

# Dominion Medical Monthly

And Ontario Medical Journal

VOL. XXXVIII.

TORONTO, MARCH, 1912.

No. 3

## Original Articles

### THE FRESHMEN'S FIGHT.

By A. C. E.

The old medical building of the College of Physicians and Surgeons of T—, consisted of two classrooms, primary and final, a faculty room, small museum, and a cloak-room in the basement.

The freshmen and sophomores together received lectures in the primary room; the third and fourth years in the final. The primary room was at the side of the short main hall; the final at the end.

At the beginning of term, generally the first Tuesday in October, the day was set apart for the opening lecture, after which the Dean would give the usual announcement: "The regular lectures will commence at 8 o'clock to-morrow morning."

It was always at the close of the first afternoon lecture—4.30 following the opening day—that the sophomores gathered their forces for the freshmen initiation ceremonies in the primary room. This was the first haze.

The janitor had rung the "out" bell, and the professor had immediately gathered up his notes and swung out through the hall into the faculty room.

Instantly there was a buzz and a hum. The fun had started.

The sophomores have doffed their coats, collars, neckties, all, anything, everything which is likely to incommode them. Some have even stripped to their undershirts. These are passed from hand to hand till all have found their way in safety to the quiet domain of the final apartment.

Perched upon the great cross-beams, yelling, cheering, shouting, in windows, everywhere, to be safe from the terrific avalanche, the two final years urge on the battle.

The freshmen, many of them with white faces, nervous, breaths bated, have gathered in groups amongst the upper seats and on the upper landing, away up nearly to the ceiling of the amphitheatre-like classroom. All is new to them, so new that they wonder to themselves where it will all end. Some stand with hands in pockets awaiting for the onslaught. No organization—none; there has been no time for anything like that. They have not even made acquaintance one with another. All are strangers, but they congregate now, drawn together by a common sympathy of dread and danger. The passageway up the centre between the rows of seats is cleared; so is the space in front and around the dais, for here often lies the fun. *Here* the freshmen very often fight, resisting elevation.

Two sophomores, Jack Feleher and Archibald MacMahon, are rampant. They line a double row up one side over the seats or benches. They muster a force upon the opposite side. One gang brings them down; the other hauls them up.

John Ditchfield, a third sophomore, stripped to the waist, nothing upon his powerful frame but under-guernsey and pantaloons, stands at the bottom of the elevating detachment. He is supported by six or eight stout, burly fellows. These are noted "scrappers," and this is the point where fight is always shown. Feleher and MacMahon will lead on the first assault.

Everything is now in readiness. The men are marshalled into order. The command is given. Away they go, scrambling up over the seats and partitions, some few up the aisle, all the attacking party making for the group of freshmen huddled upon the upper landing.

Felcher is a little fellow, but he is first. He is met with a rebuff which almost completely deprives him of his hazing ardor. A big freshman from the Prairie Province, tanned, brown, and rugged with his rough, outdoor life and toil, has grabbed the little hazer and has literally thrown him in the faces of the advancing party. He strikes MacMahon, a long, lanky soph., full in the chest, and over they both go, all tangled up, between two rows of seats.

A yell of delight goes up from the jubilant finals at this reception. It means there is going to be some fight and lots of fun for them. It is a time-honored custom. The sophomores must fight their own battle. They will get no assistance from the finals. Cheer upon cheer rises from their throats, and the freshmen are encouraged on, but, timid, they hold back from coming up to the support of their fellow. The rush is now upon them. Feleher and MacMahon have extricated themselves from their ludicrous predica-

ment, being unmercifully guyed and jeered by the unfeeling finals. The small group of freshmen on the right are making a good fight.

"Cross over, 'Freshie,' and help your men!" cry the finals, eager now to see the sophs defeated. But the freshmen lack courage. They have not yet begun to understand the meaning of the affair, nor what shape it is to take.

Several of the lines of "elevators" have left their places and gone over to the right to reinforce the attacking party.

Now they come, one by one. By sheer force, each freshman is dragged down over the partitions (book-rests between the rows of seats), by a gang of five or six to the floor below, where some give up and go up on the other side without any fuss or kicking, being given a good start by the powerful arms of John Ditchfield.

MacMahon and Felcher are doing very little real fighting. They are both standing upon the top of one of the partitions directing the manœuvres. MacMahon, from his height, espies a little, oily, Jew freshman, Oliver Oppenheimer by name, and he leans over to reach him; but that slippery individual eludes his grasp and slides away up out of his reach. With a coarse epithet, MacMahon dashes after him and catches him as he is about to glide down one of the long stovepipes which run, one on either side, up over the seats from the stoves on the floor below. Oliver turns and bites his fingers as they rest on his forearm. MacMahon gives a howl of pain and suddenly releases his hold. The Jew, who appears to be endowed with wonderful agility, jumps suddenly upon the shoulder of one of the freshmen, grabs the iron bar which holds the south wall of the room from parting with the north, swings himself up, and then shins away up to the ceiling on one of its supports, writhing and twisting his body around the rod, looking for all the world like a good-sized monkey.

This episode amuses the finals immensely, and they laugh at and joke MacMahon accordingly, daring him to bring the agile "freshie" down, as he is elevated altogether too far up.

The fight still goes on. All are not down. All have not gone up over the bar. It has taken no little trouble to bring down the strong young man from the West. About a dozen have managed at last to land him on the floor below, where he is handed over to the tender mercies of John Ditchfield and his gang. He makes a little resistance even here, but the brawny arms of big John encircle his waist; his legs are grabbed by four or five others; he is lifted bodily off his feet; a great shove from John, and up he starts. Once free of that powerful grasp, he starts at resistance again. He kicks out vigorously. Someone gets a stunner in the chest. "Saw

him! Saw him!" goes the cry. John runs up one or two rows. His satellites follow. Three or four are placed at a leg, the same at the other, and at each arm. Then these dozen or more strong fellows proceed to administer what is very severe punishment. He is jerked in one way, then in the opposite direction, alternately arm and opposite leg, until the poor fellow has his extremities almost evulsed, until he is almost quartered by these fiendish fellows. He is then carried up and thrown over the last row to regain his breath amongst his freshmen associates, a much sadder and a much wiser man. What availeth one against a dozen?

All dripping with perspiration, warm, puffing and blowing, tattered and torn, the sophomores stand wiping their necks and faces free from the product of their exertions.

The door suddenly opens and in walks the tall and handsome form of George Bolingbrooke, a young man who had attracted a great deal of attention at the opening lecture of the term the day previous.

A small wavering cheer from the freshmen greeted his appearance, for was not here a champion and a leader for them.

The finals gave him a hearty reception. Here would be some grand sport in elevating this one. Cheer after cheer went up; shout after shout arose.

The sophs stood looking at Felcher and MacMahon.

Felcher and MacMahon turned their eyes upon Ditchfield.

"Hurrah, boys!" cry Felcher and MacMahon, as they rush for the big fellow.

Ditchfield and his gang follow.

The finals shout for the "freshies" to come down and help their man; but there is no need.

George Bolingbrooke folds his arms across his expansive breast as he feels John Ditchfield's arms encircle him. They are lifting him bodily. He is making not the slightest resistance. Of course there can be no scrap when a man will not scrap. Now they have him up over some of the seats, and are lifting him over the bar. Good-humoredly, he takes hold of the bar and thus assists them.

The finals, not to be wholly outdone of their sport, cry, "Bring him down the other side. Stand him on the dais and let's have a speech!"

Away they go across the aisle with their man, drag him down, and stand him on the dais behind the lecture desk, somewhat winded, too, even if he did not make a struggle.

"A speech! A speech!" they cry.

The giant standing there, six feet four inches tall, is puffing and smiling and laughing.

"Fellow-students," he began, "this is too rich. I am a soph myself. I put in my first year at a Philadelphia medical college. I have been hazed and elevated before; but I never thought any college would ever elevate a sophomore. However, I don't mind it at all. I came here because I heard from one of your graduates of the splendid course of study imparted in this institution. I am not sorry, because I perceive I am in very elevating society."

The boys cheered him lustily as he walked from the dais, and voted him a "brick," while many crowded around him to shake him by the hand.

During this change in the proceedings, John Ditchfield had been standing, frowning savagely at the newcomer. He had measured his man. If this fellow were to remain in the college, it would surely interfere with his brutal rule. He stood in the front row of seats, within arm's reach of where George had stepped when he descended from the dais, but he made no attempt to welcome the stranger.

Now occurred an episode which ended as a fitting climax to the day's proceedings.

The young Jew, Oliver Oppenheimer, having been forgotten during the attention which had been paid to Bolingbrooke, had loosened a great chunk of plaster from the ceiling, and, taking aim at MacMahon, let fly and hit Ditchfield squarely on the back of the head.

Turning with a fierce epithet, Ditchfield beheld sitting immediately behind him on one of the partitions or book-rests between the seats, with his feet resting on the partition immediately in front of him, a negro student, George Washington Jones by name. The darkey was grinning with delight at the discomfiture of his big enemy, as Ditchfield had always bullied him all through the first term.

Many other eyes than the little darkey's had seen whence the missile proceeded, amongst them George Bolingbrooke's.

"You —— little nigger!" yelled Ditchfield, boiling over with rage and mad with fury. "I'll dash your little brains out."

He seized the negro boy, and, raising him bodily above his head, turned around and was about to put his threat into execution before the students actually grasped his intentions, when his thick red throat was clutched as if in a vise of iron. He struggled to release himself, his hold loosening upon Jones, who frantically slipped away out of his reach.

As soon as George Bolingbrooke saw Jones had reached a place of safety, he suddenly let go his hold, for Ditchfield was almost stifled, so strong was the pressure upon the cervical portion of his respiratory apparatus.

"What do you mean, you big lout, by interfering with me thus?" dark with rage and stagnated blood.

"Calm yourself, my dear fellow," was George Bolingbrooke's mild command. "You were going to punish one who had nothing to do with your mishap."

"Anyway, I'll teach you to mind your own business and not meddle with my affairs," cried Ditchfield, convulsed with jealous anger, as the students, seeing there was one who was not afraid of the cowardly bully, began jeering and laughing at him dreadfully.

With a scowl of infinite wrath, John Ditchfield surveyed his tormentors, seated high upon the window ledges and side-beams and the cross-bar above his head. Then, turning his attention once more to his giant rival, he demanded: "Will you fight?"

"If it so please you," was the quiet rejoinder, "but I don't think we have very much to fight over."

"Come along then to the quad"--the usual place for these meetings.

"No," calmly and firmly. "If I am to fight at all I'll fight it out here on the platform, and the others can look on and see fair play. You are acquainted in this college. You have friends at your back. I am a stranger, but I will rely upon the final men to see justice and fair play. This space is ample when the table is removed."

"Hurrah!" cries little Felcher. "Hooray! Hooray!" whilst MacMahon hustles the table and desk out into the hall.

One of the final men, a very popular young fellow, now descends from his perch in one of the windows, where he has been enjoying this cowardly ruffianism as much as he could enjoy it, and takes his place upon the platform.

His presence is greeted with prolonged cheering as he is the President of the Students' Society, and has therefore the right to preside at all entertainments and meetings of the student body; and is not here an entertainment and a meeting which will eclipse any and everything yet held within the college halls and under their auspices.

He shoves MacMahon and Felcher off the platform, the boys cheering their approval. Then he places the two gladiators at either end of this improvised arena.

One can now study to perfection the chances of the two men.

Both are of splendid physique and of apparently equal physical endurance. Both are trained, tried athletes. George stands calmly, with arms folded across his manly breast, clothed in a double-breasted sack coat, refusing to cast it aside or strip for the occasion. Their respective heights are conspicuously unfair. Bolingbrooke is probably six inches taller than his antagonist; but his advantage in height seems to be fully compensated in Ditchfield by his almost huge, massive frame and great girth. The man measures fully fifty inches around the chest, while his powerful arms and strong, thick neck show up well beneath his low-cut guernsey.

The space is now cleared all around the platform, and not one is allowed out of the seats, with the single exception of the President of the Society, now master of ceremonies, Ralph Meredith.

Look up! What a swarm of eager, anxious, expectant faces! All are hushed, awaiting with breathless anxiety the outcome of this terrific battle. Hazing and elevation are now forgotten, and some of the more intrepid newcomers crowd down among the silent sophomores.

It is to be a fight to the finish—no rounds. From the start, they will proceed to hammer and knock each other until the end.

At last President Meredith gives the word.

With a fearful rush, Ditchfield dashes pell-mell at his antagonist, all too eager to tear and rend him asunder. He strikes out blindly, but only strikes the air, for the nimble big man from the Philadelphia medical college has side-stepped quickly; his right foot has been shot out, catching in the instep of the big bully, who goes sprawling headlong over one of the two stoves which stand in either corner of the room. Luckily for him there was no fire therein—term beginning first week of October—else his hands and face must have been assuredly badly burned. He picks himself up from his laughable plight and turns upon Bolingbrooke a face horrible in its diabolical atrocity. Every pimply point in that coarse countenance seems ready to burst, so intensely congested is its aspect.

Again he charges in his blind, headlong fury, and again he meets a calm reception.

George has changed his position. He is crouched this time, ready to meet him. As John rushes on at his opponent, he is met half-way. Bolingbrooke has rushed, too, but with his eyes on the game. Ditchfield feels a pair of strong arms about him. He feels them stronger and more powerful than his own. A quick catch around his body—the hiplock—and the burly ruffian is sent spinning clear over the doubled-up body of his adversary. Bang he

goes with appalling momentum against one of the swing doors leading out into the hall; and there he lies in a heap, stunned and unconscious, a vanquished bully, the monarch of college ruffianism deposed from his throne.

While the preparations for the fight were being completed, the Jew and the little darkey had joined forces and had quietly slipped out and away to the Dean's residence, who soon procured a squad of police and started for the college. But the alarm had been given to the boys, that the Dean and police were marching down upon them; so when the Dean and his officers arrived they found no one but the janitor bending over the prostrate form of the unconscious bruiser. The good old Dean applied some restoratives and in a few minutes Ditchfield gave a sigh as he awakened from his lethargic condition. He wiped his hand across his eyes, sat up, looked around, realized his utter downfall, and burst into a volume of blubbering tears. The Dean dismissed the minions of the law, requested the janitor to look to the vanquished gladiator, and returned to his home meditating on how this evil business of hazing could be trampled out, but inwardly happy because complaints of Ditchfield's bullying would now be few and far between.

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## VAGINAL DOUCHE THERAPY

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The use of the vaginal douche as an adjunct to the treatment of diseases of women has a well-defined field of usefulness, and is indicated in the majority of the pathological lesions of the female generative tract. In many of these conditions it will, with due regard for proper technique and in conjunction with other measures, effect a complete cure. The failure to secure good results from this simple remedy arises, in the majority of cases, from the lack of care in giving the douche; no regard is paid to posture, temperature or amount of the fluid used, or the proper syringe. Too often do women, when taking a vaginal douche, stoop over a basin, and with a small, hard rubber nozzle, throwing a stream the size of a lead pencil, inject a variable quantity of water of



uncertain temperature into the vaginal canal. Douches taken in this manner do no good whatever, and in many cases do actual harm. The method of giving the vaginal douche requires a certain technique which is based upon fundamental laws regulating the effect of temperature upon the organism, the action of the substances used as remedial agents, and with regard to the anatomical structure of the vaginal canal. To attain any success in the treatment of female diseases by means of the douche, we must be thoroughly conversant with these laws and adapt them to each individual case. To secure the best results from the use of any remedy it is necessary that we have a definite knowledge of its action, with a clear conception of the benefits or injurious effects which follow its use, and without this knowledge we simply work at random and without purpose, and in many cases defeat the very object which we wish to attain.

The good effects which follow the use of vaginal douching depend upon three factors, and we must keep these three constantly in mind. First, the mechanical cleansing effect; second, the temperature of the fluid; third, the medication; and it is upon a proper understanding of these that our success or failure with vaginal douche therapy rests. In discussing the first factor, the mechanical effect, it will be wise to review for a moment the anatomy of the vagina. It is a muscular canal, lined with mucous membrane, and flattened from before backward, so that the anterior and posterior walls are in contact. It is divided into three portions—the orifice, the body, and the vault into which the vaginal portion of the cervix projects. The vagina runs upwards and backwards, with a slight convexity forward on account of the anterior curvature of the rectum lying behind. Its axis makes an angle with the horizon, from behind, of 65 to 70 degrees. In the middle of the anterior and posterior walls there are cord-like thickenings, and running laterally from these are well-marked rugae. On either side of the vaginal columns, and parallel with them, are deep clefts or sulci, so that a transverse section of the vagina is shaped somewhat like a letter H. It is abundantly supplied with blood-vessels, nerves and lymphatics.

To thoroughly flush the walls of the canal and get the cleansing that is essential to the good results of the douche, it is necessary that the walls be completely distended. The lateral rugae must be straightened out and the sulci obliterated before the fluid can reach the entire surface of the mucous membrane. The muco-pus must be washed out from between the folds when medicated

douches are given, otherwise the medication cannot come in contact with the walls.

Furthermore, as we see by studying the anatomy of the parts, the orifice of the vagina is on a lower level than the vault when the subject is sitting or standing; therefore the force of the stream must be sufficient to bathe the upper portion of the canal. Obviously, it is impossible to accomplish these requirements if the usual methods of douching are carried out. The small stream ordinarily employed does not distend the vagina or smooth out the walls sufficiently to thoroughly cleanse them, and the pressure necessary to force the fluid through the small opening and the entire length of the canal may do considerable harm by striking directly against the cervix and causing uterine colic or shock. The proper syringe to use is one having a nozzle which forces the fluid in a lateral direction, completely straightening out the walls of the vagina and thoroughly flushing it out, with a minimum amount of force. To diminish the force necessary, the dorsal posture should be assumed. In this position the orifice of the vagina is raised above the level of the vault, and the force of gravity assists in the distribution of the stream.

A suitable syringe, with a proper knowledge of its use and misuse, should be a part of the toilet accessories of every woman of refinement. When properly used, it is not productive of any harm, but when not properly used it may do incalculable damage. It must not be employed in any conditions other than that of washing out the discharges which are so offensive to all women, except under medical supervision, and douches must not be taken for any purpose during the menstrual period. To say that a woman should take a vaginal douche for any and all conditions, on her own responsibility, is wrong; but every woman should be instructed in the proper way to take a douche, both for purposes of cleanliness and for such conditions that might arise which would indicate its use to her physician. The daily cleansing douche is preferably taken, either in the morning, immediately after rising, or in the evening when preparing for bed. The time when it is taken is of no particular importance. The temperature of the water or salt solution used should be at least 97 degrees. A cold douche should never be taken. To avoid infection of the vagina, absolute cleanliness of the syringe is of great importance. It should be taken apart after using, washed carefully and laid away. Just before inserting the nozzle into the vagina, plunge the end into boiling water for two minutes.

In considering the second factor upon which the success or

failure of vaginal douching depends, we must study the effects of temperature upon the tissues of the body, when applied within one of its cavities. It is upon this factor that we rely principally for the relief of the many conditions of the pelvic organs, associated with congestion and inflammation. The impressions produced by the injection of any fluid into the vagina, depend, in a great measure, upon its degree of heat or cold and the duration of the application. We may disregard the effect of cold in this connection, except to dwell for a moment upon the harm it does. No vaginal douche should ever be given at a lower temperature than 95 degrees. Cold or even cool injections are capable of doing irreparable damage, and this fact should be impressed upon every woman.

The effect of a high degree of temperature, when applied to the walls of the vagina, is one of decided stimulation. It causes a stimulation of the vaso-motor nerves, which, in turn, contracts the vessels, and causes them to be depleted. Herein lies its value in conditions of congestion. This depletion is also due in part to its direct action on the muscular fibres in the walls of the vessels. Heat, applied to any muscular fibre, causes it to contract, and thus we have a narrowing of the lumen of the blood-vessels due both to direct and indirect action. This primary stimulation is followed in a variable length of time by a period of relaxation, during which the vessels are distended. The length of time during which the stimulation persists is governed entirely by the rapidity of the stimulation and the length of time the heat is applied. The rapidity of the stimulation depends upon the degree of heat. Thus, a temperature of 115 degrees produces a more rapid stimulation than a temperature of 95 degrees, while an application lasting twenty minutes will produce a longer stimulation than one lasting ten minutes. It is evident, then, that we are able to regulate the time the stimulation lasts, and herein lies the value of suitable temperature in vaginal douching.

Moderate degrees of heat applied to the vaginal mucous membrane cause a relaxation of the vaso-motor nerves, with a corresponding dilatation of the blood-vessels, and are sedative in action.

It is perfectly plain that such high degrees of heat as are necessary to secure the desired effect with a douche, would be excessively painful when applied to the skin of the thighs and vulva. To protect the skin, it should be coated with a thick layer of vaseline, or a syringe used with a rubber guard which will prevent the fluid from returning and running over the skin. It is best to use such a syringe. The fluid can be injected, left in the vagina as long as

necessary, and then withdrawn into the bulb of the syringe. In this way no basin is needed, and the clothing can be protected. Furthermore, by using a syringe of this character, and leaving the fluid in contact with the vaginal walls as long as we wish, a smaller quantity is needed. As pointed out before, the duration of the stimulation is dependent principally upon the length of time the heat is applied, and when using a nozzle with a small opening, which permits the fluid to escape as soon as it enters, it is necessary to use one or two gallons of fluid. Our object is to get the permanent stimulation which follows the prolonged application of a high degree of temperature, and it is unnecessary to use as much fluid, when it is injected and left there the required time, as when a small stream is used and successive applications are needed to get the required stimulations. Again, when medicated liquids are used, we can get the benefits of the medication better by leaving the substance in the canal for a time than by allowing it to run out immediately.

In all congestive and inflammatory conditions of the vagina, uterus, tubes or ovaries, these hot douches, either with plain water or salt solution, are productive of most excellent results. In addition to the relief from pain and discomfort that they afford, they do much permanent good by driving the blood out of the overloaded blood-vessels, stimulating the muscular fibres of the organs, and raising the general tone of the pelvic viscera. All medical men have tested the utility of the vaginal douche in displacements of the uterus of long standing. They restore the tone of the relaxed ligaments, relieve the engorgement of the vessels and diminish the suffering of the patient. In many cases, if not too pronounced, they will effect a cure. In wearing a pessary for the relief of this condition, vaginal douches of hot water, twice a day, are indispensable, and once a week the vagina should be douched with hot water and soapsuds. Salt solutions should never be used while a pessary is being worn, as they cause incrustations to form on the rubber of the pessary, and eventually inflame the parts. In chronic inversion of the uterus, before replacement can be attempted, a preparatory treatment of hot vaginal douches three times a day is necessary to relieve the congestion and diminish the size of the uterus. The pain and hemorrhage of cancer can usually be controlled by copious vaginal injections, and the patient's life be made more comfortable. In all infections of the vaginal canal, a plain hot water douche twice a day is indicated, in addition to the medicated douches used, and for controlling excessive hemorrhage in menorrhagia or metorrhagia, whatsoever the cause, it is the best

means we have. The injections must be given three times a day, and the duration of the application depends upon the severity of the bleeding. The injections should be continued during the intermenstrual period and discontinued when menstruation begins, unless they are needed to prevent an excessive loss of blood.

Hot water vaginal douches are of the utmost importance in the treatment of dysmenorrhœa, whether due to neuralgia, diathesis, pelvic congestion or inflammation and stenosis of the genital tract due to uterine lesions. They are useful, not only during the intermenstrual period, but also at the time of the attack, as they lessen the severity of the pain and relieve the uterine spasm.

In discussing the question of medication of vaginal douches, it will only be necessary to speak in detail of the more common remedial agents, out of the great number that can be used. Every practitioner will use the drugs that have, in his own experience, proven useful in certain conditions, and a complete consideration of this question is unnecessary. We are depending more and more upon the mechanical cleansing properties and the effects of temperature to bring results in vaginal douching, and drugs are only indicated in selected cases, particularly those of infection of the vagina. In conditions where the mucous membrane of the canal is diseased, and it is due to micro-organisms, the antiseptic solutions are always helpful, if properly used. Medicated douches should always be preceded by a cleansing douche. It is absurd to expect any result from the injection of a drug when it does not come into direct contact with the mucosa, and this is impossible until the muco-pus has been washed out. Always use either plain water or salt solution for this cleansing douche. If the muco-pus is particularly difficult to dislodge, two ounces of hydrogen peroxide may be injected five minutes before the medicated douche is given.

It is always best to use the weaker solutions of drugs. Many discharges are kept up indefinitely by the use of solutions that are too strong. If the weaker solution is used at first it can always be increased in strength when we find that it is not giving the desired result.

The simplest form of medication is the salt solution, made by adding a heaping teaspoonful of salt to a pint of hot water. This may be used either for daily use, to keep the parts clean, or for its antiseptic action. Many physicians use the salt solution for douching, almost to the exclusion of all other drugs. It is contraindicated if a pessary is being worn. Either plain water can be used or a solution of potassium permanganate, 5 grains to the pint. Bichloride of mercury, of the strength of 1-10,000 or 1-20,000, is a

favorite solution for vaginal douching, and is especially indicated where strong antiseptic qualities are needed, as in gonorrhoeal vaginitis. The fact that it is a powerful poison makes it unsafe to put into the hands of everyone, and another disadvantage is that it coagulates albumen, and becomes inert. The compressed tablets which are usually used contain tartaric acid to prevent this. When it is used, a thorough cleansing injection must follow it, otherwise some of the drug might be left in the canal. A mild and safe antiseptic solution which has an extensive use for douching is a saturated solution of boric acid. It is non-irritating, and is particularly useful in conditions associated with an irritating discharge. An alkaline douche that can be employed with great benefit where discharges are irritating is sodium bicarbonate, one dram to a pint, and when the discharge causes a pruritis of the vulva, one dram of sodium baborate may be added to this solution. The old-fashioned prescription of alum and borax, 1-2 grain of each to a pint of water, is efficacious, and is a favorite with many physicians. Sulphocarbolate of zinc, 10 grains to the pint, and permanganate of zinc, 5 grains to the pint, are excellent in certain cases. A solution of copper sulphate, three grains to the pint, is excellent for its astringent qualities, and zinc sulphate, three grains to the pint, is useful in cases of chronic vaginitis.

The list of drugs that may be used could be continued indefinitely. The peculiarities of the case and the action of the drug will determine which we will select, but do not lose sight of the fact that, in the great majority of cases where vaginal douching is used, no medication is needed.

## Proceedings of Societies

### SEVENTEENTH INTERNATIONAL MEDICAL CONGRESS.

The XVIIth International Congress of Medicine will be held in London from August 6th to August 12th, 1913, inclusive, under the patronage of His Most Gracious Majesty George V., King and Emperor, and Presidency of Sir Thomas Barlow. Dr. W. P. Herringham, whose visit to this country many will recall with pleasure, is the Honorary General Secretary of the Congress. Through his courtesy we are able to publish in this issue the rules and regulations of the Congress.

#### RULES OF CONGRESS.

Art. 1.—The Seventeenth International Congress of Medicine will be held under the august patronage of His Most Gracious Majesty George V., King and Emperor.

Art. 2.—The Congress will be opened on the 6th August, and will close on the 12th of August, 1913.

At the time of Congress, the Central Bureau will be located in the Royal Albert Hall, Kensington Gore, W., and will be opened for the inscription of members on Tuesday, 5th August, at 10 a.m.

Art. 3.—The object of the Congress is exclusively scientific.

Art. 4.—The members of the Congress will be:

(a) Qualified members of the medical profession, who have made formal application, and have paid the subscription hereinafter fixed.

(b) Scientific men who have been nominated by a National Committee or by the Executive Committee, and have paid the same subscription.

Art. 5.—The subscription is:

£1 sterling; 25 kroner (Austria); 25 francs; 20 marks; 15 rupees; 20 kroner (Norway); 5 dollars (United States or Canada).

The wives and daughters of members of Congress desiring to profit by the advantages accorded to them must pay half the subscription fee.

Subscriptions should be sent by postal order or cheque payable to:

The Treasurers,  
Seventeenth International Congress of Medicine,  
13 Hinde St., London, W.

and the Section in which each member wishes to be inscribed must be indicated.

In the case of any country in which there is no system of international postage exchange, the services of a banker must be employed. No one can be enrolled as a member of Congress before the receipt of his subscription.

An applicant when sending his subscription should enclose his visiting card indicating his medical qualifications and titles and his full postal address. Any change of address must be immediately notified. Cards of Membership will be sent out from the Central Office of the Congress within eight days following the receipt of the subscription.

Art. 6.—Members of Congress will receive the volume of the Transactions recording the proceedings at the general sessions, as well as the Transactions of the Section in which they have been inscribed.

Art. 7.—The Sections of the Congress are twenty-two in number, besides which three sub-sections are established, namely:

I. Anatomy and Embryology; II. Physiology; III. General Pathology and Pathological Anatomy; IIIa. (Sub-section) Chemical Pathology; IV. Bacteriology and Immunity; V. Therapeutics (Pharmacology, Physiotherapy, Balneology); VI. Medicine; VII. Surgery; VIIa. (Sub-section), Orthopedics; VIIb. (Sub-section) Anesthetics; VIII. Obstetrics and Gynecology; IX. Ophthalmology; X. Diseases of Children; XI. Neuropathology; XII. Psychiatry; XIII. Dermatology and Syphilography; XIV. Urology; XV. Rhinology and Laryngology; XVI. Otology; XVII. Stomatology; XVIII. Hygiene and Preventive Medicine; XIX. Forensic Medicine; XX. Naval and Military Medicine; XXI. Tropical Medicine; XXII. Radiology.

Art. 8.—The organization of the Congress is in the hands of the Organizing and Executive Committees.

Art. 9.—There will be two General Meetings of the Congress, the Inaugural Meeting and the Closing Meeting. At these meetings the speakers will be the Government delegates who have been invited by the Organizing Committee or designated as such, and



these alone. At the Closing Meeting the President will announce the city in which the next Congress will be held. This will be determined by the Permanent Commission, which will sit during the Congress.

Art. 10.—The scientific work of the Congress will consist in: (a) general sessions; (b) sectional sessions; (c) Combined sessions of two or more sections.

Art. 11.—The number of general sessions and the number of speakers will be fixed by the Executive Committee. There will be no debates in the general sessions.

Art. 12.—The sessions of the sections will be occupied in formal discussions on the Reports (*rappports*), also by the reading and discussion of papers on subjects chosen by individual members of Congress. The work of the Sections is dealt with in separate regulations.

Art. 13.—Two or more Sections may hold combined sessions.

Art. 14.—Members of Congress may take part in the proceedings of Sections other than that in which they have been inscribed.

Art. 15.—The speeches delivered at the Opening and Closing General Meetings, as well as the Reports opening formal discussions will be published in full. As to communications on subjects selected by individual members, only those papers will be published which the authors have personally presented to the Congress, and the Executive Committee, after consultation with the Sectional Committees, has decided to publish.

Art. 16.—The manuscripts of speeches delivered at the General Meetings must be sent to the General Secretary. The manuscripts of remarks made in discussions, and papers read by individual members at the Sectional Sessions must be delivered immediately (see Art. 14 of the Sectional Rules) to the Secretary of the Section concerned.

Art. 17.—The Central Office of the Congress will use the English, French and German languages for international business. In the General Meetings Italian may be used as well as these languages.

Art. 18.—All correspondence should be addressed to the offices of the Congress, as follows:

The Hon. Gen. Secretary,

Seventeenth International Congress of Medicine,  
13 Hinde Street, London, W.

On the envelopes of letters relative to the scientific work of the Sections, the Section to which they refer should be specified.

Art 19.—Information concerning the reductions in fares granted by railway companies, hotel and boarding accommodation, excursions, etc., will be published before the 30th April, 1913.

#### RULES OF SECTIONS.

Art. 1.—The Sections will meet at 9.30 a.m. and 3 p.m.

Art. 2.—The first Session of each Section will be opened on Wednesday, 6th of August, at 3 p.m.

Art. 3.—The President of the Section will be responsible for the conduct of the discussions, for the application of the rules, and for the punctual accomplishment of the work of the Secretaries. If the President is prevented from being present at any Session of his Section, his place will be taken by one of the Vice-Presidents or by a member of the Council of the Section.

Art. 4.—There will be no Honorary Presidents of Sections.

Art. 5.—The Sessions will be conducted according to the parliamentary regulations in general usage.

Art. 6.—The Sessions will include discussions on the reports and the reading and discussion of papers on subjects selected by individual members.

Art. 7.—Reports (*rappports*). In each Section the morning Session will be reserved for the discussion of important questions which have been previously selected by the Council of the Section. Each discussion will be introduced by one or two reporters chosen by the Council of the Section with due regard to the International character of the Congress. The definite programme of the discussions will be published on September 30th, 1912. The manuscripts of the reports must be typewritten, and must be sent to the Central Office of the Congress by February 28th, 1913, at the latest. The reports of each Section will be printed and distributed three months before the opening of the Congress, to all members of the Section who have then been enrolled. (See Rules of Congress, Articles 4 and 5.)

The reports will not be read *in extenso* at the Session. Each reporter will, however, be allowed a maximum of fifteen minutes for an opening *resumé*, and ten minutes for a reply at the end of the discussion. Other speakers taking part in the discussion will be allowed a maximum of ten minutes only for their remarks.

Art. 8.—Members of Congress who desire to take part in the

discussion of any report may enter their names before the Congress by giving written notice to the General Secretary. During the Session they must communicate directly with the Secretary of the Section.

Art. 9.—Speakers will be called upon by the President according to the order of their inscription on the Agenda.

Art. 10.—Independent Papers. The afternoon Sessions will be devoted to the reading and discussion of independent papers. The titles of such papers ought to be announced to the Central Office of the Congress by the 30th of April, 1913. The Council of the Section has the right of selection from among the papers offered, and of declining any that they do not consider desirable. The Council of the Section will arrange the order in which the selected papers shall be read. Any papers offered after the 30th April, 1913, will only be placed upon the Agenda after the discussion of those which have been announced before this date, and have been chosen by the Council of the Section. No paper will be accepted unless the text has been received by the Secretaries of the Section before the 1st of July, 1913.

A maximum of fifteen minutes will be allowed for the reading of a paper, and five minutes for each speaker who takes part in the discussion. The author of the paper will be allowed five minutes for a reply.

Art. 11.—Speakers will receive two intimations from the President as to their time limit; notice will be given two minutes before, and at the moment of expiry of the period allowed.

Art. 12.—For certain communications of particular importance and general interest, the President may, with the consent of the Section, prolong by five or ten minutes the periods already indicated.

Art. 13.—If a speaker wanders from the subject under discussion, or indulges in personalities, the President may call upon him to sit down. If several members ask to speak upon a paper, and the hour is late, the President may, on his own authority, or upon the proposition of a member, defer further discussion upon that paper to the end of the Session, if time permit.

Art. 14.—The text of the remarks made in the course of discussions will only be inserted in the Transactions of the Congress if the speaker sends it in writing, condensed into twenty lines of print, to the Secretary of the Section before the end of the Session. (Block note-sheets will be placed for this purpose at the disposal of members by the Secretaries.)

Those who omit to conform to this regulation will lose the right to have their remarks published in the Transactions.

Art. 15.—The Executive Committee reserves to itself the right to abridge the report of any discussion, and to omit any remarks of a personal character.

Art. 16.—Private resolutions can only be proposed after previous notice given to the President, and when the business on the Agenda has already been disposed of. For the proposal of any special resolution a maximum period of five minutes only will be allowed.

The President will authorize only such resolutions as come within the limits of the work of the Section.

Art. 17.—No vote may be taken, nor any resolutions passed, upon questions of science or theory, but only on such questions as possess a practical or administrative character. On such questions the sense of the meeting will be taken by the majority standing or remaining seated.

The President will transmit such resolutions as shall be passed, through the General Secretary, to the Permanent Commission of the Congress. The Commission will decide whether the resolutions in question ought, or ought not, to be put to the vote at the closing meeting of the Congress.

Art. 18.—The Secretaries of each Section will send an account of its transactions for the daily journal. This account will mention in chronological order the subject of the reports and discussions, the papers read, the names of the speakers, and any resolutions submitted to the Section.

## Medicine

GRAHAM CHAMBERS, R. J. DWYER, GOLDWIN HOWLAND,  
GEO. W. ROSS, WM. D. YOUNG.

**A Most Important Discovery.** BY MARY E. WALKER, M.D.,  
*Albany Medical Annals.*

A large number of people have passed away in recent years—suddenly—and “heart failure” has been stated as the immediate cause.

The most of such cases were not known to have had any heart ailment previously to their sudden deaths, and had a physician chanced to be present, could not have saved life by any known method.

The writer of this has discovered a method by which any person with two serviceable hands can save life, and she deems her discovery one of the most important of the age, since heart-failure is no respecter of position or number of years lived, or time, or place. Some have been found dead in the street while walking, others in bed, others while at the table immediately after having partaken of ordinary food; and many who have coughed spasmodically after having suffered from pneumonia or consumption.

Many who have died from lung troubles, and had passed the expectorating period, could have recovered but for the *spasmodic coughing*, when there was nothing more to raise, and the heart in an angry mood, so to speak, had rushed the blood out so rapidly and in such quantities that the *heart failed*, because the blood had all passed without giving time for replenishing.

When the heart takes on the mood just stated, it is like all moods in this regard, it will spend its force in a little time if placed under restraint.

### WHAT TO DO.

Take the extended left hand and place just below the heart, with the fingers pointing to the centre of the chest, and place the right hand over the left, with the fingers touching the wrist of the left hand, and make a hard pressure, and continue the same until the heart has assumed normal action.

The ribs will prevent pressure sufficient to *stop* the circulation, but will be sufficient to *control* the same.

If the Nobel prize should be accorded me, I would immediately erect a Nobel Sanitarium on my estate at Oswego, N.Y., so that the forty-five thousand Swedes in the city of New York could be treated and cured by myself, when treatment for lung troubles should be needed.

I should be very much pleased to be invited to give a lecture in Stockholm, Sweden, on lung troubles.

(The great importance of the discovery of a method to prevent heart failure cannot be overlooked by scientists.—EDITOR).

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**The Misinterpretation of Cardiac Pain.** By ALEXANDER LAMBERT, M.D., NEW YORK CITY. *New York State Journal of Medicine.*

We may not all agree with the theory that the heart is struggling to perform its work when cardiac pain is complained of, but we will agree that the latter is frequently misinterpreted.

However, the symptom is of great value in prognosis, as while mild and passing disturbances causing the condition are not often serious, yet those leaving superficial pain, either over the thoracic or other cardiac areas are much more important. Aortic valvular lesions, associated with discomfort, or mitral stenosis, give a more unfavorable prognosis than mitral regurgitation.

Intercostal neuralgia and myalgia are often the mistaken diagnosis when the heart is truly at fault, while occipital localization may be the sequence of aortic lesion.

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**Some General Considerations in Regard to Right Hypochondriac Pain.** By JAMES D. HEARD, M.D., OF PITTSBURGH, Associate Professor of Medicine, University of Pittsburgh.

Following Dane's view that neurotic individuals have a lowered threshold of consciousness (which is another manner of stating the fact presented by the reviewer in this issue that the patient becomes hypersensitive), Dr. Heard describes a case of hypochondriac pain in which the organic disease, probably producing the original pain, was removed, but the area of hypersensitivity remained; and he contrasts the case with others where no pain developed in organic disease, and thereby operative relief was refused; ordinary stimuli not causing sensation of pain in many visceral conditions.

Heard calls attention to the following causes of right hypochondriac pain: Enlarged liver from cardiac weakness, gallstones

and cholecystitis (Cabot's statistics, while Mayo's favor the epigastrium), right pleural effusions. Following the contrast referred to, one frequently finds a greatly enlarged liver and no trace of increased sensitivity occurs.

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**The Jaw-Winking Phenomenon.** GAULTIER (R) and BUCQUET (A.).  
*Gazette des Hôpitaux.*

The authors record the following case: A man, 55 years of age, stated that on waking one morning the left side of the face and body felt cold, the former being of a dusky color. He felt giddy, and went to work with difficulty. At his middle-day meal, it was noticed that as soon as he opened his mouth to eat or drink the left upper eyelid was forcibly elevated, showing the sclerotic wall above the iris. This combination of movements had persisted for a fortnight when the patient came under observation. On examination, during rest, there was slight drooping of the left upper eyelid, which could be voluntarily overcome, and every attempt to depress the lower jaw was accompanied by spasmodic retraction of the left upper lid. Contraction of the masseter and lateral movements of the jaw produced similar but less-marked spasm. The right side of the face was unaffected.

Cantonnet first drew attention to the occurrence of a group of cases, of which the above is an example, and Pontico has collected 40 published observations. The writers hold that there is normally an association between the two movements of elevation of the upper lid and depression of the lower jaw, and that the phenomenon described is to be accounted for by an exaggeration of the association due to a weakness of the opposing muscle. The recorded cases show a preponderance in the male sex, and that the condition is usually unilateral, generally affecting the left side. A pre-existing ptosis, congenital or acquired, seems to be essential for the occurrence of the phenomenon.—*Med. Chron. Abstract.*

## Surgery

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WALTER McKEOWN, HERBERT A. BRUCE, W. J. O. MALLOCH,  
WALLACE A. SCOTT, GEORGE EWART WILSON.

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**Injuries of the Cervical Region of the Spine.** By LUCIEN LOFTON, A.B., Ph.D., M.D., Emporia, Va. *International Journal of Surgery.*

The writer discusses in a very superficial manner certain injuries in the upper vertebrae and reports two cases seen recently. So incomplete, however, are the details that they are quite worthless. In Case I, which he saw some three hours after the accident, he concludes from manipulation that the "ventral arch of the atlas was resting upon the odontoid process of the axis," and this was reduced by gentle traction at first, then as motor and sensory paralysis "below the chin," and while nothing is said regarding the nature of the sensory disturbances and their recovery, the only evidence five and a half months after the accident was an atrophy of the deltoid and muscles of the left shoulder, arm and forearm. Case II. exhibits the same lack of close observation, and one is left with the feeling that in reality the writer had before him in each case an example of haematomyelia. To simply say that there was anesthesia below the chin is practically without any value in accurate diagnosis.

G. E. W.

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**Resection of the Posterior Roots of the Spinal Cord.** By WILLIAM A. JONES, M.D. *J. A. M. A.*

The history of a case of severe painful attacks referred to the right hand and shoulder region, extending over a period of about 16 years, was cited as an introduction. Excision of the posterior roots of 5, 6 and 7 cervical was performed, but without relief to the paroxysms, nor, as far as could be made out, were there any changes in the sensory supply to the right upper extremity. Some eight months later Dr. C. H. Mayo repeated the unilateral laminectomy, dividing the post roots of 4 and 8. He was of the opinion too that some of the fibres of 5, 6 and 7 were still intact when he opened the dura. This latter operation did result in sensory loss



and the spastic condition of the arm disappeared, but it was more or less useless, and while the pain was distinctly lessened the patient felt that he could not recommend the treatment to similar sufferers.

In order that root resection should be of any permanent relief it is essential that the seat of the lesion be peripheral to the root, and this fact probably explains those cases—and they are numerous—in which no improvement followed. Then too there is always the possible explanation that the sufferer is afflicted with memory pain.

G. E. W.

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TUBERCULOSIS OF BLADDER.—A. C. Stokes, Omaha, says one very essential point to remember is that tuberculosis of the bladder gives rise to a urine which is acid in reaction, as a rule; on the other hand an inflammatory condition of the viscus gives rise to an alkaline urine, and particularly when there is pus. Urine which is acid, from a person who has symptoms of cystitis, such as pain, tenesmus and frequent micturition, would suggest tuberculosis and call for an examination for tubercle bacilli.

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ALBUMIN REACTION IN THE SPUTUM.—Raymond (*Presse Médicale*), according to his experiments, states that the appearance of albumin in the sputum whenever there is any lesion in the parenchyma of the lung, an alveolitis is confirmed. He finds it a constant accompaniment of sero-fibrinous pleurisy and acute congestions of lungs and pleura.

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INFLUENZA OF THE BRAIN.—Stepp (*Med. Klin.*) refers to influenza localizing in the brain. He reports three cases, all in the forties, and all free from cardio-vascular trouble. There was gradual development of the disturbances, paralysis of one cheek, hemiplegia, after a few days affection of the other side. In most cases influenza begins with headache, and in persons with arteriosclerosis, ordinary apoplexy may develop readily.

## Obstetrics

CHAS. J. C. O. HASTINGS, ARTHUR C. HENDRICK.

### **The Present Status of Abdominal Delivery in Obstetric Surgery.**

By CULLIN FRAUKROD, M.D., *Am. Jour. Surgery.*

The writer very truly states that the whole damage from dragging a head through a contracted pelvis is not only the rupture of the pelvic floor, but the pulling of a large body through the pelvic brim and cervix damages the vault of the vagina and ruptures the fascial supports, which "hammock" the uterus to the pelvic bones. This is a very serious damage.

This consideration influenced the writer to adopt abdominal section in all cases in which the child was in good shape, and in which, from some disproportion the presenting part failed to engage.

Accurate pelvic measurements are made in order to select the doubtful cases and give them the best surroundings when they fall in labor, and vaginal examinations are avoided.

Hence the first indication for abdominal section delivery is a contracted pelvis and healthy child.

The second indication is uterine inertia, which the writer states to exist in 75 per cent. of American society girls. Hence a head that remains floating after a severe trial of labor by the patient is considered a fit subject for section.

3—The third indication is a thick, tight cervix due either to operations of repair or repeated labors.

4—After old ventral suspension operations.

5—Placenta previa is another indication for celiohysterotomy, especially central placenta previa.

6—Fibroid tumors complicating pregnancy are no bar to the development of a full-term child, but are best treated by celiohysterectomy at term. But ovarian tumors are best dealt with before labor, when they are removed.

7—Cancer of the cervix is safely dealt with only by hysterotomy.

8—Appendicitis. When abscess forms may require removal of the child and uterus and drainage of the abscess cavity—a most serious condition.

9—Rupture of the uterus is another indication rarely for hysterotomy.

10—Badly handled cases where there is a chance of saving the child may require a Porro Cesarean section.

11—Advanced tuberculosis, or cancer of the breast, when the patient might not stand the strain of labor, hysterotomy might be performed.

Selected cases of thyroid toxemia.

Hence summed up the indications for celiohysterotomy are:

- 1—Contracted pelvis, small enough to give failure of delivery.
- 2—Disproportion between head and inlet.
- 3—Floating head for any reason.
- 4—Uterine inertia.
- 5—Cervical repairs.
- 6—Uterine suspensions.
- 7—Central placenta previa.
- 8—Tumors of the uterus or ovaries.
- 9—Cancer of the cervix.
- 10—Badly handled cases.
- 11—Advanced tuberculosis.
- 12—Thyroid toxemias.

In conclusion the writer states that gynecologists have to admit inability to repair trauma or tears at the pelvic brim, hence any case where the head fails to engage and endangers the ligamenting and fibrous support of the uterus should be submitted to section.

A. C. H.

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#### ACUTE INTUSSUSCEPTION IN INFANTS.

Roughton (*Clinical Journal*) strongly condemns injections in the treatment of acute intussusception in infants. Operation should be done at once, immediately the diagnosis is established. Injections lose time, are painful and add to the shock—and, even though the tumor has disappeared, it does not prove the injection has been beneficial. He advises the right rectus incision and reduces the intussusception by gently squeezing the rectal end of the tumor. Gangrenous cases are beyond hope. He has had fourteen successive cases, all successful by operation.

## Physiologic Therapeutics

J. HARVEY TODD.

**Further Experience in X-Ray Diagnosis of Ulcer of the Stomach and Duodenum.** H. ALDER, M.D., H. E. ASHBURY, M.D., Baltimore. *New York Medical Journal*, Oct. 7, 1911.

We have found that under normal conditions the stomach will clear itself of 90 grains of bismuth within four hours, and that bismuth retained at the site of an ulcer will be found at this point for at least two hours later, so the clearance time has been stated to be from four to six hours, as a safe period in which an ulcer can be detected; and if none is present a safe interval to feel sure that all the bismuth has been eliminated.

From these observations one can feel reasonably safe in assuming that any bismuth which remains in the stomach after normal clearance time is held there by some pathological condition which interferes with normal peristalsis or holds the bismuth by the presence of some agglutinant substance which prevents the elimination of the bismuth or by some permanent obstruction to its outlet.

Our cases are tabulated and divided into four classes:

I. Ulcer diagnosed by "X" Ray—Group a, cases verified by operation, seven; group b, cases substantiated by presence of cardinal symptoms, seventeen.

II. Cases submitted to "X" Ray examination, in which the findings were negative—Group a, negative findings substantiated by operation, twelve; group b, negative findings substantiated by later clinical history, twenty-nine; group c, negative cases substantiated by autopsy, two; group d, negative findings unsubstantiated, six.

III. Cases in which "X" Ray diagnosis was incorrect—two cases: a, ulcer not detected by "X" Ray; b, ulcer diagnosed by "X" Ray. Operation showed gall-stones.

IV. Cases clinically: ulcer in which "X" Ray findings were negative, two.

J. H. T.

# Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

**Medicine:** Graham Chambers, R. J. Dwyer, Goldwin Howland, Geo. W. Ross, Wm. D. Young.

**Surgery:** Walter McKeown, Herbert A. Bruce, W. J. O. Malloch, Wallace A. Scott, George Ewart Wilson.

**Obstetrics:** Chas. J. C. O. Hastings, Arthur C. Hendrick.

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**Anesthetics:** Samuel Johnston.

**GEORGE ELLIOTT, MANAGING EDITOR.**

Published on the 20th of each month for the succeeding month. Address all Communications and make all Cheques, Post Office Orders and Postal Notes payable to the Publisher, GEORGE ELLIOTT, 203 Beverley Street, Toronto, Canada.

VOL. XXXVIII.

TORONTO, MARCH, 1912.

No. 3

## COMMENT FROM MONTH TO MONTH.

**Tuberculosis** is estimated to be active in at least 10,000 persons in Ontario. Two thousand five hundred die annually in the Province of this disease. But five per cent. of those attacked can have institutional treatment at any one time, as there are only about 550 beds in hospitals and sanatoria set apart for this class of patient. Not more than 1,500 can be treated institutionally in any single year.

In connection with the whole sad story of fighting the "white plague," private philanthropy has led the way. Neither provincial exchequers nor federal revenues have figured to any great extent in the campaign, whether in local or national aspects thereof.

What is being left undone is appalling in its magnitude; for of the 13,500 dying annually in Canada from tuberculosis, who is to say but that nearly all could be saved.

What is true in Ontario is equally true in other provinces, and more so in some.

The Federal Government cannot too soon establish a Department of Health, long hinted at, and truly as long delayed.

It must be apparent now to even the least among the representatives of the people that private philanthropy cannot grapple with this colossal problem. A national campaign, directed and financed by the national Government, with the active co-operation

of each and every provincial government, is demanded. The cry of thousands of afflicted ones calls for action at once.

Public works, military schemes, immigration expenditure, should stand aside for a year at all events, or increased duties on luxuries be levied, to provide the initiatory fund.

The Borden administration has the chance to make the best history for itself by inaugurating such a great national movement.

The nation's power should be exerted against the nation's scourge. A national crusade and a national war can only secure the victory.

---

**"No Naval Policy Yet,"** says a Toronto morning paper in criticism of the present government at Ottawa. And there is no public health policy yet cry the thousands of consumptives in Canada, many of whom will yield up their lives in 1912.

In the interest of suffering humanity, couldn't the naval policy slide or wait? Wouldn't it be far better to have a national health policy? Are not the thousands of suffering and dying Canadians of infinitely more worth to the nation than any naval policy could be? Let the people have the chance by referendum to say which policy they will choose—the conservation of human health and human life or a Canadian navy.

If governments will not look alive to human life and human health, then the people will have to make them do so. In no better crusade could a Christian power be engaged than in exterminating the "white plague." There is war enough in this for all naval and military expenditure and force.

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**Canadian Medicine, Montreal and McGill University** in particular may well feel satisfied with the final decision of Professor J. George Adami to remain with McGill and thus refuse the very tempting offer recently made him by the Northwestern University at Evanston, Illinois.

Professor Adami has been so long and so intimately associated with not only the university and medical life of McGill, but with the social life of the metropolis as well, that the offer of the Northwestern University must have been something out of the ordinary to even tempt him for a moment to consider it.

With scarcely a doubt that Dr. Adami is Canada's foremost medical scientist, his loss would have been a distinct one—and

McGill University and Montreal would not have been the only losers.

Canadian medicine and literature has been enriched by his work and writings; and McGill University is to be warmly congratulated at his ultimate decision to remain.

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**The use of calcium hypochlorite** in the purification of Toronto's drinking water has passed the experimental stage and may now be safely said to have established itself and proven its worth. Even with the completion of the filtration plant, however, it is deemed wise and necessary to continue the treatment with bleach.

The process is not a costly one, and the installation of any such plant but a trifling matter. It has been found that pathogenic germs are killed by one part per million of available chlorine.

Objections have been made to a certain disagreeable taste, but custom will altogether eliminate that, and even that must be overlooked where there is any question of the prevention of disease and the saving of life.

This hypochlorite treatment has now been in use some months in several of the larger cities of the United States and Canada—in Montreal, Ottawa, Minneapolis, Cleveland, etc.

There seems to be no ground for any such fancied grievances as injury to delicate fabrics, bleaching of the hair, injurious effects on the stomach, etc.

That the treatment of drinking water with calcium hypochlorite is absolutely harmless, all may be assured, even when sewage contamination is known or feared. Its advantages are abundantly, even brilliantly demonstrated, in the reduction in typhoid morbidity and mortality in those cities where it has been employed.

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**The Hospital World** marks a new feature in Canadian medical journalistic enterprise. It has just been launched in Toronto by Dr. W. A. Young, long a medical journalist of the first calibre. It purports to be an international publication, as Toronto, Buffalo, and London, England, appear as the places of its nativity. Toronto, however, will be its abiding place. But may it travel far.

This city may now be looked upon as the centre of medical journalism in Canada, all English Canadian medical journals excepting two being published in Toronto, although a contemporary, of the tender age of one year, writing upon "Medical Journalism in

Canada," would have the medical public believe our Toronto medical journals do not come within the scope of its category.

The first number of *The Hospital World* is splendid in its make-up and material. It will supply an important field.

---

**The Medical Review of Reviews**, which includes an Index Medicus, comes to hand with many new features.

The frontispiece is a fine four-colored portrait of Louis Pasteur and his grand-daughter.

A feature is the medical cartoon, the present one being the Doctor's Dilemma—Tuberculosis and Poverty.

There is a special article on Louis Pasteur and another on Pathfinders in Medicine—Paracelsus, Iconoclast of Medicine, with portrait.

The Index Medicus embraces, as before, a list of medical journals with subscription rates, each assigned a separate number. Then follows the month's leading articles of each journal, making these departments admirably adapted for reference requirements.

The Medical Review of Reviews now takes rank as a very interesting publication; and the many added and unique features promise well for an extremely readable periodical of the medical class.



## News Items

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JOHN D. ROCKEFELLER has given \$11,000 towards the preservation of the house in which Pasteur was born.

DR. IRA S. WILE, New York, has assumed the editorial management of the *Medical Review of Reviews*.

LOCAL Hebrews of Montreal will raise funds to continue their sanatorium for consumptives at Ste. Agathe, Quebec.

DR. E. ASSELIN has been appointed assistant to Dr. Coyle in the infectious diseases department of the Health Bureau of Montreal.

DR. JOHN G. CLARK, Philadelphia, gave an illustrated address before the Academy of Medicine, Toronto, on the 20th of February. The subject was "The Surgical Phases of Enteroptosis."

WESTERN Hospital, Montreal, received 1,360 patients in 1911. The death rate was 3.09. In the outdoor departments 11,520 consultations were given.

COPPER CLIFF Hospital was burned to the ground the night of the 17th of January. The loss is \$40,000 on building and \$10,000 on equipment, fully covered by insurance. Eight patients were removed safely.

THE Ontario Government will acquire temporary quarters for insane and feeble-minded who have had to be lodged in Toronto Jail. A building capable of accommodating one hundred persons or more will be needed.

DR. R. A. H. MACKEN, Glace Bay, N.S., died on the 14th of January. He was a well known physician in the Maritime Provinces. He was in his fifty-fifth year and hardening of the arteries was the cause of death.

THE Reid Brothers of Newfoundland will erect a \$50,000 consumptive sanatorium in St. John's and the Newfoundland Government will provide a site. They will also erect sixteen \$3,000 sanatoria throughout the Island.

DR. A. H. CAULFIELD, Gravenhurst, read a paper before the Toronto Academy of Medicine on the 6th of February on "The Effects of Modern Post-Mortem and Laboratory Data Upon Our Conception of the Tuberculous."

MONTREAL is being sued for \$10,000 damages on behalf of a child alleged to have been vaccinated by municipal vaccination with vaccine of an inferior quality or infected. The jury will be asked to answer these questions: Can vaccine cause infectious neuritis? Was the quality of the vaccine used in said case good?

THE Board of Management of the Protestant Hospital for the Insane, Verdun, Que., is memorializing the Quebec Government, asking that the physicians in the service be placed on the same plane with others of like rank in the civil service, as regards pensions.

DR. WARREN P. MORRILL, who resigned as superintendent of the Sydenham Hospital, has accepted the superintendency of the Winnipeg General Hospital, Winnipeg, Manitoba, Canada. The hospital contains 350 beds, and is the great general hospital of the Northwest, as well as the teaching hospital of the University of Manitoba. We extend our cordial good wishes for success to Dr. Morrill in his new field.

MONTREAL had 9,974 deaths in 1911, 5,110 males and 4,864 females, giving a death rate of 21.39 per 1,000. This is 1.01 per 1,000 less than in 1910. The deaths of children under five years of age numbered 5,355, being 53.69 per cent. of the general mortality, or a decrease of 0.50 per cent. over the infant mortality in 1910. Measles claimed 74; scarlet fever, 76; diphtheria, 133; typhoid fever, 124; phthisis, 736, as against 785 in 1910.

MEDICAL students are occupying the new pathological wing of the Toronto General Hospital. Unit rooms are provided, each with accommodation for fifteen students and each student has an electric light, water tap, gas jet, microscope and locker. The walls of the demonstration room are white, the floor of red flags and skirting the walls are marble bases.

THE Hospital for the Insane at London, Ont., admitted five hundred patients from January 1st, 1908, to June 6th, 1910, sixteen of these being twice admitted. The males were 251; females 233. Two hundred and thirty-three, or 48 per cent., were discharged recovered or improved; eight were discharged unimproved; sixty-seven, or 13 per cent., died; five eloped; four were transferred; five were deported, and 162, or 33 per cent., remained in residence.

## Correspondence

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### ONTARIO MEDICAL ASSOCIATION.

The next Annual Meeting of the Ontario Medical Association will be held in Toronto, May 21st, 22nd and 23rd.

The officers of the Association are putting forth their best efforts to make the meeting a success both from a social and educational standpoint, and hope that you will be able to attend and take part in the carrying out of the programme.

It is the intention of the committee on papers to make the programme more clinical in character than has hitherto been the custom. The morning of the second day of the meeting will be devoted to a clinic in the building in which the Association will meet; and on the morning of the third day clinics will be held in the various hospitals of the city. Programmes of these clinics will be distributed on the first day of the meeting.

You are cordially invited to present cases at either of these clinics. If you are unable to show a patient we should be pleased to have you contribute a clinical report of an interesting case to be read at the afternoon or evening sessions.

F. ARNOLD CLARKSON,  
General Secretary,  
471 College Street.

GRAHAM CHAMBERS,  
Chairman Committee  
Papers and Business,  
26 Gerrard St. East.

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On Monday evening, the 20th of May, just prior to the annual meeting of the Ontario Medical Association, on the three following days, May 21st, 22nd and 23rd, in Toronto, the graduates of Trinity Medical College will hold a re-union banquet at some place to be designated in a later announcement. A committee is in charge of the matter. Dr. Samuel Johnston, 169 Carlton Street, Toronto, is the Secretary of the Committee. Trinity men are urged to attend this reunion and to send in notice at an early date of their intention to be present.

## Publishers' Department

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SAVOURY MEAT LOZENGES (BRAND).—These are composed of the Concentrated Beef Tea, and thus contain substantial nourishment in a simple and easily portable form. A few of these placed by the chair or bedside of a convalescent will allay and satisfy the craving for food between meals so often noticeable, and relieve the nurse of a great deal of worry, etc. Their chief value, however, is to those who from various causes are compelled to go without food for a length of time. The doctors attending a prolonged case of mid-wifery, etc., barristers whose mid-day interval is taken up by a consultation, cyclists, motorists, yachting people and railway passengers, etc., who have no opportunity, or who may not desire to stop to take a meal, will find that a few of these lozenges will keep them from all signs of exhaustion or fatigue, from morning until night, or longer if necessary. And moreover, while allaying the pangs of hunger and preventing fatigue, will not vitiate or destroy the appetite when the time and opportunity to take a solid square meal arrives. It may be interesting to state on the authority of the Right Hon. Winston Churchill, who mentions in his book on the South African (Boer) War, that at the Battle of Paardeberg, many English soldiers subsisted for three days on these lozenges entirely, owing to the ordinary rations not being available, and suffered no ill-effects whatever from the lack of more solid and bulky foods. We also hold many letters from soldiers who participated in that war, testifying to the value of our meat lozenges when they were scouting or otherwise away from the main body and from supplies, many of them saying that they owed their lives in a large measure to them, as otherwise they must have starved or been rendered so exhausted as to be unable to rejoin their regiment. Canadian Agent, Newton A. Hill, 25 Front Street East, Toronto.

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I RECEIVED your sample of Resinol Ointment and Resinol Shaving Stick, the Ointment is an old friend of mine and I cannot praise it too highly. The shaving stick I have never used before, but I am more than pleased with it and shall always keep it on hand. It softens the beard better than any shaving soap I have ever used and the face seems stimulated and refreshed.—Arthur A. Crawford, D.M.D., Cambridge, Mass.