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Original Articles.

THE TREATMENT OF CYSTITIS.*

Howard A. Kelly, M.D., Baltimore.

Miscere utile cum dulci, to impart useful information in an entertaining manner in general addresses of the character I am asked to deliver, seems to be a custom as old as, and closely akin to the use of excipients to carry a drug which is not pleasing if taken in its naked strength. Who does not recall with pleasure the " elegant " mixtures, the electuaries and the compound syrups of our forefathers?

I have tried to meet your expectations to-day, by bringing before this large audience, representative of the most advanced medical thought of our day, one of the oldest and most rebellious of the enemies of our race, namely, cystitis, bound in chains, and I trust that you will find no small satisfaction as you thus note that one more step has been taken in the path of therapeutic progress.

The resume I shall thus give you embraces over eighteen years of a personal experience, largely devoted to this particular subject.

In order not to raise too great expectations, let me declare at the outset that, as is often the case in that difficult art which we

*Read before Canadian Medical Association, Halifax, Aug. 22-25, 1905.

profess, I have no single drug or method to propose by which all cases can be cured. It is only by a painstaking study of all the conditions, and persistent patient efforts that cystitis can be understood and successfully combated. The therapeutic side of the subject in which your interest naturally focuses, is so large that I cannot do more than touch upon history, etiology, pathology, chemical history and diagnosis.

History.

Two great names of our fellow-countrymen stand pre-eminent in the history of the treatment of cystitis, and to them alone will I refer in this brief resume, as they are in danger of being lost sight of in the hurry which characterizes the progress of to-day. One of these is Willard Parker, of New York, who, in 1850, at the Bellevue Hospital, operated upon a case of chronic cystitis in the male, stating that, "The object in view was to open a channel by which the urine could drain off as fast as secreted, and thus afford rest to the bladder, the first essential indication in the treatment of inflammation." This was reported in the New York *Medical Journal* for July, 1851.

The other is T. A. Emmet, who, in 1858, operated for a vesical calculus, and, by the advice of Marion Sims, left an opening in the vesico-vaginal septum for the greater facility afforded in the treatment in the efforts to restore the organ to a healthy state. Subsequently to this, Emmet "made an artificial vesico-vaginal fistula, with a view of giving rest to the organ by the pre-escape of urine." (*Amer. Pract.* for Feb., 1872.) Emmet records several cases of cystitis treated by this plan in his classical work on vesico-vaginal fistula, published in 1868, while Parker also presented at the New York State Medical Society in 1867 a paper on "Cystitis and Rupture of the Bladder treated by Cystotomy."

One of Emmet's most rebellious cases, a woman who had suffered for three years, after cystotomy and irrigations of the bladder, was examined "endoscopically" by Dr. Newman, June 1st, 1869, and the bladder found free from disease, whereupon Emmet closed the fistula, and with some further slight treatments she fully recovered.

I mention these facts, as I am sure we are too prone to forget

the skilful labors of our predecessors, upon which all that we are successful in doing to-day rests as a sure foundation. All honor to these noble painstaking pioneers in this most difficult corner of our field of labor.

Etiology.

Again I turn with no little pleasure to Emmet, who, writing in 1872, says: "Neglect during labor to keep the bladder empty, exposure to cold, violence, and the habit of long retaining the urine, are the chief exciting causes of the most serious forms of cystitis." In investigating this, as in other inflammatory affections, we have to consider two factors—the predisposing causes which prepare the ground for the cystitis to which we have but little to add to what Emmet has said, and the exciting cause, the particular living organism which is the immediate agent in setting up and in maintaining the disease. It is this last important factor which has given us a new conception of the subject and served to modify and direct our treatments.

Contrary to the opinions of some ten years ago, we now know that the mere presence of organisms is not sufficient of itself to excite a cystitis. This is seen in cases of bacteriuria, where, although the urine is loaded with organisms, there is but a nominal lesi, or no lesi at all, in the bladder.

The following predisposing factors are important :

1. Localized congestion.
2. Traumatism.
3. Retention of urine.
4. Reduced health.
5. Two or more of these factors combined.

The congestion may result from "catching cold" and exposure, or from the action of toxins or chemical irritants on the bladder, excreted by the kidneys or from a hyperacidity of the urine, or again from the presence of tumors in the bladder.

Traumatisms arise from labor, especially where the forceps are used with the bladder not emptied, from the use of the catheter, and most important, from surgical operations on the uterus involving the detachment of the bladder, and from stones lodged in the bladder.

Retention of urine from faulty emptying of the bladder, as in

tabes or after labor, retention from a sense of modesty associated with the use of the catheter is a prolific cause.

Ill-health renders the whole body liable to the invasion of organisms, and coupled with any of the preceding factors renders the bladder a locus minimæ resistentæ.

What are the organisms, then, which serve in the presence of such predisposing conditions, to bring about and maintain a cystitis?

I turn to answer this question to an admirable summary of my own cases, made by Dr. T. R. Brown, and published in the Johns Hopkins Hospital Reports, Vol. X., Nos. 1 and 2 for 1901.

There were twenty-five cases of acute cystitis, which revealed the presence of

B. coli communis	15 times
Staph. pyogenes albus	5 times
Staph. pyog. aureus	2 times
B. pyocy. aneus	1 time
B. typhosus	1 time
Protens vulg	1 time

And in 22 cases of chronic cystitis, Dr. Brown found:

B. coli communis	11 times
Staphyloc. pyogenes aureus	3 times
" " albus	2 times
B. coli communis (with tub. bac.)	1 time
Unidentified (possibly a variety of the B. coli)	1 time
Pyuria sterile	2 times
A staphyloc. albus (which, decomposed in urea, was pyogenic, but either did not liquefy gelatine or did so extremely slowly)	2 times

There were also six cases of tuberculous cystitis.

Contrast these findings with those of Melchior, and you will find the similarity is in some respects a striking one. (Fr. VIII., 291.)

Melchior examined thirty-six cases of cystitis (seventeen women) and found:

B coli communis	25—17 pure cultures
Streptococcus pyogens	5— 3
Protens Hauser	4— 1
B. Tuberculosis	3— 2
Diplococ. ured liquef	3— 2
Staphyloc. " " Lundstrom	3— 1
Streplobac anthracoides	3
Gonococcus Neisser	1
Typhus b.	1

The great importance to be attached to this study of the etiology of cystitis is the discovery of several factors easily within our control, notably the tranmato. By recognizing this fact we can often do much to prevent a cystitis in many instances.

The most important group opened up by a bacteriological study of the urine, is the tubercular cases, which, as a rule, call for more aggressive plans of treatment.

I will pass over the pathology, simply noting two important facts which bear powerfully on the treatment of cystitis.

First, that the disease is sometimes purely superficial, being seated only in the mucosa, while at other times it extends deep down even into the muscularis.

Second, the disease is often localized to a few well-defined patches; it is rarely universal.

The following clinical forms may be recognized, apart from the infecting organism or organisms:

1. Catarrhal, involving the superficial mucosa.
2. Desquamative.
3. Ulcerative.
4. Granular.
5. Papillary.
6. Bullous edema.

The divisions into acute and chronic, separate the cases according to duration and intensity of symptoms.

Diagnosis.

A diagnosis of cystitis may be made when pus is found in the urine, in association with an inflamed area in the bladder; this latter may be inferred by symptoms such as pain and frequent urination, or by a direct visual examination of the interior of the bladder.

I must bear in mind that my remarks may fall into the hands of some very busy practitioners, who may find it hard to get time to use the microscope. I would, therefore, utter the caution not to mistake a pollakuria (frequent urination) for a cystitis. In my experience this has often been done, and then the active measures of treatment instituted have converted the innocent and annoying disease into a dangerous one.

Again a caution: You are likely to mistake a dysuria from

hyperacidity of the urine for a true cystitis, unless you apply some other test than the subjective symptoms.

Yet another caution : A little affection in the vesical trigonum by the intensity of the symptoms it provokes may hide a much graver and more advanced latent affection in one of the kidneys.

The diagnosis, to be sure and satisfactory, should ascertain not only the fact that there is a cystitis, but its extent as well.

A diagnosis which begins and ends with the word " cystitis " is as accurate as the statement that the patient has thoracic disease.

Again, even though we determine the nature of the infecting organism, the diagnosis is still no more accurate than it would be to say that the patient has pulmonary tuberculosis. You see here readily enough how vital are the questions, where is the disease located? and, how extensive is it? Apply like questions to the bladder.

Let the man who is willing to go carefully into his cases rest his diagnosis on these features:

1. History, including symptomatology.
2. Examinations of the urine, microscopic and bacteriologic.
3. A direct inspection of the interior of the bladder.

I canot urge with sufficient earnestness the ease with which the examination is made through the open cystoscopes without any intervening medium of lenses or water, nor can I sufficiently declare the importance of the results thus obtained in clearing up and giving precision to the diagnosis.

With such examinations cases of bacteriuria become much rarer, as some infection of the vesical mucosa is almost always found, even though there is a remarkable disproportion between the local disease and the numbers of the bacteria.

Treatment.

I am glad to address you on the subject of the treatment of cystitis, as I have now had an experience of over five hundred cases, which have been carefully collated from my records of Dr. Campbell, of this city.

I think we have gone as far as we can under existing conditions, and must await some fresh and important discovery to change our present methods materially, and when the specialist

feels that he has pretty well thrashed a subject out, it is time to hand his work over to the general practitioner to see how much he is ready and able to appropriate.

Three important factors enter into the successful treatment of cystitis:

1. A full, carefully written analysis of the case, including a description of the appearances seen in the bladder.

2. A well-defined campaign against the disease, progressive in character.

3. Great patience; never give up.

All preliminary discussions as to history, etiology and pathology lead up to the two great practical issues: how to prevent the disease and how to get rid of it.

Prophylaxis.—I am convinced that if we pay closer attention to prophylaxis there will be a prompt and a large percentage — reduction in the cases of cystitis. Most of the cases seen nowadays, follow some ordinary surgical operation.

A potent factor in the prophylaxis is the proper use of the catheter, which I may summarize as follows:

A sterilized catheter; cleansing of the internal meatus before introduction.

The general introduction of the catheter without touching the end introduced. The bladder must not be permitted to become distended.

It is also important to remember that the patient, unaccustomed to lying on her back, often empties the bladder very imperfectly. If the urine tends to separate in the bladder some warm boric acid solution should be thrown in to wash it out every time the catheter is used.

In an abdominal hysterectomies, the bladder should be rubbed, touched and bruised as little as possible. I have looked into the bladder after a hysterectomy for myomata and seen large transverse striæ of fresh hemorrhages on the posterior wall.

In another similar case, in which I reopened the abdominal wound, the bruised bladder was at first mistaken for a large, fresh blood clot.

Further, where there is reason to fear cystitis, and always when the catheter is used, it is well to use urotropin for a few days, in 5 or 10 gr. doses t. d., as a prophylactic. The consensus is that cystitis will but rarely occur if this precaution is taken.

11. *Remove the Cause.*—The sister of one of our ablest practitioners got up from her lying-in-bed with a bad cystitis which numerous treatments failed to ameliorate in the least degree.

She entered my cystoscopic room for the first time; I put her in the knee-chest posture and looked into the bladder, and lo! there was a white calculus as big as a pigeon's egg lying in the vertex. With the removal of the calculus she made a prompt recovery.

Take nothing for granted; if you can look at a sore throat, you can also, with a reflected light and a little patience necessary to acquire a little more dexterity, look into an inflamed bladder.

Make also a searching examination of every contiguous pelvic organ. If there is a myoma or an ovarian tumor or a pelvic inflammatory mass pressing on the bladder and interfering with its proper evacuation, take the tumor or the mass out.

Another patient with a bad pyuria, whose kidney was to be taken out, I found had a small septic dermoid cyst opening into the bladder by a passage; the removal of the tumor and the closure of the orifice cured the disease and saved her from a serious mutilation.

In any obstinate case, especially if it is one of lesser degree, always remember that the source of constant reinfection may reside up in the pelvis of the kidney. If you find tubercle bacilli associated with a cystitis you may be sure that in nineteen cases out of twenty the primary focus is in the kidney.

As we consider the active treatment of a cystitis, let me urge two important factors which serve as controls in testing progress towards recovery.

1. A careful preliminary examination and description of the local condition as seen through the speculum, on the interior of the bladder sphere. If there is any marked improvement examinations from time to time will show it by the variations of color, and in the extent of the lesions.

2. The taking of a measured quantity of fresh urine, say three platinum loops, and spreading this on the slant agar, and then counting the colonies which grow out, as a means of testing the reduction of the amount of infection. These individual foci will often be found to diminish progressively from countless to dis-

crete, to perhaps 100 to 15 or 20 to 2 or 3, to finally none at all. Several sterile cultures ought to be secured before the case is considered free of any risk of relapse.

Let us now consider our resources in dealing with a particular case. They are: Systematic treatment, medicines by the mouth, injections into bladder, direct topical treatments of the vesical walls, surgical treatment, including incision of the bladder, and excision of the disease.

Rest in bed is of the most importance, for this reason: I can always do far better for a case if I can get her into my hospital, with rest associate regulated diet, tonics, the due regulation of the bowels, and massage and baths.

Medicine by the Mouth.—Large quantities of bland water is a valuable remedy here as in ordinary pyelitis. The virtue, I think, in the various landed waters resides in the pure aqua potablis which they contain, and not in the various salts shown in the analysis. Some patients will take, however, with better grace three or four pints daily of a water which is imported in a big bottle with a sounding name, than the simple but equally efficacious spring water from a home source. It is the old tale of the bread pill and the placebo.

Urotropin in 5 to 10 gr. doses is of value in the more recent cases, especially where there is a tendency to alkaline changes. (Nicolaier.)

The citrate of potash is valuable where the urine is too acid, while boric acid is of use to make the urine acid.

There is some advantage in reversing the chemical reaction of the urine under which the organisms are flourishing, though not so great as one would have anticipated.

Cantharadin has been used by Freadenberg with the greatest benefit, in a series of 56 cases, curing 32 rapidly. The Px is Canth. (Merck.) 0,001 in 1.0 alcohol dissolved in 100 water. Take three or four times a day in teaspoonful doses.

I use also fluid extract of corn silk (Zea mais) in teaspoonful doses with advantage in the amelioration of the symptoms.

Irrigations form, perhaps, the most important means of treatment at our command, and with irrigation it is well to combine *distention* of the bladder.

The simple daily cleansing of the bladder in this way is of the

utmost value, and many cases would recover rapidly if only bland fluids were used.

The two most efficient drugs here are the nitrate of silver, 1-1500 to 1-500 or stronger, and mercurie sublimate 1-1000.

As good a plan of administration as any is to connect a rubber tube with a funnel attachment to the catheter, and then slowly elevate the funnel two or three feet above the level of the pelvis. By the amount borne and the height, one can pretty well estimate the progress of the more difficult cases towards recovery. The great quality of importance here for both patient and practitioner is patience. It sometimes takes weeks or months to secure the first decided step in advance, with many apparent backsets in the interim.

I must confess to you right here that in several of my cases which we have worked over for one or two or even more years, securing a recovery in the end, I would never have had the courage to persevere were it not for the unflagging interest and zeal of Miss Cook, my chief nurse, who has personally conducted almost all of the treatments.

Direct Topical Treatments.—When a cystitis is in the chronic stage and is furthermore localized in a small area in the bladder, one for example which could be covered by the last joint of the thumb, direct topical treatments often hasten the improvement and even effect a cure. The bladder is emptied and the patient put in the knee-chest posture, then through an open cystoscope, using a reflector or other suitable illuminant, the patch of inflammation is exposed and treated just as a chronic sore throat is handled, making a direct strong application by means of an applicator and a pledget of cotton. Nitrate of silver is best here, used over a small area as strong as 50 p.c. For larger areas 10 or 5 p.c., taking care that there is no excess of the solution to run down over the sound mucosa. I also use freely a 50 p.c. solution of argyrol. Subsequent treatments must be milder and at intervals of from three to seven days. A 1 and a 2 p.c. solution is often valuable in trigonal inflammation (trigonitis).

An admirable effective combination is formed by associating occasional topical treatments with daily injections and distentions.

Surgical Treatment of Cystitis.—It is in the surgical treatment of cystitis that the greatest difference is found between our

practice and that of our immediate predecessors of even a decade ago. And it is here that I have some fresh additions to make, bringing some utterly rebellious cases entirely within the scope of successful treatment.

There are two kinds of surgery, minor and major.

Minor cystic surgery consists in the use of a sharp or serrated curette, or a wire brush, or of a bunch of fine wire needles. I expected great help from these instruments when I began to use them, but must confess to disappointment in the issue. The tissue removed is of value in differentiating a tubercular bladder, but I cannot see that the treatment is hastened, while harm may be done, as Sampson has shown if the ureteral orifices are injured, favoring an ascending infection.

Major Surgery.—When I receive a case of intense vesical inflammation, where all local treatments, even the mildest, are impossible on account of the pain produced, I, without loss of time, resort to major surgery, and propose at the outset to put the bladder at rest by making the Parker-Emmet incision in order to secure good continuous drainage. I do this in a few seconds, often by putting the patient in the knee-chest posture and letting air into the bladder through the urethra. Then lifting up the perineum the anterior vaginal wall is exposed and lifted a little on a pair of curved artery forceps slightly opened. A knife is plunged through the septum at this point and the opening enlarged fore and aft until it is at least an inch long. I wipe out the bladder thoroughly with dry gauze and sew the vesical mucosa to the vaginal at about six points to prevent too rapid closure of the wound. All this takes about the same time to do it that it does to describe the operation.

Such an opening ought to be left, as a rule, for from three to six months. The bladder and vagina should be irrigated every day either *per urethrum,* if not too sensitive, or *per vaginam.* A continuous daily hot water bath as recommended by Hunner, leaving the patient immersed for hours, is a most valuable adjuvant in the worst cases. In due time the bladder will be found to have cleared up, perhaps wholly, when the fistula is closed and the patient discharged. On the other hand, many cases clear up only to a certain point, and go no further, and of these I wish to speak somewhat particularly, for this is that large residual

group of our worst cases of cystitis, generally looked upon as hopeless.

Let me briefly outline the treatment of such a case. In the first place, given one of these intensely inflamed old cases of cystitis in a patient worn out with vigils and suffering, mild courses of treatment are worse than useless, serving only to increase the distress. To avoid discouragement, tell the patient, who has suffered for years, that she must be content to give a few months, or, perhaps, a year or more to getting well. Then begin by opening and draining the bladder, then when you find the organ cleared up to one spot you may try for a few weeks to heal that by direct applications of nitrate of silver or argyrol, and in this you may succeed. If you fail and there is a tendency to relapse, make a suprapubic opening and cut out a crescentic piece, including the entire thickness of the bladder wall, and sew it up with catgut suture on the inside and fine silk on the outer surface.

If you have to open the peritoneal cavity, and the bladder is a foul one, you can sequestrate the entire vesical region by suturing the round ligaments and the uterus to the abdominal wall from side to side, converting the peritoneal cavity behind the symphysis into a closed pouch, which is then drained over the symphysis. In a bad case which I treated in this way and had to open later for an ovarian trouble, there was no trace of the pouch left.

I have not found great help from the making of a small suprapubic opening in association with a vaginal opening for through and through drainage. If, however, worst comes to worst, I would make a big suprapubic opening, partially detach the recti, and put the patient in the hot tub for as many hours daily as she could stand.

1. Mrs. R., aged 55, came to me in October, 1899, with a chronic cystitis, which had persisted for fourteen years in spite of being several times "cured." I found the entire vesical mucosa covered with scattered foci of ulceration pouring out a curdy pus. The urine was alkaline, containing a short organism, probably colon.

She received under my care the following treatments: A borax and soda solution by irrigations, applications of the nitrate of silver (2—4 p.c.), insufflations of boric acid powder against the diseased vesical wall, formalin irrigations (1—15,000 to 1—2000), irrigations of silver nitrate from 1 to ½ p.c. strength.

Under these treatments there was a steady improvement, the organisms decreased, and the capacity of the bladder increased from 60 to 280 cc. She was cured in 41 days and has remained well ever since. I tested the efficiency of the treatment by making cultures on several successive occasions and noting that there was no growth. So since this cure there has been no relapse.

Let me illustrate the group of difficult cases by giving you a brief outline history of seven of my patients. In two the disease was tuberculosis, in the others the organism was a colon bacillus.

2. Miss J. MacD., 33 years of age, came to me in 1899 suffering from frequent urinations with a slight pyuria and hematuria.

Examination showed an area of intense cystitis at the vesical vertex, and as she had suffered for four years I proceeded at once to surgery and opened the abdomen and excised an ulcerated area of the bladder at the vertex, 3 x 2½ x 1½ cm. in size. This was closed without drainage, using sixteen catgut sutures in the first and ten in the second layer. She recovered at once and has been in the best of health ever since.

The pathological examination of the greatly hypertrophied bladder wall showed granulation tissue and inflammatory infiltration.

3. Miss J. R., aged 29, came to me in March, 1900. She had been suffering with her bladder for five years. It is probable that the frightful cystitis from which she suffered was induced by catheterizaiion in a hyperacid bladder in a nervous woman.

She was in a wretched mental state from the suffering night and day, emptying her bladder every few minutes.

The urine was full of pus and contained blood; cultures showed that the infectious organism was the colon bacillus.

Cystoscopically, the bladder was of an intense angry red color, with extensive areas of ulceration; there was not even a small area of sound tissue seen at any point. She simply screamed whenever she was touched.

She was about three years under treatment, and her recovery is largely due to the untiring efforts of my chief nurse.

The following treatments were used:

1. Curettage and the use of the wire brush over the whole inner surface of the bladder, followed by a 10 p.c. solution of silver nitrate.

2. Fourteen days later another curettage

3. Ten days later I was able to catheterize the left kidney and demonstrate a left pyonephrosis, which was opened and drained. At the same time a suprapubic cystotomy was done to facilitate irrigating the sensitive bladder.

I left a mushroom catheter in the kidney wound and a ureteral catheter in the ureter to facilitate washing out the kidney.

4. Dilatation of the renal and suprapubic openings.

5. Left nephrectomy (intracapsular enucleation) by mercellation. Closure of the suprapubic opening.

6. Plastic operation narrowing the urethra, which had been overstretched before she came to me.

7. Plastic operation repeated.

The bladder was so small when I began to treat her that she could not hold as much as 10 c.c. of fluid, and even under extreme anesthesia she strained and forced the fluid out if more was thrown in.

During all the time of the above treatments she received at Miss Cook's hands 135 irrigations of either boric acid or nitrate of silver with boric acid.

Under this regimen the bladder recovered its capacity and normal appearance. To-day she is in perfect health and suffers no pain. The only remaining discomfort is that she urinates often, and this I have been unable to overcome, although I can now put 400 c.c. into her bladder.

4. Miss C. P., aged 52, came to me in October, 1902. I saw her first in bed, a lifeless invalid, suffering intense pain, with spasmodic exacerbations day and night. I never saw a sadder picture. She lay in a constant state of apprehension of pain and screamed when the vagina was touched even for the purpose of making the gentlest examination. The entire bladder was the seat of intense inflammation and ulcerations from the vertex to the left ureter. Its capacity was two-thirds of an ounce (20 c.c.).

She has made a perfect recovery and has remained well under the following treatments:—

1. October, 1902, vesico-vaginal fistula for drainage.

2. November, 1902, suprapubic fistula to wash through and through; enlargement of vesico-gavinal fistula. Plastic operation, opening the vulvar orifice, which acted like a sphincter to retain the foul urine in the vagina and bladder.

3. January, 1903, dilatation of suprapubic fistula with Hegar's dilators and introduction of a self-retaining catheter.

4. February, 1903, left nephroureterectomy, removing a tubercular kidney and ureter.

5. April, 1903, closure of the vesico-vaginal fistula.

Irrigations of a half saturated solution of boric acid were given from one to six hours daily, amounting in all to 1,000 hours of treatment.

The result has been an absolute recovery, and she is now stout, robust, and able to attend to all her household duties in town and country.

6. Miss L. M., aged 24, came to me in January, 1900. She had had a vesico-vaginal fistula made to drain an intensely inflamed bladder three years before.

After trying various palliative measures, I opened the bladder above the pubis and trimmed off numerous granulations from the posterior vesical wall and then drained the bladder with iodoform gauze.

In November, 1902, I excised the entire diseased area, including all the bladder wall, removing a triangular area from the vertex to the base of the bladder 1 cm. in thickness, and closing the opening with interrupted catgut sutures tied within the bladder. This is the case in which the whole bladder area was excluded from the peritoneal cavity by sewing the round ligaments and fundus of the uterus to the anterior abdominal wall. (See Johns Hopk. Bul., 1903, p. 96.)

All of the disease was not removed at this time and I had subsequently, on account of repeated hemorrhages, to open the bladder again (November, 1903), and excise three pieces, one in front, one at the vertex and one at the posterior wall.

The wounds were again closed with interrupted catgut sutures tied on the inside of the bladder. It was wonderful to see how little traces were left of the sequestration operation; there were only a few adhesions between the bladder and tubes and ovaries.

Remarkable features in this case were, first, the fact that giant cells were found in the tissues excised when we had been utterly unable to discover any bacilli in the urine or curettages, examined repeatedly over periods of months' duration.

Second, that the disease was primary as far as the primary organs were concerned; in the bladder, there was no renal disease.

7. Mrs. H. M., aged 34, came to me in May, 1901. She was an utter wreck from nine years of suffering, extremely emaciated, and abandoned to die of an advanced tuberculosis of both kidneys and bladder. The bladder was ulcerated from vertex to urethral orifice and there was not a sound spot to be seen.

I began, May 4th, by draining the bladder by the vagina and giving rest from the constant suffering.

May 18th, a left nephrotomy was done.

June 15th, left nephrectomy and a ureterectomy as far as the pelvic brim.

October 14th, closure of the vesico-vaginal fistula.

October 22nd, 1902, extirpation of the lower end of the ureter.

February 24th, 1903, suprapubic resection of the bladder, taking away about one-half of the bladder, including the left ureteral orifice.

April 9th, 1903, closure of the vesico-vaginal fistula.

With these surgical measures were associated irrigation and distention treatments, as well as typical treatments with silver nitrate.

From holding nothing at all, the bladder has increased to normal capacity in spite of the extensive resection done; in October, 1903, it held 225 c.c.

She is now practically a well woman, stout, hearty and attending to all manner of household and social duties.

I trust, in conclusion, gentlemen, that I have demonstrated that, granted the important elements, skill and patience, practically all cases of cystitis, even the worst, can be cured.

The first step is to make a correct diagnosis, so as not to treat as a cystitis a case of irritable bladder.

The next step is to determine the grade of the disease and the character of the infection, and, most important, to differentiate tuberculosis.

Again, the kidney must be borne in mind as a possible source of reinfection in cases very slow to clear up.

After a thorough study of the field begins an aggressive campaign on the lines indicated, well defined and progressive until the patient is cured

CHRISTIAN SCIENTISTS AND THE LAW.

By Walter Mills, Ridgetown.

In dealing with the Christian Scientist as a doctor or healer, it is not necessary to indulge in any criticism of the theories relating to his religious ideas, although his theory of disease is among the ideas he regards as religious. It is only, that in my opinion the tendency of his tenets and teaching in this regard so strongly tend to such a perversion of the human mind by training it to a hardened indifference to the value of human life, that I venture to point out its mischievous and homicidal trend.

Under sections 209 and 218 to 226, inclusive, of the Criminal Code of Canada, it is quite clear that where death results to one under the custody of the Christian Scientists or of any one else when death might have been prevented by a performance of the duty imposed by law to provide the necessaries of life, one of which is medical aid, it would seem that there would be a proper case upon which to rest the charge of homicide. While under section 223 of the Code, mere mental influence to prevent the patient seeking or soliciting medical aid or treatment, might seem to relieve the custodians of the sick from responsibility, there would seem no possibility of escape under the provisions of section 209, which makes the duty to provide such aid imperative, and under 220 their culpability in omitting to do so is absolute, and in 225 the nature of their offence clearly characterized. Conscientious scruples cannot make the offence less grave. Even if it could devoid the omission of the motive of intent to kill, it could only reduce the crime to manslaughter. The Code says any one who is guilty of an omission which causes the death of a person, kills that person. There is no exception in favor of persons conscientiously abhorring the services of a medical man. It is imperative to provide medical aid, and to treat the law with contempt, puts the plea of want of intent out of court and leaves no alternative but to hold the Christian Scientist or

any one else responsible for such neglect as leads to a fatal conclusion of the victim's life, guilty of homicide.

The Ontario Medical Act provides for the registration of physicians, and its object is to regulate the practice of medicine and surgery in the province of Ontario, and indirectly, with the aid of The Public Health Act, to "secure the safety and protect the health of the public," and it might be well to consider the scope of those of its provisions which have been challenged by this new school of healing which is dethroning the intelligence of the common people, and challenging the ascertained facts of true science and defying the well settled principles of medical jurisprudence. Section 49, Ch. 176, R.S.O. 1897, provides,—"It shall not be lawful for any person not registered to practise medicine, surgery or midwifery for hire, gain, or hope of reward; and if any person not registered pursuant to this Act for hire, gain or hope of reward, practises or professes to practise medicine, surgery or midwifery, he shall upon a summary conviction thereof before any Justice of the Peace, for every such offence pay a penalty not exceeding $100, nor less than $25."

In Regina v. Stewart, 17 O.R., 4 C.P.D., page 4, the defendant attended a couple of sick persons for which he received payment, but he neither prescribed nor administered any medicine nor gave any advice, his treatment consisting of merely sitting still and fixing his eyes on the patient. Held, that this was not a practising of medicine, contrary to the provisions of the above section 45, C. 148, R.S.O., 1887, (now see 49 of the Medical Act, 1897) and a conviction therefor was consequently quashed. The Christian Scientists assert that they do not practise medicine, and so claim that the law governing such practice has no application to them. Mrs. Eddy says, "A Christian Scientist never gives medicine, never recommends hygiene; never manipulates, . . nor requires the life history of his patient." Section 50 of the Ontario Medical Act says, "Any person who wilfully or falsely pretends to be a physician, doctor of medicine, surgeon or general practitioner, or assumes any title, addition or description other than he actually possesses and is legally en-

titled to, shall be liable on conviction thereof before a Justice of the Peace, to a penalty not exceeding $50, nor less than $10."

Now, as the practice of the Christian Science healers does not necessarily involve the practice of medicine, surgery or midwifery, in that they do not report the use of drugs, instruments or manipulations, under the above section, I shall try to demonstrate that they do undertake by profession to usurp the prerogative of the medical man. The Christian Scientist when in court claims that he does not administer medicine, nor does he profess to know the properties of medicine or their therapeutics. He simply ignores them as having any virtues and regards them as agencies of evil and error, that their properties are only attributed and their effects produced by mind; thought gives them potency. He believes that through the power of prayer, as he engages in it, disease can be reduced to a minimum, that disease is an error of belief and through prayer and reading selections from Mrs. Eddy's "Science and Health," the Scientist endeavors to induce in the patient's mind an abstract conception apprehending a condition of health adequate to eradicate the consciousness of the symptoms of disease, to give an absolute mental denial to the facts sufficiently potent to overwhelm them. One recognizes in this the basis of all Mental Cure, subjective mind suggestion, but imperfectly understood. And so upon such a plea he evades successful prosecution under such section which may not be as comprehensive as it should be. The Act contemplated and was designed in this respect to put a veto upon quacks or unskilled practitioners, persons practising as physicians would practise, but without the qualifications required by the law for the safety of the public. It defines who are physicians and regulates the terms and methods of practising their profession, and persons not so qualified are excluded from registration, and non-registered persons or persons not so entitled to be registered if practising would be doing so unlawfully and subject to the penalties prescribed.

In the first place consider the theory which they hold concerning disease. Mrs. Eddy's hypothesis is that "the only realities are the divine mind and its ideas . . . that erring mortal views, misnamed mind, produce all the organic and animal action

of the mortal body . . . rightly understood, instead of possessing sentient matter, we have sensationless bodies . . . whence came to me this conviction in antagonism to the testimony of the human senses? From the self-evident fact that matter has no sensation; from the common human experience of the falsity of all material things; from the obvious fact that mortal mind is what suffers, feels, sees; since matter cannot suffer." And upon this she attempts to build her argument to substantiate her hypothesis and concludes that an understanding of these great facts obliterates the sense of complaint. Bishop Berkeley endeavored to set up a philosophical idealism which denied the reality of matter. Of him Lord Byron wrote:

> "When Bishop Berkeley said there is no matter
> It was no matter what he said."

Eddyism is something of Berkeleyism gone insane. One of Mrs. Eddy's former students, Dr. Arens, has published a volume called "Old Theology in its application to the healing of the sick," in which he argues that life is the cause of all action and concludes by reasoning thus: "If life is the cause of all action it must be the cause of sickness . . . thought is the first product of life, and as the thought is so will the action be. Life cannot act contrary to the thoughts which are become beliefs or opinions, that is, which have taken root or are become attached to it, unless it acts unconsciously." Dr. Marston, in a book of a similar school, states that "the mental healer does not care by what medical name the distress is known; it may be nervousness, dyspepsia, asthma, fever,—words alike to him, since the effects they denote are simply reflections or registers of wrong thinking," and he says, "the senses say matter can suffer pain; matter is insensible; the senses declare a man sick, but the real man knows nothing of disease." He finally describes the cure thus: "A mental cure is the discovery made by a sick person that he is well."

W. F. Evans, a voluminous writer, formerly an Evangelical minister, then a Swedenborgian, and lately a mental healer, remarks: "The process is essentially a spiritual work; it is held

that there is a part of us that is never sick, and this part is mentally worked up so as to control the sick person's consciousness, this destroys the sickness, for mind cures matter." One is reminded here of the incident related by D'Aubigné of Erasmus. "One day when he was in England, in the course of a lively dispute with Thomas More, on transubstantiation, More observed: 'Believe that you have the body of Christ, and you really have it.' Erasmus made no reply, but soon afterwards left the banks of the Thames, and More lent him his horse to convey him to the sea-coast. Erasmus took the horse with him to the continent, and when More heard of it he sent him a vigorous rebuke. Erasmus in reply sent him four lines of rhyme, telling him to believe he had the bodily presence of the horse, and he would really have it." One can readily see from the foregoing how little value the Christian Scientist or mental healer attaches to the skill of a physician and with what want of seriousness they would regard the condition of a person suffering from disease.

I will now quote more fully from Mrs. Eddy herself as contained in that remarkable book of more than 600 pages called "Science and Health." This book is believed by Christian Scientists to be the only true and authoritative exposition of the science of Metaphysical Healing, and that she believes herself to be infallible in this and every other respect, is shown by the following quotation, "No human pen or tongue taught me the science contained in this book, 'Science and Health,' and neither tongue nor pen can ever overthrow it." This is an assertion of infallibility that certainly demonstrates that there is considerable nerve in her intelligence if the inverse be not so apparent. "Nothing," she tells us, "that man can say or believe regarding matter is true, except that matter is unreal, and therefore a belief." Mrs. Eddy denies the potency of drugs: "Christian Science divests material drugs of their imaginary power . . . The uselessness of drugs, the emptiness of knowledge, the nothingness of matter and its imaginary laws, are apparent as we rise from the rubbish of belief to the acquisition and demonstration of spiritual understanding . . . When the sick recover by the use of drugs, it is the law of a general belief, culminating

in individual faith that heals, and according to this faith will the effect be." According to this premise it follows that whiskey may become nourishing and milk intoxicating, then may water surely be turned into wine and the rattlesnake be a fit bedfellow and plaything for children. She says: "My publications alone heal more sickness than an unconscientious student can begin to teach. If patients seem the worse for reading my book, this change may either arise from the frightened mind of the physician, or mark the crisis of the disease. Perseverance in its perusal would heal them completely." And here are four of her astounding and incoherent propositions: "1. God is All. 2. God is Good. God is mind. 3. God, Spirit, being all nothing is matter. 4. Life, God, omnipotent Good, deny death, evil, sin, disease—disease, sin, evil, death, deny Good, omnipotent God, Life." "The metaphysics of Christian Science," she continues, "like the rules of mathematics, prove the truth by inversion. For example: there is no pain in truth, no truth in pain; no matter in mind, no mind in matter; no nerves in intelligence and no intelligence in nerves; no matter in life, and no life in matter; no matter in good, and no good in matter." This reads like some gypsy incantation to cure warts. It has all the astuteness of the philosophy of the duchess in "Alice in Wonderland:" "Never imagine yourself not to be otherwise than what it might appear to others that what you were or might have been was not otherwise than what you had been would have appeared to them to be otherwise."

If Christian Scientists do not wilfully or falsely pretend to be physicians, why is Mrs. Eddy so specific in her instructions to the healer preparing to treat patients, as in the following, "Be firm in your understanding that mind governs the body. Have no foolish fears that matter governs, and can ache, swell and be inflamed from a law of its own; when it is self-evident that matter can have no pain or inflammation . . . If you believe in inflamed or weak nerves, you are liable to an attack from that source. You will call it neuralgia, but I call it illusion . . . When treating the sick, first make your mental plea in behalf of harmony . . . then realize the absence of disease . . .

Use such powerful eloquence as a Congressman would employ to defeat the passage of an inhuman law." And the following, "Suppose the patient should appear to grow worse. This I term chemicalization. It is the upheaval produced when immortal truth is destroying erroneous and mortal belief. Chemicalization brings sin and sickness to the surface, as in a fermenting fluid, allowing impurities to pass away. Patients unfamiliar with the cause of this commotion, and ignorant that it is a favorable omen, may be alarmed. If such is the case, explain to them the law of this action." Subtle mental practices are recommended: "I will here state a phenomenon which I have observed. If you call mentally and silently the disease by name as you argue against it, as a general rule the body will respond more quickly; just as a person replies more readily when his name is spoken; but this is because you are not perfectly attuned to Divine Science, and need the arguments of truth for reminders. To let Spirit bear witness without words is the more scientific way." This is further modified: "You may call the disease by name when you address it mentally; but by naming it audibly, you are liable to impress it upon the mind. The Silence of Science is eloquent and powerful to unclasp the hand of disease and reduce it to nothingness." Mrs. Eddy asserts: "There is no pain in truth and no truth in pain." In this connection Henry Varley in his "Christian Science Examined," tritely asks "Is there no truth in pain? What! have all the afflicted and suffering people of the earth been cheating us? Have the testimonies given of excruciating pain and agony being felt been false? Has the sick chamber been the birthplace of lies?" To which Mrs. Eddy in substance answers, "Pain is feeling and to the Christian Scientist the sense of feeling does not exist. Feeling belongs to matter and cannot exist where all is mind." To which irrational rejoinder, Mr. Varley replies, "Feeling belongs to the mind. Feeling the sense of physical pain as distinguished from the mind belongs to the body, that is, to matter; to the material. To say that 'there is no mind in matter and no matter in mind,' is to deny the existence of the connection and community of condition which does exist between mind and matter." Once

more Mrs. Eddy affirms, " There are no nerves in intelligence, and no intelligence in nerves." Mr. Varley answers that " science teaches that the nerve centres are all connected with the brain. The brain being the seat of the intelligence, communicates through the nerves to all parts of the body, the nerves on their side maintaining connection with and sending messages to the brain." Mrs. Eddy denies the existence of matter and rejects physical phenomena. What the physician calls the symptoms of the disease she pretends to ignore, and yet in the face of all these premises, asks that the basis of the Christian Science platform should be rested upon and accepted because of certain physical results which may be seen at their meetings and in the experience of some of their members. She says, " the five senses are the physical avenues and instruments of human error." " That what is termed disease does not exist," and yet she writes, " Christian Science changes the secretions, expels humors, dissolves tumors, relaxes rigid muscles, and restores diseased bones to soundness."

Will the Christian Scientists in the face of these statements claim that when they visit the sick chamber, they are not there to treat the patient, and so to take the place of the physician? Are they not assuming a title by deception which they do not actually possess and to which they are not legally entitled? As to the efficacy of Christian Science healing methods I here relate an instance where the application of tactful suggestive therapeutics was recommended. A farmer lad residing near Ridgetown, who when about twelve years of age, fell from a tree and sustained a severe shock to his nervous system by an injury to his spine. His friends said that he was not amenable to medical treatment. His uncle, a physician from Iowa, while visiting at the lad's home, called me in one day for a chat, and we discussed his case. I asked him if he had examined the boy to discover the presence of any disease of the spine or spinal marrow. He had not, but would do so the next day. I saw him a few days after, when the doctor told me he could discover nothing to indicate disease. The boy had to be waited upon hand and foot; he had to be fed like an infant, and was wheeled about in an invalid's chair. An

aunt from Kansas City was visiting there also, and she having learned the scientific view of his case, proceeded by such subtle means as she could contrive, to get him to do something. First by persuading him when she was alone with him to get her a drink of water; and telling him she thought he looked better and appeared to be getting strong, and at all times behaving cheerfully toward him. One day, after she had on several occasions succeeded in getting him to perform errands, invariably being met with a protest at first that he couldn't do the thing requested of him, she got him to post a letter for her, to do which he had to walk a distance of about forty rods. Everyone was astonished to see him walk into the village post office, for he had been an apparently helpless invalid for about four years. His aunt was now confident that what his physician uncle had said was true; the boy was suffering from an imaginary disability, one easily acquired from the nature of his injury, and she made bold to ask him to go to the well and fetch her a pail of water. He said he couldn't, it would break his back, but she said, "No, it won't. You can do it all right. You bring me the water like a good boy." And he did, and broke the back of the demon which had possessed him for four years, a diseased imagination, which the pity and over-indulgent sympathy of his good mother and sisters helped to aggravate. The boy went back to Kansas with his aunt and subsequently to California, where he now holds a position of employment by which he earns good wages. This is one of the class of cases the Christian Scientist, Mental Healer, and Hypnotist can generally cure. Most physicians recognize the value of suggestive therapeutics as an aid in practice, and succeed with treatment not designed to attack the disease which the patient thinks he has, but calculated to divert his mind from it. Aesculapius advised cheerfulness as a cure for sickness, and every intelligent disciple of any modern school of medicine, gives countenance to his prescription.

In September, 1903, at B on the Railway, one of the company's trains backed into the passenger coach of another train in which were a number of students, some of whom were injured. Among the number, a

young lady of nervous temperament suffered from the shock, and was met at the next station and carried from the train to the cab which her friends had provided, while the horror-stricken crowd gazed on as at one whose life hung by a thread. She kept to her bed for several weeks, and for a time, during the day, lay on a couch or sat in a cushioned chair. Her physician could find no local injury of any sort. Meanwhile her father was demanding from the railway company a settlement and declaring his daughter would never be well again, the opinion of several physicians to the contrary notwithstanding. She affected an air of great languor and endeavored to appear ill, and was very sensitive against any insinuation that she looked well. In time a settlement was effected whereby she was paid $500, and soon after she resumed her duties as a clerk, and the cheerful manner and behaviour which had characterized her before the shock returned without affectation. I doubt if even the Christian Scientist could have treated her case successfully without the five hundred. Could we confine the Christian Scientist and Mental Healer to the treatment of such cases there would be less need to fear disastrous results, but real disease should be left to the hands of the skilful and the sane. "They that are whole need not a physician but they that are sick."

As to the practice of surgery, there will be no injustice to Christian Scientists to quote Mrs. Eddy again. "Man is indestructible and eternal. Sometime it will be learned that mind constructs the body, and with its own materials. Hence no breakage or dislocation can really occur. You say that accidents, injuries, and disease kill man; but this is not true. The life of man is mind. The material body manifests only what mortal mind admits, whether it be a broken bone, disease or sin." In what astounding contrast is all her positive assertion with the following modification: "Until the advancing age admits the efficacy and supremacy of mind, it is better to leave the adjustment of broken bones and dislocations to the fingers of a surgeon, while you confine yourself to mental reconstruction, and the prevention of inflammation or protracted confinement. Christian Science is always the most skilful surgeon, but surgery is the

branch of its healing which will be last demonstrated." I knew a devout Christian Scientist who had two of his ribs broken and endured three hours of intense pain pending the arrival of the physician by night rather than allow him to be seen by the neighbors approaching the house by daylight. Anne Harwood (in an "Exposure of Christian Science") has this to say: "There is one matter connected with their medical practice to which attention should be called. Christian Science practitioners actually dare to undertake the conduct of maternity cases, and Mrs. Eddy gives instances in her text-book in which she has called in a regular practitioner and has, while ostensibly obeying his directions, most daringly and recklessly disregarded them the moment he has left the house. She recommends healers and students to understand Christian Science practice in this respect, and even says it is a necessary branch of their study. If no fatalities have hitherto resulted from such practice, the reason can only be, that the public is too wise to trust these incompetent, unauthorized and uncertificated persons. This is a department of Christian Science about which very little is known, but one cannot open the books or journals of the sect without finding references to the 'Christian Science Infants,' who are declared to be specially fine children."

In Nebraska, the practice of medicine, surgery and obstetrics, is prohibited except by persons possessing certain qualifications. And in the act of that state governing the lawful practice of medicine there is a section which in part provides that "any person shall be regarded as practising medicine within the meaning of the Act, who shall operate on, profess to heal, or prescribe for or otherwise treat, any physical or mental ailment of another." In State v. Buswell, 40 Neb. 158, it was decided that while Christian Science is not a practice of medicine and surgery as those terms usually and generally are understood, yet that under the section above quoted, the practice of Christian Science being a treatment for physical or mental ailments, is a violation of the law. The Christian Scientist attempts to heal the sick, to cure diseases, by subtle mental process, by endeavoring to persuade the sick, diseased or injured patient, to think he is not sick, diseased

or injured, and presumes that when the patient comes to an understanding that his mind is in error, there will be no longer any reason to complain, that his alleged ailment will have vanished from his body by mental subjugation, and by the absence of the use of drugs, surgical instruments and manipulations, they evade the charge of practising medicine, surgery or midwifery. From the legal and logical aspect this is an enormous fraud, and should be met by comprehensive and suitable provision in the law so as to render the question from the medico-legal standpoint no longer debatable in our courts of justice, and from the social standpoint, to restrain in the community the operations of a cult that threatens to undermine common sense, and jeopardize the health of the public.

There have been numerous prosecutions both here and in the United States for violation of the provisions of the Medical Acts governing the practice of medicine and the treatment of disease, and the failure to secure convictions has been due to the dishonest technical evasions of the accused. Christian Science literature is full of arrogant boastings of their success in defeating the attempts to convict under such acts. The Christian Scientist in court claims that he does not diagnose, treat or prescribe. He ignores the existence of disease, and rejects its symptoms, consequently he does not have to treat it in the medical sense. He asks the patient to assume a perfectly passive state of mind and to accept suggestions of health; to quietly accept a gigantic unbelief in the reality of his complaint by denouncing the evidence of his senses. He declares by the mortal mind that that is not true which the same mortal mind declares to be a fact. He says a fact is not true and asserts that which is a lie to be a fact. Could a lunatic be more illogical? That success follows their efforts in many instances is not denied, but such may be rationally accounted for without the aid of Christian Science. But the numerous fatalities reported from time to time in the press, and authenticated as resulting from the foolhardy persistence of these presumptuous self-styled scientists and their proselytes to "eradicate error from the mortal minds" of their victims, is arousing considerable concern amongst thinking men everywhere

and inviting critical comment and investigation. And we must look to the written teachings of Christian Science to know what the true claims of these Scientists are in respect of so momentous a matter as the physical wellbeing of citizens of the state. There is sometimes such a toleration of the most absurd theories when clothed with a religious name as in this enlightened age of the world would seem to forebode an epidemic of delusional insanity, and one is constrained to feel the necessity for education leading to the compulsory duty of right thinking, and of legislation to prevent criminal rebellion against common sense. The doctrine that a man should be free to think as he chooses has its limitations. As a man thinketh in his heart so is he, and so he may ostentatiously become, as thoughts long indulged and nourished in the imagination will reveal themselves in the life and action, and a man will become reprobate or criminal through wrong thinking. But would we tolerate his performance injuriously affecting society on the plea that his habit of thought had rendered him conscientious in wrong doing? Would he himself expect to escape except by indulgence of the authorities, the consequences of his actions? Perhaps he cannot prevent the onward leap of his thoughts into channels into which they have been directed by his contact with the doctrines of Eddyism. Their novelty may have appealed to his peculiar brain activity, and his mental organization may be such that he feels compelled to achieve something for humanity through his new zeal and faith. He should not be persecuted from a spirit of intolerance of his religious motives. They may be good for him. He is thinking of something which has a forceful effect in stimulating him to investigate a matter wherein he may find some atoms of good. A religion which makes a man better than he would be without it is a good thing for him to have. And I would not want to rob him of the comfort and consolation which it may afford his nature. The peculiar creed a man follows or adheres to, may belong to his hereditary organization. Many who differ from him may deem him irrational or insane; it is his privilege to seem either or both. Perhaps no more so, than to differ as to the worldly work or calling he may choose to follow. It may belong

to his physical and mental constitution and then he follows it from inclination or adaptability. It is no invasion of the legal rights of the Scientist however, to deny him the liberty of experimenting at random upon others, with his theories which have not yet been reduced to a positive science of healing recognized by true scientists. Let the Scientist think as he chooses, his opinions may be diverse from reason and common sense, they may be unchristian and unscientific, but he must sustain his relations to society as other men and bear the consequences of his actions when he contravenes the law. Whether he should be treated with the compassion due to the insane or with the avenging justice that is the portion of the criminal being dependent upon the degree of culpability established by the circumstances and the evidence. The patients he undertakes to treat have their personal rights under the law; the protection of their health and the preservation of their lives. He is welcome to believe that disease is only an error of mortal mind that will disappear when the patient has reached a proper understanding of the so-called divine mind, but he should not be allowed to kill his fellows even from religious motives, even if the victims share his faith and are compliant. Let him exercise all the unbelief in the reality of matter he sees fit and apply his divine therapeutics to himself without stint. But when a child's life is being poisoned away by diphtheria; when a man's vitality is being exhausted by a burning fever; or when a woman, the fond mother of little children and the life light of her home, writhing in the pains of peritonitis, is passing away, while with stony indifference the mocking Scientist healer babbles set phrases from Mrs. Mary Mason Baker Glover Patterson Eddy's "Science and Health," there is some one who, when death might have been prevented, should be called upon to explain why it was omitted to call in a physician, the scientist known to the law; there is some one who stood by the bedside of the helpless ones and heard all this mockery and cant, who is guilty of murder, homicide by omission. As the Rev. Dr. J. M. Buckley says, the verdict of mankind, excepting minds prone to vagaries on the borderland of insanity, will be that pronounced by Ecclesiasticus more than two

thousand years ago: "The Lord hath created medicines out of the earth; and he that is wise will not abhor them. My son, in thy sickness be not negligent; but pray unto the Lord, and He will make thee whole. Leave off from sin, and order thy hands aright, and cleanse thy heart from all wickedness. Then give place to the physician, for the Lord hath created him; let him not go from thee, for thou hast need of him. There is a time when in their hands there is good success. For they shall also pray unto the Lord that He would prosper that which they give for ease and to prolong life."

Clinical Department.

A Case of Successful Removal of a Large Papilloma of the Rectum. J. P. LOCKHART MUMMERY, B.C. (CANTAB.), F.R.C.S. (ENG.), Honorary Surgeon to King Edward VII. Hospital for Officers of the Navy and the Army; Assistant Surgeon to St. Mark's Hospital for Fistula, in *The Lancet.*

The following case was recently under my care at St. Mark's Hospital. I have thought it worth recording, as papillomata of the rectum are uncommon.

The patient, who was a man, aged 63 years, gave the following history. He was quite well until about May, 1903, when he had a bad attack of diarrhœa lasting about six weeks. He passed six or seven motions a day; they were accompanied by a certain amount of tenesmus and pain in the upper sacral region, but at this time he had not noticed any blood with the stools. He improved under medicinal treatment and was apparently well for three months, when he had another attack of diarrhœa lasting about a fortnight and accompanied by the same symptoms as before. Since that time he has had two further attacks of diarrhœa and has noticed a little blood with and after the stools. On admission to St. Mark's Hospital he complained of frequency of defæcation (from four to six motions per diem) accompanied by tenesmus and a feeling that the bowel was incompletely emptied. There had been slight bleeding on several occasions; there was also a certain amount of rectal discharge. He had lost flesh slightly. There was a little dull pain in the upper sacral region but this usually disappeared when he lay down. On passing the finger into the bowel a soft papillomatous mass was felt in the posterior rectal wall about four inches from the anus. The growth was of about the size of a five-shilling piece, somewhat tender, and it bled slightly after examination. With the electric sigmoidoscope the growth could be easily seen above the middle Houston's valve. The patient having been prepared for operation in the usual way, on Nov. 17th, 1904, he was placed in the left Sims position, and an incision was made from the base of the

coccyx to about one inch behind the anus. The coccyx was freed and removed entirely. The rectum was then freed in all directions so as to allow that part of it in which the growth was situated to be brought well up into the wound. The wound itself was next packed with gauze and gauze was placed around that portion of the rectum which was to be opened. An incision was made into the posterior wall of the rectum to one side of the growth and that portion of the bowel from which the tumor was growing was excised together with half an inch of healthy tissue around it. The portion of the posterior rectal wall removed measured three square inches. The wound in the mucous membrane was closed by a continuous suture and another line of suture was used to close the muscular coats. A small drainage tube was inserted in the upper part of the wound and the skin wound was then sewn up.

The patient made a practically uninterrupted recovery. A slight rise of temperature occurred on the third day and continued till the fifth day after operation, disappearing after the bowels were opened. He was discharged from the hospital a fortnight later. The last time that he reported himself he was perfectly well and only a slight narrowing of the bowel could be felt in the rectum at the original site of the tumor. Microscopically the growth presented the ordinary appearance of a papilloma; there was, however, some small-celled infiltration of its base and a slight ingrowth of the epithelium suggestive of commencing malignant degeneration.

As I have already mentioned, papillimata of the rectum are by no means common, rather less than forty cases in all having been recorded. The form of rectal papilloma most usually described is of the nature of a villous tumor, similar to the villous tumors which are found in the bladder. The growth in this case was sessile and its surface was nodular rather than villous. An interesting point is the fact that so large a portion of the posterior wall of the rectum can be removed (in this case three square inches) without causing any serious narrowing of the lumen of the bowel. As far as the patient was concerned the restoration of function was complete, the loss of the coccyx causing him no inconvenience.

A Case of Ectopia Testis. E. Owen Thurston, M.B., B.S. (Lond.), F.R.C.S. (Eng.), Captain, I.M.S., in *The Lancet.*

The patient was a Bengali child, aged five years, who was admitted to the Medical College Hospital in Calcutta on April 14th, 1904. He was an orphan and was an inmate of a missionary home, and the condition now to be described had only just been noticed. He was himself unable to give any information as to whether the testicle had always been in that position.

On examination the right testicle was situated at the root of the penis. It was equal in size to the left one, appeared normal in every respect, and was freely movable, but after being displaced by manipulation it always returned to its original position. The right side of the scrotum was well developed. On April 18th the testicle was exposed by an oblique incision, beginning at the external ring and extending half way down the length of the scrotum. It was found to be well formed and the tunica vaginalis was of the normal size and was closed. It was connected to the surrounding tissues by a few loose adhesions, without any recognizable attachment of the nature of a band which might possibly have been a remnant of the gubernaculum. After the separation of these adhesions it was easily brought down to the bottom of the scrotum and fixed there by a few silk sutures. The wound healed by primary union and the boy was discharged from the hospital at the end of ten days. He was seen again on September 10th when the testicle was at the bottom of the scrotum.

The interest of the case lies in the extreme rarity of the condition. Jacobson quotes two cases under the care of Dr. W. Popow, and Mr. Bilton Pollard had a case under his care. In the literature at my disposal I have been unable to find records of any other case.

Physician's Library.

Preface to a Compound of Medical Chemistry. By HENRY LEFFMANN, A.M., M.D. Fifth edition, revised. 12mo, 200 pages. Cloth, $1.00 net. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

It has been said that Alexander Pope is a poet whom everybody quotes and nobody reads. It may be said of Compends that they are books that most professors and reviewers condemn, and that nearly all students use. The truth is, that in the present systems in professional schools, students are obliged to meet two distinct requirements. They must study for the knowledge necessary for the practice of the profession and they must study to pass examinations. The latter are in so many cases arbitrary in scope, and affected by the personal equation of the examiner, that the student cannot be blamed for resorting to a concise presentation of the more important facts of the science, supplementing this by notes of the narrower and more strictly personal items of the teaching. Some teachers hold that note-taking is the best method, and are opposed to printed summaries, because these latter obviate the student's obligation to take notes. In a large experience with a class of students of the best type of those in American professional schools, I have been led to the view that voluminous note-taking is not a good method. The pronunciation of technical terms is so irregular, and many of them are so strange to students, that they are entered erroneously in the notes and serious errors may be made and persist. The written word is necessary to full knowledge; the compend affords this aid. The merit of any compend will depend on the correctness of the statements and the clearness and conciseness of the text. Modern chemistry is so extensive in its range and variety of facts, and so highly specialized in its practical applications that careful selection is necessary, and this selection must be made with reference to the students, for whom the work is intended. It is not out of the way to indicate in the title the basis of such a selection. Lately, an eminent chemist has formally objected to the use of the phrase "Medical Chemistry," asserting that

chemistry is chemistry without reference to the applications. I cannot agree with this view. The fundamental principles of chemistry are, it is true, the same to all students, but no teacher gets more than a few lessons into the subject before differentiation becomes necessary. The student in engineering does not need, and should not receive, the same treatment of the topic that the student of medicine receives. The whole science cannot now be taught to anyone. The main object of professional schools is to fit students for practical work, and the text-books should be written with this point in view. For a book intended for medical students, it is not only appropriate, but it is also advisable that the title should indicate its purpose. The mere title "Chemistry" will not inform correctly as to its scope. In a large work, intended for general reference, such limitation is not needed. I hold that "Medical Chemistry" is as appropriate a title as "Analytical Chemistry," "Physical Chemistry" or "Organic Chemistry."

Dose-Book and Manual of Prescription-Writing: With a List of the Official Drugs and Preparations, and the More Important Newer Remedies. By E. Q. THORNTON, M.D., Assistant Professor of Materia Medica, Jefferson Medical College, Philadelphia. Third edition, revised and enlarged. 12mo., 392 pages, illustrated. Philadelphia and London: W. B. Saunders & Company. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. 1905. Bound in flexible leather, $2.00 net.

A glance at the contents of Dr. Thornton's book fully explains its attainment of a third edition. In addition to the consideration of the official and the more important nonofficial preparations intended for internal administration, weights and measures, solubilities, and incompatibilities, attention is given to the grammatic construction of prescriptions, illustrated by examples. In revising the text for this edition Dr. Thornton has made it conform with the new (1905) Pharmacopeia, the radical change in strength or name of many chemicals, drugs, and preparations already official, and the admission of many newer remedies necessitating the rewriting of a number of sections. We notice

in the appendix an addition of much value—a table showing the change in strength of important preparations, and also a list of average doses for adults in accordance with the new Pharmacopeia. Dr. Thornton's Dose-Book is, as it always has been, accurate and up-to-date.

International Clinics. Volume III. Fifteenth Series. J. B. Lippincott Co.

This volume is quite up to the well-known standard of excellence which characterizes this quarterly. Among the articles of special interest may be mentioned: "The Therapeutic uses of the Rontgen Rays, or Radiotherapy," a most interesting article, covering about forty pages, and dealing with the technic and effects of treatment in such conditions as sycosis, psoriasis, eczema, lupus, nevi, keloid, and malignant diseases. (Paper by George C. Johnston, M.D., Lecturer on Radiotherapy, Western Pennsylvania Medical College, Pittsburg): "Injuries and lesions following the toxic use of alcohol" (by T. D. Crothers, M.D.) "Paraffin injections by the cold process," (by M. Broeckaert, M.D.), and a very interesting clinical lecture by Prof. Brower, of Chicago, on "Paralysis agitans, hemiplegia, commined sclerosis and ataxia paraplegia, locomotor ataxia, and acute confusional insanity."

A Text-Book on Modern Materia Medica and Therapeutics. By A. A. STEVENS, A.M., M.D., Lecturer on Physical Diagnosis, University of Pennsylvania; Professor of Pathology, Woman's Medical College of Philadelphia. Fourth edition, revised. Octavo of 670 pages. Philadelphia and London: W. B. Saunders & Company. 1905. Cloth, $3.50 net. Canadian Agents: J. A. Carveth & Company, Limited, 434 Yonge Street, Toronto.

The new fourth edition of Dr. Stevens' excellent work on practical therapeutics appears at a most opportune time, close upon the issuance of the Eighth Decennial Revision of the Pharmacopeia to which it has been adapted. Dr. Stevens, by his ex-

tensive teaching experience, has acquired a clear, concise diction that adds greatly to his work's pre-eminence. New articles have been added on Scopolamin, Ethyl Chlorid, Theocin, Veronal and Radium, besides much new matter to the section on Radiotherapy. The numerous changes in name or strength of various drugs and preparations, as called for by the new Pharmacopeia, have also been made. In fact, it is somewhat difficult to speak of Dr. Stevens' Therapeutics without resorting to the frequent use of superlatives, for of all the good works on this most important subject, this book before us is undoubtedly the very best.

Nervous and Mental Diseases. By ARCHIBALD CHURCH, M.D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in Northwestern University Medical School, Chicago; and FREDERICK PETERSON, M.D., President of the State Commission in Lunacy, New York; Clinical Professor of Neurology and Psychiatry, Columbia University. Fifth edition, revised and enlarged. Octavo volume of 937 pages, with 341 illustrations. Philadelphia and London: W. B. Saunders & Company. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. 1905. Cloth, $5.00 net; half morocco, $6.00 net.

It is not at all surprising to us that a fifth edition of Church and Peterson's work should be necessary. Indeed, such a success was to be expected from what is undoubtedly the most complete and authoritative volume on nervous and mental diseases to-day. In preparing this edition Dr. Church has carefully revised his entire section, placing it in accord with the most recent psychiatric advances. In Dr. Peterson's section—Mental Diseases—the Kræpelin classification of insanity has been added to the chapter on classifications for purposes of reference, and new chapters on Manic-Depressive Insanity and on Dementia Præcox included. While the changes throughout have been many, they have been so made as but slightly to increase the size of the work. A number of the illustrations have been replaced by newer and better ones. We can confidently say that this work will maintain the reputation already won.

Gall-Stones and Their Surgical Treatment. By B. G. A. MOYNIHAN, M.S. (London), F.R.C.S., Senior Assistant Surgeon to Leeds General Infirmary, Leeds, England. Second edition, revised and enlarged. Octavo of 458 pages, beautifully illustrated. Philadelphia and London: W. B. Saunders & Co. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. 1905. Cloth, $5.00 net; half morocco, $6.00 net.

The first edition of Mr. Moynihan's work on gall-stones was completely exhausted in eight months. Mr. Moynihan, by his masterly presentation of operative technic and clear, logical discussion of indications and contraindictions, has won an enviable place in contemporary abdominal surgery. In this edition, increased in size by some seventy pages, many additional case records have been incorporated and a number of new illustrations added. We note also the addition of a very valuable chapter—Congenital Abnormalities of the Gall-Bladder and Bile-Ducts. It is evident that the whole text has undergone a careful revision and all recent work along the line of gall-stone surgery included. Mr. Moynihan's book still holds first place in its field. The illustrations are very beautiful, especially the nine colored plates.

Essentials of Materia Medica, Therapeutics, and Prescription Writing. By HENRY MORRIS, M.D., College of Physicians, Philadelphia. Seventh edition, thoroughly revised. By W. A. BASTEDO, Ph.G., M.D., Instructor in Materia Medica and Pharmacology at the Columbia University (College of Physicians and Surgeons), New York City. 12mo, 300 pages. Philadelphia and London: W. B. Saunders & Company. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. 1905. Cloth, $1.00 net.

The student cannot find a better or more practical work on Materia Medica, Therapeutics, and Prescription Writing than this little essentials from the press of W. S. Saunders & Company. But then, this work is no exception in this respect to all the other numbers of this excellent series of compends. Dr. Bastedo, in revising the book for this seventh edition, has brought

it in accord with the new (1905) Pharmacopeia, introducing all the new remedies and carefully indicating their therapeutic doses and uses. For a work of three hundred pages it contains a mine of information so presented as to be easily grasped. We give it our unqualified endorsement.

The Practitioners' Visiting List (Heretofore known as the *Medical News Visiting List*) for 1906. An invaluable, pocket-sized book, containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classical blanks. The 60-Patient Perpetual consists of 256 pages of blank alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years, $1.25. Thumb-letter index, 25 cents extra. By mail, postpaid, to any address. Descriptive circular showing the several styles sent on request. Philadelphia and New York: Lea Brothers & Company, Publishers. 1905.

Being in its twentieth year of issue, *The Practitioners' Visiting List* embodies the results of long experience and study devoted to its development and perfection. It is isued in four styles to meet the requirements of every practitioner; "Weekly," dated for 30 patients; "Monthly," undated, for 120 patients per month; "Perpetual," undated, for 30 patients weekly per year; "60 Patients," undated, for 60 patients weekly per year. The text portion of *The Practitioners' Visiting List* for 1906 has been thoroughly revised and brought up to date. It contains among other valuable information a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business. Printed on fine, tough paper, suitable for either pen or pencil, and bound

with the utmost strength in handsome grained leather, *The Practitioners' Visiting List* is sold at the lowest price compatible with perfection in every detail.

Photographic Atlas of the Diseases of the Skin, in four volumes. A series of ninety-six plates, comprising nearly two hundred illustrations, with descriptive text, and a treatise on cutaneous therapeutics. By George Henry Fox, A.M., M.D., Professor of Dermatology, College of Physicians and Surgeons, N.Y. Consulting Dermatologist to the Department of Health, New York City. Physician to the New York Skin and Cancer Hospital, etc. Volume III. Philadelphia and London: J. B. Lippincott Company.

Volume three continues the high standard set by volumes one and two. The subjects treated of are lepra, lichen planus, lichen ruber, lichen scrofulosus, lupus erythematosus, lupus vulgaris, miliaria, milium, molluscum, morphœa, mycosis fungoides, naevus pigmentosus, naevus vaccularis, onychia, papilloma lineare, pemphigus, phtheiriasis, pityriasis, pityriasis rubra and psoriasis. The illustrations are beautifully gotten up and nicely arranged. In this volume the list numbers twenty-three plates. The text is clear, concise, accurate, practical. The tinting of the plates adds high value to the entire work, and makes them almost real and life-like. Essentially a work for those in general practice, when once procured, the wonder is that any one could do without it. We heartily recommend it and incidentally mention that correspondence regarding the atlas may be taken up with the Canadian representative, Mr. Charles Roberts, Ontario Street, Montreal.

The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing.

The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enrol themselves and so assist a professional brother in distress.

Experience has abundantly shown how useful the Association has been since its organization.

The Association has not lost a single case that it has agreed to defend.

The annual fee is only $2.50 at present, payable in January of each year.

The Association expects and hopes for the united support of the profession.

We have a bright and useful future if the profession will unite and join our ranks.

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VOL. XXVI. TORONTO, JANUARY, 1906. No. 1.

COMMENT FROM MONTH TO MONTH.

We wish all who read these pages a prosperous New Year.

To our mind the most notable and valuable addition to Canadian medicine in 1905 was the publication of Dr. Adam H. Wright's Text-Book of Obstetrics, a text-book which should be authorized and recommended by all faculties of medicine in Canada.

Names of men of world-wide repute, such as Howard Kelly, Ochsner, Pritchard, Caird, appeared with original articles of great value in our pages during 1905. There were, indeed, in the

two volumes of that year many very valuable papers, a great number of reports of clinical cases of much interest, and a whole lot of news, to say nothing of two very fine and readable papers on John Harvey and Thomas Sydenham, from the pen of one who has been spoken of as the Weir Mitchell of Canada.

To those subscribers of this journal who have made us practical demonstration that they are subscribers and not simply "takers," we desire to extend our sincere thanks for their tangible evidence of interest and support; and widespread as that support has been in every province of the Dominion, as well as in several States of the American Union, we think we are correct in saying that any one of our twelve numbers, enclosed within its covers. had material value for the return we asked. There are, however, two departments of our journal, our friends should fill, namely, the correspondence pages and the pages devoted to clinical reports. We would like to have a correspondence department, like *The Lancet* or the *British Medical Journal* has. We would like to have a clinical department, which everybody can contribute to and would contribute to.

And we are right in saying a good word for our advertisers: because we have with us the best houses in the business, and we desire that our readers should patronize our advertisers. The relationship between the doctor, the manufacturing pharmacist and the medical journal should be a cordial one, but who shall determine just what position each shall take. At the present time this is a burning question across the border, and from communications we have received from time to time, we gather that some of our men here in Canada are interested in it. There are

few medical journals published that could exist on subscriptions alone, and no doubt every medical journal now in the field is doing some good to somebody. A little knowledge is said to be a dangerous thing, consequently we all strive to get all the knowledge we can, for then we get beyond the danger line. Some get good from one journal, others from another. But casting a hurried glance over the entire field, the most despicable thing that we know of is where some firm that does not advertise their goods in the medical press at all, who cares nothing for the medical literature of the day, profiting by some doctor or surgeon mentioning their product in a paper, a leading medical journal publishing that paper, and then the firm sending reprints of it broadcast. That is the sort of thing that the entire medical profession should sit on *en bloc.*

Arrangements are well under way for the annual meeting of the British Medical Association in Toronto next August. The fact that the British Medical Association is going to meet here at that time is known to every doctor in the land already. And he can be kept apprised of the exact dates by the medical and the public press. In addition to these there are many doctors in Canada who take either the *British Medical Journal, The Lancet,* or some of the weeklies of the United States. These are all being kept supplied with news regarding this meeting. There will probably be a whole lot of talk of advertising, and a whole lot of correspondence on the subject as to railway arrangements, rates, etc., which, in a measure, is largely useless and superfluous. because of the fact that there is one thing that everybody has got to do, and that is buy a ticket. When railway and other transportation companies make these arrangements for conventions at reduced rates, it is their business. They are making these arrangements to get business, consequently all ticket sellers and

agents are promptly notified by their respective companies what rates are in force and what are the time limits, and all information in that respect can be gotten by any doctor from his local ticket agent.

We learn through the medium of the public press that a petition signed by over 1,200 medical students was recently presented to the Hon. Minister of Education in the Province of Ontario, Dr. R. A. Pyne, who is also the Registrar of the Ontario Medical Council, which prayed that the Government of Ontario should introduce at the coming session the necessary legislation to ratify the Canada Medical Act of 1902, better known as the Roddick bill. From the same source we gather that every province in Canada, with the exception of Ontario, Quebec, British Columbia, and the two new provinces of Alberta and Saskatchewan, have passed this necessary ratification legislation. That is to say, the great mass of the medical population of Canada has not seen fit to push for its ratification. True, it has been before the Legislature of the province of Quebec, and was refused. But why it has never been ratified by the Legislatures of Ontario and British Columbia, we do not know. We do not think that it has ever been presented to the Legislature of Ontario. It may have been authorized by the Ontario Medical Council or it may not. The fact remains that Ontario has set no example, and we believe that the promise was given by the present Premier before the last elections that the Canada Medical Act would be ratified in this province once he became Premier. We believe that when the matter is put before Premier Whitney in the proper light, that he will redeem that promise. There are many questions of state which have up to the present engaged his attention, and this has not been forced upon him. It is most desirable that in this province ratification legislation be passed forthwith, if for nothing more than to exert an educating influence.

NOW is the time to send in your subscription to the Canadian Medical Protective Association, the very best medical organization in existence in Canada, and the very best product of the Canadian Medical Association. The latter brought the former into existence; but while the latter has a membership of 1,500, the former only has a membership of somewhere near 300. Write your cheque—and you are lucky to have a bank account—for $3.00; that is the membership fee now. Tack on to it fifteen cents for collection, because you can stand that better than the Association can; send it to Dr. J. A. Grant, Jr., Ottawa, Ont. But do not be content with sending in your own annual fee. Do not rest at that. Remember you have some interest in your profession and in the other members of your profession. Get your next-door neighbor to send in his fee. He may say that he does not need it. He does. We all need it. He may say he never does surgery. All the more he should help to protect the man who does his surgery for him. But it is most remarkable that while there are several consulting physicians who support this organization on principle, the very man who should patronize it most, the surgeon, in several instances, has never been a member of it. Isn't this strange? No. It is only carelessness. This Canadian Medical Protective Association should have a membership of at least 3,000. In fact, we cannot see how any one refuses to become a member. Personally we have forwarded our cheque for 1906, although we believe that the Association should have drawn upon us at the first of the year as a reminder. Would any one refuse a draft of this character? Here is an Association admittedly of the very best good to each individual man in the medical profession in Canada. Nobody is making any money out of it, and all those who are in it desire to see everybody else in it. It has done good work and has proven itself worthy. It can do good work and will do good work for the entire medical profession of Canada. In the great majority of instances suits are brought for alleged malpractice

by a designing, penurious pettifogger of the law, who in most instances should have his gown torn from his shoulders. And if the truth were known, we believe that it would be found that most of those who prosecute these suits would be unable to put up security for costs. It is inconceivable that all are not members of this Association.

News Items.

THE deaths in Toronto in 1905 numbered 3,915.

THERE were 3,060 marriages in Toronto in 1905.

IN 1905 there were 968 births and 472 marriages in St. John, N.B.

DR. D. MCBAIN, London, Ont., is ill of typhoid fever at Rainy River.

HOSPITAL Sunday in Winnipeg netted the Winnipeg General Hospital $1,796.71.

DR. W. J. ARNOTT, Berlin, Ont., died on the 12th of December, aged 43 years.

THERE were 132 inmates in the Toronto Home for Incurables during 1905.

DR. R. H. RICHARDS, Winnipeg, has gone for a holiday to Honolulu and Australia.

DR. MACDOUGALL KING, Ottawa, is suggesting medical inspection of schools in that city.

HAMILTON, Ont., wants a smallpox hospital at $4,000, and an isolation hospital at $50,000.

DR. E. C. ASHTON, Brantford, has been gazetted an associate coroner for the County of Brant.

THERE were 67 new patients admitted to the Vancouver General Hospital during November, 1905.

THE Medical Faculty of the University of Toronto has subscribed $50,000 to the Toronto General Hospital.

THE death is announced in Chicago of Dr. Frederick Lapsley, formerly of Toronto, at the age of 37 years.

THE new Vancouver General Hospital was to have been ready for occupation the last week of December, 1905.

MONTREAL City Council grants $1,000 a year to the work of the Montreal League for the Prevention of Tuberculosis.

THERE were 68 deaths in Hamilton, Ont., during Dec., 1905, four being from contagious diseases and seven from consumption.

MISS BENNETT, of the General Hospital, Montreal, has been appointed Lady Superintendent of the Brockville General Hospital.

DURING the week ending the 6th of January there were only sixty-eight deaths in Montreal. The average weekly mortality is 125.

THE Woman's Hospital Aid Society, of Winnipeg, has presented the Winnipeg General Hospital with a cheque for $651.32.

DR. JOHN KANE, of Aultsville, Ont., near Cornwall, was killed in a runaway accident on the 7th of December. He was 31 years of age.

THE death is announced of Dr. O. S. Strange, of Kingston, Ont., which took place on the 2nd of January, 1906. Deceased was born in 1826.

A TUBERCULOSIS camp is to be established in Montreal, by the Montreal League for the Prevention of Tuberculosis. The camp will be a temporary one.

THE typhoid situation in different districts in the interior of British Columbia, is said by Provincial Health Officer, Dr. C. J. Fagan, to be well in hand.

TORONTO is increasing in population naturally as well as artificially. In 1901 the births were 4,445; 1902, 5,065; 1903, 5,040; 1904, 5,283; 1905, 5,816.

DR. J. A. SABOURIN, of Point St. Charles, Quebec, died at the Hotel Dieu Hospital, Montreal, on the 28th of December, of typhoid fever. He was thirty years of age.

SIR JAMES GRANT, Ottawa, has received a letter of thanks from King Edward VII., for a copy of the lectures Sir James delivered last summer in Scotland on Tuberculosis.

THE Provincial Health Department of British Columbia are taking very active steps for suppressing typhoid epidemics in various sections in the interior of that province.

THE number of patients treated in the Winnipeg General Hospital from January 1, 1905, to November 30th, 1905, was 4,014, as against 3,509 for the same period in 1904.

IT is understood that in the very near future the site for the new Toronto General Hospital will be chosen, and the erection of the out-door departments at once proceeded with.

EX-MAYOR URQUHART, of Toronto, on leaving office inaugurated a fund for the Toronto General Hospital, contributing $100 to it and inviting 999 other citizens to do likewise.

FIRE destroyed one of the cottages for female patients at the Mimico Provincial Hospital, on Sunday morning the 31st of Dec., 1905. The damage amounted to $15,000, but the inmates all escaped owing to absence at religious services.

DR. GEORGE CAEHERT, formerly of Orangeville, Ont., died at his home in Toronto on the 2nd of January, aged 80 years.

DRS. J. L. AND W. S. TURNBULL, Goderich, Ont., have dissolved partnership. Dr. A. T. Emmerson, of Claude, Ont., succeeds Dr. J. L. Dr. J. L. goes abroad in February.

ON the evening of Dec. 21st, 1905, the medical students of the Manitoba Medical College celebrated their 23rd annual banquet. One hundred and fifty guests were present.

IN the Winnipeg General Hospital during the week ending January 6th, there were 357 patients, 222 being men, 86 women, and 49 children. There were 111 in the out-patient departments.

THE Montreal League for the Prevention of Tuberculosis will hold a public meeting in that city in February, when His Excellency the Governor-General will be present and deliver an address.

DR. ROBERT MITCHELL, Amherst, Nova Scotia, died on the morning of the 27th of December, aged 73 years. Deceased was Surgeon for the Maritime Penitentiary at Dorchester, N.B., for 21 years.

ON Nov. 30th, 1905, there were 302 patients in the Toronto General Hospital. During December, 279 patients were admitted and 310 discharged, leaving 271 patients in the institution at the end of the year.

DR. BELL, of the Provincial Board of Health of Ontario, has returned from a tour of inspection of the lumber and mining camps of New Ontario, and reports that they are all in good sanitary condition.

THE law in Ontario regarding vaccination requires that within three months after birth, parents shall present the child for vaccination before one duly authorized to perform same, and again in eight days for verification of the vaccination.

THAT a member of the Toronto Board of Education calls for the abolition of compulsory vaccination in school children is no cause for the citizens to dread an epidemic of smallpox.

THE Toronto Free Hospital for Consumptives had 136 patients in advanced stages of the disease in its first hospital year. Over 5,000 visitors were at the institution during that year.

WHEREAS the late Liberal Government in Ontario collected $36,786.08 for private interests in the Provincial hospitals for the last four months of 1905, the present administration has collected $66,712.51.

A MEMORIAL has been established for the benefit of the Montreal General Hospital, and is called the Charles Alexander Memorial, in honor of one who always took a deep interest in the welfare of this hospital.

DR. ELZEAR PELLETIER, Secretary of the Quebec Board of Health, has returned to Montreal after attending the Congress on Tuberculosis at Paris. According to him the Congress completely ignored Marmoreck's serum.

THE Margaret Scott Nursing Mission, of Winnipeg, made 1,003 visits during December, 1905, as against 528 in December. 1904. The number of visits paid to typhoid fever patients was 291, and on obstetrical cases, 186.

IN 1901, the Winnipeg General Hospital treated 2,773 patients; in 1902, 2,928; 1903, 3,354; 1904, 3,868; 1905, 4,366: in the out-door, the numbers were as follows: 1,607, 1,363. 3,483, 4,772, 5,735. The deaths in 1905 were 332.

THE annual meeting of the Canadian Association for the Prevention of Tuberculosis will be held in Ottawa the last week in March. Dr. A. J. Richer, of Montreal, will deliver an illustrated lecture upon Consumption, and the measures used for its prevention. Senator Edwards will lay the question of what the Federal Government can best do to assist in stamping out the plague, before the Hon. Minister of Agriculture at an early date.

THERE were 76 patients in Grace Hospital, Toronto, on November 30th, 1905: 99 patients were admitted during December. There were 15 births and 7 deaths. Ninety-four patients were discharged, and 89 were left in the hospital on the 31st of December.

IN 1905 there were 2,615 cases of contagious disease in Montreal. Of this number 529 were diphtheria, 223 scarlet fever, 392 typhoid fever, 929 measles, 5 roseola, 33 varicella, 94 whooping cough, 405 tuberculosis, 4 trachoma, 3 cerebro-spinal meningitis, and 2 erysipelas.

THE building at the corner of Bay and Richmond Streets, Toronto, known as the Medical Building, has been sold for $100,000, and the College of Physicians and Surgeons of Ontario have authorized Dr. Arthur Jukes Johnson and a special committee to secure a new site.

MISS ALICE B. SINCLAIR, a graduate of the Toronto General Hospital, and the Sloane Maternity Hospital, New York, has just been appointed Lady Superintendent of the Burnside Department of the Toronto General Hospital, succeeding Miss N. McKellar, who held the position for seventeen years.

THE Hamilton Medical Association held its annual business meeting and banquet recently. Dr. Ingersoll Olmstead was elected President, Dr. D. G. Storms, Vice-President, and Dr. McNichol, Secretary-Treasurer. Fifty-five were present at the banquet. The retiring President was Dr. H. S. Griffin.

THE Board of Trustees of the proposed new General Hospital for Toronto will comprise twenty-five members, eight to be appointed by the Ontario Government, five by the University of Toronto, five by the city of Toronto, and seven by the benefactors. Any one can become a benefactor by donating $500 to the institution. After the Act of Incorporation comes into force this will be $1,000. The wards, so far as medical students are concerned, shall be for the benefit of those only of Toronto University.

TORONTO General Hospital staff. The following have been appointed for the usual six months' service: In surgery, Dr. T. D. Archer, Campbellford, Ont.; Dr. J. H. Soady, Toronto; Dr. J. H. Kidd, Peterboro. In medicine, Dr. K. H. Van Norman, Toronto; Dr. F. W. Ralph, Markham, Dr. F. J. Buller, Toronto.

THE attention of the profession throughout the province is called to the Annual Meeting of the Ontario Medical Association for 1906, under the Presidency of Dr. George A. Bingham, of Toronto, and with Drs. D. J. Gibb Wishart and H. J. Hamilton as chairmen respectively of the committees on papers and business and of arrangements.

By vote of the members at the last meeting, that of this year will take the form of a business session, preceding the meeting of the British Medical Association, which will begin August 21st. Consequently our provincial meeting will be convened Monday evening, August the 20th, at 8 o'clock. We will thus avoid conflicting with the necessary sessions of the Canadian Medical Association, and the members will arrive none too early to participate in the Imperial meeting of the next day.

Members are particularly requested to remember this announcement. Notification of the various committees will be made at the accustomed date.—Chas. P. Lusk, General Secretary.

Correspondence.

To the Editor of DOMINION MEDICAL MONTHLY :

Dear Sir,—For more than ten years I have been convinced that cancer is a contagious disease, the cause of the contagion being either a microbe or a cell contained in the discharges. I am now gathering facts to prove this, and that the disease is not hereditary, as has been generally supposed. In view of the complete change of opinion with regard to the contagiousness of Tuberculosis I have hopes that within a few years we may see the same beneficent change in the views of the profession and the public with regard to cancer, provided that the truth warrants such a change. One of the facts which has become very apparent from the study of my own cases of cancer is that it has been the exception for them to have lost a parent from that disease, while nearly all of them had come in contact with it in people who were not their parents. Through your columns I want to ask the profession of Canada whether they know of any cases of cancer whose parents never had it, and if so if they would kindly communicate such facts to me. It would also be interesting to hear whether there is any village they know of which has been absolutely exempt from cancer until a case was imported from some other place, after which many other cases cropped up.

Any one sending me facts bearing upon these two important points will receive due credit in an article which I am preparing for the Toronto meeting of the British Medical Association this year. I recently published a paper declaring that cancer was becoming very rare in my public and private practice, and I attributed this to the fact that every woman with a lacerated cervix had the latter either repaired or amputated, so as to remove the scar tissue, on which cancer mostly thrives. Since this paper appeared I have received a communication from a prominent gynecologist of Boston, saying that he had had the same experience. I believe that a woman with cancer of the cervix is a centre of infection for all her friends and neighbors among whom there will develop cases of cancer of the lip, tongue.

throat, stomach, intestine, or wherever there is scar tissue. If my contention be correct, how important it is to make the fact known so that there may be a crusade for stamping it out by early operation, or when a case is discovered too late for this, then by isolation and disinfection. I am sure that no more important subject has ever occupied your pages than the investigation of the origin and spread of this terrible disease.

Yours very truly,

248 Bishop Street, Montreal. A. LAPTHORN SMITH.

Publishers' Department

WE desire to call the attention of our readers to the announcement of the Lambert Company, on second cover page, who were awarded a gold medal for the perfection of their sterling product, "Listerine," at the Lewis & Clark Exposition at Portland, Oregon, last year.

HEAVY COLDS.—The rheumatic and grippy conditions which so frequently accompany heavy colds are sometimes overlooked. By the prompt use of Tongaline the irritating features of these conditions are ameliorated and the congestion is relieved, while the great stimulating action of Tongaline on the liver, the bowels, the kidneys and the pores, quickly expels the poisons which are the cause of the trouble.

PNEUMONIA.—"The pneumonia season is rapidly approaching. Soon the various journals will be full of the statistics of past years in regard to the prevalence and fatality of this disease. The pathology and etiology will be thoroughly gone over, but, judging by the past, most writers will have very little that is encouraging to say as regards treatment. Several points, nevertheless, must be kept in mind. Whatever drugs are used internally (and this depends very much upon the individual case), the patient must have plenty of fresh air. Do not be afraid of his taking cold on account of the cold air blowing across his face. It is now considered that this is impossble. Also, whatever drugs may be used, keep the body warm with suitable clothing, and use externally some preparation which will cause a comparative lessening of blood-pressure in the lungs. Cold applications, beside lowering the vitality of the patient, cause a depletion of the superficial vessels, and consequently increase the hyperemia in the lungs themselves. Our attention then would be drawn, per contra, to hot applications. To the most of these

there are very great practical objections, such as their inconvenience, their tendency to grow cold very rapidly, and the fact that they must frequently be renewed, thereby disturbing the patient's rest to his manifest detriment. We have found but one form of hot application which seems to us to entirely fill the bill, and that is Antiphlogistine. By its means the vitality of the body is conserved, the blood is attracted to the surface and away from the lungs (its hygroscopic action remarkably enhancing this effect), and the tone of the heart's action is maintained. Beside this, its frequent renewal is not necessary, and the patient's rest is not thereby disturbed. Practically we know that by its use the patient is made much more comfortable, the fatality is much decreased, and if abortion of the disease is possible, we believe it can be accomplished better by this means than by any other."—*Kansas City Medical Record.* October, 1905.

FISHING AND SHOOTING.—A new region, known as the "Temagami" (pronounced Tem-mog-a-me) District, is being brought to the notice of the public as one of the finest fishing and hunting confines in Canada. Excellent sport is assured all who take advantage of a trip to this magnificent territory which is situated 300 miles north of the city of Toronto at an altitude of 1,000 feet above the sea. Black bass, speckled trout, lake trout, wall-eyed pike and other species of fish are found here in abundance, and large game such as moose, caribou and deer abound in the forests. A handsome booklet, profusely illustrated, giving all information, including comprehensive maps, can be had free on application to J. D. McDonald, D.P.A., Union Station, Toronto.

MERCURIAL INUNCTIONS IN SYPHILIS.—In America the profession as well as the laity have not taken so kindly to this method of administering mercury as they have in the European countries. The same may be said with reference to the use of hypodermic injections of solutions of the salts of mercury. When the disadvantages and in some cases the disastrous results attendant upon a long-continued course of treatment by mouth are