of an unwillingness on the part of the people to occupy slums or to dwell in places where the sun rarely penetrates. It would also result later on a return to local and perhaps central administrative bodies of representatives who were more alive to the importance of the public health aspect of their duties than is always the case at the present time. 2. Some such system of compulsory insurance against sickness and invalidity as obtains in Germany and which, it is important to note, makes for the provision of sanatoriums, the support of those threatened with illness, and the general well-being of the poorer classes. 3. Better housing and improved conditions of employment of the working-class,—i.e., more light, more air-space, better ventilation, and greater cleanliness in the home, the workshop, and the factory.”

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#### THE TRAINING OF THE SURGEON.

Prof. William Stewart Halstead, in the September number of the *Bulletin* of the Johns Hopkins Hospital, discusses the important subject of the training of the surgeon. As Professor Halstead is one of the world's foremost surgeons, one turns naturally to see what he has to say.

He starts out with the statement that, “pain, hæmorrhage and infection, the three great evils which had always embittered the practice of surgery and checked its progress, were, in a moment, in a quarter of a century (1846-1873) robbed of their terrors.” He then goes on to speak of the great progress that has been made since 1873 in the evolution of antiseptic principles in surgery.

Much attention is devoted to the “intimate interdependence of physiology, pathology and surgery.” These have each aided the advance of the other two. Physiology lays the foundation for pathology, and pathology in turn for surgery. Again, surgery has done much for physiology and pathology. Harvey's great work on the circulation of the blood, and the discoveries of Malpighi on the capillaries which completed Harvey's, were the foundation on which surgery was destined to build. These advances enabled surgeons to understand hæmorrhage and the proper means of arresting it, and led to the advances and dis-

coveries of Hunter. Without the physiological investigations of Harvey and Malpighi we would not have had the surgical discoveries of Hunter on the healing of wounds, on inflammation, and the ligation of arteries.

Professor Halstead refers to the recognition of the surgeons of England and the granting of the charter by George III., creating the Royal College of Surgeons. The formation of the academy of surgery of Paris, in 1731, was the true origin of Modern Surgery, and a turning point in its history.

The immortal discoveries of Simpson and chloroform, Morton and ether have overcome the pain of surgery; the achievements of Harvey, Malpighi and Hunter have abolished the fear of haemorrhage; and the scientific work of Lister has forever put an end to the dread of infection.

“After all, the hospital, the operating room and the wards should be laboratories, laboratories of the highest order, and we know from experience that where this conception prevails not only is the cause of higher education and of medical science best served, but also the welfare of the patient is best promoted. It remains with the teachers of medicine and surgery to make them so. The surgeon and the physician should be equipped and should be expected to carry on work of research; they hold positions which should make them fertile in suggesting lines of investigation to their assistants and associates; they should not only be productive themselves, but should serve as a constant stimulus to others.”

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#### PROVINCIAL BOARD OF HEALTH REPORT.

The twenty-second annual report of the Board of Health has just been issued. It contains a considerable amount of useful information.

There is an interesting article on the evolution of public health as a department of municipal government. Dr. John A. Amyot has an excellent paper on the subject of bacteriology.

Dr. C. A. Hodgetts, the present Secretary to the Board, gives an interesting table on the number of cases of infectious diseases. For the year 1903 there were reported 820 cases of smallpox with 21 deaths; 3,677 cases of scarlet fever and 529 deaths; 3,599 cases of diphtheria and 478 deaths; 53 deaths from measles; 148 from whooping cough; 1,012 reported cases of typhoid and 298 deaths; and 2,072 deaths from tuberculosis.

In the above statistics it will be noticed that measles, whooping cough and tuberculosis are not reported. Consequently nothing can be said as to the mortality in these diseases. In the case of tuberculosis it is safe to assume that there are four for every one that dies. This

would give some eight or ten thousand as the number suffering from this disease in Ontario, or about 5 per 1,000 of the population.

With regard to scarlet fever, diphtheria and typhoid fever, no doubt many cases are not reported, and this vitiates the value of the statistics as a means of determining the true mortality ratio of these diseases. In the case of diphtheria we are of the opinion that the death rate is still too high. On a former occasion we drew attention to this. One would not expect a death rate of 13 per cent., under our present method of treatment by the antitoxine serum. If statistics prove anything at all, they prove that a much lower death rate than this should be expected under the early and vigorous administration of this potent remedy.

Some very useful regulations are laid down for the hygiene management of barber shops.

Upon the whole, the report proves what a valuable agency the people possess in the Provincial Board of Health for the prevention of the spread of contagious diseases.

STICKLES v. Drs. W. F. BRYANS and G. B. SMITH, of Toronto.

On the 22nd of January, 1904, Drs. Bryans and Smith issued certificates to commit to the asylum the plaintiff in this action, a married woman.

She was retained in the asylum for sometime and then allowed her liberty. On regaining her liberty, she entered action against Drs. W. F. Bryans and G. B. Smith, for damages to the extent of \$10,000. Drs. Bryans and Smith very properly resisted the action.

The case came to trial on 6th, 7th, 8th, and 10th, October, before Chancellor, Sir John A. Boyd. After an exhaustive and expensive trial, the jury found a verdict in favor of the defendants on every point submitted by the Court.

The learned Judge reviewed the case at great length and with the utmost fairness. He pointed out the facts the defendants were honorable members of the medical profession, that they could have no motive other than the plaintiff's welfare in committing her to the asylum, that their story had been corroborated by a number of witnesses whose truthfulness could not be questioned, and that they had apparently acted with care in coming to their conclusions.

The following questions were submitted to the jury:—

1. Was the plaintiff of unsound mind on the 22nd January, 1904?
2. Did the defendants honestly believe the plaintiff was then of unsound mind?
3. Did the defendants take reasonable care in informing themselves of the material circumstances connected with the plaintiff's condition?

4 Were the defendants actuated by improper or unprofessional motives in signing the certificates?

To all of these questions the jury gave an answer favorable to the defendants, and a verdict in their behalf.

The costs must be very heavy in this action. It is not at all likely that the defendants will be able to recover their large disbursements from the plaintiff. The husband was no party to the action. Indeed, took the side of the defendants, as did also the plaintiff's mother, daughter and uncle. The statements made by the defendants were borne out by the clear and able testimony of Dr. Milner and Stenhouse.

Drs. Bryans and Smith are to be congratulated upon the result of the trial. It has a wider meaning than that of the defendants themselves, as such actions more or less affect the good and welfare of the entire profession. Every such action lost or comprised in any way encourages others to go to law with their grievances, or to attempt to extort money by blackmail. We feel that the profession should take some steps to recognize the valiant fight made by the defendants not only in their own interests, but in that of the whole medical profession.

A more unjust case than this was probably never launched into court. The evidence brought out the facts that the plaintiff had been addicted to the excessive use of alcohol, and that a verdict had been secured against a certain party for improper relationships with her. But it is usually the experience of the medical profession that suits for malpractice are instigated by the worthless or impecunious.

This is, perhaps, a fitting time to again call attention to the claims of the Canadian Medical Protective Association. So long as this worthy Association has only a membership of a few hundred, it has neither the means nor the influence it would have were its membership up into the thousands. There is no reason why every regular practitioner in Canada should not belong to this Association. If this Association had a membership of several thousands and four or five thousand dollars in the treasury, it would have a deterrent effect on cranks, crooks and designing patients. When litigation did come it would distribute the cost over many, instead of falling so heavily upon one or two. In the present instances perhaps at least \$400 each.

In the meantime, we extend to Drs. Bryans and Smith the congratulations of the entire medical profession.

#### THE OCTOBER ISSUE.

Our issue for October was unavoidably delayed in its publication for a short time, owing to some changes that were being made in the press-room of the printers.

## PERSONAL AND NEWS ITEMS.

Dr. Clarence Starr has removed to 224 Bloor St. West, Toronto.

Dr. Allan Shore has occupied his new offices at 425 Bloor St., West, Toronto.

Dr. Kenneth McKinnon and Miss Tytler, both of Guelph, were married October 12.

Dr. G. F. Emery, of Gananoque, has disposed of his practice there and removed to Ottawa.

Dr. G. Eric Chapman has gone to Sombra, where he will succeed Dr. Cowan, the present practitioner.

Dr. James Barclay, of Montreal, was married a couple of weeks ago to Miss Beaudry of the same place.

Miss Mary Isabel Margaret, of Maxville, was married to Dr. James T. Hope, of Alexandria, on October 12.

Dr. Thomas Douglas, of Hamilton, has purchased the medical practice of the late Dr. Mallory, of Colborne.

Dr. Francis P. McNulty and Miss Louise Sullivan, both of Peterboro', were united in marriage in the latter part of September.

Dr. Lorne Campbell has bought a well established practice at Tavistock. The deal included the retiring doctor's residence.

Dr. T. C. Cowan, of Sombra, has sold out his practice and will leave for England soon, where he will take a post-graduate course.

Dr. W. W. Wickham, of Charlottetown, died at Ste. Agathe. Dr. Wickham went to Ste. Agathe for the benefit of his health.

Dr. Ernest F. Arnold, of Vankleek Hill, and Miss Davidson, of Toronto, were married a few weeks ago and took in the St. Louis Fair.

Dr. Charles M. MacInnes, Vankleek Hill, was married two weeks ago to Miss Nettie LeRoy, daughter of Mr. Ralph LeRoy, of that town.

Dr. George Elliott, General Secretary of the Canadian Medical Association, has removed from 129 John St., to 203 Beverly St., Toronto.

A. Gale Massey, B. A. Tor., M. D., C. M., Trin., the recently returned from South Africa, has gone to England for post-graduate work.

Dr. H. E. Gage, after a year's successful practice at McDonald's Corners, has left for Kingston. He is succeeded by Dr. W. A. R. Michell.

Dr. Gustin, of St. Thomas, and his esteemed wife, celebrated the fifty-fifth anniversary of their wedding last Monday. A number of friends called to extend congratulations.

The marriage of Dr. F. N. G. Starr and Miss Annie Callender Mackay, of Hillshead, New Glasgow, N. S., took place on Wednesday 18th September.

Dr. C. A. Porteous will succeed Dr. J. V. Anglin as assistant medical superintendent to Dr. Burgess, of the Protestant Hospital for the Insane at Virdun.

Dr. A. W. Michell, son of Public School Inspector Michell, of Ottawa, has taken over the medical practice at McDonald's Corners of Dr. H. E. Gage, formerly of Kingston.

Dr. P. H. Hughes, of Leamington, who spent the summer in Manitoba and Alberta, has returned and will resume practice. His health has greatly improved and he feels well.

Dr. Major H. Lings, of Hamilton, son of the late E. R. Lings, of Langford, was united in marriage to Miss Nellie Rothwell, second daughter of Mr. B. Rothwell, on 12th October.

Sir Lauder and Lady Brunton, of London, Eng., visited Toronto and were the guests of Dr. McPhedran, of 151 Bloor Street. He was on his way to St. Louis to attend the Science Congress.

Dr. S. Kitchen, St. George, and Dr. R. P. Boucher, Peterboro', were appointed to represent the Provincial Board of Health at the Congress on Tuberculosis at St. Louis on 3rd, 4th and 5th of October.

The engagement is announced of Miss Clara Clarke, Avenue Road, Toronto, to Dr. Morley Currie, M. P. P., of Picton. The marriage, which will be quiet, has been arranged for the latter part of November.

Dr. Ward Woolner, who has been practising his profession in Collingwood, associated with Dr. McKay, of that place, has decided to locate in Ayr, and has taken the offices recently vacated by Dr. A. S. Lovett.

The many friends of Dr. Jack Hunt will be pleased to hear that he has been appointed doctor and surgeon on board of the steamship Dominion of the Dominion Line Steamship Company sailing between Montreal and Liverpool, England.

Dr. and Mrs. Wallace Scott were warmly welcomed back to Toronto last week after a sojourn in London, Eng., of upwards of two years. They will remain in Canada. At present they are at Dr. Scott's father's home, No. 576 Church Street.

Dr. Brefney O'Reilly, son of Dr. Charles O'Reilly, of the Toronto General Hospital, has left Toronto for Vancouver, B. C., where he will sail on September 19 as surgeon on Canadian Pacific steamship Tartar for Hong Kong and parts in China and Japan.

Geo. E. DeWitt, M. D., was invited by the New York Medical Association as a representative from Nova Scotia to attend the international congress for the prevention of tuberculosis held in St. Louis early in October. Dr. DeWitt has a private sanitarium in Wolfville.

Dr. Tye, of Chatham, who has practiced in that city for the last 10 years, has disposed of his practice to Drs. J. S. Agar & Agar, formerly of Dover Centre. Dr. Tye will continue active practice until the first of the year, when he leaves for Kansas City, Mo., where he will continue the practice of medicine.

The many friends of Dr. Charles E. Treble will be pleased to learn that he intends returning to Toronto shortly after an absence of nearly three years spent in England and on the continent. Dr. Treble some time ago obtained the double qualification of M. R. C. S., England, L. R. C. P., London, and now holds a position on the staff of the Mount Vernon Hospital for Consumptives, one of the largest hospitals of its kind in England.

Dr. Earnest Wills, of Calgary, lies at his sanitarium in a critical condition as the result of a mysterious accident. He is suffering from severe concussion of the brain. The injured man was found at the foot of a steep hill 300 yards from his home by Thomas Kitt, an employee of his sanitarium. He was lying on his back at the side of the trail. His bicycle was several feet away. Dr. Wills was unconscious when discovered.

Dr. DeWitt, of Wolfville, returning from the International Tuberculosis congress held at the World's Fair, stated that the congress was represented from all parts of the continent. The meetings were characterized with interest and enthusiasm. Fraternal greetings were exchanged between the congress and the congress of engineers. The two bodies have united for the purpose of promoting sanitary legislation and to prevent the spread of tuberculosis.

The elections of the College of Physicians and Surgeons were held at Laval University yesterday afternoon, and there was a large attendance of medical men from different parts of the province. The elections resulted as follows: President, Dr. E. P. Lachapelle, Montreal, re-elected; first vice-president, Dr. D. Brochu, Quebec; second vice-president, Dr. O'Connor, Montreal; representative of the Bishop's College, registrar, Dr. A. R. Marsolais, Montreal; treasurer, Dr. A. Jobin, Quebec, re-elected; secretary, Dr. P. O. Faucher, Quebec.

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 OBITUARY.

## A. E. MALLORY, M. D.

Dr. Mallory died on the 4th October, 1904, at his home at Colborne. He had been Registrar of East Northumberland since 1899. He was born at Cobourg, Ont., February 1, 1849. He was educated at Albert College, Belleville, and McGill University, whence he graduated in medicine in 1872. For some years he practised his profession at Warkworth, Ont. He was licensed by the Royal College of Physicians and Surgeons, Edinburgh, in 1878, and obtained a certificate of British registration the same year. In the general elections of 1887 he was elected to the Legislature for East Northumberland.

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 T. E. MORRIS, M. D.

Dr. T. E. Morris, of St. John, N. B., died suddenly 9th October, at his home in St. John. The late Dr. Morris was one of the doctors who volunteered to fight the smallpox epidemic in St. John a few years ago, and his services in that respect are vividly remembered yet.

Dr. Morris was a graduate of McGill in 1899 and was very popular in Montreal while there. He has been married but a year.

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 P. P. BOULANGER, M. D.

Dr. P. P. Boulanger died 29th September at the family residence,, 1051 St. Denis Street, Montreal, after a short illness. Dr. Boulanger graduated from Laval University, Quebec, in 1892, and practised medicine for six years at Levis, but later moved to Montreal.

Two years ago the late gentleman discontinued his practice and devoted his attention to *La Revue Medicale du Canada*, which publication he founded in Quebec some eight years ago. He was assisted in this work by the late Dr. Brennan and Dr. William Derome.

He is survived by a wife and two children. Mrs. Carrol, wife of Judge Carrol, of Quebec, is a sister of the deceased.

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 R. S. CHEFFEY, M. D.

The death occurred on 8th October, of Dr. R. S. Cheffey, who for over half a century was well-known throughout the county of Simcoe. For

many years he was county coroner. Four years ago he retired from practice, and lived in Toronto. Dr. Cheffey is survived by his widow and two married daughters.

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ACHILLE CHOUINARD, M. D.

Dr. Achille Chouinard, son of Mr. Chouinard, City Attorney for Quebec, died 11th October, at the residence of his father. Deceased was well known and highly respected by a large circle of friends who deeply regret his loss. He returned from France last spring where he spent two years following a medical course in the best hospitals of the French capital. Soon after his return home Dr. Chouinard was stricken down with consumption.

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BOOK REVIEWS.

REGIONAL MINOR SURGERY.

By George Gray Van Schaick, Consulting Surgeon to French Hospital, N. Y. Second edition, enlarged and revised, 228 pages. Bound in cloth. Profusely illustrated. Price, \$1.50. International Journal of Surgery Co., N. Y.

The practicability and usefulness of this book is best indicated by the demand, necessitating a second edition in an unusual short time. This edition has been subjected to a thorough revision and additional chapters have been added.

The author's object, to furnish the general practitioner with such practical information on Minor Surgical Conditions as will be of the greatest service to him in his daily practice, has been well accomplished. Subjects of a technical character have been avoided, and only the most applicable methods demonstrated by twenty years private and hospital experience are presented. The book is liberally illustrated with original sketches and is so eminently practical and useful, we believe it will be run through many more editions.

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DR. EMMA E. WALKER'S BEAUTY AND HYGIENE.

Beauty Through Hygiene, Common Sense Ways to Health for Girls. By Emma E. Walker, M.D., Member of the New York Academy of Medicine, etc. Illustrated. New York: A. S. Barnes and Company, 1904. Price, \$1.00.

This excellent little book is written for girls by an experienced writer and well-informed physician. The authoress discusses the important sub-

jects of Deep Breathing, Exercise for Girls Sports, Poise, The Fat Girl, The Thin Girl, Corrective Exercises, Exercises in Housework, Massage, Care of the Skin, Complexion, Perspiration, Constipation, Bathing, and the Care of the Hair. The authoress writes in a clear and interesting style. She has always something good to tell and she tells it in a truly pleasant manner. Doctors would do well to recommend this book to young women and growing girls.

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#### DR. BOARDMAN REED'S DISEASES OF THE STOMACH AND INTESTINES.

Lectures to General Practitioners on the Diseases of the Stomach and Intestines, as well as Allied and Resultant Conditions, with Modern Methods of Diagnosis and Treatment. By Boardman Reed, M.D., Professor of Diseases of the Gastrointestinal Tract, Hygiene and Climatology in the Department of Medicine of Temple College, Philadelphia; Attending Physician to the Samaritan Hospital; Member of the American Medical Association, American Climatological Association, American Electro-Therapeutic Association, Foreign Member of the French Societe d' Electrotherapie, etc. New York: E. B. Treat & Co. Price, cloth, \$5.00; half morocco, \$6.00.

Dr. Boardman Reed needs no introduction to the medical profession as an authority on diseases of the digestive organs: for he has long been a worker in this field, and has studied with such distinguished authorities on diseases of the stomach and intestines as Oser, Boas, Ewald and Kuttner. He has also had a very large clinic of his own to draw material from. The work is a large one of over 1,000 pages, and containing about 150 illustrations. This book covers the entire field of gastrointestinal diseases so thoroughly that nothing appears to have been omitted. It is a complete text and guide for both general practitioner and specialist. Surgical subjects, such as appendicitis, haemorrhoids, the surgical treatment of gastric ulcer, etc., are fully discussed in the volume, thus making it a complete encyclopaedia on the diseases of the stomach and intestines. We highly commend the labors of the author and mechanical work of the publishers. This book absent from the library, there is a great blank; being present, there is a sure and safe consultant ever at the disposal of its possessor.

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#### THE DOCTOR'S LEISURE HOUR.

Fact and Fancies of Interest to the Doctor and his Patient. Charles Wells Moulton, General Editor, and arranged by Porter Davies, M.D., 1904. The Saalfeld Publishing Company, Chicago, Akron, O., and New York. Toronto: Messrs. Chandler and Massey. Price, \$2.00.

This is a very handsome octavo volume of 350 pages, with uncut edges and gilt top. It is bound in beautiful dark brown corded muslin. It is the first volume of the doctor's recreation series. The selections,

prose and poetical, are of a most happy character, and suitable for the medical table. A doctor can easily beguile away an hour upon this book, as it is full of pretty little stories, selections, and pieces of good humor. It has often been said that the doctor should not confine all his reading to medical subjects. The present volume is a first class one to possess for the purpose of one's amusement. Many of the selections would bear repeating. The book is brim full of fun, suited to the doctor's mental view of things. There are some very fine anecdotes about famous doctors. The country doctor, the doctor's horse, the doctor's wife, the quack, etc., etc., all come in for their full share of attention. Of a certain quack we are told: "Wanted—A gentleman to undertake the sale of a patent medicine; the advertiser guarantees it will be profitable to the undertaker."

### VON BERGMANN'S SURGERY.

A System of Practical Surgery By Drs. E. von Bergmann, of Berlin, P. von Bruns, of Tübingen and J. von Mikulicz, of Breslau. Edited by William T. Bull, M.D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five imperial octavo volumes, containing over 4,000 pages, 1,600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only, Per volume, *net.* cloth, \$6.00; leather, \$7.00; half morocco \$8.50. Volume IV just ready. 757 pages 345 engravings, 16 plates. Lea Brothers & Co., Publishers. Philadelphia and New York, 1904.

All those who have use for a thorough exposition of the best surgery of two continents can find it in von Bergmann's great work, now rendered available for readers of English by Dr. William T. Bull of New York. In his editorial preface he well says that it is encyclopædic, and that many of its chapters exceed in scope and detail special treatises which have been published on their subjects. Still more interesting is his statement that the great value of the work lies in its practical and clinical character. This is supported by an abundance of pathological data, details of original research, and statistical facts, rendering the work of inestimable value to the student, the surgeon and the general practitioner. These five volumes in themselves will constitute a complete working library on surgery. The fourth has just appeared. It covers the immensely important subject of the whole alimentary tract, including Hernia. The regional and systemic division of subjects into volumes adopted for this work simplifies and facilitates consultation. The publication of a work of 4,000 pages, with 1,600 engravings and 110 colored plates, in less than a year is characteristic of the methods and demands of this country. Due care has nevertheless been bestowed upon every detail of editing and manufacture, in fact the American

edition is far richer in engravings and plates than its German prototype. The special features wherein American surgery differs from that practised in Europe are fully reflected, so that the work is thoroughly adapted to the requirements of this continent.

#### BRUBAKER'S PHYSIOLOGY.

A Text-book of Human Physiology, by Albert P. Brubaker, A.M., M.D., Professor of Hygiene in the Drexel Institute of Dental Surgery; Lecturer on Physiology and Physiology and Hygiene in the Jefferson Medical College, Professor of Physiology in the Pennsylvania College of Art, Science and Industry. With colored plate, 354 illustrations. Philadelphia: P. Blakiston's Sons & Co., 1012 Walnut Street, 1904. Price, cloth, \$4.00, net. Toronto: Messrs. Chandler and Massey.

The author and publishers have given the profession an excellent work on Physiology. One should be able to say a good deal in 700 octavo pages, and Dr. Brubaker has done so, and has done it well. The work covers the whole range of physiology in a thoroughly up-to-date manner. The author has long been known as a writer on physiology, and much would be expected from him in a serious attempt, such as the present volume, to give a systematic review of our present day knowledge of physiology. A careful perusal of this volume convinces one of two things: that the author has a wide knowledge of the literature of the subject; and that he has had much experience of his own in the best form in which to present that knowledge. The work has been prepared very largely from the standpoint of the practising physician, and is calculated to throw light upon the relationships of the normal to the abnormal organ. That physiology and pathology must thus go together is admitted by all. We congratulate Dr. Brubaker upon the results of his labors, and predict that this work on physiology will soon take its place with the standard works and books upon this subject. The appearance of the book, in every respect, reflects credit upon the publishers.

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#### DISEASES OF THE STOMACH.

Diseases of the Stomach and Their Surgical Treatment. by A. W. Mayo Robson, F.R.C.S. and B. G. A. Moynihan, M.D., and F.R.C.S. Second Edition. London. Bailliere, Tindale and Cox, 8 Henrietta Street, Covent Garden. 1904. Price, 15s net.

Mr. Mayo Robson and Mr. Moynihan need no introduction to the medical profession. The work of both of these surgeons is well known, particularly in abdominal surgery. The present book, the product of their joint editorship, is one of medium octavo, of 500 pages, and deals with the "Diseases of the Stomach and their Surgical Treatment." It would appear as unnecessary to state the work will prove a valuable

contribution to the surgery of the stomach. This organ is now receiving more consideration at the hands of the surgeon than it did a few years ago. The liver, gall-bladder, the ovaries, tubes, appendix, etc., have for some time had the searchlights upon them, and have been before the professional eye. More recently these lights have been turned upon the stomach. It is needless to say that the book is most interesting reading. It is written in a lucid style, and is very well illustrated. There is an originality and independence of thought that lifts this book above the level of ordinary works on surgery. It sets out truly the application of surgery to the treatment of disease. The experience of the two distinguished authors is of a very hopeful character. Such conditions as severe and incurable dilatation of the stomach are made to come under the hand of the surgeon, and yield to his skill, when they had resisted every other line of therapeutics. Just twenty-seven years ago, the Sir John E. Erichson stated that while the science of surgery had much to accomplish, it must be taken for granted that the art of surgery had about reached its finality. It is dangerous to make predictions. The physician should read this book, because it tells him so clearly when his cases are likely to be benefitted by surgery; and the surgeon should read it, because it tells him how he can best accomplish the relief or cure of his patients. This work will well repay careful study, and we hope to see it widely read by the medical profession.

The book is got up in a very attractive form. The paper, binding, type, and illustrations are all that could be desired by the most exacting reader.

## MISCELLANEOUS.

### ANTIPHLOGISTINE.

Bruises, sprains and abrasions consequent upon tennis, golf, mountain climbing and other out door sports are prevalent at this season. Infected wounds are frequent and disabling. Country life also brings the results of contact with poison-ivy, poison-oak and the various venomous insects with their characteristic weapons of offense. In all these cases the physician's first thought should be Antiphlogistine. It reduces inflammation of all sorts better and more quickly than any other application, while for poisoned wounds and dermatitis venenata it is almost a specific.

### GLYCO-THYMOLINE IN LEUCORRHOEA.

Mrs. R. P. had been under the care of a prominent physician who confined his treatment to hot vaginal douches of a one to two thousand solu-

tion of Bichloride of Mercury. These douches produced a great deal of pain and did not appear to benefit the case materially. When the patient came to me I found the cervix much congested and the vaginal mucous membrane eroded to a considerable extent. Decided to try douches of a weak solution of Glyco-Thymoline, to be taken as hot as possible. Comfort and improvement were noted from the first douche, and in a few weeks the woman was well.

W. B. KEENE, M.D., Philadelphia, Pa.

#### COMMENT ON ANTIKAMNIA AND HEROIN TABLETS.

Under the head of "Therapeutics," the *Medical Examiner* contains the following by Walter M. Fleming, A.M., M.D.,\* regarding this valuable combination: "Its effect on the respiratory organs is not at all depressing, but primarily it is stimulating, which is promptly followed by a quietude which is invigorating and bracing, instead of depressing and followed by lassitude. It is not inclined to affect the bowels by producing constipation, which is one of the prominent effects of an opiate, and it is without the unpleasant sequels which characterize the use of morphine. It neither stupefies nor depresses the patient, but yields all the mild anodyne results without any of the toxic or objectionable phases.

When there is a persistent cough, a constant "hacking," a "tickling" or irritable membrane, accompanied with dyspnoea and a tenacious mucous, the treatment indicated has no superior. In my experience I found one "Antikamnia and Heroin Tablet" every two or three hours, for an adult, to be the most desirable average dose. For night-coughs, superficial or deep-seated, one tablet on retiring, if allowed to dissolve in the mouth, will relieve promptly, and insure a good night's rest. In short, it will be found futile to delve for a more prompt and efficient remedy than "Antikamnia and Heroin Tablets" in all bronchial general irritability of the thoracic viscera."

#### SANMETTO IN URINARY DISEASES.

Dr. Mann Page, of Warm Springs, Va., Graduate Medical Department, University of Va., 1897, writing, says: "I have used Sanmetto in almost every case of kidney trouble that has come to me during the past year, and the results obtained in all cases from the "temporary congestion" so often accompanying "cold," etc., to the acute and chronic cases of "true inflammation" have been most gratifying. I am now using Sanmetto in several cases of albuminuria accompanying pregnancy, with benefit to every one of the patients. In cases of irritability of the bladder, from the least degree of this class to the most acute cases of inflam-

mation, following the abusive use of abortifacients, Sanmetto stands alone as a speedy and safe remedy. The success of Sanmetto in the relief of the depressing sequelae familiar to all who witness the unfortunate results of the "three days' home-gonorrhœa cure" is great. The relief of pain and amelioration of alarming symptoms inspires confidence in the grateful heart of these victims of contagion."

#### ABBOTT ALKALOIDAL COMPANY.

The Canadian Medical Profession will be glad to learn that a full line of Alkaloidal products and Alkaloidal specialties manufactured by the Abbott Alkaloidal Co., Chicago, Ill., can be obtained promptly by addressing the Canadian agents of the A. A. Co., Mr. W. Lloyd Wood, 66 Gerard East, Toronto, Ont., or Lefort & Co., 14 Hospital St., Montreal, Quebec. The well known and widely used specialties of the Abbott Alkaloidal Company include Abbott's Saline Laxative. "It does the business and never gripes" Abbott's Salithia and Calcalith, Calcidin, Nuclein and Intestinal Antiseptic W. A.

A copy of Abbott's Alkaloidal Digest, "A brief Therapeutics" with clinical applications, will be sent free on application to either of the Canadian agents.

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#### A CORRECTOR OF IODISM.

Dr. W. H. Morse reports (Southern Clinic for May) success in the use of bromidia, which he says has proved corrigental of iodia. Discussing his results he says: Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom for this symptom bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.

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#### INTESTINAL PARASITES.

Messrs. Battle & Co., have just issued the third of the series of twelve illustrations, of the Intestinal Parasites, and will send them free, to the physicians on application.

## ADRENALIN IN HAY FEVER.

Any reliable remedial agent that is valuable in the treatment of this malady is welcomed both by the physician and his patients who may be hay fever sufferers. The etiology, pathology, prophylaxis and treatment of this affection have often been the subject of study and experiment by physicians and also by intelligent laymen. The disease has been described as a catarrhal affection of the conjunctivæ and the mucous at about the same date in a given case. Another view is that the disease is a neurosis, and that the local symptoms (rhinorrhœa, sensory disturb-membrane of the respiratory tract, characterized by an annual recurrence ances, etc.) are due to vasomotor paralysis. The most conspicuous symptoms of hay fever are a burning and itching sensation in the nasal region and between the eyes; violent paroxysms of sneezing; a copious discharge of serum and liquid mucus from the nasal passages; profuse lachrimation; now and then, febrile manifestations; frontal headache; and in not a few cases, some asthma. The diagnosis having been established the subject of prevention and treatment is of the utmost importance. It would be utterly useless and wearisome to attempt to review the list of remedies and the methods of treatment that have been proposed for this disorder. The interests of physicians and patients will best be served by a brief recital of facts respecting the most successful mode of treatment known at this time. A glance at the list of symptoms and a brief consideration of the pathology of hay fever lead to the immediate conclusion that the chief indications are to check the discharge, allay the irritation that gives rise to the paroxysms of sneezing; reduce the turgescence of the nasal mucosa and relieve the stenosis. The only single remedy that meets these indications is *adrenalin*, as represented in Solution Adrenalin Chloride and Adrenalin Inhalant. By stimulating the vasomotor supply it contracts the arterioles, and thus promptly and efficiently relieves all the annoying symptoms referable to vasomotor paralysis. Moreover, by its powerful astringent action upon the mucous membrane, it blanches completely in a few moments, and renders to the patient a positive degree of comfort. Indeed the results that have been accomplished with Adrenalin in this field alone are remarkable, and of the utmost importance. Messrs. Parke, Davis & Company, Manufacturing Pharmacists and Biologists, of Walkerville who offer this valuable astringent agent, have also prepared a very complete treatise on hay fever, asthma, bronchitis and similar troubles, with full information relative to the treatment of these maladies with Adrenalin and other agents. This booklet has already been forwarded to a number of physicians who have applied for the same, and others interested in the subject can obtain a copy, post paid, by applying to this firm.