

Pages Missing

Dominion Medical Monthly

And Ontario Medical Journal

VOL. XXVI.

TORONTO, JUNE, 1906.

No. 6.

Original Articles.

SPASM OF THE PYLORUS.

BY GRAHAM CHAMBERS, B.A., M.B., TORONTO, ONT.

Spasm of the pylorus is a narrowing or closing of that organ, or lengthening of the period of contraction during digestion, and causing obstruction to the exit of the gastric contents. As a result of the spasm the period of gastric digestion is prolonged.

The pylorus takes a very important part in digestion. It is the gateway connecting the stomach, in which the secretion is acid to the intestine, in which the digestive medium is alkaline due to the secretion: succus entericus, bile, and pancreatic juice. To a certain degree it controls both gastric and intestinal digestion; the former by retaining the food in the stomach until the gastric functions are complete, and the latter by regulating the supply of acid chyme.

Since in normal digestion no inorganic acid can be detected beyond the first few inches of the duodenum, the gastric contents, after being emptied into the intestine, must be rapidly neutralized. This is made possible by the working of the sphincter pylori. The pylorus does not remain open continuously, but closes and opens in a rhythmic manner, due, no doubt, to the reflex influences originating in the stomach or intestine.

Experiments by Cannon seem to point to the presence of free hydrochloric acid in the stomach, as a stimulus which causes the sphincter to relax. He was led to this conclusion, principally

by the fact that, although carbo-hydrates of normal reaction leave the stomach very soon after ingestion, yet, when moistened with one per cent. solution of sodium carbonate, depart slowly after the manner of proteids. This conclusion seems almost indisputable. However, it is probable there are other stimuli of pyloric relaxation. It seems to me very probable that the peristalsis of the stomach, particularly of the pyloric region, takes some part in the mechanism of the pyloric sphincter, for gastric peristalsis and propulsion of food into the intestine takes place in the absence of free hydrochloric acid, as in the case of hypochylia.

The stimulus of pyloric contraction is better known. All physiologists, I believe, are agreed that acid in the duodenum is the agent. Its presence not only closes the pylorus, but keeps it closed until the reaction of the duodenal contents is neutral. Then the sphincter again relaxes and the pyloric cycle begins anew.

In addition to closing the sphincter, the acid chyme in the duodenum stimulates the secretion of the pancreatic juice, and to a much less extent the bile. The increase of these alkaline secretions hastens the neutralization of the gastric acid, and lessens the period of pyloric contraction. With regard to the manner in which the acid chyme stimulates the secretion of pancreatic juice, Pawlow held that the acid acted in a reflex manner on the pancreas. However, Bayliss and Stirling have shown that the stimulus of the pancreas is a substance which they have called secretin, produced by the action of the acid of the gastric juice on the mucosa of the duodenum.

Etiology.—In gastric diseases spasm of the pylorus is a very common condition. It may be either primary or secondary, usually the latter.

The primary spasm generally occurs in neurotics, and is occasioned by shock, injury, worry, or by dietetic indiscretion, such as the ingestion of too hot or too cold, or highly irritating food. If peristalsis, such as occurs during digestion, is a factor in the opening of the pylorus, then spasm or diminished relaxation of the sphincter would be necessary results in all gastric affections in which the musculature of the body of the organ is weakened. This is a probable explanation of the attacks of pyloric spasm, which occasionally occur in patients convalescing from infectious diseases, such as typhoid fever.

Secondary spasm of the pylorus is a common occurrence. It is observed in myasthenia gastrica, in ulcer, in hypochlorhydria,

and in acute and chronic hypersecretion. Although in these affections the spasm may be said to be secondary, nevertheless it is an important factor in their evolution. The gastric disease produces the pyloric spasm, and the latter, by causing stagnation of food, aggravates the primary morbid condition. The manner in which the gastric disease produces the spasm of the pylorus is variable. In many cases excessive secretion of hydrochloric acid is, no doubt, an important factor in the genesis, for we have seen that acid in the duodenum is a stimulus to closing of the pylorus, and the greater the secretion of acid in the stomach the longer the period of gastric closure. In asthenia of the musculature of the body of the stomach, in patients recovering from debilitating diseases, such as typhoid fever and influenza, there is frequently stagnation of food, particularly after the ingestion of a large meal. This, together with hypoperistalsis, may be a cause of pyloric spasm, which would lengthen the period of gastric digestion and augment the myasthenia. In ulcer and in hyperesthenic gastritis the spasm may be due to the hyperesthesia of the mucosa, which is usually present in these diseases.

Symptoms.—The principal symptoms of pyloric spasm are stagnation, or retention of food, and the results thereof. The symptoms caused by the spasm, whether primary or secondary, are wholly digestive, vomiting, or the evacuation of the stomach by relaxation of the pylorus, as a rule gives immediate relief.

In primary spasm of the pylorus there are no subjective symptoms as long as the stomach is empty. Shock, worry, or other mental disturbance during digestion, or the ingestion of spices or very cold food may precipitate an attack. The most frequent subjective symptoms are pain, flatulency and belching. Pain when present is usually of a colicky nature, and situated in the region of the pylorus. In some cases, however, it is more diffuse, being felt over the epigastrium, due, no doubt, to accompanying gastrospasm. Flatulency is usually more subjective than objective. The patient complains of a sensation of constriction and of fulness in the epigastrium. On physical examination, however, in many cases no distension of the epigastric region is present. Belching, in some degree, is a common manifestation, as it is voluntarily produced with the object of relieving the gastric distress, even in the absence of flatulency. These three symptoms, pain in the region of the pylorus, flatulency and belching, occurring during digestion, should always suggest pyloric spasm. If in addition the symp-

toms disappear suddenly, either as the result of vomiting, or from some other cause, the probability in favor of the diagnosis becomes greater, and if in addition we are able to exclude ulcer, hyperchlorhydria, hypersecretion, and other conditions in which pyloric spasm may be associated, one is justified in making a diagnosis of primary spasm of the pylorus.

Secondary spasm of the pylorus is a frequent complication of many gastric affections, and takes an important part in the causation of their symptoms. It tends to aggravate the pathological conditions, prolongs their courses and renders treatment more difficult.

In gastric ulcer, especially when the ulceration is situated very near the pylorus, pyloric spasm is usually present. It is due, no doubt, partly to a reflex influence, resulting from the irritation of the ulcer, and partly to hyperchlorhydria, a common functional disturbance in ulceration of the stomach.

Hyperesthetic gastritis, associated with ulceration and ectasia, is another affection in which spasm of the pylorus is frequent. The course of this combination of diseases is very chronic, and its treatment is difficult. As long as food is taken into the stomach the spasm of the pylorus continues. The spasm prevents healing of the ulcer, and increases the gastritis and ectasia. Recently I have seen many cases of this condition. In one, at present under treatment, the disease began fifteen years ago with symptoms of hyperchlorhydria, and since that date the patient has almost continually suffered from distress after eating. About ten years since the patient vomited blood, and was treated for ulcer but without success. At present the principal complaints are pain, flatulency and belching. Vomiting is infrequent. The stomach is dilated, and analysis of the gastric contents shows the presence of excessive mucus and of hydrochloric acid. There are all the signs of motor insufficiency, probably due to stenosis of the pylorus. The subjective symptoms are always worse in the evening. Lavage gives almost complete temporary relief. The stenosis may be due to spasm or to organic change. Although the patient has suffered from a severe digestive disturbance for fifteen years, nutrition of the body is fairly well maintained. Cases such as this are fairly common. Some are amenable to medicinal and dietetic treatment. In these the stenosis must be due to spasm. I may add that on the ulcer carcinoma occasionally arises. The subjective symptoms and functional signs frequently remain the same, except that there is a greater loss of flesh, and in some

cases cachexia. If no tumor is palpable it is impossible to make a positive diagnosis without exploratory incision.

Treatment.—In spasm of the pylorus, whether primary or secondary, the treatment should be both etiologic and symptomatic.

In primary spasm the nervous system should receive special attention, and, if necessary, measures instituted to allay excessive irritability, and to improve its tone and strength. For this purpose the bromides of sodium and strontium are generally useful, as are also, if anaemia be present, iron and phosphates. The dietary is very important. The food should be soothing, easily evacuated, sufficient to support nutrition, and not too voluminous. Of the drugs useful in relieving spasm bromides, chloral hydrate, extracts of belladonna, cannabis indica, and coca, and codeine, are the most useful. These may be administered either by the mouth or by the rectum. Codeine phosphate may also be given hypodermically.

In the secondary spasm of the pylorus we should never lose sight of the fact that in probably every case a vicious circle exists. The primary disease causes the pyloric spasm, and the latter, by causing stagnation of food, invariably aggravates the former. Measures, therefore, useful in primary spasm are also useful here, as they tend to relieve stagnation of food, and thereby facilitate the treatment of the primary disease of the stomach.

On the other hand, in the treatment of the primary gastric affection, we should look upon spasm of the pylorus as a possible factor in the production of the subjective symptoms and in the genesis of the disease. Thus in gastric ulcer, when the lesion is situated very near the outlet of the stomach, there is usually severe pain, and the disease is frequently chronic and difficult to cure. In this condition it is quite probable that spasm of the pylorus is the agent that causes this variation. In the treatment, therefore, due consideration should be given to it. Now, the only way to prevent spasm is to give complete functional rest to the stomach. Therefore, for a period, and in some cases for a considerable period, there should be no ingesta.

BIBLIOGRAPHY.

Hirsch, *Centra'bl. f. Klin. Med.*, 1892, No. 47.

Von Mering, *Therapeut. Monval*, 1893.

Cannon, *American Journal of Physiology*, 1904, X p. xviii; 1906, XV p. xxv.

Pawlow, *The Work of the Digestive Glands*, 1902.

Bayliss and Stirling, *Proceedings Royal Society*, Vol. LXIX, 1902, p. 352.

DIFFICULTIES IN MARRYING IN THE UNITED STATES.

BY R. VASHON ROGERS, ESQ., KINGSTON, ONT.

Some people in this virtuous Canada of ours appear to think that in the great Republic to the South any one can get married if "Barkis is willing"; that the entrances into the matrimonial Paradise stand ever wide open; that no flaming sword of the law ever flashes to guard the gates; nay, they think the openings into wedded life are so great and numerous that one may stumble into it unknowingly and without desire.

Far different is the truth: the law oftentimes interposes its rough hand between lovers. This will appear to any one who glances at the marriage laws now in force in the various States and Territories. He will find that in that land of liberty would-be benedicts and brides may have to consider the number of corpuscles coursing through the veins of the desired one, or weigh the brain of the longed for partner, and may be hampered or foiled in their choice by questions of color or nationality, of age, or wealth, or health.

A Missourian Judge after due deliberation has declared that no provision of the constitution guarantees to a citizen the right to marry anyone who will wed him. (State v. Jackson, 80 Mo. 175; 50 Am. Rep. 499.)

Let us begin our survey in the East, where wise men are supposed to be.

In Maine no woman can celebrate matrimony unless she is an ordained minister of the gospel, or licensed to preach by some association of ministers, religious seminary or ecclesiastical body and duly appointed and commissioned for that purpose by the governor of the State. In this State a marriage between a white person and a negro, or an Indian or mulatto, is void; nor are paupers permitted to enter the holy estate of matrimony (if in charge of the overseers of the town), notwithstanding the much read and much vaunted Declaration of such self evident truths as "that all men are created equal, that they are endowed by their Creator with certain unalienable rights; that among these are life, liberty and the pursuit of happiness."

In Rhode Island people cannot be married in private, the law insists that some witness must be present to make a marriage

legal; two in addition to the solemnizer. The other New England States do not require such publicity. The legislators of Rhode Island have never encouraged matrimony—like the other New England States have—by providing that illegitimate children may be legitimized by the marriage of their parents.

New Hampshire is the only one of the New England States sufficiently considerate of poverty and modesty to permit a man and woman to become husband and wife without the expense of banns or licence or the performer's fee; in that Granite State two persons living together and acknowledging each other as man and wife and generally reputed as such for three years (or until the death of one of them) are thereafter deemed to be legally married. Yet New Hampshire does not permit free-trade in matrimony, but forbids first cousins to marry. No other New England State prohibits this, though all forbid such unions between aunts and nephews, or uncles and nieces.

In Connecticut a man could not marry his deceased brother's wife until 1816; but he may marry his mother-in-law or a woman her father-in-law. Just fancy this while a wild Apache to avoid meeting his mother-in-law will clamber down a precipice at the risk of his life; a native of New Britain would commit suicide did he accidentally speak of his wife's mother; and an Australian almost died of fright because the shadow of his mother-in-law fell upon his legs while he slept beneath a tree, and a Caffre woman is forbidden to pronounce, even mentally, her father-in-law's name, nor is she allowed to use any word containing the emphatic syllable of his name. This privilege is not permitted in the other New England States; nor in any of them can one be legally united to a step-parent or step-child. Until some years after the beginning of the last century offenders against the law of prohibited degrees in this wooden nut-meg state were "set upon the gallows" and condemned to wear "the scarlet letter," that Hawthorne wrote so well about. In this "land of steady habits" a marriage attempted to be solemnized by an unauthorized person, whether the parties act in good faith or not, is void without decree.

A woman in this State has to wait until she is over forty-five ere she can enjoy the sweets of wedded life if she, or her intended be imbecile or feeble-minded, or a pauper. And this although Judge Deady said, "In this country, at least, it is still open to every woman however poor or humble to obtain a secure and independent position in the community by marriage." (The *Oriflamme* 3 Sawyer (U.S.) 397.)

In old days Mrs. Grundy said that people who were not quite sure that they would find matrimonial bonds easy enough to bear often left a way of escape by employing a sham parson; but no such trial marriages are allowed in Maine, Massachusetts, New Hampshire, Vermont, or Rhode Island, for in all these States the law says expressly that when a marriage has been solemnized by a person professing to be legally authorized, although not so authorized, its validity shall be unaffected by such want of authority, if it be valid in other respects and entered into by the parties, or one of them, in the belief that they were getting lawfully wedded. This is also the law in a great many of the Western States.

In Massachusetts until a few years ago one could be married by any Justice of the Peace; now the privilege is limited and no Justice can unite others in wedlock unless he also holds the office of City or Town Clerk, City Registrar, Clerk of a Court, or that of assistant in either case, or unless he has been specially designated by the governor. This State also insists that no one can perform such a ceremony unless he can read and write the English tongue. The monopoly thus granted to the language of a foreign nation may not be oppressive while the present *entente cordiale* continues, but suppose troublous days like those of 1776 come again; may not some red hot members of Congress again submit "the resolution that the use of the English language be abolished"; and may not our brethren across the line adopt the amendment of Roger Sherman "that we (the American Citizens) compel the English to learn Greek, and keep their language for ourselves."

It has been decided in this State that an entry by a man in his diary, "Hand in hand through life we go and share each other's joy and woe," followed by cohabitation of the writer with the woman spoken of, will not afford conclusive presumption of marriage. (*Norcross v. Norcross*, 155 Mass. 425.)

In Virginia so long ago as 1780 an act was passed nominally for the purpose of "encouraging matrimony," and yet even at the present day a justice of the peace, as such, has no authority to marry; so too in West Virginia only the religious celebration by a clergyman, according to the usage of a society having no officiating minister, is valid; a lay ceremony is not recognized there by statute. In Maryland parsons still have a monopoly of the matrimonial business, as under the illiberal act of 1777. In Georgia colored ministers of the Gospel, or ministers of the Gospel of African descent, are only allowed to marry freedmen or freedwomen, or persons of African descent.

In all the Southern States (save those just mentioned), and in the South Western States and Territories, one seeking wedlock can have at his option either a religious or a civil celebration before a minister, or a judicial officer.

In Louisiana it is not even necessary for the minister or priest to be a citizen of the United States. Louisiana is strict enough to require marriage to be solemnized in the presence of at least three witnesses all of whom must be of full age; this age limit bears hardly upon bridesmaids.

Oklahoma and Porto Rico only require two adult competent witnesses. Twenty-one of these southern commonwealths and territories do not care whether any fourth person is present or not. However, in the case of Quaker weddings in Maryland the contracting parties must sign a certificate to the effect that they have agreed to take each other for husband and wife and this has to be attested by twelve persons present.

Marriages that would have been good under the old English common law are still valid in Florida.

By a Georgia law any persons of color living together as husband and wife on March 9, 1866, had to sustain that legal relation to each other, unless indeed the man had two or more reputed wives, or the woman more than one reputed husband: if either was so blessed then he or she had to choose one consort and had to be forthwith married. Severe penalties were inflicted in case of refusal. In Georgia "marriage is encouraged by the law."

In Kentucky if a girl in her anxiety to marry does so without waiting until she is sixteen and has legal permission, the court may commit her estate to the care of a receiver to keep so long as the Court sees fit. So too, in West Virginia if the impulsive maiden marries under twelve years of age.

In Porto Rico collaterals by consanguinity may not marry within the fourth degree, unless the Court waives the impediment; first cousins may not marry in Arkansas, Arizona, Indian Territory, Louisiana, Oklahoma, or Missouri; Tennessee is the only state in this part of the Union where such good friends as aunts and nephews, uncles and nieces, are not forbidden to marry. Alabama and Mississippi still prohibit marriage with a step-father or a step-mother. Georgia, Kentucky, Maryland, South Carolina, Tennessee, Texas, both Virginias and the District of Columbia do likewise and, further, will not permit marriage with a father-in-law or a mother-in-law. In South Carolina, if the bride is under sixteen and the

marriage is clandestine, the husband may be imprisoned for five years or fined.

Nearly all the States have rigorous laws to prevent miscegenation; some forbid such marriages to the third generation, others forbid marriage between a white person and an Indian, negro, mulatto, mestizo or half breed. But here comes in the query, what is a negro? In Virginia the Courts have held that if a man has one-fourth negro blood he is a negro, if one drop less than a fourth he is a white man: while in North Carolina a person with one-sixteenth of negro blood in his veins is a negro. Still other States use vulgar fractions to define their meanings and void marriages between a white person and another having one-eighth, or more, of negro, or Mongolian blood; surely to discover these miscolored blood-corpuscles one must be a Sir Hudibras, who,

by geometric scale,
 Could take the size of pots of ale:
 Resolve by lines and tangents, straight,
 If bread or butter wanted weight.

Chinese and Mongolians are in Mississippi and Arizona tabooed almost as strongly as negroes for wedded mates of whites.

In Virginia, Alabama, Florida, Mississippi, and West Virginia approaching nuptials cannot be kept quiet even if the woman holds her tongue, because the licence must be obtained in the county in which she lives; while in Kentucky unless she is of full age or has been led to the altar before, the licence can only be obtained on her personal or written application. How trying this must be to the innate modesty of the sex.

In New York until the nineteenth century had vanished the State steadily maintained the validity of marriage entered into by simple agreement without any formal celebration. For instance it was enough for a man to put a ring on a girl's finger, saying "this is your wedding ring, we are married, I will live with you and take care of you all my life, as my wife," when the parties went and lived together.

But an end seems to have been put to these common law marriages. By the Act of April 11, 1901, ministers of religion, mayors, aldermen, judges or justices of the peace must solemnize marriage (although Quakers and Indians may still marry as was their wont), and any parties if they prefer may marry by a written contract of marriage signed by both and at least two witnesses, stating the places of residence of the parties and the witnesses, and the date and place of marriage, and acknowl-

edged by the parties and witnesses in the manner required for the acknowledgment of a conveyance of real estate to entitle the same to be recorded; such contract to be filed within six months in the office of the clerk of the town or city where the marriage was solemnized.

The legislators of Pennsylvania do not meddle much with matrimonial laws; not more than two or three alterations have been made in the Act of 1701—one made in 1885 expressly authorizes a Quaker man and woman to solemnize their own marriage. Now, as in 1701, the bride and groom taking each other by the hand, are permitted to plight their vows in the presence of at least twelve witnesses, one of whom must be a justice. How much more liberal this is than the English law as laid down in the Rev. Mr. Beamish's case by the House of Lords; or the law of the wee state of Delaware which by an Act of 1780 (which still governs), allows white people to be married only by ministers or preachers of the gospel duly ordained according to the rites and ceremonies of their respective churches (making an exception only in favor of the mayor of Wilmington, who by Act of 1874 is allowed to perform marriages); and this although the Marriage Act says "that sober, discreet and advised unions in matrimony is the duty of every good citizen."

In nearly all the Western States those seeking to enter the matrimonial state can have at their option either a civil or a religious celebration. Some of them require witnesses; for instance South Dakota, like New York, is satisfied with one; but Alaska, Michigan, Montana, Minnesota, Idaho, Nebraska, Nevada, North Dakota, Oregon, Washington, Wisconsin and Wyoming, insist upon two.

Montana and South Dakota have still a peculiar provision for contract by declaration, which practically allows people to celebrate their own marriage and to do so clandestinely if they see fit. Consent alone (they hold) does not constitute marriage; but it is marriage if the consent be followed by a solemnization or by a mutual assumption of marital rights, duties and obligations; consent and subsequent consummation may be manifested in any form and may be proved as any other fact. If there is no solemnization then the parties must make a declaration showing names, ages, and evidence—the fact of the marriage and that it was not solemnized. This law was in force in California until 1895 and gave rise to the famous "contract marriages," of which the Sharon one was the most famous.

In Idaho and California neither party to a nuptial contract

is bound by a promise made in ignorance of the other's want of personal chastity, and either is released therefrom by the unchaste conduct of the other, unless both parties participated therein.

In many of the Western States matrimony is defined to be a civil contract. In Kansas the age of consent for marriage is only fifteen for males and twelve for females; in Iowa, North Dakota and Utah it is sixteen for males, and in North Dakota thirteen for girls.

Because many of the Western States have not thought it necessary to continue the solemn farce of specifically interdicting wedlock with a grandparent or a grandchild, it does not follow by any means that such alliances can be made. Delaware, Iowa, Michigan, New Jersey, Pennsylvania and Washington forbid marriage with a step-parent or a step-parent-in-law, and all the Middle and Western States expressly, or by implication, prohibit unions between aunts and nephews, uncles and nieces. Indiana, Ohio, Nevada, Washington, Illinois, Kansas, Wyoming, the Dakotas, Michigan, Pennsylvania, Oregon and Colorado, forbid first cousins intermarrying. In Alaska marriages are prohibited within the fourth degree of the whole or the half blood.

The children of unions contracted between members of the Church of Jesus Christ of Latter-day Saints born on or before January 4th, 1896, were all made legitimate.

As in the South so in the West the legislators try to check miscegenation by statute, forbidding the marriage of whites with negroes, Mongolians or Indians; the Acts vary in different places.

Delaware forbids the marriage of paupers under a penalty; Michigan enacts severe punishment pecuniary and otherwise upon those who marry when afflicted with certain venereal diseases. Minnesota and Kansas follow Connecticut in prohibiting the marriage of any one who is epileptic, feeble-minded, imbecile or afflicted with insanity, if the bride is under forty-five; but no attempts seem to be made to punish those citizens who evade these salutary laws by marrying outside their state. In many states the age for marriage is twenty-one in males and eighteen for females, but generally all that an uxorious school boy has to do to enable him to wed a school girl friend is to induce her to lay aside her skipping rope for a while and fly with him across the border to a more complaisant State.

(Howard, in his splendid *History of Matrimonial Institutions*, cites all the statutes above referred to.)

AN ACT RESPECTING THE TORONTO GENERAL HOSPITAL

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. This Act may be cited as *The Toronto General Hospital Act, 1906*.

INTERPRETATION.

2. Where the words following occur in this Act they shall be construed in the manner hereinafter mentioned unless a contrary intention appears.

- (a) "The Hospital" shall mean the Toronto General Hospital.
- (b) "The Trustees" shall mean the Trustees of the Toronto General Hospital.
- (c) "Subscribers" shall mean Benefactors and Annual Subscribers as defined by this Act.
- (d) "The Corporation" shall mean the Corporation of the Trustees of the Toronto General Hospital.
- (e) "The Board" shall mean the Board of Trustees of the Toronto General Hospital.

REPEAL OF PRESENT ACTS.

3. Any provisions contained in any former Act relating to the Toronto General Hospital which are inconsistent with this Act are repealed.

INCORPORATION AND ELECTION OF TRUSTEES.

4. Until the appointment and election of the Trustees under the provisions of this Act shall have been made and held, the Corporation shall continue as at present constituted, and thereafter twenty-five Trustees, eight of whom shall be appointed by the Lieutenant-Governor-in-Council, five by the Trustees of the University of Toronto, five by the municipal council of the Corporation of the City of Toronto, and of whom seven shall be elected by the subscribers (as hereinafter provided) shall together be a body corporate by the name of "The Trustees of the Toronto General Hospital."

5. Within six months after the passing of this Act the said municipal council of the Corporation of the City of Toronto

shall appoint five Trustees who shall hold office until the expiration of the year in which they are appointed and until others shall have been appointed in their places; and five shall be appointed annually thereafter in the month of January by the said municipal council and shall hold office during the remainder of the year in which they are appointed and until others shall have been appointed in their places.

Within the time aforesaid the Trustees of the University of Toronto shall appoint two Trustees to hold office from the date of their appointment until the 31st of January, A.D. 1908, two to hold office from the date of their appointment until the 31st of January, A.D. 1909, and one to hold office from the date of his appointment until the 31st of January, A.D. 1910, and shall in the month of January, A.D. 1908, and in the month of January in each year thereafter appoint Trustees in the place of those whose terms of office shall have expired to hold office for three years from the date of such expiration.

The Lieutenant-Governor-in-Council may within the said time appoint two Trustees to hold office from the date of their appointment until the 31st of January, A.D. 1908, three to hold office from the date of their appointment until the 31st of January, A.D. 1909, and three to hold office from the date of their appointment until the 31st of January, A.D. 1910, and may in the month of January, A.D. 1908 and in the month of January in each year thereafter appoint Trustees in the place of those whose terms of office shall expire in that month to hold office for three years from the date of such expiration.

And the subscribers shall within the said time, in the manner hereinafter provided elect two Trustees to hold office from the date of their election until the 31st of January, A.D. 1908, two to hold office from the date of their election until the 31st of January, A.D. 1909, and three to hold office from the date of their election until the 31st of January, A.D. 1910, and shall in the month of January, A.D. 1908, and in the month of January in each year thereafter elect Trustees in the place of those whose terms of office shall expire in that month to hold office for three years from the date of such expiration.

All Trustees whose terms of office shall have expired shall in all cases be eligible for reappointment or re-election as the case may be.

No one at the time being a member of the Hospital Staff shall be eligible for the position of Trustee and if a member of the Board after his appointment or election accepts or occupies a position on the Hospital Staff, or goes to reside out of the

Province, or becomes insane or otherwise incapable of acting as a member of the Board he shall *ipso facto* vacate his office as a member of the Board, and a declaration of the existence of such vacancy entered upon the minutes of the Board shall be conclusive evidence thereof.

Should a vacancy arise from any cause in the Board of Trustees, such vacancy shall be filled by the body possessing power to appoint or elect under the provisions of this Act, and the person appointed or elected to fill such vacancy shall hold office for the remainder of the term of the Trustee whose place he fills.

At all meetings of the Board nine shall form a quorum.

ELECTION OF TRUSTEES BY SUBSCRIBERS.

6. A meeting of the subscribers shall be held within six months after the passing of this Act for the purpose of electing the Trustees to be elected by them under the provisions of this Act and thereafter on the second Tuesday of the month of January, in each and every year in which Trustees are to be elected by the subscribers; and in cases of elections to fill vacancies, at such time as the Trustees may by by-law or resolution appoint.

7. The said meetings shall be held at the Hospital at such hour as the Trustees shall by resolution appoint and the Secretary of the Trustees shall for 10 days at least, prior to the holding of any such meeting give public notice thereof in two newspapers published daily in Toronto.

8. The Solicitor of the Trustees or in his absence a person elected by the meeting shall preside at such meeting as chairman and shall call the meeting to order at the hour named in the notice and the Secretary of the Trustees shall act as the secretary of the said meeting and shall produce and lay upon the table for public inspection a certified list of the subscribers with the amount of each individual subscription.

9.—(1) Such election shall be by ballot taken by two or more scrutineers to be appointed by the chairman of the meeting and each subscriber shall at such election be entitled to vote for Trustees, who must be residents of the Province of Ontario. Such vote may be given in person or by proxy under a power of attorney duly executed under the hand of the subscriber, provided that the said power shall be held by a subscriber entitled to vote at such election and shall be valid only for one year, and the persons for whom the largest number of votes shall then be given shall be the Trustees elected.

(2) In case of an equality of votes between two or more persons which leaves the election of one or more Trustees undecided then the scrutineers shall forthwith put into a ballot box a number papers with the names of the candidates respectively having such equality of votes, written thereon, one for each candidate, and the chairman shall draw from the ballot box in the presence of the scrutineers one or more of the papers sufficient to make up the required number of Trustees, and the persons whose names are upon the papers so drawn shall be the Trustees elected.

POWERS OF TRUSTEES.

10. The Trustees shall have, hold, possess and enjoy all the rights, powers and privileges which they now have, hold, possess or enjoy and shall have the usual powers and rights of bodies corporate and shall have and hold every such parcel of land and premises as may have been heretofore granted by Letters Patent, or assigned or conveyed to, or vested in any former Trustees of the Hospital by any Act of the Legislature of the Provinces of Canada, Upper Canada or Ontario, or by any person or persons whomsoever and every such parcel of land and premises as may have been devised to any former Trustees of the Hospital by any person or persons whomsoever or has become vested in any former Trustees of the Hospital in what manner soever; and shall and may be capable of receiving and taking from any person or persons or any body corporate or politic by grant, gift, devise or otherwise any lands or interest in lands or any goods, chattels or effects, which any such person or persons or body corporate or politic may be desirous of giving, devising, granting or conveying to them for the use, support or purposes of the hospital; and the Trustees shall have power to hold and take all lands subject to this Act for the purposes of the hospital without license of Mortmain; and all persons shall have full and unrestricted right and power to give, grant, devise and bequeath to the Hospital any lands and interest in lands or any goods, chattels or effects, any Act or law to the contrary notwithstanding, and no real estate or interest therein vested in the Trustees and used for hospital purposes shall be liable to be expropriated by any municipality, corporation or person for any purpose whatsoever without the consent of the Trustees.

The buildings and grounds of and attached to or otherwise *bona fide* used in connection with and for the purposes of the Hospital, so long as such buildings and grounds are actually

used and occupied by the Hospital, and the personal property belonging to the Hospital, shall be exempt from all taxation.

All the rights and privileges belonging to and enjoyed by crown lands under any statute limiting the time for bringing actions either by the Crown or against the Crown shall be deemed to belong to and be enjoyed by the lands vested in them from the time they were so vested.

11. The Trustees shall have power to sell, dispose of or mortgage any lot or parcel of land and premises vested in them (including the block of land at present occupied by the hospital, and being that block bounded by Gerrard, Sumach, Spruce and Sackville street), upon such terms as to payment of purchase money as to them shall seem best; or to lease the same for any period of time not exceeding twenty-one years with right of further renewals forever, and subject to such covenants, conditions, agreements, stipulations and provisoes as to them shall seem best. Provided, however, that those lands vested in the Trustees which are charged with certain debentures at present outstanding shall remain subject to such charge until the same are paid.

12.—(1) The Trustees shall have the right and they are hereby empowered to acquire, enter upon, take and use all necessary and convenient lands and buildings for the purposes of the Trustees, making compensation therefor to the owners, occupiers and other persons having an interest in the said lands and buildings and may pass by-laws for the said purpose.

(2) For the purposes of the preceding subsection the Trustees shall have all the powers conferred upon municipal corporations by *The Consolidated Municipal Act, 1903*, as to acquiring, entering upon taking and using lands required for the use of such corporations, and, save as hereinafter provided, sections 437 to 467, both inclusive, shall *mutatis mutandis* apply to the Trustees and to the exercise by them of the powers hereby conferred, as if the Trustees had been named therein instead of any municipal corporation, and as if the Secretary of the Hospital had been named therein instead of the clerk of municipality.

(3) Should the Trustees under the powers by this Act conferred expropriate the block of land lying south of the southern limit of College Street, west of the westerly limit of Elizabeth Street north of the northerly limits of Hayter and Christopher Streets, and east of the easterly limit of University Street, or any portion thereof, then those portions of Avenue Street, Avenue Lane, Centre Avenue, Christopher Street and of all

public lanes lying within the said limits, or within the limits of such portion as may be expropriated shall be closed and the fee therein shall be vested in the Trustees.

(4) Instead of the arbitrators appointed by or for the respective parties or the Court naming the third arbitrator, the Senior Judge of the County Court of the County of York shall be the third arbitrator in all arbitrations held under this Act.

(5) The Trustees may register any by-law passed for the purposes of subsection 1 of this section by depositing in the proper registry office, a copy of such by-laws certified under the hands of the chairman and the secretary of the Trustees and authenticated by the seal of the corporation and the registration by them of such by-laws shall vest the lands therein described in the Trustees; for such registration the registrar shall be entitled to fees upon the scale provided in paragraph 1 of section 118 of *The Registry Act*.

13.—(1) It shall be lawful for the Trustees and they are hereby authorized from time to time to borrow for the purposes of the Hospital such sum and sums of money as they may lawfully require for the purposes of the Hospital and to issue a debenture or debentures for the raising of such loan in such sum or sums at such rate of interest and for such period or periods as the trustees may find expedient; provided always that no such debenture or debentures shall be issued for a longer period than forty years and that the interest thereon shall be payable yearly, half yearly or quarterly, and provided further that the by-law authorizing the issue of such debenture or debentures shall first be laid before and approved by the Lieutenant-Governor-in-Council.

(2) Such debenture or debentures when so issued with the approval of the Lieutenant-Governor-in-Council may be secured by a mortgage to Trustees for the Debenture holders upon such of the real estate then held by the Trustees as may be then designated.

14. The Trustees by the name aforesaid shall have power to sue in any of the courts of this Province having competent jurisdiction for any cause of action touching the property and rights of the Trustees and for any moneys due or payable to them or their predecessors for the purchase money or rents of any lands or buildings or on any account whatever and to distrain for such rents when the same are in arrear and unpaid and to distrain for interest due upon any mortgage which may be held by the trustees and to act in all matters touching the collection and control of the funds of the Trustees and the

management and disposition of any property and lands belonging to the Trustees.

And the Trustees shall have power to invest in such securities as they may deem advisable, all moneys which may at any time come into their hands for the use and support of the Hospital which may not be required for the immediate expenditure of the Hospital, or may deposit the same in any chartered bank or financial institution of good standing, and generally and subject to the provisions of this Act the government, conduct, management and control of the hospital and the property, revenues, business and affairs thereof shall be vested in the Trustees.

NEW HOSPITAL BUILDINGS.

15. Without thereby limiting the general powers hereinbefore conferred it is declared that the Trustees shall have power to erect, equip and maintain all buildings that may be required for the purposes of the Hospital upon such site or sites as to them or a majority of them shall appear best; and in the event of the Trustees abandoning the present hospital site and building a new Hospital it shall be the duty of the Trustees in erecting new hospital buildings upon another site to erect upon a portion of such site a building suitable in every respect for the purposes of a lying-in hospital and to establish, maintain and support the same in connection with the hospital as part and parcel thereof upon the terms and conditions set forth in the resolutions of the Burnside Lying-in Hospital and the Hospital, authorizing the merger of the Burnside Lying-in Hospital in the Hospital and such building shall be called and known by the name and designation of the "Burnside Lying-in Hospital"; provided that a section or wing of the hospital building shall be deemed to be a building within the terms of this section.

And a portion of the said new Hospital shall be set aside and shall be designated and known as "The Andrew Mercer Eye and Ear Infirmary."

EXECUTION OF DOCUMENTS.

16. All grants, conveyances, assignments, mortgages, statutory and other discharges of mortgage, leases, contracts, distress warrants and other documents requiring to be executed under seal, shall be sealed with the corporate seal of the Trustees and shall be signed by the Chairman or some person thereto authorized by resolution of the Trustees and countersigned by the Secretary, or some person thereto authorized by resolution of

the Trustees, and all cheques, promissory notes and drafts shall be signed by the Chairman or some person thereto authorized by the Trustees and countersigned by the Secretary, or some person thereto authorized by resolution of the Trustees.

BY-LAWS.

17. The Trustees shall have the power of appointment and removal of the Secretary and the Treasurer, the Medical and other Superintendents and their assistants and clerks and of all other officers and servants of the hospital employed in or about any of its premises and may from time to time enact such by-laws and regulations for the general management of the Hospital and the trust and for fixing all salaries and wages, and for regulating the composition of the hospital staffs, their numbers, terms of office, privileges and duties; provided, always that such by-laws or regulations shall be laid before the Lieutenant-Governor-in-Council within 30 days after the same shall have been so enacted as aforesaid, and shall come into force at the expiration of one month thereafter unless they shall have been disallowed by Order in Council within that time.

BENEFACTORS AND ANNUAL SUBSCRIBERS.

18. Every individual who shall up to the time of the passing of this Act have subscribed \$500 and upwards to the fund of the Hospital and every individual who shall after the passing of this Act subscribe \$1,000 and upwards shall be called a "Benefactor" of the hospital and it shall be the duty of the Trustees to erect a tablet in the principal entrance hall of the Hospital upon which shall be inscribed from time to time the names of the said Benefactors and the amounts severally subscribed by them, and such Benefactors shall also be Visitors of the Hospital.

19. Every individual who shall have subscribed \$100 or more to the fund of the Hospital in the year immediately preceding an election of subscribers' trustees at which he desires to vote shall be an "Annual Subscriber."

MEDICAL STUDENTS.

20. The Trustees shall allow any medical student of the University of Toronto to visit the wards of the Hospital and attend them for the purpose of receiving instructions from the members of the Faculty of Medicine of the University of

Toronto, upon the payment of such fees and under such regulations and restrictions as the Trustees shall by any by-law or resolution from time to time appoint and the privileges fo this section shall extend to the medical students of the University of Toronto only and no other medical students shall have any right or authority to visit or attend the wards of the Hospital.

PAY PATIENTS.

21. The Trustees shall allow or permit all patients paying sufficient to cover all the cost to the Trustees of their maintenance and support while in the Hospital the right of employing their own surgeon or physician, subject to the regulations of the Trustees.

CITY PATIENTS.

22. The Trustees shall afford accommodation as far as possible to patients sent into the hospital on the order of the Corporation of the City of Toronto upon the payment to the Trustees of such rates as may from time to time be agreed upon, and subject to such regulations and restrictions as the Trustees may by by-law or resolution from time to time appoint.

THE HOSPITAL STAFF.

23. The composition, and number of the Hospital Staff, the terms of office, the duties and the privileges of the members thereof shall remain as at present until altered by by-law or resolution of the Trustees.

41 VIC., CAP. 71, SECS. 8, 9, AND 10 REPEALED.

24. Sections 8, 9 and 10, of an Act passed in the 41st year of the reign of Her late Majesty Queen Victoria, chaptered 71 are repealed.

STATEMENTS TO GOVERNMENT.

25. In addition to the returns required by section 10 of *The Charity Aid Act*, the Trustees from time to time when required so to do by the Lieutenant-Governor-in-Council shall render an account in detail of all moneys received by them as such Trustees specifying the sources from which the same shall have arisen or been received and the manner in which the same shall have been invested and expended and all such particulars as may be necessary to show the state of the fund and endowment of the Hospital.

ACT NOT TO CREATE NEW CORPORATION.

26. Nothing in this Act contained shall be construed as creating a new corporation but the corporation constituted by this Act shall be held to be the same with that constituted by the former Acts of the Hospital so that all actions or proceedings brought by or against the former Trustees and pending at the time of the passing of this Act shall be continued by and against the Trustees provided for by this Act and all matters and things done by the said former trustees shall be binding upon the Trustees hereby created until further or other provision may be made in respect thereof by the last mentioned trustees in conformity with this Act.

27. The hospital shall be the Provincial Hospital.

Wooden skewers are serviceable nail-cleaners. Rolling pins and kitchen towel racks are very convenient for adhesive plaster, rubber tissue, etc., especially for hospital dressings. Grocers' bags are the most serviceable receptacles for soiled dressings. Tar-paper is a smooth, fairly waterproof material to tack on the floor when preparing a room for operation.

Permanent contracture of the muscles, notably of the flexor group in the forearm, may develop within a very short time after the application of a splint that exercises undue compression. It is a wise rule to inspect all fracture dressings within twenty-four hours; and when this is not expedient special care should be exercised, when applying the dressing, to avoid compression.

Before performing curettage always make a final bimanual examination of the uterus in narcosis. The finding may determine some other form of treatment. Again, after curettage, before allowing the patient to get out of bed, carefully examine the pelvis for signs of a possible exudate.

When operating upon the ureter for calculus or stricture, avoid undue manipulation; it is important to prevent detachment of the ureter from its bed, if possible.—*American Journal of Surgery.*

Clinical Department.

A Case of Foreign Body in a Bronchus. THOMAS A. CLAYTON.

M.D., Professor of Therapeutics and of Clinical Medicine in the George Washington University, Physician to the Garfield and to the University Hospitals, Washington, D.C., in *Jour. A. M. A.*

On March 19th, 1905, I was called to a neighboring town to see T. G., a boy, aged 5 years and 7 months, who, for the past twelve days, had suffered with a bad cough and an irregular fever, ranging from 99 in the morning to 104 in the evening. He seemed cheerful and free from pain, but there was a frequent cough, consisting of two or three expiratory efforts. The temperature was 105; the pulse 120, and the respirations, 60 a minute.

Examination.—The expansion was markedly diminished on the right side of the chest. The voice was too weak to allow of the detection of any differences in tactile fremitus, but there was certainly no increase over any area. Percussion showed a slightly higher pitch over the entire right lung, but only one small area of dullness extending from the angle of the scapula down to the liver. This area was oval and about 6 cm. wide at the broadest part. Over it the breath sounds were very faint and there was no increase in fremitus (an atelectatic area?). The respiratory murmur over the entire right chest was very faint and in marked contrast to the puerile breathing on the left. A sonorous rale could be heard in various localities over the right chest, but there were no fine rales anywhere. The leucocyte count was 42,000.

History.—The condition was at first quite puzzling, but it seemed clear when the following history was obtained:

On March 7th, twelve days previously, the child, while eating peanuts, laughed and at once had a violent choking spell. The paroxysm continued until, while jumping up and down to shake off his overcoat, he said he felt something slip down and was at once relieved. He seemed much exhausted and slept for an hour. A physician was called, but found nothing abnormal. Immediately after his departure, however, a loud, wheezing noise developed in the chest which was noticed by the child himself and by those about him. That night the boy slept well and the next day he was as bright as usual, but toward evening

he seemed sick and his temperature was found to be 101. From that time he had fever of a hectic type.

The second paroxysmal coughing attack occurred one week after the accident, it lasted about twenty minutes, was very violent and was accompanied by the free expectoration of mucus. The next day there was another paroxysm not lasting quite so long.

Course of the Disease.—The history, physical signs and symptoms all pointed to a foreign body in the right main bronchus.

On March 21st, the child was brought to Washington. He stood the trip fairly well, but was much exhausted and seemed very sick all day.

Dr. Charles W. Richardson saw him with me and confirmed my findings as to the physical signs and also concurred in the opinion that there was a foreign body in one of the bronchial tubes of the right lung.

The question of an immediate tracheotomy was seriously considered, but abandoned in favor of bronchoscopy, and an instrument was telegraphed for.

March 24th: The small area of dullness was unchanged, a loud, cooing rale could be heard on expiration all over the right chest. The respiratory murmur was much weaker on the right, especially anteriorly, and in the axillary region. Behind, the breath sounds were more nearly alike on the two sides. There was no tubular breathing anywhere.

March 25th: The boy had the fourth coughing paroxysm since the accident. It lasted several minutes and was accompanied by hemoptysis. He was thoroughly exhausted afterward and at once went to sleep. Numerous large rales appeared which could be heard all the evening.

March 26th: At noon the child had a violent coughing paroxysm lasting twenty minutes. Blood was expectorated and he complained of pain over the upper chest. Exhaustion was marked. When seen three hours later, the breathing was rather stridulous and air seemed to enter both lungs about equally. The object had evidently shifted its position. He was pale and his condition was such that I called Dr. Richardson, but before his arrival, at four o'clock, the physical signs had again changed to those so often before noted. The foreign body had dropped to its original position.

March 27th: Rales were heard at the bases of both lungs posteriorly. Air entered the upper right lobe freely, while the breath sounds were scarcely audible over the two lower lobes.

Over the fifth rib in the parasternal line there was a tubular sound to the breathing.

The bronchoscope having at last arrived, Dr. Richardson tried, under chloroform, to introduce the smallest tube (7 mm.) through the larynx. This proved to be impossible and the child's condition at that time did not justify a tracheotomy.

March 28th: We were greatly encouraged by the condition. Air seemed to enter the right lung freely, and the dull area had apparently decreased somewhat. The foreign body had evidently shifted its position, and we hoped it might have been dislodged and coughed up.

March 31st: The temperature, which had been nearly normal for six days, began to rise. Numerous rales appeared over both lungs.

April 3rd: Temperature was hectic. There was still an area of impaired resonance below the right scapula. Cooing rales were heard on both sides posteriorly. There was a tendency to sweat at night.

April 4th: The temperature was 103; pulse, 120; respiration, 32. Dr. J. D. Thomas found only a suspicion of tubular breathing over the lower right axillary line.

April 10th: The temperature had been ranging between 98 and 104. The cough was troublesome. There were large, cooing rales all over both lungs, but less air seemed to be entering the lower right lobe.

As there was no longer anything by which we could definitely locate the foreign body, we did not feel justified in attempting further operative interference. There seemed nothing to do but to wait and to hope for spontaneous expulsion. Some observations which I concluded shortly after this time also made me hope for ultimate recovery. I found that the ordinary entire cooked peanut kernel, when totally submerged for twenty-six days, crumbled on pressure in much the same way that a piece of bread would when thoroughly wet. The same was true, though to a lesser degree, of pieces of the kernel which were kept wet, but at the same time exposed to the air, while an unbroken half-kernel, under the latter conditions, was still quite firm at the end of the period.

April 15th: There had been an improvement. The temperature, though still hectic, was not so high, and the boy had been able to go out to drive. The motion of walking, however, made his cough more troublesome.

Examination on this date showed less expansion on the right.

side and less air entering the upper and middle lobes until after coughing, when the sounds became more normal.

April 18th: The following note was made: "There is no difference in the amount of air entering the two lungs. If the foreign body is still present it does not, to any extent, obstruct any important bronchus. A cooing rale can be heard on either side on deep breathing. There is no dullness. The cough is less frequent and he seems quite like himself."

April 21st: Because I did not think that the X-ray would show a nut, I did not consider it wise to give him the extra exposure of a trip to a laboratory until this time.

X-Ray Examination.—The examination was made by Dr. Charles F. Stokes. The fluoroscope showed a distinct shadow just to the right of the sternum, which in a radiograph was found to be opposite the fourth and fifth ribs anteriorly. This shadow, I am convinced, indicated a small area of infiltration set up by the presence of the foreign body. The boy gradually improved, the temperature became normal May 20th and has since remained so, the cough disappeared, and at a subsequent fluoroscopic examination by Dr. Stokes, one month later, no shadow was seen. The peanut had disintegrated and had been coughed up, most likely in small pieces, and the inflammatory products had been absorbed.

Remarks.—The fact that the *corpus delicti* never actually came to light naturally raises the question as to the accuracy of the diagnosis. It is well known, however, that children seldom expectorate, and this child in particular never did, except on the several occasions noted above, when mucus and blood were propelled from his mouth by the violence of the expulsive efforts rather than of his own volition. Therefore, the peanut may have been coughed up and swallowed.

The facts that his illness dated from the time that he choked while eating peanuts, and that the symptoms and physical signs were absolutely characteristic of a foreign body in a bronchus, I think, fully justify the diagnosis.

If the cause of pain in the feet is not otherwise clear, examine them in the dependent position. This may develop the presence of erythromelalgia.—*American Journal of Surgery.*

Proceedings of Societies.

THE BRITISH MEDICAL ASSOCIATION.

1. *Fares, Going Dates and Limits.*—(a) Domestic Business, Certificate Plan Arrangements; free return regardless of number in attendance. Passengers going rail, returning R. & O. Navigation Co., or *vice versa*, rate to be one and one-half fare.

(b) European Business.—On presentation of certificate, to be prepared and signed by the Secretary of the Eastern Canadian Passenger Association, and countersigned by the Secretary of the Canadian Committee, or the Secretary of the British Medical Association, one-way tickets to be issued at one-half lowest one-way first-class rail fare; round trip tickets at lowest one-way first-class rail fare between all points in Canada. Rates to the Pacific Coast subject to concurrence of Transcontinental Passenger Association. Steamship lines to advise Secretary what, if any, additional arbitraries are required. Dates of sale, July 1st to September 30th, 1906, inclusive. Final return date, September 30th, 1906.

2. *Extension of Time Limit.*—On deposit with joint agent of Standard Convention certificates issued from points in the Maritime Provinces, points west of Port Arthur and from points in the United States, on or before August 28th, 1906, and on payment of fee of \$1.00 at time of deposit, an extension of time until September 30th to be granted. Joint agency to be conducted in the name of G. H. Webster, Secretary, Eastern Canadian Passenger Association, will be kept open from August 21st to September 15th, 1906.

3. *Side Trips.*—(a) Side trip tickets to be sold from Toronto to delegates from the Maritime Provinces, from points west of Port Arthur and from the United States, on presentation of validated certificate, or deposit receipt, at lowest one-way first-class fare for the round trip, to all points in Canada. Dates of sale, August 23rd to September 1st, 1906, inclusive. Return limit, September 30th, 1906.

(b) Side trip tickets also to be sold to delegates from Ontario and Quebec to stations west of and including Sudbury, and east of and including Montreal, on presentation of validated certificate or deposit receipt, at lowest one-way first-class fare for the round trip. It being understood, also, that the arrangements authorized for the exclusion of time limit from

points in the Maritime Provinces, from points west of Port Arthur and from points in the United States will also apply for delegates from Ontario and Quebec.

Usual additional arbitraries *via* Upper Lake Steamships to apply, viz., going lake returning same, \$8.50 additional to be collected. Going lake, returning rail, or going rail returning lake, \$4.25 additional to be collected. Also usual arbitraries *via* St. Lawrence route, for delegates desiring to return by steamer, on presentation of tickets to purser, viz., \$6.50 Toronto to Montreal; \$3.50 Kingston to Montreal.

Via Northern Navigation Company on lines where meals and berth are not included, the rail rate will apply; on lines where meals and berth are included, rate to be single fare plus meal and berth arbitrary.

Ocean Transportation.—The "Lines" will grant the minimum rates named in the circulars published by the respective lines.

PROMINENT ENGLISH MEMBERS WHO WILL ATTEND MEETING OF THE BRITISH MEDICAL ASSOCIATION.

- Allbutt, Prof. Clifford, F.R.S., St. Radegund's, Cambridge, Regius Professor of Medicine, Cambridge.
- Armour, Donald, Esq., F.R.C.S., 89 Harley St. W. Son of Judge Armour.
- Ashby, Dr. Henry, 13 St. John St., Manchester. An authority on diseases of children.
- Barbour, Dr. A. H. F., 4 Charlotte Sq., Edinburgh. Son-in-law of the late Hon. Geo. Brown. An authority on obstetrics.
- Barlow, Sir Thomas, Bart., K.C.V.O., M.D., 10 Wimpole St. W. The King's physician.
- Barnes, Dr. Henry, LL.D., 6 Portland Place, Carlisle. Ex-President, and an authority in obstetrics.
- Barr, Sir James, M.D., 72 Rodney St., Liverpool. President of section in medicine.
- Bradford, Prof. J. Rose, M.D., F.R.S., 8 Manchester Sq., W. An authority in medicine.
- Broadbent, Sir William, Bart., K.C.V.O., M.D., 84 Brock St. W. An eminent authority on the heart.
- Browne, Dr. Langley, Moore House, West Bromwich. President of Council of British Medical Association.

- Buzzard, Dr. E. Farquhar, National Hospital, Queen Sq., W.C.
An authority on nervous diseases.
- Cameron, Sir Hector Clare, M.D., 200 Bath St., Glasgow.
One of Scotland's famous surgeons.
- Gibson, Dr. G. A., 3 Drumsheugh Gardens, Edinburgh. A
representative of the Royal College of Physicians, Edinburgh.
- Griffith, Dr. W. S. A., 96 Harley St. W. An authority on
obstetrics.
- Halliburton, Prof. W. Dobinson, M.D., F.R.S., 17 Marylebone
Road, N.W. One of the world's most able physiologists.
- Horsley, Sir Victor, F.R.S., 25 Cavendish Sq. W. Whose
name is famous in brain surgery.
- Lawford, Dr. J. B., 99 Harley St. W. A noted oculist.
- MacAlister, Dr. Donald, D.C.L., Barrmore, Lady Margaret
Road, Cambridge. The eminent Cambridge professor.
- Manby, Sir Alan Reeve, M.V.O., M.D., East Rudham, Norfolk.
Already well known to some Toronto people.
- Mickle, Dr. W. J., Grove Hall Asylum, Bow E. A Toronto boy
who has become an authority as an anatomist.
- Osler, Prof. W., M.D., F.R.S., 7 Norhau Gardens, Oxford.
Too well known here to need description.
- Roaf, Dr. Herbert E., Bio-Chemical Dept., The University,
Liverpool. One of Toronto's sons doing good work in
Liverpool.
- Robinson, Prof. Arthur, M.D., The University, Liverpool. A
well-known anatomist.
- Sherrington, Prof. C. S., M.D., F.R.S., Physiological Labora-
tory, The University, Liverpool. Already well known in
Toronto.
- Woodhead, Prof. G. Sims, M.D., F.R.C.S.E., 6 Scroops Terrace,
Cambridge. An eminent pathologist.

DISTINGUISHED FOREIGNERS WHO WILL BE PRESENT.

- M. le Docteur Delezenne, Directeur du Laboratoire de Physi-
ologie de l'Institut Pasteur, 25 Rue Dutot, 15^e Arrondisse-
ment, Paris.
- M. le Docteur L. Lopicque, 6 Rue Dante, 5^e Arrondissement,
Paris.
- M. le Docteur M. Nicloux, 107 Rue Mouge, Paris.
- Professor Justus Gaule, University of Zurich.
- Professor Max v. Frey, University of Wurzburg.

Physician's Library.

Handbook of Surgery. By GEORGE BURNSIDE BUCHANAN, B.A. (Cantab.), M.B., C.M., F.F.P.S. (Glasgow). Published by John Currie, Edinburgh. Price 9s, net.

A very useful work for students, and one from which juniors more especially can get a general grasp of the subject.

The Examination of the Function of the Intestines by means of the Test-Diet. Its Application in Medical Practice and its Diagnostic and Therapeutic Value. By PROF. DR. ADOLF SCHMIDT, Physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized translation from the latest German edition by CHARLES D. AARON, M.D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a frontispiece plate in colors. Crown octavo, 91 pages, extra cloth. Price, \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

To those who are engaged in the soul-ravishing delights of examining human feces for clinical purposes the above work will prove of interest. Personally we would prefer to *read* about the clinical significance of these experiments rather than enter into actual details. The book is practical and well set out.

A Text-Book on the Practice of Gynecology. For Practitioners and Students. By W. EASTERLY ASHTON, M.D., LL.D., Fellow of the American Gynecologic Society; Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Second Edition, Revised. Octavo of 1079 pages, with 1046 original line drawings. Philadelphia and London: W. B. Saunders Company. Canadian Agents, J. A. Carveth & Co., Limited, 434 Yonge St., Toronto, Ont. 1906. Cloth, \$6.50 net; Half Morocco, \$7.50 net.

The fact that two editions of Dr. Ashton's new work have been required in the short period of six months indicates beyond a doubt that the medical profession was quick to appreciate the practical merits of the book; indicates that the general practitioner wants a treatise on gynecology that does not assume him to be an expert gynecologist, but rather describes in detail, not only what should be done in every case and emergency, but also precisely *how to do it*. Owing to the short time that has elapsed since the appearance of the first edition, and also from the thorough manner in which Dr. Ashton handled his subject

originally, the changes in this edition are necessarily few in number and limited chiefly to the correction of a few typographic errors and the alteration of several of the illustrations. In reviewing this new edition we cannot refrain from again speaking of the very practical illustrations. There are 1046 of them, all original line drawings, made especially under Dr. Ashton's personal supervision, from actual apparatus, living models, dissections on the cadaver, and from the operative technics of other authors. All superfluous anatomic surroundings are eliminated and the operations and procedures are detailed step by step with a clearness and accuracy we have never before seen. Certainly the success the work has won is well deserved and fully to have been expected.

The International Medical Annual, 1906. Publishers, E. B. Treat & Company, New York. Price, \$3.00.

The twenty-fourth issue of the *Medical Annual*, although its publication has been attended by exceptional difficulties, is a thoroughly satisfying work. Those who are familiar with this work will not need any words of praise from the reviewer; while those who have not yet subscribed for it may feel assured they will get the very cream of medical thought when they scan this volume. There is so much of solid value in this issue that it seems unnecessary to single out any articles in particular; rather we would advise the busy medical man to GET it and review it for himself.

The Operating Room and the Patient. By RUSSELL S. FOWLER, M.D., Surgeon to the German Hospital, Brooklyn, N.Y. Octavo of 172 pages, fully illustrated. Philadelphia and London: W. B. Saunders Co. Canadian Agents, J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. 1906. Cloth, \$2.00 net.

In Dr. Russell Fowler's admirable work we have a book that has long been needed, one that to our knowledge is unique in that it is the only work on the market devoted entirely to operative technic, with the pre-operative procedures of sterilization and preparation. Written by a surgeon of rich clinical experience for the use of surgeons, nurses assisting in an operation, and hospital internes, it clearly describes the preparation of material of all kinds, indicates the instruments required for the various operations, details the preparation and care of the patient before and after operation, and the methods of anesthetization, describes and illustrates the position of the patient for different operations, and contains all other information a knowledge of which is necessary to produce the highest efficiency. Indeed, it is a most excellent and most valuable work for practical use, and the operating surgeon will find it of additional value as it furnishes him a guide to which he may readily add his own variations of technic.

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.

EXECUTIVE.

President—R. W. PCWELL, M.D., Ottawa.

Vice-President—J. O. CAMARIND, M.D., Sherbrooke.

Secretary-Treasurer—J. A. GRANT, Jr., M.D., Ottawa.

SOLICITOR

F. H. CHRYSLER, K.C., Ottawa.

Send fees to the Secretary-Treasurer by Express Order, Money Order, Postal Note or Registered letter. If cheques are sent please add commission.

PROVINCIAL EXECUTIVES.

ONTARIO—E. E. King, Toronto; I. Olmsted, Hamilton; D. H. Arnott, London; J. C. Connell, Kingston; J. D. Courtenay, Ottawa.

QUEBEC—F. Buller, Montreal; E. P. La Chapelle, Montreal; J. E. Dube, Montreal; H. R. Ross, Quebec; Russell Thomas, Lennoxville.

NEW BRUNSWICK—T. D. Walker, St. John; A. B. Atherton, Fredericton; Murray MacLaren, St. John.

NOVA SCOTIA—John Stewart, Halifax; J. W. T. Patton, Truro; H. Kendall, Sydney.

PRINCE EDWARD ISLAND—S. R. Jenkins, Charlottetown.

MANITOBA—Harvey Smith, Winnipeg; J. A. MacArthur, Winnipeg; J. Hardy, Morden.

NORTH-WEST TERRITORIES—J. D. Lafferty, Calgary; M. Seymour, Regina.

BRITISH COLUMBIA—S. J. Tunstall, Vancouver; O. M. Jones, Victoria; A. P. McLennan, Nelson.

Dominion Medical Monthly

And Ontario Medical Journal

EDITORS:

GRAHAM CHAMBERS, B.A., M.B. WALTER McKEOWN, B.A., M.D.

ASSOCIATE EDITOR:

T. B. RICHARDSON, M.D.

MANAGING EDITOR:

GEORGE ELLIOTT, M.D.

Published on the 15th of each month. Address all Communications and make all Cheques, Post Office Orders and Postal Notes payable to the Publisher, GEORGE ELLIOTT, 203 Beverley St., Toronto, Canada.

VOL. XXVI.

TORONTO, JUNE, 1906.

No. 6.

COMMENT FROM MONTH TO MONTH.

It was a decidedly graceful act for the Trinity medical class of "naughty" six, the last freshman class to enter Trinity Medical College before that one-time famous institution became amalgamated with the medical department of the University of Toronto, a class which had not even had one single lecture from Dean Geikie, to present their former Dean with a beautiful ebony cane, gold mounted and inscribed: "Semi-Centenary, W. B. Geikie, Dean, Trinity, '06." Dr. Geikie was a force in medical teaching in Ontario before many of us were born; and the many graduates of whilom days have heard with pleasure and pride of the kindly, thoughtful act of the last class of Trinity. Scattered throughout this and many foreign lands those self same graduates could have wished for nothing better than for the opportunity to participate in this spontaneous testimonial to one who filled such a large place in their medical student days at Trinity.

Our readers and members of the Canadian Medical Association and members of the Ontario Medical Association are reminded that although there is to be no scientific part this year to either annual meeting, that the meetings of both will be, however, important. On that account, therefore, more time will

be given to the ordinary business, and this, especially in the Canadian Association, is of immeasurable moment owing to the fact that a new Constitution and By-Laws will be presented as a report of the Special Committee on Re-Organization appointed at Halifax last year. The meetings of the Canadian Medical will be on the afternoon of the 20th and forenoon of the 21st of August; the Ontario Medical on the evening of the 20th. We urge a large, full, and representative attendance at both.

The conferring of honorary degrees comes around year after year like the spring fever. It is an utter impossibility now-a-days for convocation to pass without a half dozen or more being brought forward for this distinctive honor; and in many instances it would appear though the honor were conferred not for eminence or distinction in scholarly attainments, but rather for success in politics or in business, or for the reason that the honor so conferred may bring grist to the university mill. To an ordinary mind it seems a piece of foolishness to grant degrees to mediocre men, who cannot lay any claim to greatness in either medicine, law, literature or science; and the wholesale bestowal of LL.D., a degree which ought to be reserved only for those who have attained eminence in learning, cannot be too strongly condemned. The graduates of an institution which values its honorary powers so lightly must look with an unkind eye upon the direction these self-same degrees sometimes go. Can it be that there is no one modest enough, or honest enough in the knowledge of his scholarly attainments, who ever thinks of refusing these degrees handed out by unwise heads which constitute the corporation of these institutions.

We published in our May issue a copy of the bill on patent medicines which was before the recent meeting of the Ontario Legislature. There is a distinction between patent and proprietary, but the distinction is of less and less moment year after year. Formerly proprietary articles were looked upon with favor by the medical profession, and could, consequently, be styled ethical. The so-called patents never were. Doctors used these proprietary or ethical preparations in some cases on the strength of the representations made by their manufacturers probably mostly so in all cases. Some used them to greater extent than others; and amongst them all were found many use-

ful and valuable combinations. The doctors trusted the manufacturers of these preparations and took their representations as truthful, and proceeded to verify them, were satisfied, and continued to use them. They used them without in many cases knowing their exact ingredients or the exact proportion of their ingredients, just as they used Griffith's Mixture, Easton's Syrup, Dover's Powder, etc. These preparations were made expressly for the dispensation of the profession, and were in no way advertised to or brought before the people at large. An attempt now is being made in the United States—it is not attracting much attention amongst the Canadian profession so far—to divide these proprietary remedies into two classes, ethical and unethical. All those which do not have their formulæ submitted to certain parties are to be unethical; those which do, ethical. Surely this is a strange way and a strange method of procedure. Unquestionably, if it has been wrong on the part of the medical profession to do in the latter days of the nineteenth century and in the beginning of the twentieth, what its forefathers did in the middle, or prior to that, for there is no practical difference, then even in Canada there are countless sinners. To be a sinner suggests conversion: then let him who is without sin among ye cast the first stone. We remain so far unconvinced that it has been wrong to use these preparations; for we have seen many times prescriptions which when compounded would floor their master to tell what form the combination took when it had entered the stomach of his patient and what its therapeutic effect would be. The whole subject will probably end in a compromise. Although probably the doctor does not remember at the time he prescribes Dover's powder, the exact quantity of opium his patient is going to get, he has the means of finding out; and where there is a drug of pronounced therapeutic action, as strychnine, opium, etc., in a combination, he should at least know that and its quantity per dose. Acetanilide is a drug which has come in for a good deal of attention during the present campaign on account of the fact that it is said to enter into the combination of several preparations of this character. Now, the coal tar products have undoubtedly proven a great boon to the physician's armamentarium, but they have been so shamefully abused that it is little wonder that many serious if not fatal accidents have occurred. This is because of the fact that nearly all the text-books (we are speaking now in particular of acetanilide) have set down the dose of this drug at too high a figure. We have used it fre-

quently, and have found that in two-grain doses, repeated when advisable, it acts as well as ten grains, which, we believe, is the ordinary dose prescribed over the drug counter for headaches. In most instances the accidents which have occurred from the use of this drug, or any of the combinations supposed to contain it, will bear investigation and publication in the medical press—but not in the lay press. We submit that the doses of all the coal-tar preparations are generally set down at a too high figure, and the young physician, and those using these for the first time, should feel his way carefully with small doses, when he will find that very often they will prove satisfactory, and that he will not be required to resort to the larger ones. There is one principle of which we are sure, and that is, a drug advertised to the medical profession should not be advertised to the patient.

We have written so often in the past about patent medicines that our views on that question ought to be understood. There can be no question that the self-prescribing of remedies is a dangerous practice; but we are not going to suppose for one moment that everybody will be driven to a doctor by legislation, when he is a trifle indisposed. In fact, strange to say, doctors do not look for any such millennium. It is the duty of the doctor to warn the public against the evil habit of drug taking, for nefarious habits in this respect are soon and easily formed. Their consequences once formed are often disastrous. Such preparations on the market as contain alcohol beyond a required percentage, cocaine, opium, strychnine, etc., should have their sale restricted and governed in some manner, and the quality of the dangerous drug and the quantity of it should certainly be upon the label of the bottle. Although it is an unwritten therapeutic law, or rather principle, that it is best for the patient not to know what medicines he is taking, we believe in these particulars, in the interests of the public, the law might be modified in the direction indicated. We do not know that it will serve any good purpose having all the ingredients and their respective quantities printed for him who runs to read.

Science Notes.

ACCORDING to Dr. Marcus H. Thomas, who points out the importance to the railroads of first aid to the injured, both from a humane and economic standpoint, in the January 6th issue of the *Journal of the American Medical Association*, the railway accident, in spite of modern inventions and appliances, is not only apparently inevitable, but on the increase. Among the 1,300,000 persons engaged in operating the railroads in the United States, statistics show that one in each 500 was killed during 1904, and one in every 24 was injured. Taking up the consideration of the subject from the standpoint of sordid advantage, "the one which should be of paramount importance to the railroad, with whom the economic question is always one of vital interest," the author says: "The steam railroads of the United States pay annually in damages to injured persons 0.74 per cent. of their gross earnings. This is seemingly a trifling decimal, but in coin and currency it amounts approximately to \$14,000,000. In addition to this sum, \$1,000,000 is spent annually in the maintenance of a legal department, one-half of which expense may safely be attributed to the defense and settlement of personal injury damage suits. These figures do not cover the total expense of injuries by common carriers by any means. This compilation pertains solely to the steam railroads, while the interurban electric lines and local street railway lines increase the above totals many fold. Particularly do the local street railways add enormously to the list. It is estimated that the Metropolitan Elevated of New York alone pays annually \$2,000,000 for personal injuries, and has constantly on hand nearly six thousand suits of this nature. The Brooklyn Rapid Transit Company's annual personal injury budget is in the neighborhood of \$1,000,000. The ease with which evidence can be purchased, and the ubiquity of the professional damage suit lawyer in the large centers of population, gives the simulator and impostor a larger percentage of successful chances than with the transcontinental railroad." Dr. Thomas contends that the surgeon who is qualified in the negligence law is in a position to render the most effective and economic service as adjuster of personal injury claims. "There exists to-day," says he, "in most of otherwise well-organized railroads a lack of co-ordination between the legal and surgical staffs, as a result of the

one failing to grasp the importance of the technic of the other. This proposition operates with equal force conversely. It is into this breach that the medico-legal claim adjuster can step to the assistance of both departments and with economy to the company." In fact, Dr. Pearce Bailey, who is quoted as an authority on forensic medicine, expresses the belief that "the very best adjuster that a railroad can have is a medical man with knowledge of negligence law." In conclusion, the author submits the following recommendations to the railroad companies: "a. The instruction of trainmen and shopmen in first aid to the injured. b. The incorporation in this instruction of practical points on accident law. c. The employment in the claim department of a medical man, skilled in theory and practice of surgery and adept in negligence law, whose duty it will be to assist and advise counsel of the road, to bring about co-operation between the legal and surgical staffs of the closest possible nature, and last, but not least, to be possessed of a fund of sound sense and a personality that will enable him to deal direct with the claimant."—*Scientific American*.

THIS is another name for the prevention of mosquito breeding by obliterating the primary conditions requisite for their wholesale production. On the 11th instant the Third Annual Convention of the American Mosquito Extermination Society was held in this city, at the New York Aquarium, and supplemented in the evening by a dinner at the Union League Club by the President, Mr. Wm. J. Matheson, in honor of several guests and Health Board officials. At the convention it was shown that much progress had been made toward the abatement of the mosquito nuisance by a greater enlightenment of public sentiment in its favor, as evidenced through recent legislative enactments. In the State of New Jersey, for example, where only a few years ago the suggestion of eliminating the mosquito met with ridicule, now, as a result of a more universal education and extension of information on the subject, it is reported that the State Legislature has passed almost unanimously an appropriation of \$350,000, to be expended at the rate of \$50,000 per year for the diking and ditching of the great salt marshes lying adjacent to the city of Newark and about the Hackensack River. Legislation is also in process in the New York Legislature to the same end for the benefit of New York City. The convention adopted what is termed a "Musquito Brief," stating in simple language the number of species of mosquitoes that inhabit marsh lands

and cesspools of the United States—that they can only breed in water; that one mosquito can lay on the average three hundred eggs a day; that the life of one mosquito is about a month. The most dangerous of Southern mosquitoes is the *Stegomyia fasciata*, the natural carrier of yellow fever germs. At the evening dinner, Gen. Fred. D. Grant, of Governor's Island, U. S. army post, gave some interesting reminiscences on mosquitoes and their effect on the health of the army. He related how he had protected a division of the army located on one side of the Rio Grande River, in a southern section of the country, from the spread of yellow fever, which had broken out in a town situated on the opposite bank. He secured funds from Washington to carry out an effective system of screening, and said as a result that not one of his men was taken with the fever. On Governor's Island, numerous relics in the shape of 15-inch-gun shells were inverted, so as to shed water instead of holding it, which had the effect of relieving locally the generation of the insects. Even upright rifle barrels were filled with sand to avoid the collection of water. Mr. Paul D. Cravath related an interesting record concerning the relation of the mosquito to malaria. On the north side of Long Island, about thirty miles from New York, there were certain valleys and bays where the mosquito was notoriously evident. The areas were located upon a map. Another record was made as to the extent of malaria over this section, from physicians and others, and these areas were placed upon a second duplicate map. This medical map was then superimposed over the first map, and it was found the areas in both cases pretty evenly matched each other. This record is of special interest to all boards of health, and proves most graphically how it is possible to improve the public health by the prevention of mosquito breeding. Other interesting remarks were made, showing how marshy places by being reclaimed and converted into public parks could easily improve land valuations and at the same time become a public benefit.—*Scientific American*.

A LITTLE more than a year ago there died in Jena, that world-famous town, Prof. Ernst Abbe, who has had no small share in making Jena so well known to the entire civilized world. At the time of his death, papers and magazines contained full accounts of the life and work of this truly remarkable man, reciting in detail his numerous contributions to science and his successful experiment in organizing an industrial enterprise upon

distinctively new lines. Since that time the feeling that here was a man whose work has been for the good of mankind and whose memory should be fittingly honored, gathered strength until there was appointed a committee to take charge of soliciting funds for the purpose of erecting in his native town, between the Volkshaus erected by him and the Zeiss works, a statue as a memorial. The names of a number of American scientists and business men who had had dealings with the Zeiss works were included in the committee named. We in America seem very far off from the little German town where the statue to Abbe is to be placed; and one might think it of little account whether we help to erect the statue or not. But this is a unique occasion, as Abbe was a unique man, and most of us who know anything at all about him will consider it a privilege to be able to contribute, be it ever so small a sum, to the statue that is to perpetuate his form to posterity. Contributions may be sent to this office or to the Bausch & Lomb Optical Company, Rochester, N. Y., the American agents of the Zeiss works.—*Scientific American*.

News Items.

DR. RENNIE, of Chatham, has bought Dr. Brereton's practice at Chesley,

DR. L. C. KARN, formerly of Woodstock, died recently in Ortonville, Minn.

DR. MITCHELL, of Toronto, has commenced the practice of his profession at Wroxeter.

DR. F. J. OLD, of Port Colborne, has been appointed associate coroner for the County of Welland.

DR. P. J. McCUE, son of Mr. Jas. McCue, of Melancthon, is now practicing medicine at Crediton, Ont.

Two new associate coroners appointed are Dr. F. J. Thorpe, of Port Colborne, Welland County, and Dr. G. B. Smith, Toronto.

DR. G. E. HOLMES has left Clinton for Saskatoon, Sask., where he will probably practice his profession.

DR. MORRISON, of Paisley, has accepted the position of head physician for the hospital of the Canada Copper Co. at Copper Cliff.

DR. GORDON has decided to go south for his health. He is disposing of his property and handing over his practice in Ripley.

DR. J. C. LINDSAY, who carried on a medical practice in Blyth for six years, has sold out to Dr. J. E. Charlsworth, of Morpeth. Dr. Lindsay purposes going to the West.

DR. A. J. ROLLINS, ex-warden and the well-known M.D. of Exeter, is selling out his property in the village and purposes removing to some point in the North-west to resume his practice there.

DR. J. L. TURNBULL, who sold his practice in Goderich a short time ago with the intention of going to a western city, has changed his mind and decided to remain in Ontario, and has located in Listowel.

DR. MCNAUGHTON, who for the past fourteen years has practiced in Glenallan, has disposed of his practice to Dr. J. D. MacKinnon, of Wheatley, Ont. The latter gentleman is a nephew of Dr. Angus MacKinnon, of Guelph.

DR. UNSWORTH, at a meeting of the Hamilton Health Association, was appointed resident physician of the Hamilton Sanitarium. He will go to Gravenhurst for a week or two to get pointers, and will take charge of the local institution on his return. No patients will be received till then.

DR. REUBEN CURRY, one of the oldest practitioners in this district, is dead, from acute heart trouble. Nearly forty years ago he carried on a successful practice in Rockwood, moving to Toronto, where he continued practice until four years ago, when he came to Guelph to live. A widow and a grown-up family survive. Police Magistrate Curry, of Picton, is a brother of the deceased.

DR. J. H. ELLIOTT, physician-in-charge of the Muskoka Cottage Sanatorium, Gravenhurst, has been invited to visit Wisconsin to consult with the trustees of the new State Sanatorium for Consumptives about to be erected there

DR. HAROLD CASCADEN, who has been taking post-graduate work in London, Edinburgh, Glasgow and Dublin Colleges of Medicine, has returned home. He will remain there for a few weeks, after which time it is his intention to remove to Western Canada.

POST-GRADUATE STUDENTS.—Of the twenty-one post-graduate students now studying in London, these are from Toronto: Dr. S. H. Westman, Dr. F. H. Scott, Dr. J. A. McCallum, Dr. E. D. Carder, Dr. Percy W. Saunders, Dr. R. D. Sproat, Dr. A. W. Fisher, Dr. John Malloch, Dr. William Hackney.

DR. A. E. STEWART, son of Simeon Stewart, formerly of Leamington, a graduate of the High School, has purchased a practice at McGregor, Essex County. Another son, George, is taking a course at the Toronto General Hospital, preparatory to graduation from the Medical School.

DR. H. B. HUTTON, of Port Colborne, son of Rev. B. L. Hutton, a former pastor of Victoria Street Church, Goderich, was married on the 18th of April to Miss Alberta Sanford, of Toronto. The wedding took place at the home of the bride's parents, Tottenham, the ceremony being performed by the groom's father.

AT the meeting of the Toronto Pathological Society, held on Saturday, April 28th, the night of meeting for next year was changed to the last Wednesday in each month. The following officers were elected for the coming year: President, Dr. J. A. Amyot; Vice-President, Dr. W. H. Pepler; Treasurer, Dr. C. J. Wagner; Corresponding Secretary, Dr. E. S. Ryerson; Recording-Secretary, Dr. H. G. Hutchison.

DR. J. D. MONTEITH, of Stratford, has decided to withdraw from medical practice for a year or two. He will take a complete rest during the coming summer, spending a portion of the time in and about Stratford, and the remainder in a visit to Manitoba and the new Provinces. In the fall, or early in January

next, he will leave for Europe and the British Isles, where several months will be spent in further equipping himself in his profession, especially in the surgical branches. Dr. Monteith began his practice just ten years ago in Stratford, opening in the offices in the Gordon Block, now occupied by the present firm of Monteith & Smith. Dr. Smith will now assume full control of the practice in the same offices, which have been refitted and thoroughly equipped.

THE following officers were elected at the last meeting of the Toronto Clinical Society, Wednesday, May 2nd: President, Dr. H. B. Anderson; Vice-president, Dr. H. A. Bruce; Recording Secretary, Dr. George Elliott; Corresponding Secretary, Dr. W. J. McCollum; Treasurer, Dr. Geoffrey Boyd.

MEMBERS of the Ontario Medical Association are again reminded of the annual meeting to be held Monday evening, August 20th, in Toronto. As heretofore announced, it will this year be simply an executive session. The following are chairmen of committees for the current year: Dr. C. J. C. O. Hastings, Toronto, Committee on Credentials; Dr. R. J. Trimble, Queenston, Committee on Public Health; Dr. A. H. Perfect, Toronto Junction, Committee on Legislation; Dr. John Ferguson, Toronto, Committee on Publication; Dr. W. R. Walters, East Toronto, Committee on By-Laws; Dr. Bruce L. Riordan, Toronto, Committee on Ethics; Dr. D. J. Gibb Wishart, Toronto, Committee on Papers and Business; Dr. H. J. Hamilton, Toronto, Committee on Arrangements.

HAVE WON POSITION.—The five Toronto men who have begun brilliant careers in the medical world of London are: Dr. Donald Armour, assistant surgeon, West London Hospital; Dr. George W. Ross, pathologist and registrar at Victoria Park Hospital; Dr. George Badgerow, house surgeon at Golden Square Hospital; Dr. C. H. Thomas, house surgeon, Great Northern Central Hospital, Holloway; Dr. Colin Campbell, house surgeon at Moorefields. Here are the other eleven holding positions in London hospitals, two being at Birmingham: Dr. C. K. Russell, Montreal, house surgeon at the National Epileptic Hospital; Dr. George H. MacLaren, of Hamilton, senior resident medical officer at Birmingham Ophthalmic Hospital; Dr. Simpson, also of Hamilton, at Moorefields; Dr. Hamilton Wright, pathologist at West London Hospital; Dr. Charles

Stuart, senior resident surgeon at Golden Square Hospital; Dr. Ambrose Stanton, senior house surgeon at London School of Tropical Medicine; Dr. E. G. Weir, at Greenwich Seaman's Hospital; Dr. W. Jones, senior house surgeon at St. Peter's; Dr. W. H. Lowry, house surgeon at Birmingham Ophthalmic Hospital; Dr. Allen, at Hackney Hospital.

Correspondence.

BRITISH MEDICAL ASSOCIATION.

• *To the Editor of DOMINION MEDICAL MONTHLY:*

Dear Sir,—Dr. Wm. Osler has suggested that a Clinical Museum, at which rare and interesting cases can be exhibited, should form one of the features at the meeting of the British Medical Association. The Secretaries will be glad to hear of any cases that members would care to exhibit, and would be glad if members would communicate with them about such cases.

Yours faithfully,

R. D. Rudolf, M.D., M.R.C.P.,
396 Bloor St. W., Toronto.

J. T. Fotheringham, B.A., M.D.,
20 Wellesley St., Toronto.

R. Hutchison, M.D.,
22 Queen Anne St., London. W.

Hon. Secretaries.

Publishers' Department.

M. J. BREITENBACH & Co., 53 Warren St., New York, the proprietors of that excellent ethical preparation, Gude's Pepto-Mangan, will send free to any physician requesting same a handsome bacteriological chart, which will prove a valuable decoration to any physician's office.

SANMETTO IN PREGNANCY.—For years I have been a warm admirer of Sanmetto in all cases of pregnancy. I find that it carries away from the system pretty well all of the albumen and strengthens the abdominal muscles. Try it, some of you brethren, and report it. I prescribe it in the last month of pregnancy.—Joseph J. Parker, M.D., Warfield, Texas.

It is very gratifying to me to testify of the merits of Resinol Soap. In conjunction I am also giving testimony of more than a dozen of my friends who have used it through my personal recommendation. For soothing and making the skin smooth after having shaving it has no parallel, to say nothing of that indescribable feeling experienced in its effects after a bath.—J. A. Wright, D.D.S., 2902 State Street, Chicago, Ill.

MAKING SUFFERERS COMFORTABLE.—As has been frequently stated, the special province of the physician is to relieve pain. To do so without producing a drug habit, or in some way jeopardizing the patient's life, has always been a problem. I looked askance upon any drug or preparation purporting to be free from objectionable qualities until I began prescribing antikamnia & codeine tablets a year or so ago. The Antikamnia Chemical Company in their preparation of these tablets, by a refining process known to themselves, remove all the toxic elements from these two drugs, so that no damaging effects result. They produce only the most benign results, and there is no tendency whatever to produce a drug habit. I now regard antikamnia & codeine tablets as the ideal pain-reliever. Headache and neuralgia are not their only field of usefulness. I find that in chronic

and malignant diseases, where pain is a marked factor, the anti-kamnia & codeine tablets relieve pain and make the sufferer more comfortable. Cancer is a condition attended by excruciating pain, but I was agreeably surprised and my patient gratified at the results obtained from these tablets. I have also had pleasing results from these tablets in both acute and chronic rheumatism. All physicians know how intractable is sciatic rheumatism, but the last few cases I had, I prescribed these tablets, and I am sure they lessened the duration of the disease. To relieve pain in its incipiency will often abort an inflammatory disease. This preparation certainly has quite a large field of usefulness, and the doctor who once uses it will seldom resort to any other anodyne.—W. T. Marrs, M.D., College of Physicians and Surgeons, St. Louis, Mo., Jewett, Ills., May 5th, 1906.

THE SCHOOL-ROOM AS A FACTOR IN DISEASES OF YOUNG GIRLS.—There is no disguising the fact that our system of imparting knowledge by imposing excessive intellectual labor and stimulating competitive zeal in the school-room is very largely responsible for most of the nervous disorders of the young women of to-day. That sustained mental exertion is a menace to the health of girls at the age of puberty, there can be no denying. Yet that is precisely the system in vogue at our institutions of learning at the present time. While it is true that modern architecture has greatly improved the hygienic condition of the study-rooms, it is highly probable that the present rush and hurry methods of instruction are even more injurious to the physical state of our young women than was the faulty system of ventilation, until recently endured. The worry and excitement attendant upon present-day school life is, undoubtedly, the prime cause of a governing percentage of the neurotic disturbances which are so prevalent among the women of America. In fact, it is quite within the bounds of truth to assert that many of the diseases which present themselves to the gynecologist have for their origin a nervous system rendered bankrupt by strife in our temples of education. Mental overstrain, when enforced day after day, soon renders the nerve structure incapable of absorbing adequate nourishment from the blood stream. Ultimately, nervous vitality is almost completely exhausted and depression, gloom, languor and mental impotence ensue. As the taxation is extended, the condition