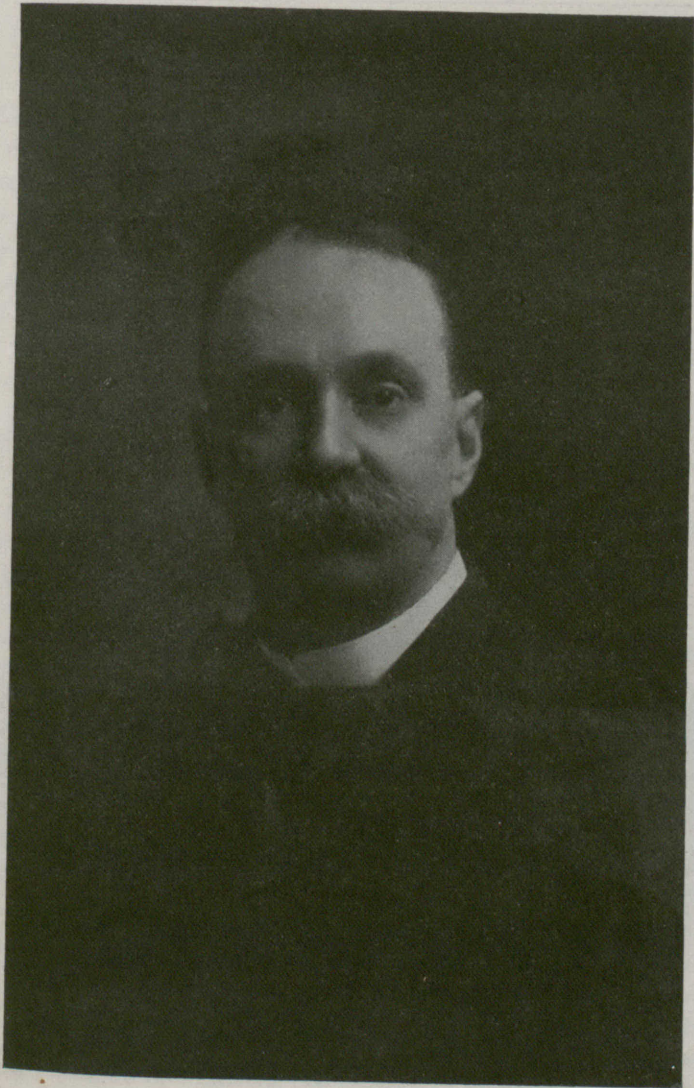


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# The Canada Lancet



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The late John Fulton, M.D., Professor of Physiology and Surgery,  
Trinity Medical College, and whose portrait was recently  
presented to the Academy of Medicine.

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## HÆMOPTYSIS IN PULMONARY TUBERCULOSIS.\*

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**H**ÆMOPTYSIS is one of the commoner symptoms of pulmonary tuberculosis which is most variable in amount, in the period of the disease at which it occurs, length of time it may persist, and in gravity of its prognosis. It occurs in the course of most cases of pulmonary tuberculosis. Louis reported it present in two-thirds of his cases, and in nearly half of these it was copious (several ounces). Samuel George Morton found it occurred in over two-thirds of his cases, Andral in five-sixths, Walshe in eighty-one per cent., West eighty per cent., and Brown finds various authorities give from twenty-four to eighty per cent., and thinks about sixty per cent now nearly correct. The Phipps Institute report gives forty-eight per cent. in over 2,300 cases.

*Sex and Age.* Hæmoptysis occurs with slightly greater frequency in males than in females. It may occur at any time in life. In men it has a greater incidence from twenty to forty, the working age. Fatal hæmoptysis has a greater frequency in males.

*Stage of Disease.* Hæmoptysis may occur in any form of the disease and at any stage. It is more marked in the chronic than in the acute forms, may be very severe, even fatal, with very limited involvement of the lung. The more severe forms are usually associated with cavity formation. Yet many patients with extensive ulcerative process never have hæmoptysis.

*Recurrence.* It is unusual for a patient to have but one hæmorrhage in the course of the disease. Some have scores of recurrences without fatal result.

*Amount.* The amount may vary greatly, from mere specks or streaks in the sputum up to a quart or more, may have a sudden termination with no recurrence, or may recur at intervals for days or weeks. In the majority of cases it is slight in amount (less than half an ounce). It may be classified: 1 streaky, 2 small, 3 moderate, 4 profuse. As a rule it clots readily after being expectorated, and, too, clots readily in the bronchial tubes; for soon after the red blood ceases to be expectorated, clots are coughed up. In seven cases, clots which are casts of a portion of the bronchial tree may be seen. Where the bleed-

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\* Read at the clinical meeting of the Toronto Western Hospital, 19th November, 1908.

ing has been at all free, clots appear in the sputum for several days succeeding.

*Source.* The blood may be from congested bronchial mucous membrane, from hyperæmic pulmonary capillaries, if profuse is from an aneurysm or ulceration of the pulmonary artery. The pulmonary vein is rarely attacked. Fatal hæmoptysis is practically always due to the rupture of a pulmonary aneurysm; these aneurysms are small, varying in size from a small pea or even less than this, to a cherry, situated on the wall of a cavity or crossing a cavity.

These aneurysms are usually single, but may be multiple, and, at times, may fill completely the cavity in which they are situated.

*Cause.* The bleeding may be due entirely to the inherent weakness of the vessel wall, to gradual ulceration or loss of support from surrounding tissues, to the severe strain of cough, or to increased blood pressure from a variety of causes.

In many cases a history may be elicited of severe or unusual exertion, within the preceding twenty-four hours, in few cases immediately preceding.

In two-thirds of all cases the bleeding occurs in the early morning hours or during the day, when the patient is at rest. At times it is preceded by a sense of pain or oppression in the chest, or, again, comes as a bolt out of the blue—no warning of any kind, the patient's first sensation being a warm salty taste in the mouth.

Some statistics show a greater frequency in spring and fall, and some writers have pointed out a seasonal fluctuation corresponding with pneumonia, while work done at the Phipps Institute would show the great frequency of the pneumococcus in the expectorated blood.

*Effects.* Samuel George Morton\* wrote "Hæmoptysis. . . . is accompanied by a depression of both mind and body, which the quantity of blood lost can in no degree account for." This mental depression is usually marked, there being no other symptom in the course of the disease which will create such terror in the average patient. I have known a patient with recurrences, whose nurse was not constantly with her, keep the push button of an electric bell in her hand for days, and sleep with it in her hand at night.

Some of this alarm, following an "initial" hæmoptysis, sends him to a physician, and, in this way, an early hæmorrhage may prove a God-send to a patient, allowing a diagnosis to be made when otherwise his attention would not have been drawn to his lungs. The bleeding may subside quickly with no after effects, this being particularly the case in the earlier stages. In the later stages of phthisis, the after effects may be more marked. Some of the blood may lie in cavities or

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\* Illustrations of Pulmonary Consumption, Philadelphia, 1834.

be aspirated into other portions of the bronchial tree. Being an excellent culture medium with proper conditions of temperature, moisture, and darkness the flora present in the diseased lung multiplies with great rapidity, and there may be foci of broncho-pneumonia with absorption of toxins and products of growth causing the rapid pulse, fever, malaise, cough, and heavy breath so frequently seen for a few days after a brisk hæmoptysis. Further than this there may be set up, by the tubercle bacilli set free, an acute miliary process. This is not infrequent.

We must remember, too, that in advanced cases a slight bleeding may precede a severe hæmoptysis.

*Diagnosis.* Little need be said here. Unless some other definite cause, such as mitral disease, aortic aneurysm, new growth, specific ulceration, injury, scurvy, or other condition associated with hæmoptysis, can be diagnosed, we should consider pulmonary tuberculosis to be present. This was recognized by Louis\* who wrote "hæmoptysis whenever it occurs renders the presence of tubercles in the lung infinitely probable." If physical signs are negative, the blood should be examined thoroughly for tubercle bacilli.

*Prognosis.* Though some few cases of fatal hæmoptysis have been reported in early pulmonary tuberculosis, these are extremely rare, and we can to almost every such patient give a good prognosis. With moderately advanced disease the outlook is not quite as bright; yet, with most such patients, especially those who are apyretic, the bleeding entails no discomfort whatever and passes off with a few days' rest. Should it be profuse, there is the grave danger of an infective broncho-pneumonia, or of a localized miliary infection. Should dyspnea, rapid pulse, and high temperature appear, the prognosis is necessarily grave while they persist.

With far advanced tuberculosis, the prognosis is increasingly grave, complications being more apt to arise, and the hæmoptysis more apt to be severe; the patient, too, is less able to withstand a sudden loss of blood. Hæmorrhage is cause of death in only one to two per cent. of all cases. Hæmorrhage may occur into a large cavity and cause death with little or no hæmoptysis, or it may be profuse with complete suffocation, the blood pouring rapidly out of the mouth.

*Treatment.* Our general measures are practically those prescribed by Celsus.† "If the blood has proceeded from the fauces, or the interior part, greater care is to be employed. Erisistratus bound the legs and thighs and arms of these in many places. . . . If fever oppresses, gruel is to be given, and water for to drink, but if fever is absent either washed maize, or bread out of cold water, and also a soft egg may be

\* Louis—Pathological Researches on Phthisis—Bowditch's Edition. Boston, 1856.

† Celsus—De re medica, Liber quartus, iv., translated by John Steggal, M.D. London, Jno. Churchill, 1837.

given; for drink, sweet wine or cold water. . . . Besides these, rest, serenity, silence, are necessary. Also the head of him lying down ought to be high. . . . The face is to be bathed frequently with warm water. But wine, the bath, venery, oil in food, all condiments, warm fomentations, a hot and close room, many clothes thrown on the body, also frictions are injurious. When the blood has ceased considerably, then must we begin (with frictions) the arms and legs; we must keep from the chest."

We should adopt those measures which will ensure a maximum of mental and physical rest and quietness, our object being to secure a lowered blood pressure and steady, even circulation.

In the majority of instances measures of any kind seem of little avail. The bleeding ceases spontaneously, irrespective of measures employed. There are few conditions where the action of drugs is so uncertain.

The line of treatment will be necessarily somewhat different when dealing with an aneurysm, from that used if the condition is purely congestive. A differential diagnosis can rarely be made.

The patient must be placed at absolute rest in the semi-recumbent position. If clothed, it is better to make no attempt to undress for an hour or two after the brisk bleeding has ceased, and then he must not exert himself, but allow all to be done by his nurse. If there is excitement a cold cloth to the forehead is grateful. Cracked ice may be given to allay cough. The room must be quiet, and those about the patient must also be quiet, doing all possible to give him confidence. He must not be burdened with heavy clothing, light clothing is sufficient. As little effort as possible is to be used in clearing the blood from the throat, while the cloths or receptacle used to collect the expectorated matter are to be handled by the attendant, the patient endeavoring to make no muscular effort. The arms in particular are to be kept quiet. In severe cases this regime of quietness is to be observed for full four days after the cessation of fresh bleeding, and moderate quietness for four full days after all clots have disappeared. During the term of absolute quiet, no visitors are to be admitted, particularly anxious, weeping or nervous relatives. At times even mother or wife must be excluded; the patient must not attempt to hold a book or newspaper, brush his hair, leave the bed for any purpose, nor even change his position. A cramped arm or leg may be moved by the nurse. As mental excitement increases blood pressure, any excitement through fright should be allayed by nurse or physician. As death so rarely occurs in hæmoptysis, the physician is justified in assuring the patient he need not be alarmed, and his own actions during the attack will have much effect on the patient.



It may be necessary to give morphia to allay excitement; and, if indicated, give quarter grain hypodermically. This may be repeated if necessary, though not to the extent of subduing all cough, for in these severe cases it is better that the patient keep the bronchial tree fairly free of blood, to avoid subsequent broncho-pneumonia.

Excessive cough may also be treated with morphia. As healing of the aneurysm takes place through clot formation, we must prevent, as far as possible, the dislodgment of the clot.

The use of drugs to lower blood pressure in hæmoptysis is exceedingly unsatisfactory. The nitrites being vasoúlatars have been much recommended. Some find them useful, others seem doubtful of their efficacy. There is no doubt but that the administration of amyl nitrite, followed by nitroglycerin hypodermically, reduces blood pressure. It will drop from 120 mm. to 105 mm. in a few minutes, and the low pressure may be maintained by sodium nitrite, or erythrol tetranitrate, these latter drugs acting more slowly than the others, but their action is more prolonged. The state of the pulmonary circulation may be estimated by observation of the pulmonary second sound. My own experience with the nitrites has been such as to place no dependence upon them. I have seen most persistent bleeding with administration of amyl nitrite.

Aconite, too, lowers blood pressure, reduces the force of the heart and slows it. Giving aconitine 1-200 grain, every 15 minutes will usually reduce a pulse from a rate of 120 to 90 in a few doses. With rapid pulse I give it until pulse is below 100 or until there is tingling of the tongue or finger tips. Atropine has been highly recommended by v. Weismayr, Babcock and others, in doses of 1-100 grain repeated, or in a single dose of 1-25 grain. It must be used with caution because of the excitement induced in some patients.

To hasten coagulation time and assist clot formation, calcium lactate and chloride have been used. The former salt is less irritating and may be given in 15 grain doses every four hours the first day, then three times a day. It must not be given continuously, but omitted for two or three days after three days' administration.

One case with persistent bleeding for some weeks yielded quickly with rectal injections of gelatine of a solution of 1 oz to a pint of water. Six ounces were given three times daily, and I would recommend this in all protracted cases. It has been suggested that its action may be due to its content of calcium salt.

The leaders in the profession seem hopelessly divided in opinion as the efficacy of ergot. I have seen bleeding cease many times on its administration, but have seen it cease more often without ergot, and

again and again it has failed. My own opinion is that it is quite useless in pulmonary hæmorrhage.

Where a large quantity of blood is being lost, it is well to ligate a leg and arm with sufficient pressure to prevent venous return—about 20 minutes at a time, changing them to opposite side.

For treatment of initial hæmoptysis in incipient disease, little is required other than rest in bed with attention to diet and regulation of the bowels.

For the congestive hæmorrhage, digitalis and strychnia are indicated, and slight exercise, either walking or carefully supervised pulmonary gymnastics, may be indicated.

Patients with recurring hæmoptysis are to be warned against sudden severe exertion, such as heavy lifting, running, high reaching, rapid climbing of stairs, etc.

*Diet.* This should be restricted when bleeding is severe or continuous, both as to solids and liquids, should be non-stimulating, with no hot dishes. Alcohol, tea, coffee, cocoa are forbidden, also foods which require effort in mastication. For the first few days, eggs, milk, gelatin jellies, ice cream, custards, beef juice, should form the diet; the fluids not to be over 50 ounces—in some cases not over 25 ounces. As the bleeding and subsequent oozing ceases, a solid diet may be begun, still restricted, and with fluids restricted until after all color has disappeared. The patient is to be fed by his nurse while any color is still present.

If it has been thought wise to use calcium salt, then acidulated drinks are to be avoided as prolonging coagulation time.

In early cases the patient may get up and move about within a couple of days. In advanced cases, however, longer rest must be insisted upon. He should remain in bed, in moderate cases, four days, and in severe and profuse cases, fully seven days after disappearance of color.

He should be instructed to avoid all things which tend to increase blood pressure in an endeavor to prevent recurrence.

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## THE RELIGIOUS FACTOR IN MEDICINE.

By JOHN HUNTER, M.B., Toronto.

**M**AN is essentially religious. His faith in a supreme being, or beings, or in natural laws, is the most deeply rooted of all his convictions. The creeds, doctrines, or dogmas, through which he gives expression to his faith, are his infallible guides. In observing them,

he is willing to inflict upon himself the most austere spiritual and physical restrictions and obligations. In defense of them he is ready to endure persecutions, waged with relentless cruelty, and to face death, though inflicted with merciless torture.

Another equally well established fact is, that for many centuries in the past there was a very intimate bond of union between religion and medicine. What has been facetiously called the "Angelic Conjunction"—priest and physician, in one person—was considered thoroughly ethical. Scientific medicine is deeply indebted to many of the ancient ecclesiastical orders, for valuable aid rendered by these bodies. Great universities were established by the church, and in these were chairs for the teaching of medicine. The fame of several of these was in a large measure due to the condition and high moral character of the medical teachers.

A third fact looms up with rather ominous significance. It is the steady growth during the past four, or five decades, of an attitude of persistent antagonism between religion and medicine. Every physician who has been in practice for thirty, forty, or fifty years must notice a very striking difference in the attitude that existed between religion and medicine in his early days, and that which exists now. In bygone days the family physician was welcomed to the home almost as "An Angel of Mercy." Benedictions were showered upon him as he came and went—now he comes into the sick-room as a professional, whose services have to be paid for. His visit awakens no sentiment of gratitude for medical aid in time of need. The commercial attitude chills religious emotion. The physician relies wholly upon his scientific training and experience to make a diagnosis, and to outline a course of treatment. To the modern physician, "Time is Money"; and it can't be wasted on an interchange of religious sentiment. He leaves that for the preacher and speeds away in his "auto."

But a man is a religious being, his religious sentiments can no more be held down by commercial or scientific mandates, than steam can by a lid. The charlatan and the religious cult have recognized this fact—which the modern physician seems so completely to ignore—and have taken full advantage of it. Faith, prayer, miraculous power; in brief, anything, and everything that appeals to the religious sentiment, is utilized by charlatan and cult. It is in the interests of these impostors, to create an attitude of antagonism between religious sentiment and ethical medicine. That their efforts are attended with only too much success is very evident.

Amongst the clergy are many who are now ready to exploit the nostrum vendor, and extol his nostrums. The Ladies' Aid, missionary and other societies have amongst their numbers many whose chief

delight is to rehearse the virtues of some compound for female ills—not only in the attitude of individuals, but also in that of the religious, and secular press do we find antagonism to ethical medicine. Any effort to suppress the false and blatant claims of the quack is met by opposition from the press.

Two interesting questions arise in regard to this antagonistic attitude: (1), The causes that excite and perpetuate it; (2). Antidotes for these.

The etiologic factors that help to create this adverse attitude and to perpetuate it are both varied and numerous. The innate desire for something new has a powerful influence on the unstable mind. The discovery of a great Indian remedy, set forth in a flaring advertisement is enough to beguile a legion. Quotations from scripture appeal strongly to the religious sentiment, hence the relief—real or imaginary—obtained in functional or neurotic ailments, by prayers, incantations, laying on of hands, etc. If accurate data could be obtained, it is quite probable another factor would appear, viz., that the increase of scientific knowledge has had something to do in creating this attitude. The great zeal displayed a few decades ago in morbid anatomy made the post mortem table a far more interesting place than the sick couch. Fame had its laurels for the man who could verify his diagnosis at the autopsy. What a myth were the virtues of drugs when such changes were taking place in the body? Therapeutic nihilism followed. The advent of aseptic, and antiseptic surgery placed such a "halo of glory" on the head of the surgeon that the mere physician became quite a negligible factor in the sick-room. Therapeutic nihilism and surgical rapacity made an appeal to religious sentiment, but, on the contrary, antagonized it; hence the reaction against the purely scientific phases of medicine as seen in the rapid growth in numbers, wealth, and influence, of the cults that appeal to the religious sentiment.

How is the old bond of union between religion and medicine to be restored. All who are interested in medicine must admit that the present attitude, in so far as it is antagonistic, is an undesirable one. If for any reason a large number of people will not consult a physician until driven to do so by pain, or fear of death, the early and curable stage in many cases of disease will have passed away before aid is sought. Such cases may result in disaster to the patient, and rob medicine of its legitimate victories. The art of healing must become a reality. Therapeutic nihilism must be abolished, and the true value of remedial measures ascertained and acknowledged. Our creed must be; faith in our art and science, and be zealously lived up to—we must recognize the tremendous import of religious sentiment and respect and honor it. Prudence, if not shame, should keep any medical man from

saying flippantly that he has not been at church for months or years. If he has no religious convictions of his own; out of respect to the feelings of others, and for the good of his profession let him, at least, keep silent, on religious matters. The lives of a few score of medical men like that of Doctor McClure in "The Bonnie Briar Bush," would do more to restore mutual faith between religion and medicine, than volumes of sarcasm poured out on a Mary Baker Eddy, or any of her ilk. Scientific medicine cannot afford to ignore religious sentiment. It must recognize the legitimate claims of religion and meet them as best it can. The physician is the legitimate sovereign in medicine. Surgery and the specialties are only allies. The physician has no more right to abdicate his authority to the surgeon or specialist than the monarch has to hand over the reigns of government to one of his allies. The vacillating policy of the physician is a potent factor in creating mistrust in the lay mind—such conduct has only too often brought approbrium on medicine. Patients object to be summarily handed over to the surgeon or specialist, and so pass out into the hands of the religious-medical charlatan. Scientific medicine would be immensely strengthened in both professional and public opinion if a far more rigid censorship were placed on surgical operations. How often is a community shocked by a sudden death after an operation? This is sad enough when unavoidable but what a miserable reflection on medicine when it is reported around the community that there was really no necessity for an operation. Another sinister reflection is aroused in both lay and medical minds when the fact becomes known that a doctor with but a small practice drums up a far larger number of surgical cases than his neighbor, who is attending two or three times as many families in the same community. It holds just as true in medicine as in morals, that if the medical profession is to acquire, and hold the respect and confidence of the public, its members must shun every appearance of evil.

In conclusion, if the present attitude of antagonism against ethical medicine is to be put away it can only be done when the members of the medical profession come to realize the true mission of medicine, viz., that of service, and also to realize that religious sentiments are the strongest of all convictions, and to give these their full measure of respect and reverence. The religious factor must ever remain an important and very potent one in the practice of medicine. It is a question of vital importance to medicine whether it has the help or the antagonism of this factor. When medical aid is looked upon as a blessing worth having, the sick will resort early to the physician, and the full benefit of prophylactic measures, and early treatment will be realized. The physician's revenue would be increased, and patients saved from fraudulent extortions if all traces of antagonism between religious sentiment and ethical medicine could be removed.

## MILK EPIDEMICS\*.

By J. FLEMING GOODCHILD, M.D., M.R.C.S., Eng., B.Sc., Pub. Health, Edin.

**T**HERE is now no question of the fact that numerous epidemics of enteric fever, diphtheria, cholera, sore throat and scarlet fever have occurred in which milk has been the medium of conveyance and multiplication of the specific microbes.

In the case of typhoid fever the organism has gained entrance to the milk, either by adulteration of the milk with water containing the bacillus of Eberth, or by washing the milk vessels with similarly befouled water; and, in a few cases, it has been found that the only source of contamination was from a person who had milked the cows with hands soiled with the dejecta of patients suffering from typhoid fever. Another means is that of the udder of the cow becoming fouled with water containing the typhoid bacillus.

In a large percentage of milk epidemics of diphtheria, it has not been possible to trace the source from which the milk derived its infective quality. This, however, is not to be wondered at, for, in the first place, our knowledge is not yet sufficiently definite to enable us to exclude diphtheria, from the class of diseases which are not necessarily dependent on an immediate pre-existing case, and which appear to arrive at times from ordinary unsanitary condition; and, in the second place, slight cases of diphtheria are very difficult to trace—the diphtheretic character of a sore throat not always clinically being recognizable by doctors, and in these mild cases a careful bacteriological examination is not always made. Notwithstanding this, one need not hesitate to say from the abundant evidence now existing that diphtheria has often been conveyed through the medium of milk.

In the case of sore throat certain diseases of the cows themselves, especially of the teats and udder, have been found to act as a primary cause; but this has really nothing to do with milk as a vehicle for the conveyance of infectious diseases.

A good example of an acutal case of cholera being conveyed by the medium milk, is that reported by Dr. Simpson: "An outbreak of cholera occurred on board the ship *Arden Leutha*, lying off the port of Calcutta. Of the crew of this ship all those who drank milk brought by a native milkman suffered. This milk vendor was found to have his dairy near a tank into which dejecta from a cholera patient was thrown. He confessed to have habitually diluted the milk one part in four with water from this tank.

In those epidemics of scarlet fever which have been traced to milk, it has been usual to find that the milk was infected through human

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\* A Lecture delivered at the Toronto Orthopedic Hospital, 24th October.

agency by a previous inadequately isolated case of scarlatina at the farm or dairy. The cows were either milked by a person who was attending on a scarlet fever patient, or by one who had the disease in his family, or by one who was himself suffering from scarlet fever in a mild or disguised form; and occasionally the milk appears to have derived its infective quality from being kept in a room in which clothes or refuse matter from the sick have not been disinfected. There is no evidence of this disease being conveyed by water nor by the air, inasmuch as it does not appear to spread in the neighborhood of fever hospitals; and, at present, there is little evidence to show that this disease has any definite relation to the soil.

In Britain, even before the year 1881, numbers of scarlet fever milk epidemics occurred and were described by Ballard, Buchanan, Jacobs, Robertson, Darbshire, and many others. In the transactions of the International Medical Congress, 1881, Mr. Earnest Hart tabulated these, giving particulars of fifty epidemics of enteric, fifteen of scarlet fever and six of diphtheria, including in all some 4,800 cases of infectious diseases—all traced to an infective or supposed infective quality of the milk; and since that date numerous other epidemics have occurred in which milk was the vehicle of conveyance of the infection.

In the United Kingdom these milk epidemics are now so easily recognized since the classical investigations of Ballard and Buchanan that there is hardly a Health Officer in the country who has not had the opportunity, even during a comparatively few years of office, to himself investigate and become acquainted with such epidemics. As evidence of the truth of this statement, let me cite my own experience during a year's work, 1900-1901, as assistant to Dr. A. K. Chalmers, M. O. H., Glasgow. During that year there were two milk epidemics of scarlet fever that came under the notice of my chief, and I personally, along with another assistant, Dr. Knight, now M. O. H., Scarborough, was instrument in working out and finding the source of infection in one of these. In this epidemic we found in the Gorbals' district in Glasgow quite a large number of scarlet fever cases occurring almost simultaneously in different and distant households. These had no inter-communication with one another in most instances, either by school, church, or visitors. These sporadic cases appearing, with no definite source for infection from other scarlet cases, led us to think at once that the milk supply was the vehicle of contagion. In this particular instance we found, as nearly as I can remember, that upwards of fifty cases of scarlet fever had developed within two days; and in almost every one of the first cases we traced the milk supply, through several different city vendors, back to one common source of supply, a dairy farm in Lanarkshire where a family had suffered from scarlet fever, and where

one of its members had continued to work in the dairy while suffering from a mild type of the disease.

Another good example of a scarlet fever epidemic, caused by a contaminated milk supply, is that reported by Dr. Robertson, of Keswick. In this instance the contagion had found access to the milk of a dairy, closely adjoining a house where scarlet fever had existed for several weeks. The cows were milked every night and morning into open pails, and the milk carried across an open yard past the affected household. The children who first contracted scarlet fever in the locality played about the yard while in a state of desquamation. Very shortly afterwards, a general epidemic of scarlet fever broke out in the town and, in two days, upwards of 30 to 40 families became sufferers from the disease. All those that contracted the disease received their milk supply from this particular dairy. Some members of every family supplied became infected almost at the same time, practically all on the same day with either a scarlatinal sore throat or scarlet fever. Other families supplied from a different source escaped the disease. A lodger with one of the unfortunate families took the raw milk for supper and contracted the disease. His landlady drank boiled milk from the same sample. She escaped the disease.

We must here observe the large number of scarlet fever cases occurring on the same day. The inference from this fact is that, a day or two previous to this outbreak, the children, while playing in the yard, had in some way conveyed the infection to the milk in their neighborhood.

In 1885, an epidemic of scarlet fever occurred in Rostock, Germany, apparently from milk infection, a very striking increase in scarlet fever occurred in June, in which month 36 cases developed. It was discovered that the families, with two or three exceptions, were supplied with milk from a farm in the village of Gehlsdorf where six cases of scarlet fever and a number of cases of sore throat existed among the farmers' families and employees. Some of those who were taken ill had milked the cows and had handled the milk. According to investigation of the Rostock physicians, 8 of the 36 cases could of a certainty be attributed to infection from the milk. As indicating the presence of the infecting agent in the milk, it was noted that those who drank boiled milk escaped. This was the case in two children, two and four years of age, who remained free from illness, although other children in the same household who drank raw milk contracted the disease.

The *Medical Record* of March 28, 1896, contains Freeman's paper on the transmission of various diseases through infected milk. In 26 epidemics of scarlet fever in England traceable to milk, he showed that 15 of these were found to be due to the disease in man.



In Plainfield, New Jersey, an epidemic was traced to a farm hand who had a mild attack of scarlet fever and who handled the milk while ill.

More recently an outbreak of scarlet fever occurred among 35 students of Pardue University, Lafayette, Ind. The 35 students took their meals at eleven different boarding-houses, all of which were supplied with milk by the same dairy man; also five private families, supplied with the same milk, had one or more cases of fever in each of their households. The infection was attributed to winter clothing which had just been put on and which had been laid away the previous winter when the "dairyman's family ran through a course of scarlet fever."

From the now extensive literature on the subject we may conclude that scarlet fever may be conveyed through a contaminated milk supply. The matter is not proven with scientific accuracy or, one might say, beyond the peradventure of a doubt, but the chain of circumstantial evidence is so strong as to render this conclusion irresistible.

The view advanced by Dr. Klein and some others that the cows themselves sometimes suffer from scarlatina is not generally credited.

Hall, in his article in the *New York Medical Record*, November 11th, 1899, in reviewing the subject of milk infection, makes the following interesting statement "while scarlet fever occurs in epidemics in those countries where cow's milk forms a staple article of food, especially among children, it does not occur in countries where cow's milk is not used as a food, or where children are raised on mother's milk only."

In Japan, cow's milk is not used and there scarlet fever is practically an unknown disease. In India, cow's milk is used but children are kept at the maternal breast, until they are three or four years of age. Scarlet fever is a rare disease in India and seldom occurs in epidemic form.

In January, 1907, an epidemic of scarlet fever and diphtheria swept over the city of Chicago. Altogether in one month more than ten thousand cases of infectious diseases were reported, including four thousand cases of scarlet fever, and upwards of one thousand cases of diphtheria. There were over three hundred deaths. It was proved that the outbreak was due to infected milk which came from two small places in Wisconsin where there were cases of diphtheria and scarlet fever, namely, Bassett Station and Genoa Junction. The former is a dairy farming district where, for months, scarlet fever had been prevalent, yet milk was regularly shipped, without warning of any kind, to Evanston and Chicago.

In connection with this Chicago epidemic it is worth noticing that, in the bottling house of one of the largest dairy companies in the world,

a man was found working visibly suffering from scarlet fever, the characteristic rash being present on the skin. Milk was also being received by the same company from two farms on which there were cases of scarlet fever. Similar reported serious milk epidemics of scarlet fever have occurred in Buffalo, 1899; London, England, 1901; and in Salem, Mass.

As to diphtheria, the medical literature of recent years contains many reports of milk borne outbreaks. Mention of two or three of these will be sufficient for our present purpose.

In 1893, a small epidemic occurred in Lund, Sweden, when eight persons in different families became sick with diphtheria. These cases were traced to the use of milk from a farm near Lund. At this farm house two of the inmates were found to be infected with diphtheria.

Quite an extended epidemic occurred in 1886, in England. In the course of a few days, 70 cases of diphtheria occurred, distributed in more than thirty families, fifteen cases being fatal. All the sick had received milk from the same dairy. Not one case of diphtheria occurred during this time among consumers using milk from other dairies.

Another report is that from Ashtabula, Ohio, where one hundred persons became affected with diphtheria in December, 1894. The houses in which the disease occurred were widely separated, but milk was taken at all of them from the same dairyman. On the farm of this dairyman a workman had a very sore throat, probably diphtheretic. This person had assisted in the work of the dairy, while suffering acutely from sore throat. Of forty-four households investigated it was found that thirty-two had received milk directly from this sick person; the other twelve had received milk from the same dairy but it had been delivered by another man.

Dr. U. Findt has given a detailed account of a diphtheria epidemic, borne by milk from a co-operative dairy at Holbrook, in which fifty-one patients were infected in July, sixteen cases the following month, and six more in September. This case is remarkable in that the milk appears to have been contaminated for quite a long period. It is certainly very difficult to prove the presence of diphtheria bacilli in market milk, because, even if the milk has been the cause of the epidemic, they are present in it only in very small numbers and usually but for a limited time. To the present time the diphtheria bacillus has only rarely been isolated from market milk samples.

In the case of typhoid fever, Dr. Caroe has reported ninety large and small epidemics which occurred immediately outside Copenhagen during the period 1878-1896, and which were mostly due to infection by milk. In the city itself, in the year 1900, three definite typhoid fever milk epidemics occurred.

During the present year early in the spring an epidemic of typhoid fever took place in Paisley, Scotland, and it has been proven bacteriologically that upwards of a hundred cases could be traced to infected milk. Many similar typhoid fever milk epidemics, both in Europe and America, are now on record.

Last year at Oshawa, Ontario, Dr. McCrea, Health Officer there, reported several cases of typhoid fever caused directly by milk contamination.

It is unnecessary to go farther in this discussion of typhoid fever milk epidemics; for it is a well known fact that impure drinking water is probably the most common carrier of typhoid fever contagion to man, and it is self-evident that milk, which is favorable to the growth of typhoid fever bacilli, may be infected from the water. Typhoid fever bacilli may be blown about by the dust, carried on the boots of persons who walk over infected surfaces, and they may also be carried by flies as was abundantly proven during the Spanish-American and South African wars. By all of these means the milk may become infected with the typhoid fever bacilli.

In regard to tuberculosis the bacilli may enter milk not only from tubercular cows and infected stables, but also without doubt from tuberculous people. The danger, however, is lessened in the case of tubercular organisms by the fact that these bacilli do not increase or multiply in milk. The latter peculiarity, as well as the fact that but few tubercular milk epidemics have been reported, puts tuberculosis rather out of the category of diseases that may be spread in epidemic form by means of the medium milk. But so prevalent is tubercular disease in man and animals, so generally diffused and numerous in the community are its sources, and so closely allied with these courses is the medium milk which will preserve and convey its causal agent, that one cannot advisedly dismiss from further discussion in this paper a disease which is so often milk borne.

It has long been known that tuberculosis can be acquired by ingestion as well as by inhalation and inoculation, but the part played by cow's milk in the spread of the disease has only recently begun to receive serious attention. That many persons, old and young, have been infected with tubercle through the milk of cows suffering from the disease is one of the best attested facts in modern pathology; but the extent to which children are the victims of this infection is only now being recognized.

Prof. Von Behring says that milk fed to infants is the chief cause of tubercular infection. Though this teacher probably is in error in making such a statement, still we are safe in saying that most of the

world's leading pathologists agree that milk is one of the important sources of infection.

The British Royal Commission, appointed to inquire into "The effects of food derived from tuberculous animals upon Human Health," consisting of some of the most eminent physicians and physiologists in England, after careful examination of many experts, and some very extensive and thorough experimenting, unanimously reported in 1895 that they they believed "That an appreciable part of the tuberculosis that affects man is obtained through his food and that no doubt the largest part of the tuberculosis which man obtains through his food is by means of milk containing tuberculous matter."

Another British Royal Commission, appointed to enquire into the subject of "controlling the danger to man through the use as food of the meat and milk of tuberculous animals," reported in 1898 its unanimous agreement with the findings of the former commission quoted above. And the Royal Commission of 1901, appointed to inquire into the relation of human and animal tuberculosis, demonstrated conclusively that bovine tuberculosis can be transmitted to human beings; that there is no essential difference in the tuberculosis which afflicted human beings and that which afflicts bovine and other animals.

Dr. Oliver, of Paris, records an instance of thirteen school girls, belonging to a Paris boarding school, becoming infected. Six of the girls died. It was found that in several cases the bowels were first attacked, and the outbreak was traced to the milk supply which came from a cow with a badly infected udder. Dr. Jacobi quotes a case recorded by Johne, an eminent veterinary anatomist, of the death from tuberculosis of a little girl, two and one-half years old. She had been fed upon the milk of a cow which her father, a farmer, had specially selected on account of the animal's splendid appearance. Later it was found that the cow was tubercular, but not until it was too late, the child having died.

We know positively that healthy cows, fed upon food which contains tuberculous matter of human origin, become infected with the disease; and it is reasonable to suppose, in the absence of conclusive evidence to the contrary, that human beings can be similarly infected by the ingestion of bovine tuberculous matter.

Of this we now have positive evidence. A little daughter of Goose, a physician of Geneva, was infected by drinking the milk of the cow on the physician's own farm. The child died. Goose conducted a P. M. and conclusively demonstrated that the cause of infection was the milk upon which the child had been fed, and which proved to have come from a cow with tuberculosis of the udder.

Dr. George M. Kober tabulates eighty-six cases of tuberculosis showing the transmission of bovine tuberculosis to human beings through milk. Added to those specific cases, it is now a well-known fact that the bovine tubercle bacillus has been found in an active state in the intestines of young infants. So that the chain of evidence is almost as nearly complete as anything in scientific medicine can be.

Even Koch now admits the presence of bovine tubercle bacilli affecting the mesenteric glands of children, and, I believe, the recent International Congress on Tuberculosis at Washington sustains a 95 per cent. testimony and belief that the bovine tubercle not only attacks intestinal glands, peritoneum, the meninges, and bone, but, in addition, this bovine bacillus finds its way to the lungs to produce phthisis pulmonalis, all of which infection may be definitely traced to the ingestion of milk bearing the germs of bovine tubercle.

Dr. John Ferguson, of Toronto, has recently quoted the report of Martens, of Copenhagen. Dr. Martens found some 123 cases of tubercular disease among 511 children of an institution which received its milk supply from a herd of tubercular cows.

To return from this digression let me quote Power of London who sums up the points of note in milk epidemics, and shows the outbreaks to have the following characteristics.

(1) Outbreak, sudden and cessation also abrupt, if allowance is made for the late cases which have probably become infected from the earlier cases and not by the milk.

(2) A large proportion of the attacks are simultaneous. The outbreak also reaches its maximum too rapidly to admit the possibility of infection from a first case.

(3) Two or more persons in the same house are taken ill at the same time. This may occur apart from milk infection, but it is very exceptional as regards the first invasion of the household.

(4) A very large proportion of the household attacked will be found to have a common milk supply which, however, may not be distributed by the same retailer.

(5) If the households are classified according to the amount of milk consumed daily, it will be found that the attacks are more numerous among those consuming a larger supply. The wealthier consumers generally suffer more than the poorer.

(6) Attacks are rare among persons who drink little milk or only take it in tea or coffee, or always have it boiled.

(7) In scarlet fever milk epidemics the type of disease is usually mild and attended with low mortality.

(8) Infected cream or milk kept over night has been found to cause more virulent cases of the disease than milk consumed in the fresh state

## THE MILK QUESTION.\*

By JOHN FERGUSON, M.A., M.D., Toronto.

**I**N what I may state on this occasion I wish to be on record in a very definite way. In 1885, before the Ontario Medical Association, I took strong grounds that tuberculosis, being a germ disease, was also an infectious one, and that the strictest precautions should be taken with those suffering from the malady in order that it might not be communicated to others. These views were ridiculed by every one who spoke on that occasion. This was followed afterwards by a number of letters and post-cards denouncing the views I had set forth, as a cruelty to those afflicted and a waste of the time of the meeting. Compare then and now.

Milk is an animal fluid and furnishes an excellent culture medium for many kinds of organisms. When fresh and warm it restrains putrefaction like fresh blood, but in a short time this power disappears, and any living organism in it has a good opportunity to multiply. It is known that if lactic-acid producing bacilli gets the start there will be a stay in putrefaction, whereas if the putrefying organisms have the best of it, there will be a stay in the formation of lactic acid. The formation of lactic acid is not specially dangerous, while putrefaction is fraught with deadly consequences.

It has been observed on many occasions that milk has been the means of carrying the contagion of typhoid fever, scarlet fever, and diphtheria. That it will carry the tubercle bacillus we are all now agreed.

With regard to typhoid fever, scarlet fever, and diphtheria, the milk becomes infected after it leaves the cow. In the case of the tubercular bacillus the infection may be yielded by the cow, or be added after the milk has been withdrawn from her. The agents in causing this contamination may be tuberculous attendants, tuberculous cows infecting their stables by sputum and faecal matter, or by flies that are crawling through and living upon tuberculous matter and carrying the bacilli on their bodies - avoiding them in their faeces.

That the bovine, avian and human bacilli have certain differences is now sufficiently well established to require no further proof. But we also know that there are many varieties of streptococci, and a number of varieties of staphylococci. This does not make it much more pleasant to become infected by these organisms. The organism of smallpox and vaccinia is one and the same, modified as it happens to be obtained from man or the cow. When smallpox is passed through the cow some change takes place and it becomes much less virulent. It has been

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\* Read in the discussion of Dr. Goodchild's paper.

observed that treating smallpox infection with fresh cow's milk has much the same effect on its virulency that passing it through the cow's system has.

In the case of the tubercle bacillus there is no doubt but that the bovine type differs somewhat from the human; but, like the organism of smallpox, will infect both man and cattle. It has been proven that bovine animals can be made tuberculous by feeding them on food infected with human sputum, and also by inoculation. When an animal has become infected in this way, the bacilli obtained from it will grow more readily in the system of a kindred animal than the infection in the first instance obtained from man, and so on still more readily for a third animal from the second one. Reverse this and see what takes place. A child becomes infected through milk and suffers from tuberculosis. A second person can be infected from this person more readily than did the first one from the milk, and so on, just as was the case when the series of animals were being infected from a human source. That there are differences in the human and bovine bacilli is largely an academical matter, and must not allow us to relax one jot in our efforts to secure a milk supply free from the bacilli.

Look at the subject clinically with me for a few moments. The vast majority of the cases of tuberculosis under ten years of age is of the intestinal tract, the mesenteric glands, the bones, the joints, or the meninges. The infection in these cases enters the system through the digestive canal. This being granted what is the conveying agent? Not meat, bread, potatoes, water, nor often the mother's milk. It must be cow's milk, which forms such an important element in the dietary of the young. The proof is irresistible. But when you add to this the lessons taught by such facts as where children do not drink cow's milk, or drink goat's or other animal's milk, they almost entirely escape the disease, the picture becomes quite complete.

After ten years of age, the pulmonary form gradually increases in frequency over the intestinal, bone, joint and meningeal forms so common in the young. After ten, the effect of school life with its dust and bad air in too many instances, the entry into offices and factories, the associating with those who have the disease, etc., all tend to cause the inhalation, or pulmonary type, of tuberculosis to take the lead.

We wish our milk supply to be as good as possible from the nutritive standpoint. But we wish more than this. We wish to secure the milk from healthy cows, have it handled in an ideally clean manner, and avoid to the utmost degree possible every form of bacterial infection. Nothing less than this should satisfy us; for it is all obtainable, and it is of vital importance to the health and life of the people. The slaughter of the innocents through the milk can has far exceeded the

slaughter wrought by pestilence and war. We must aim for the following conditions:—

1. Healthy cows and the feeding, stabling and milking of these carried on according to the best methods. The care of the milk should be such as maintains the purity of the milk until it reaches the consumer. This is certified milk.

2. Healthy cows and as many safeguards as can be thrown around the milk supply, but yet not such as to keep it up to the standard of certified milk. In such cases there is the need for pasteurizing the milk.

3. Unhealthy cattle and careless, dirty methods of handling the milk should be mercilessly condemned and put a stop to wherever found.

I am one of those who hold that milk that has been pasteurized is not so good for the feeding of infants and children, as milk that is secured under the certified plan. It is much better, however, than bacteria-laden milk; and for the time, we must accept the least of two evils.

My view on this subject is now what it has always been, that the milk supply of great cities is so vitally important that it ought to be undertaken by the community as a whole. Large municipal farms, well watered, with ideal stables, proper refrigerators, scientifically educated persons in charge, and stocked with healthy cows, are the only way of meeting this question. Milk of certified quality could thus be supplied to rich and poor, and at cost. Produced in this large scale, the expensive plant would not add too much to the cost, and the result would be that the milk would really be cheap. There are certain things that the community must supply, namely, water, fire protection, schools, and I place the milk supply of cities in this list. Things that were considered utopian yesterday, are seriously considered to-day, and will be in the field of practical life to-morrow. Opinion, like the earth to Galileo's mind, is still moving.

To sterilize milk thoroughly its temperature must be raised to over 212° F. This would prove disastrous to its nutritive value. It is held that raising milk to a temperature of 60° C. or 140° F. will reduce the number of bacteria very materially and will destroy the vitality of the tubercle bacillus. I would prefer not to use such milk than trust to such a temperature being death to the bacillus of tuberculosis. The moral is we must keep the bacilli out of the milk rather than kill them after they have got into it. One more point I wish to emphasize, and it is this. Toxines as well as germs may be deadly. Indeed it is the toxines which kill. Pasteurizing may kill the bacteria, but will not render the milk safe if it has already become laden with toxines.



Milk must be kept as free from bacterial infection as possible. If freely infected with living organisms it will soon be heavily laden with their products, the toxins. Pasteurization will not remove these. Then, again, as it is impossible to sterilize milk there will still be living organisms in it to commence a process of multiplication. The pasteurization will therefore prove of little avail unless the milk is properly cared for after it has been pasteurized. Here let me state that, one of the most dangerous periods in the history of milk, from the time it leaves the cow until it enters the human stomach, is that period when it is in the consumer's own house. We all know the usage milk receives in most kitchens.

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## CURRENT MEDICAL LITERATURE

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MEDICINE.

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

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BLOOD PRESSURE.

Sir L. Brunton, (*Lancet*, 17 October), after describing the various instruments used to determine blood pressure in man, discusses the significance and regulation of high and low pressures. In man the average normal difference between the systolic and diastolic pressure is from twenty-five to forty millimetres of mercury. Both maximum or systolic blood pressure and its relationship to the diastolic pressure may undergo considerable variations in the same person. The maximum pressure in children from eight to fourteen years of age is about ninety millimetres; from fifteen to twenty-one years it is about 100 to 120; from twenty-one to sixty-five years of age from 120 to 135 or 150; and above sixty-five years of age it may still remain at 135 if the arteries are still elastic, or it may go up to 180, 200, or even higher. In women the pressure is, as a rule, about ten or fifteen centimetres lower than the corresponding pressure in men. Attention is directed to an abnormally low blood pressure as a possible premonitory symptom of pulmonary tuberculosis. The blood pressure is apt to fall much below the normal in cases of general debility from overwork, underfeeding, and especially from acute disease. After influenza the fall is sometimes very notable. In cases of low pressure we use abundant food, especially animal food, meat extracts, strong soups, gentle exercise, with plenty of open air and sunshine. General tonics, such as iron, arsenic, malt, etc., are useful; also such cardiac tonics as digitalis, strychnine, and caffeine. In lowered tension the symptoms usually distinctly call for tonic treatment; but in cases of raised tension the high pressure within the blood vessels frequently gives rise to a sense of power and a desire for action. High tension is not only a direct cause of cardiac failure or ruptured vessels in itself; it also produces atheroma of the arteries, and by thus weakening them renders them more liable to break. Rupture of elastic fibres is probably the primary cause of arteriosclerosis or arteriocapillary fibrosis and of atheroma. In arteriosclerosis the fractures are single, separate, and general; in atheroma they are multiple and aggregate. This would explain the patchy nature of the disease, those parts of the arterial wall being the first to suffer where the stress is greatest or where they are least protected. The substances which tend to raise the arterial

tension during advanced life are unknown, but it is probable that some products of internal secretion and tissue metabolism tend to cause contraction of the vessels with rise of blood pressure. In addition it is quite possible that the products formed from an albuminous diet during digestion in the intestine may have a similar effect. The first indication in treating rise of tension is therefore to diminish the supply of proteid food, especially meat, and to substitute a diet of bread, vegetables, and fruit, with milk, butter, and fat bacon. Eggs, fish, and fowl may be allowed if the tension is not excessively high. Alcohol, tea, and coffee should be used sparingly, if at all. The same is true of tobacco, which produces atheroma *per se* in animals. Moderate exercise is beneficial, but sudden exertion should be avoided. The same is true of mental work. Constipation must be carefully avoided, as it tends to raise the blood pressure. Mercurials seem to have a specially beneficial action. Cases of high tension with failing cardiac action call for cardiac tonics combined with vascular dilators. In angina morphine has sometimes to be given. *New York Med. Jour.*, November 7, 1908.

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#### MERCURY IN THE TREATMENT OF TUBERCULOSIS.

In the monthly Cyclopaedia of Medicine, Sajous discusses the treatment of tubercular troubles by mercury which has been advocated by Wright of the U.S. Navy, on the ground of experiences which he has reported in the *New York Medical Journal*. He describes how this method has been advocated on various occasions during the last century and how after each trial it gradually fell into ill favor and disuse. There must be a good reason why the clinical experience of the profession at large has opposed the method after trial, and Sajous is inclined to accept the findings of such a court. The phenomena awakened by mercury are well known to therapeutists, but the mode of their production is, he believes, the key to the problem.

In the second volume of "Internal Secretions" we find: "The various salts of mercury owe their therapeutic value to the energy with which they stimulate the test organ. In minute doses they promote nutrition, *i.e.*, act as a tonic because, by stimulating the test organ, they increase the secretory activity of the adrenals, and enhance therefore general oxygenation and its logical corollary, the power to combat infection."

Destruction of the pathogenic organism comes indirectly owing to the enhancing of the bactericidal powers of the blood due to the increased oxygenation of all organs. Now it has been with small doses frequently repeated that the beneficial results detailed were produced

and this suggests that large doses are not beneficial. Active destruction of tissue attends mercurial intoxication, a condition resembling the cachexia of tuberculosis, the germs are not alone destroyed, but the red corpuscles and other blood elements as well. By the use of too large doses of mercury in the past the method of treatment has on more than one occasion fallen into disuse.

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### MICROSCOPIC APPEARANCES IN ACUTE ANTERIOR POLIOMYELITIS.

In the *Medical World* September 19th, Cadwallader reports the study of three cases of this affection, one in an infant, two years and seven months old, the others in adults; he summarizes the findings as follows:—

- (1) Acute anterior poliomyelitis is essentially an acute polioencephalomeningomyelitis.
- (2) The process is the same during infancy and adult life.
- (3) The process is most marked in the lumbar and cervical enlargements of the cord and frequently may extend upward as far as cerebral cortex.
- (4) Interstitial changes, predominate and occur together with parenchymatous changes. Parenchymatous changes never occur without interstitial changes.
- (5) The localization and intensity of cellular infiltration depend upon the distribution and vascularity of the area affected.
- (6) Neuronophagia is an important factor in the destruction of ganglion cells.

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### SURGERY.

Under the charge of H. A. BEATTY, M.B., M.R.C.S., Eng., Surgeon Toronto Western Hospital; Consulting Surgeon Toronto Orthopedic Hospital; and Chief Surgeon Ontario Division, Canadian Pacific Railway.

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### PRURITUS ANI.

There are many causes of itching about the region of the anus, but those more frequently found are as follows:—Local sweating, dirt, pediculi, eczema marginatum, condylomata and piles; though the condition may be due to chronic constipation, the presence of worms in the rectum, polypi, fissure, or other rectal disease. Mr. Wallis has pointed out that the pruritus may be due to excoriation in the anal canal,

producing hypertrophy of a fold of mucous membrane scarcely amounting to a fissure; this is usually found to exist on the posterior aspect of the gut.

In all cases, before any treatment is advocated, the anal canal and rectum must be carefully inspected, in order that an existing cause may be recognised and removed. The region must be kept scrupulously clean, the parts should be washed twice daily, and always after an action of the bowels, with soap and warm water, applied with a soft sponge or cotton wool; and, after drying, a little boric acid powder may be applied. The following ointment, recommended by Mr. Lockhart Mummery, will give relief in many cases, especially if applied at night:—

℞ Hydrargyri Subchloridi	- - -	ʒij.
Bismuthi Subnitratis	- - -	ʒiss.
Tincturæ Aconiti	- - -	ʒviiij.
Glycerini	- - -	ʒij.
Unguenti Sambuci	- - -	ʒj.
Misce. Fiat Ung.		

Sir William Whitla says there is no better remedy than the official Unguentum Conii, which is generally found to act very rapidly. If local astringents are required, such drugs as Lead, Tar, Camphor, or Phenol may be combined with the conium ointment. The conium appears to paralyse the sensory nerve terminals in the skin and mucous membrane around the anus. *The Practitioner* (British).

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### PLACENTAL SYPHILIS.

Dr. W. O. Paull, in the *Johns Hopkins Hospital Bulletin* for November, reports his investigation into 24 cases of placental syphilis. In these cases the most careful examination of these placenta proved beyond doubt that they were syphilitic.

The interesting feature of the investigation is that in every one of these cases the most thorough examination failed to find any spirochætæ. There have been some instances reported where the spirochetes have been found in the placenta of syphilitics.

“The conclusions to be drawn from this study of the subject are (1) that the *Spirochæta pallida* is rarely found in syphilitic placenta, and then only after long and tedious search. (2) That the anatomical changes observed in the placenta, are the result of toxins produced by the *Spirochæta pallida* in the fetal organs and not to the immediate effect of the organisms upon the villi themselves. (3) The placenta is no.

the nidus of infection. The fact that *Spirochaeta pallida* is never found in the maternal portion of the placenta, but only in the blood vessels and stroma of the foetal villi, would suggest that the placenta offers greater resistance to the invasion of the organisms, which is probably due to the steady flow of antibodies or immune substances from the mother through the maternal circulation."

In 17 out of the 24 the spirochetes were found in the foetal organs. The results of other observers is to the effect that the organisms are found in the foetal organs in the majority of cases.

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## GYNÆCOLOGY AND ABDOMINAL SURGERY.

Under the charge of S. M. HAY, M.D., C.M., Gynæcologist to the Toronto Western Hospital, and  
Consulting Surgeon Toronto Orthopedic Hospital.

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### PRESERVATION OF THE OVARIES ENTIRE OR IN PART IN SUPRAVAGINAL OR PANHYSTERECTOMY.

In the *Physician and Surgeon*, sixth number, nineteen eight, Dr. Reuben Peterson of the University of Michigan writes an interesting article on the above subject:

By tabulating the reports received from one hundred and seventy-three patients an attempt has been made to determine:

(1) Frequency.—Do more patients after hysterectomy with removal of the ovaries suffer from troubles of the menopause than those who have undergone similar operations but where more or less ovarian tissue has been retained?

(2) Severity.—In which of the above two classes are the symptoms the more severe?

(3) Age.—In the two classes of cases under consideration does the age of the patient at the time of operation have any influence upon the frequency and severity of the symptoms of the menopause?

(4) Kind of operation.—In what degree is the frequency and severity of the symptoms of the artificial menopause influenced by the variety of hysterectomy employed (supravaginal or panhysterectomy)?

(5) Disease.—Does the disease for which the hysterectomy is performed influence the relative frequency and severity of the symptoms of the menopause in the two classes of cases?

(6) Duration of symptoms.—When ovarian tissue is retained after hysterectomy, is the duration of the troublesome symptoms of the menopause shortened as compared with cases where both ovaries have been removed?

(7) Amount of ovarian tissue removed.—Does the amount of retained ovarian tissue influence in any way the frequency and severity of the symptoms of the artificial menopause?

After the writer has enlarged fully on these seven points he draws the following conclusions:—

(1) At least ten per cent. of all women regularly menstruating at the time of operation will be free from the troublesome symptoms of an artificial menopause after hysterectomy with removal of the ovaries.

(2) The percentage of women with no symptoms after similar operations will be slightly more than doubled if some ovarian tissue be retained.

(3) The severity of the symptoms of the artificial menopause is much less when the ovaries are retained after hysterectomy.

(4) It is not necessarily true that the younger the woman the more will she suffer from the symptoms of the menopause after hysterectomy with the removal of the ovaries. The greatest percentage of suffering occurs in women operated upon between the ages of forty and forty-four.

(5) Therefore, the rule that ovaries should be removed from patients over forty when hysterectomy is performed should not be followed.

(6) The frequency and severity of the artificial menopause is not influenced in any way by the kind of hysterectomy performed, whether the ovaries be removed or retained.

(7) The severity of the symptoms of the menopause is practically the same after hysterectomies with removal of the ovaries for fibroid disease of the uterus and inflammatory disease of the appendages.

(8) Retention of ovarian tissue after hysterectomy cuts short the period from which the patients usually suffer from the symptoms of the artificial menopause.

(9) The greater the amount of ovarian tissue conserved, the more will the symptoms of the artificial menopause be mitigated.

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#### OPERATIVE AND NON-OPERATIVE FIBROID TUMORS OF THE UTERUS.

Frank De Witt Reese of Cortland, N.Y., pleads for conservatism in operating on uterine fibroids. In general they should be left alone and the patient placed under medical treatment. The cases in which operation is justifiable are those in which there is danger of malignant degeneration, those that are complicated with adenoma, and those in which there are severe pressure symptoms from the other abdominal organs. The author believes that earliest symptom that gives warning

of a possible myoma is dysmenorrhœa beginning with the appearance of menstruation at puberty. This is a sign of irritation in the uterus and a fibroma may form later in such cases. Out of fifty cases of fibroids seen by the author, in forty-nine there was a history of dysmenorrhœa with the first appearance of the menses. Prophylactic measures instituted after a careful examination at this time may result in the prevention of the fibroid. All dysmenorrhœa should be treated at once by examination and rectification of whatever abnormal condition is found, not left to hot applications and coal tar derivatives. The cause of the fibroid is some irritant—chemical, mechanical, or histological. The uterus in case of fibroids should be curetted and scrapings examined to see if there is adenomatous degeneration or admixture. Mixed tumors of the uterus should be removed at once.—*Medical Record*, November 7, 1908.

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## OBSTETRICS AND DISEASES OF CHILDREN.

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

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### PLACENTA PREVIA—OPERATIVE TREATMENT.

Hugo Sellheim (*Zeit. f. Gyn.* No. 40, 1908), discusses the ordinary mechanism of separation of the placenta from the uterine wall, the placental site having the function of loosening itself from the placenta and also of cutting off the blood supply, the mechanism depending upon want of relationship between the size of the placenta and its area of attachment.

With regard to the second portion, the checking of hæmorrhage, it results through two contrary actions, contraction and reduction of the superficial layer bringing about check of the blood loss, while distraction and extension of the superficial surface increases the hæmorrhage.

When the placenta is normally situated there is perfect harmony between the detachment and the checking of the hæmorrhage with the ordinary action of the uterus at the placental site.

In low attachment of the placenta there is a want of harmony in these various factors and the ordinary course of a birth leads in this condition to a collision of various functions which brings the mother and the child to the brink of the grave.

The contraction of the lower uterine segment is more a function of the puerperal period than of the labor period. The imperfect contractions of the lower uterine segment suffice as little to bring about the



checking of the blood loss as would the partial detachment of a placenta normally situated. Where contractions fail, which is so important in the controlling of hæmorrhage after the third stage, the only possibility is then the development of extensive thrombosis.

That one in the treatment of placenta previa employs means which in the course of the delivery favours or brings about "distraction" of the placental site with the desire of diminishing the danger is very extraordinary. In consequence of this want of relationship between the treatment and the ordinary course of nature renders it necessary that when once the diagnosis of placenta previa is certain, every means must be employed of an operative nature to favour the normal birth mechanism and to bring the labour to a close. Consequently Sellheim is of the opinion that extra peritoneal cæsarean section is an ideal operation in this connection as it discloses the placental site perfectly to view, enables the separation of the placenta to be carried out under careful observation, and renders certain absolute checking of hæmorrhage. He then discusses the various details of the operation.

In opening the uterine wall even when the placenta is attached under the incision, the hæmorrhage does not appear anything like when a similar condition is present in the classical cæsarean section. When hæmorrhage is met with after separation of the placenta, artery forceps are quite sufficient to absolutely control it. In one case only had he to pack. To control the hæmorrhage after separation of the placenta they have usually controlled it by light tamponade of the upper uterine segment, with firmer tamponade of the lower uterine segment, sewing of the uterine wound over the tamponade, and opposed pressure through a tampon put in the vagina after the close abdominal operation.

Efforts with temporary compression with cloths soaked in hot saline solution gave very satisfactory results. If necessary, one can employ more energetic means such as adrenalin, etc.

He states that his experience leads him to consider that an artificial separation of placenta previa before the extension of the placental site through the thinning out of the lower segment in labor reduces the hæmorrhage. He considers, therefore, that delivery by means of extra peritoneal uterine section, as soon as the diagnosis of placenta previa has been established, is the most natural, the most perfect, and the most certain method to rescue both mother and child from a dangerous position.

The author then gives briefly the history of all the cases of placenta previa treated in the Tübingen Frauenklinik from the first of October, 1907, to the first of September, 1908, some 15 in number. Of those delivered by abdominal operation all lived, both mothers and children, in all 8 cases. The balance were cases unsuitable for operation. The mothers recovered without dangerous anæmia or infection and all the

children were delivered in good condition and left the hospital with their mothers.

He then discusses the question as to the rules of treatment. For women in whom hæmorrhage and an internal examination has permitted the diagnosis of placenta previa should be delivered by extra peritoneal uterine section with subsequent tamponade of the placental site, so that the child may live and the sepsis of the birth may be assured. In conditions where the child is not yet viable the woman should be kept in bed until such time as operation is possible, but should hæmorrhage recur then turning should be done and the foot brought down. In cases of women who are markedly anæmic from loss of blood and whose condition is so bad that operation is undesirable, turning should be done and the foot brought down to control the hæmorrhage until the general condition is improved as a result of stimulation.

In cases of known infection, turning should be done and spontaneous delivery awaited as abdominal operation is not possible. In cases possibly infected and where it is possible to delay, 12 to 14 hours, quarantine in bed is desirable, in which time the evidence of infection will probably declare itself, and the treatment be governed accordingly.

In all cases delivered per vias naturales as soon as the slightest bleeding occurs after the delivery of the placenta the body of the uterus should be lightly, the cervix more firmly, and the vagina firmly tamponed.

The author is not satisfied with the operation of vaginal cæsarean section in the treatment of placenta previa. He prefers the extra peritoneal Cæsarean section to the classical Cæsarean section, considering it is the best operation.

He then makes an extended argument in favour of his views. He thinks the whole operation in which the lower uterine segment is incised is easier performed and more certain in its results and freer from serious after consequences than is the classical operation.

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## OPHTHALMOLOGY AND OTOTOLOGY.

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

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### THE TREATMENT OF SYPHILIS OF THE EAR.

M. W. Frederick, M.D., San Francisco, in the *California State Journal of Medicine*, writes as follows:—

In marked contrast to the large number of cases of syphilis occurring in the practice of eye, nose and throat diseases the number of ear affections traceable to syphilis is very small. In fact, some of the older writers were emphatic in the statement that lesions characteristic of

syphilis are never observed in the middle ear or tympanic membrane. The whole subject of syphilis of the ear was, until recently, treated in a very superficial manner in the text books only, a few pages being devoted to it, and some of the books entirely ignoring the involvement of the ear in congenital syphilis. The journals rarely contained anything on the subject. Of late, however, a change has taken place, and both in the journals and text books the subject is receiving the attention which it so well deserves. There is no doubt in my mind that if the attention of the physicians were called to this topic the number of cases observed and recorded would be far greater than at present.

Beginning with acquired syphilis I shall not devote any time to the affections of the external ear, as these belong to the realm of dermatology. I wish to mention only that broad condylomata of the external canal occur in a small number of cases and may be mistaken for furuncles; or, when they assume the appearance of the reddish, wart-like excrescences so often seen about the anus, they may be mistaken for granulations due to carious bone in or about the middle ear. As a rule there are other syphilitic manifestations to help establish the diagnosis, and the treatment consists, aside from the constitutional treatment, in the removal of the excrescences, either by snaring or abscission, and touching with silver nitrate; or in dusting in calomel, iodoform, washing with weak solution of silver nitrate or other adstringents. Syphilitic ulcers of the canal, an extremely rare condition, may be mistaken for broken down furuncles, a mistake against which the swelling of the neighboring glands should be a safeguard.

The only primary sore which I will speak of is the one having its seat at the pharyngeal mouth of the Eustachian tube. This chancre was not of infrequent occurrence formerly, but now occurs much less often. The greater care taken to keep our instruments aseptic, and the practice of many otologists to reserve a catheter for each patient, has made this regrettable accident a rarity. The site of the lesion makes it difficult of detection and treatment. As a rule the swelling of the glands is what draws attention to the lesion. The treatment consists in cleansing the sore by sprays through the nose or used nostrasally, insufflation of iodol or iodoform, and in touching with acid nitrate of mercury or other caustics, should the sore be indolent. As a rule there is no pain attached to this lesion.

Mucous patches and ulcers resulting from their breaking down are not uncommon around the mouth of the eustachian tube, and the pain from these is often severe, giving rise to so-called neuralgia of the middle ear. The ear in these cases often presents a normal appearance, hence the use of the term neuralgia, a poor subterfuge to conceal ignorance. Local anesthetics applied to the pharyngeal lesions will stop the pain in the ear; cocain, eucain, gargles with potassium bromide or

antipyrin are amongst the best things to be used in this direction. For the healing of these lesions cleansing with sprays, the topical application of weak solutions of corrosive sublimate of silver nitrate, and inflation of the middle ear are the means to be used.

Much more intense than in the preceding cases is the pain in ear and head due to broken down gummata in the region of the tubal mouth, and I have known patients to be treated with all sorts of anti-neuralgic remedies when an examination with the rhinoscopic mirror would have revealed the seat of the trouble. The treatment of these ulcers is much the same as that of the more shallow variety of the secondary stage, but the potassium preparations, either by mouth or by injection, should be pushed vigorously.

The local treatment of the catarrhal affections of the middle ear is much the same as that in the non-syphilitic cases. The difference between the non-syphilitic and the syphilitic forms lies in the fact that in the latter there is an early implication of the inner ear, so that we have to resort to energetic anti-syphilitic treatment; mercury either in the form of inunction or injections, potassium iodid, and sweating with pilocarpin. On the whole it will be found, however, that the prognosis in the chronic catarrhal inflammations of the middle ear due to syphilis is worse than in the ordinary forms, and that is, unfortunately, bad enough.

While purulent inflammation of the middle ear due to syphilis has been seen by few and denied by many, there is no doubt in my mind that in time we shall come to recognize this condition more frequently than we do at present. There is no good reason to assume that syphilitic affections should act differently in spreading up the eustachian tube from what other inflammatory purulent conditions of the pharynx do. One distinguishing feature of this purulent otitis media is the occurrence of a second perforation in the drum membrane without any pressure behind the drum. This process Buck compares to the melting process seen in the soft palate. It is as a sequela to this purulent otitis media that we encounter the ulcers and condylomata of the external canal already mentioned. Necrosis of the bone occurs with about the same frequency in this condition as in the non-syphilitic variety.

The local treatment is, again, the same as that in non-syphilitic cases. Cleanliness, removal of granulations, the use of antiseptic powders, and of astringents in the later stages, will effect a cure if begun early and if the patient is in otherwise reasonably sound health, or can be put in that condition by the use of tonics and feeding. The anti-syphilitic treatment should be early and energetic for the reason already pointed out.

The affections of the inner ear often come on very suddenly, and again are insidious. When the onset is sudden a vigorous antiluetic

treatment will often restore the hearing. One should not hesitate to use large doses, and the use of pilocarpin to produce profuse sweating is one of the aids towards restoration of function. The subcutaneous injection of 4 to 12 drops of a 2 per cent. solution pilocarpin muriate every day for a week is the prescription given by Politzer.

When the onset is slow the prognosis is extremely bad, and a therapy of any kind is of little avail. However, a vigorous anti-syphilitic treatment, combined with a generous diet and tonics, is worth trying, although nothing can be promised. In subjects who have not had any anti-syphilitic treatment for a long time, and in those who were insufficiently treated at the outset, one can often accomplish more in these late stages by the use of mercury than by the use of the iodides. In using inunctions I have of late given preference to the ointment made with vasogen, as I think it is absorbed best in that vehicle, and is much neater than the ordinary gray ointment. The syrup of hydriodic acid is a very agreeable way of exhibiting iodid, but I rather prefer in cases calling for vigorous treatment the old solution of potassium iodid.

In congenital syphilis diseases of the middle ear are not uncommon, and have nothing to distinguish them from the same conditions in children. Death often intervenes from marasmus before the local condition can be improved. The constitutional treatment consists, according to Hutchinson, in the rubbing of mercurial ointment into the soles and palms, no other remedy being of value.

Between the ages of 5 and 25, after a parynchomatous keratitis or a painless swelling of a joint, the hearing is often suddenly lost. In some of these cases there had been a gradual diminution in hearing preceding this sudden deafness. In these cases treatment, as a rule, avails nothing. The only hope of betterment lies in putting the patient to bed and inducing ptyalism as soon as possible. Flyblisters behind the ears, blowing iodine vapors into the tympanic cavity, scruple doses of hydrochlorate of ammonia (Hinton), have been tried with little or no results.

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## ELECTRO-THERAPEUTICS AND RADIOLOGY.

Under the charge of JOHN STENHOUSE, M.A., B.Sc., Edin., M.B., Tor.

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### THE X-RAY TREATMENT OF EXOPHTHALMIC GOITRE.

Dr. C. Thurston Holland, medical officer of the Electrical Department of Liverpool Royal Infirmary, (in *The Medical Press* of October 28) gives an account of six cases treated by x-rays. He details his results in the following words:—

The method of treatment adopted in all the cases was to give ten minutes (sometimes five only) alternately to either side of the neck for two or three times weekly, according to the effects noted. In only one

case was there any erythema of the skin produced, but in several a certain amount of "browning" took place. Probably, if all the cases from the first had had three or four layers of boiler felt between the tube and the skin, no skin effects would have been seen.

(1) In nearly all the cases carefully noted there was an immediate drop in the pulse-rate following upon the first three or four exposures, and this in some of the cases was very noticeable. Further, the pulse-rate remained reduced.

(2) The muscular tremors and general nervousness also, almost always, showed signs of improvement from the first, and continued to improve during the course of the treatment. In two of the cases the pulse became normal and the tremors, etc., quite disappeared.

(3) The circumference of the neck, taken over the most prominent part of the gland, in some cases diminished notably, whilst in others no diminution in size occurred. Perhaps what was more noticeable was, that in cases where the gland was tense and hard and where there was throbbing, almost always, and after a few exposures, the gland became softer and less tense and the throbbing diminished.

(4) The exophthalmos was not materially altered in any of the cases where it was a marked feature. In two or three we thought, and the patients' friends thought, there was some improvements, but at any rate it was small.

One danger must, I think, be guarded against. In Dr. Bruce's second case, when about 120 exposures of ten minutes each were given in one year, and where cure was reported, the patient was shown, and presented some symptoms suggestive of myxœdema. A friend of mine who has also treated a few cases has told me that one of his has also developed this condition. Although myxœdema can be comparatively easily dealt with, it is a question whether the patient would consider it a benefit to be cured of one disease and given another. In future cases I should be inclined to treat only one side of the gland first.

I certainly am of opinion that x-ray treatment is of value, and of course there is no reason why it should not be combined with the usual medicinal methods. Early cases will probably prove to be those which x-rays will influence most favourably. It is still one of the drawbacks to treatment by x-rays that most of the cases referred to the department have already run the gauntlet of all the other departments, and are, so to speak, sent to x-rays as a last resort, and perhaps also to be got rid of; and this will apply to a very large number of the patients suffering from all kinds of complaints, on whom x-rays are tried. The result of this is disappointment, and x-rays get blamed for not accomplishing the impossible. Occasionally some brilliant result is brought about by x-ray treatment; but, although this is instructive, I think it would be of more value to know the effect in earlier cases more likely to be amenable to treatment.

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## EDITORIAL.

EX-DEAN R. A. REEVE.

We had an editorial written on the good work which Dr. Reeve has done for medical education, both as teacher and dean, before the news of his resignation was given to the public.

In the first place, Dr. Reeve has set the example of a strenuous and industrious life. He has ever lived up to Ruskin's definition of genius that it is the capacity of constant application to one's life work and duty. Many of his students must have copied his splendid example in this respect; and the writer hopes he may be able to say this much of himself.

Then, again, Dean Reeve has set a fine example to students of thorough scholarship in his work. One could feel that when Dr. Reeve had given his opinion on a given subject, falling within the range of his specialty, little further need be said. He was ever a conscientious student, is a student still, and herein lies one of the secrets of his success as a teacher and personal influence over his colleagues and students.

But Dr. Reeve has ever conducted himself as a professional gentleman of that type which would have gladdened the heart of Hippocrates: "for he ever held dear the memory of his teachers and looked upon their sons and his brothers." He always treated his professional brethren with marked courtesy, and never turned the poor away without extending to them the fullest measure of professional skill at his command.

But greater than industry, or scholarship, or professional nobility, stands out his character. Wise, sober, temperate in judgment, upright, he ever stood forth as one whose footsteps might be safely followed and whose example could be with advantage copied. Ever true to himself he could not be false to any man. We have good reason to think that Dean Reeve's influence has been reflected in the life of many a student and in his after professional career.

The medical college and the students, past and present, owe much to Dr. Reeve. In him there was always a fine combination of that gentleness in manner and firmness in execution which are essential in a true leader of men. His own ideals of college life have been high, and

he labored with zeal to have his students rise to his ideals. He was ever a firm believer in the old Roman axiom "that the way is long by precept but brief and effectual by example." He did not content himself with precepts, but lived out the example. Dr. Reeve felt that the student body should have as high an ideal of life as students, as they should have later on in life when they became members of that profession which has ever worn the white wings of peace, and carried in its hands the olive branch and the leaves of healing.

Dr. Reeve's twelve years of Deanship will pass into history in the true sense of that term, and will form an abiding part in the medical history of this country. There are many who still speak of the work of such men as Drs. Rolph, Hodder, and Widmer; and why should they not? Many, indeed, delight to honor the memory of the late Drs. W. T. Aikens and H. H. Wright. So it will be that those who have known Dr. Reeve as a teacher, or more especially in his capacity of Dean, will long cherish kindly remembrances of him.

"That which we have we prize not to the worth,  
But being lacked and lost, why, then we rate its value."

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DEAN C. K. CLARKE, M.D.

We had thought that when Dr. Reeve placed his resignation in the hands of the authorities of the University that his mantle might have fallen upon the shoulders of some one of a number who have been long identified with the medical faculty. The names that occur to one are those of Drs. J. A. Temple, J. F. W. Ross, I. H. Cameron, A. McPhedran, and W. Oldright. None of these, however, was selected, or, if selected, did not see his way clear to assume the heavy responsibilities which the office imposes upon the one who holds it.

In the selection of Dr. C. K. Clarke we think that no mistake has been made. He has proven his ability in a number of responsible positions which called for industry, knowledge, courage, and integrity. He was not found lacking in any of these great requisites of a really successful leader in any movement. He has accomplished a very great deal for the asylums of this province.

In addition to his duties as Dean and at the head of the Toronto Asylum and the psychiatric clinic, it is understood he will be asked to take charge of the psychiatric wing in the proposed General Hospital. Dr. Clarke carries to his new duties the good will of the medical profession, and will have its support as well as that of those immediately associated with him in the work of teaching.



## THE LATE DR. JOHN FULTON.

The presentation of the portrait of the late Dr. Fulton to the Academy of Medicine a short time ago recalls many reminiscences of a truly good teacher and excellent practitioner.

Dr. Fulton taught physiology, anatomy and surgery at various times with credit to himself and benefit to his students. His methods of teaching were clear, brief, direct, dogmatic, sound, intensely practical. His great aim was that his hearers should know the one best way.

As the writer remembers him he was exceedingly kind and courteous. It never seemed a weariness nor a trouble to him to impart information. Often was he seen to overlook his own personal comfort and needed rest that he might lighten the burden on the shoulders of an eager student. He was always teaching, and was ever regarded by his students as their friend and guide. Though myself a student of the Toronto School of Medicine, I held the late Dr. Fulton in the highest esteem and can recall many acts of kindness on his part which were of much value to me. These acts are receding into the past but the memory of them is projecting itself into the future.

One incident is perhaps worthy of mention. On a quiet summer afternoon in the year 1880, shortly after I had received my M.B., I was in one of the south public wards of the Toronto General Hospital taking a clinical history for Dr. Fulton. While seated by the bedside of the patient, Dr. Fulton entered the ward accompanied by a young man of spare build, clean shave and black moustache, wearing the mien of a thorough going student. He was dressed in dark Prince Albert coat, narrow striped pants, white vest, erect collar, and small black tie. As they approached me I rose and Dr. Fulton introduced his companion to me as Dr. William Osler, of Montreal, who was doing such good work in McGill Medical College. That was my first personal acquaintanceship of Professor Osler. But a short time before that, however, he had set the M.B. paper on medicine; and one of the questions on that paper was "Tell what you know about *contagium vivum*," which to me was a very real and serious encounter with the problems of germ life, as our knowledge in those days on such matters were very limited. I had just read a small German pamphlet on this subject, and I was truly thankful for the help it rendered me on that occasion. This circumstance was mentioned to Dr. Osler who appeared to take much pleasure in it. Since that day Osler has been one of my medical heroes.

In addition to Dr. Fulton's attainments as a teacher and practitioner, he was an author of distinction. His book on physiology found its way into many a student's hands. For those days it was a clear

statement of the essentials of physiology, and possessed two of the leading characteristics of its author—clearness and brevity. But he was also the founder and editor of the *Canada Lancet*. The many volumes which he edited give abundant proof of his judgment in the selection of matter for its pages, and the advanced views he expressed in its editorial columns. He was by instinct a medical journal editor.

Dr. Fulton had a very fine sense of humor. He could see at a glance the difficulty of any member of his class, and his kindly way of giving the needed assistance without causing embarrassment was one of his peculiar gifts. While thus ever kind and courteous to those who sought knowledge, he could be severe in his censure of wrongdoing, though always just. On one occasion I remember he had to find fault with two students who had neglected to prepare clinical histories of some cases in the wards. The manner of reprimand impressed upon my mind the appropriateness to his method of the words of Burton in his *Anatomy of Melancholy*:

“The best and surest method of advice  
Should spare the person, though it brands the vice.”

Probably there never was a member of the medical profession who stood more staunchly by other members in their hours of trial or difficulty. On many an occasion in suits brought against practitioners his advice was most timely and valuable; but the noblest part of it all was that it was always so cheerfully given.

But the time came—all too soon—when his generous nature, fine intellect, and overworked body had to give up their labors in “the service of man.” With us remain his legacy of good deeds, and his noble life as a model for us to follow.

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### STUDENTS' CRIMES AGAINST STUDENTS.

From time to time we hear of the cruel treatment which some students mete out to their fellow students in the course of their games, or during some initiation ceremony into one of the college societies. We have known of instances where indignities of a most detestable character were forced upon students who were unable to defend themselves against a superior force. As an instance of this sort of thing we give the following example:—

“Los Angeles, October 30. Six students of the Polytechnic High School were suspended to-day and three others are in danger of sharing the same fate for branding the foreheads of two students of the Los

Angeles High School with nitrate of silver in the initiation ceremonies of the Kappa Delta fraternity, a forbidden secret society.

"The boys who were branded and whose condition for a time alarmed their parents are Frank Rouse and Edgar Lusk. On Lusk's forehead the letters "K.D." were branded. On Rouse's forehead were the figures "'09." Ugly red scars were made, but it is not believed the boys will be permanently disfigured.

"It was learned from the authorities that in the course of the initiation Rouse and Lusk were stripped and thrown into Westlake Park Lake. They were taken to a vacant field, where they were bound with wire shackles, branded upon the forehead and left to shift for themselves. They were finally able to free themselves sufficiently to make their way to a neighboring house."

Such conduct as the foregoing is beneath the power of language to adequately describe. But it is not as bad as one we read of about a year ago in a college in the United States. A student was being initiated into a fraternity, and as part of his initiation he was taken into the country some distance and tied across the rail of a railway track. The object of this was to strike fear into him as he did not know whether a train might come along or not. His fellows left him, intending to return in time to set him free before the regular train came along. Imagine their surprise when they returned to find a special train had passed and crushed and mangled their companion, so that all they found lashed to the rail was his mutilated and lifeless body. Is there any language adequate to the task of telling such a tale?

We know of instances of the lowest forms of indignity that have been imposed upon students in Toronto during some of these initiations. One will suffice. Many years ago a student was seized and dragged into the basement of a medical college and in the dark tied to a body that was there awaiting the dissecting room. Such an act might have caused the dethronement of that young man's reason for all time. It was a barbarous act, and a cowardly one as well; for there were several to one.

The moral, intellectual and physical worlds are alike in one thing; that action is followed by reaction, and that force is never lost or comes to naught. In all these acts the perpetrators must have suffered. No good could come to those who took part in the branding of the California students, or the lashing to the railway track of the young man who lost his life, or the tying of that medical student in a dark basement to a corpse. These were all low, cowardly, and immoral acts, and, as a certain consequence, lowered the moral tone of those who took part in their perpetration. No matter to what depths of infamy any one, or indeed several students may descend, the student body as a whole must

pitch their ideals on a high plane. They must tolerate nothing that would not become a gentleman of probity and honor. They must remember that in a short time they will leave their college halls and take their places in the fighting lines of actual life work. It will then be a matter of no small moment to all of them to know that there was nothing in their college careers of which the most sensitive could feel ashamed. Let the doctrine of *noblesse oblige* govern the conduct of all to the uttermost. Hear the words of a great man—

This above all to your own selves be true;  
And it will follow, as the night the day,  
You cannot then be false to any man.

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### THE CARE OF CONSUMPTIVES.

This is one of the most momentous questions before the people of Canada to-day. It far exceeds in importance such topics as tariff reform, undesirable immigrants, the timber and mining policy, or the insurance and banking laws. There die in this country each year about 10,000 of its citizens, and there are about 50,000 ill with tuberculosis, ever a source of danger to others. It has been carefully estimated that the money loss in life and sickness due to consumption in the United States is no less than the gigantic sum of \$330,000,000. At this rate applied to Canada the loss would be at least \$30,000,000 a year. We cannot afford to go on trifling with this matter any longer. It is the duty, the plain duty, of the entire community as represented by our Federal, Provincial and Municipal Governments to deal with this matter in an effective manner. But this will require money. The people have the money and they cannot be asked to spend some of it in a better cause. We have much pleasure in quoting from the *Globe* part of a letter from Dr. R. J. Lockhart, of Listowel, of recent date. The resolution which he quotes in his letter is along the right lines.

“To the Editor of *The Globe*: At the meeting of the County Council delegates, held in the Rossin House, Toronto, March 4, the following resolution was passed unanimously:—

“Resolved, that in the opinion of this meeting of Wardens and Reeves of counties and Mayors of towns and cities the Provincial Government should build, equip and maintain institutions for the indigent and other consumptives.

“The meeting was strongly of the opinion that it was the duty of the Ontario Government to provide and assume the responsibility for the care of consumptives, and to keep the matter alive a permanent Chairman and Secretary were elected.

"The delegation, which was large and representative, waited on the Government the next morning, and the views of the delegates were presented by the Chairman, Dr. Rogers of Ingersoll, Mr. J. P. Jaffray of Galt, and Mr. Eagan of Halton county. Mr. Whitney in reply recognized the necessity of something being done, and promised to give the matter serious attention."

There is no use waiting for the uncertain method of voluntary donations. These are all very well in their place, but they are too slow and unreliable. Something should be done at once, and in no mean way. It is a large problem and can only be successfully handled by those who are able to devise liberal measures.

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### THE CRY FOR PURE MILK.

It is now that the people are beginning to realize that they eat and drink many of their worst diseases. Milk has been for some time under the lime light, and properly so. It is well known that many diseases are carried by the agency of milk. Among these might be mentioned typhoid fever, scarlet fever, diphtheria, diarrhoeal troubles among infants, and tuberculosis.

It is no use any longer trying to argue away the widespread belief that tuberculosis may be carried in milk. It has been settled that bovine tuberculosis may be given to man. We must therefore act accordingly.

The Commission on the milk problem of the Canadian Medical Association has been doing good work. So far as Toronto is concerned, its efforts have been well aided by the Academy of Medicine. At a recent meeting of the academy the following resolution was unanimously adopted:

"In the opinion of the Academy of Medicine in view of the fact that only a fraction of the entire milk supply comes up to the standard of certified milk, we advise that all milk not officially certified be pasteurized, all pasteurization to be under the direct supervision of the health department, the labels on the bottles to contain the date and method of pasteurization.

"After pasteurization, the milk is to be immediately refrigerated to a temperature of not more than 47, and kept at that temperature until delivered.

"Pasteurization and refrigeration to be supplemented by rigid and conscientious inspection of the sources of supply."

Dr. M. J. Roseneau, of the hygienic laboratory of the Public Health and Marine Hospital Service of Washington, says: "After carefully

considering the advantages, and disadvantages of pasteurization of milk, the advantages so far outweigh the disadvantages that I unhesitatingly recommend compulsory pasteurization of all milk not officially certified."

Dr. Thomas L. Stedman, editor of *The Medical Record*, in a recent editorial in that journal says: "The best that can be hoped for for the City of New York and all other large cities for some time to come is that the milk be microscopically clean and therefore only safe after pasteurization."

The Academy of Medicine of New York and the Medical Association of New York have declared in favor of pasteurization of milk, as it is practically impossible to secure certified milk in sufficient quantities.

In many of the smaller cities and towns we believe that certified milk should be the goal at which these places should aim. In the large cities it may be very difficult, indeed impossible, to secure a sufficient quantity of certified milk; and this leads to another thought.

Milk must take a place in the public view similar to that held by the water supply. We believe that the time is not very far off when the great cities of the world will turn their attention to ways and means of securing certified milk. The milk supply of cities comes from the adjoining country. There is nothing Utopian in the suggestion that there should be municipal dairies. If milk were produced in large quantities on farms with every facility for its proper care and transportation the cost of certified milk could be brought within the range of all; and the requisite quantity be forthcoming.

We have paid due regard to what has been said regarding pasteurization; and, while we are willing to admit that pasteurized milk is better than milk teeming with bacteria, yet we hold strongly to the view that it falls far short of certified milk as a nutritive for the young. Let us quote what Dr. W. Robertson, Medical Health Officer for Leith, has to say upon this subject:—

"We started a depot in Leith for the preparation and sale of pasteurized milk. After four years I saw that pasteurized milk was not the thing. It agreed with some infants, but with many it did not do at all. Consequently the depot was not the success it ought to have been." Dr. W. Robertson then introduced the system of treating milk with  $H_2O_2$  devised by Dr. C. Budde, of Copenhagen. This plan has given entire satisfaction.

It will thus appear that the old saying of experience being better than theory holds good. The true solution is not to be found in pasteurization.

## THE MASTERY OVER DISEASE.

When one looks back over the past quarter of a century and passes under review what has taken place in the scientific investigation of disease, it becomes at once apparent what great strides medicine has made. The whole realm of infection by living organisms falls well within this period: for while there was some knowledge of germs, it was vague and of but little more than of scientific interest, as any knowledge is interesting.

But the application of the purely scientific knowledge about germs began to have a practical application. It began to be a part of the study of pathogenic organisms to observe under what conditions they multiplied and what environments were most suitable for the spread of disease by their agency. Here we have the application of biology to medicine. To show how important this field of study has become one only needs to look into the facts given in Sir Patrick Manson's recent Huxley lecture.

For the spread of some tropical diseases an intermediary host is required. Of these might be mentioned malaria, yellow fever, African tick fever, trypanosomiasis, filariasis, and certain forms of spirochætiasis. In all these an animal intermediary of tropical habits is required.

In the case of the ankylostoma no intermediary host is necessary. If the egg when it passes from the human body meets with suitable conditions of warmth and moisture a larva is hatched which is ready to invade the human body and perpetuate the disease.

This characteristic of tropical diseases for a tropical intermediary or the requisite degree of warmth is a feature of much importance in considering every effort that may be put forth for their suppression. The lecturer said that tropical diseases proper were caused by protozoa or helminths. So far as is known none of these diseases are due to bacteria. Cholera, leprosy, plague, dysentery, Mediterranean fever are not really tropical diseases, as they do not depend upon the two conditions requisite for the spread of tropical diseases, namely, an intermediary that requires a high temperature for its own existence, or a condition of heat for the organism itself. It is thus true that bacteriology takes a very secondary place in the study of tropical diseases proper.

The true line of study to pursue in the case tropical diseases is that of the protozoa, the helminths, and the carrying insects. It is here that such excellent work has been done of recent years by the schools for tropical medicine, and the expeditions to tropical countries.

Among the diseases due to protozoa may be mentioned the following: Malaria of the various types caused by the *plasmodium malaria* (1881), the *plasmodium vivax* (1890), or the *Laverania malaria* (1890); the sleeping disease or trypanosomiasis caused by the *trypanosoma gambliense* (1902); kala-azar due to the *Leishmania Donovanii* (1903); oriental sore caused by *Leishmania furunculosa* (1891); relapsing fever produced by the *spirochaudinnia* (1906); yaws from the *treponema pertenue* (1905); dysentery caused by *balantidium coli* (1905), or the amœbic (tropical liver abscess from the *entamæba histolytica* (1903)).

With regard to the means and mode of transmission much accurate work has been done. Malaria is spread through the agency of the anophiline mosquito; yellow fever is spread by the *stegomyia fasciata*, a sub-family of the mosquitoes; the sleeping disease is conveyed by the *glossina palpalis* and possibly some other tsetse flies; kala-azar is thought to be inoculated by the *cimex rotundatus*; relapsing fever *cimex lectularius* and *pediculus corporis*, and the African type by the *ornithodoros moubata*; yaws is thought to be conveyed by flies to abraded surfaces; while dysentery and tropical liver abscess are caused by food or water contaminated by flies or sewage.

When the life habits of these protozoa have been fully worked out, and the conditions under which their carrying hosts live and breed much will have been done towards the curtailment of the diseases they cause. Already marked progress has been made along these lines.

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#### OXYDASE TABLETS.

We understand that many physicians have received through the mail service a little booklet and a circular letter on a certain treatment for tuberculosis, called the "Oxydase Treatment" in one of the pamphlets or circulars.

Attached to one of the circular letters was a slip of paper with the words: "Reference by special permission to W. J. Dobbie, M.A., M.D., C.M., physician in Chief Toronto Free Hospital for Consumptives and King Edward Sanatorium, Weston, Ontario."

Shortly after receiving the pamphlet and circular letter, with the aforementioned reference to Dr. Dobbie, the mail brought us another letter which reads as follows: "In connection with our pamphlet on Oxydase, and an accompanying circular letter, which was sent to you a few days ago, we regret that the reference to Dr. W. J. Dobbie and the King Edward Sanatorium, was, by misunderstanding, made unintentionally without authority, and we trust this letter will explain to



you that it was not our desire to make the claim that Dr. Dobbie was in any way endorsing the remedy. Yours truly, The Oxydase Co."

In the pamphlet there is given an analysis which states that 63.72 per cent. is composed of aldehydes, ketones, and oxidized products from the bodies used. We are also informed that each tablet contains, among other things, grains 18.34 of aldehydes, etc. Then, again, that the ingredients are thus given, "Oxydase tablets contains oils of wintergreen, cinnamon, peppermint, sassafras, thyme, and turpentine and sugar, all highly oxidized. The oils are converted into aldehydes."

Among other things the pamphlet states, "Oxydase is one of the most successful therapeutic agents in tuberculosis yet placed before the medical profession. Prolific oxygenating agent, absolutely free from irritating effects, is decomposed in the digestive tract as oxidic food material, but is not nourishment. The oxides are isolated and thrown into the circulation; twenty oxygenating impulses are thus given the blood within ten hours, for weeks without any untoward reaction, or toxic doses being possible."

"The directions for oxydase treatment are: Have the patient begin with a normal liver. Then prescribe one-half tablet every half hour for two days; then one tablet every half hour for ten hours, during the entire course of treatment. This is the point of saturation, and must be maintained if rapid results are desired, otherwise the treatment will necessarily be prolonged."

The directions for its use refer to typhoid fever, pneumonia, asthma, etc., as well as to tuberculosis. On page six of the pamphlet we read "Course of treatment generally lasts in incipient stages, about six weeks; in second stages, about ten weeks; in more advanced stages, from twelve weeks to four months, according to size of cavities."

We have given a few of the points set forth in this claimant for the consideration of the medical profession. The Oxydase Company offer to send 200 tablets for \$1 to physicians for a trial of 12 days' treatment. The regular price of 200 tablets is \$4.50.

We contend that one of the duties of the medical profession is to safeguard the public against fraud in treatment, no matter from what source it may come. In the case of "Oxydase" we would suggest that the academy of medicine, or the staff of some hospital should put the claims of Oxydase to the test. If its claims are not borne out, then it should be exposed, killed, and, like all dead things, buried.

For our own part a perusal of the pamphlet and circular letter has not had the effect of inspiring us with such confidence as to lead us to believe that at last there has been found a cure for consumption.

## THE OPIUM TRAFFIC AND ITS SUPPRESSION.

It is a matter of no small moment to note that several of the great powers, namely, the United States, Japan, France, Germany, Great Britain, and Canada, are joining hands to aid China in the suppression of the opium habit.

That an enormous quantity of the drug is used wrongfully there can be no doubt. During the four years, 1903-1907, there were imported into the United States 2,436,771 pounds of crude opium, 783,558 pounds of smoking opium, and 53,000 pounds of morphine. It is estimated that about two-thirds of these amounts is used by habitues. Much the same condition exists in Britain, France, and Germany.

It is with pleasure that we noticed this item in the public press a few days ago.

"Mr. Mackenzie King, M.P., for North Waterloo, has been invited to represent the Government of Canada at a conference on the suppression of the opium traffic, which is to be held at Shanghai, China, in January next."

China has sought the co-operation of the other powers in her efforts to curtail the evils of the opium habit which has become so very common throughout that Empire, and is doing so much damage to the mental and physical well-being of her people. We sincerely hope that much good may come from this movement. It is along the lines of united international action that problems of this sort alone can be solved.

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PROVINCIAL SANATORIA FOR CONSUMPTIVES.

A few days ago a fairly large and representative deputation waited upon Hon. Mr. Hanna. The object of the deputation was to urge upon the Government of Ontario the advisability of establishing some sanatoria in the Province for the treatment and isolation of consumptives. It was urged that the Government should begin by an expenditure of, say, \$100,000, and increase as the time demanded more, or public opinion endorsed the outlay.

Hon. Mr. Hanna in reply to the deputation thought that the various municipalities should provide accommodation for their own consumptives and near at home. It would not cost any more, in the long run, to pay for such institutions by the municipalities than through the provincial treasury, as the people in the end had to foot the bills. He remarked that the Government would be willing, he thought, to establish some sanatoria, if the county councils could express a willingness to pay for them.

The deputation urged that the province expended larger sums for the care of the feeble-minded, the deaf and dumb, the insane, and the inebriate; but that there were no provincial institutions for the care and treatment of tuberculosis. It can be seen, however, at a glance that there is a wide difference between tuberculosis and those other states of body or mind just mentioned.

We take strong grounds that the Provincial Government ought to do something, and that, too, of a very advanced and thorough going character. It does not follow from this, however, that it should be in the direction of provincial sanatoria. We think this would not be the proper solution of the difficulty. We would offer the following suggestions:

1. The public and high schools should be used as means for the dissemination of useful knowledge upon this subject. The teachers should be compelled to acquaint themselves with such information about tuberculosis as would enable them to instruct their pupils. In addition to this suitable reading matter should be placed in the hands of the pupils. Such distribution of literature could be made as often as the circumstances might demand. There might also be a small book for study on the general laws of health. By these means the people would soon become educated in the proper knowledge, and wise action would take the place of foolish fear or panic.

2. The Government should go as far as possible to safeguard the milk supply and to make some provision for the destruction of diseased cows, and the proper inspection of dairies. There is no doubt but that there is a real danger in diseased milk.

3. The reporting of cases of tuberculosis should be made compulsory. It must be at once recognized that consumption is a disease, like typhoid fever, and not a taint or disgrace to a family, and that there is no need for secrecy about the existence of a case. As soon as these cases are reported, suitable instructions are placed in the hands of these persons and their friends. Much sickness would in this way be prevented. Sufficient power should be placed in the hands of public health officers to enforce regulations if necessary.

4. It should be made illegal for a person known to have tuberculosis to be engaged as a teacher in any capacity, or to work in a factory along with other working persons. This would throw many out of employment, but some relief might be given, where necessary, from some fund for the purpose. This would in the end be cheaper than to keep on spreading the disease. This burden could be thrown upon the shoulders of the municipality in which the sufferer was a true resident as defined by the act.

5. It should be made obligatory for counties and cities, or groups of these, to furnish such accommodation for consumptives as might be required. The great essentials are air, light, water, nourishment, rest, and guidance on exercise. These institutions should be located so as to be of easy access to patients and their friends. There is no special merit in the air of any part of the province, as the bacilli will live anywhere. These institutions may be located with safety anywhere, as, when properly managed, there is no danger from them, as agents for the spread of the disease. In these institutions there should be facilities for the treatment of incipient cases, and the isolation of the advanced ones.

Worked out along the foregoing lines the disease could soon be brought under control. This plan would distribute the cost where it properly belonged. It would be no great burden for a rich county or two to erect and maintain such a sanatorium as would meet the needs of the people. Then, these institutions would be near the homes from which the patients came. This in itself would be no small boon. It is along the foregoing lines that the duty of the Provincial Government lies.

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#### FOOTBALL FATALITIES.

The following list of deaths and accidents is taken from *The Chicago Record-Herald*. It gives the results of this year's playing, and a summary of the results for the past 8 years :

For 1908 the total deaths are 10, the total injured are 272. The injuries consist of broken collar bones 40, broken legs 30, broken arms 16, broken jaws 6, broken noses 20, broken ribs 15, concussion of brain 12, torn ligaments and sprains 71, dislocated shoulders 22, lock-jaw 1, insanity 1, and minor injuries as cuts, bruises, etc., 23.

For the past 8 years we have the following : 1901, killed 7, injured 74; 1902, killed 15, injured 106; 1903, killed 14, injured 63; 1904, killed 14, injured 296; 1905, killed 24, injured 200; 1906, killed 14, injured 160; 1907, killed 15, injured 166; 1908, killed 10, injured 272. Total killed 113, total injured 1,377, many of these permanently maimed.

We think this is too heavy a toll to pay for the sport. The rules of the game should be modified so as to obviate these disastrous consequences. We have no object in dealing with this matter, as we have often done in the past, other than the health and life of the people.

The serious results arising out of football have been a matter of grave concern to college heads for years. It should be a matter of

still graver concern to the students throughout Canada and the United States. It is not to the credit of the student body of these countries that they maintain a game that may mean the death or permanent maiming of any of the players, and must mean the death and maiming of some of them.

The thing to do is to put more pure skill into the game, and take the brute violence out of it.

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## PERSONAL AND NEWS ITEMS.

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### ONTARIO.

Dr. Rolly has purchased the medical practice of Dr. Cawthorpe, of Parkhill.

Dr. Callaghan, who has been for some time in Port Arthur, has located in Chapstow.

Dr. J. McCullough, who has been in practice in Blackstock, has gone to Edinburgh for a period of post-graduate work.

Dr. Wade, of Cobourg, has been appointed surgeon to the 4th regiment. The senior medical officer is Dr. McCoun, of Campbellford.

Dr. Victor Ross, of Barrie, after a three months' visit to the hospitals in Britain, has returned to his practice.

Dr. A. A. Cannon, who was house surgeon in Grace Hospital, Toronto, for a year, has gone to assist Dr. J. P. Rankin, of Stratford.

Dr. Jennie Deennan, Superintendent of the Amasa Wood Hospital, St. Thomas, tendered her resignation on the 1st of November.

Dr. W. A. Young, though still quite ill, is now on the fair way to recovery. He is still confined to his house.

Drs. Graham Chambers and Walter McKeown have been appointed associate professors in medicine and surgery in the University of Toronto.

Miss Elizabeth Willoughby, sister of the late Hon. Dr. Willoughby, has been appointed to the position of matron of the Ontario Institution for the Deaf and Dumb at Belleville.

Dr. D. J. Gibb Wishart, who has been connected with the Toronto General Hospital for many years, has been promoted to the head of the department of diseases of ear, nose, and throat.

Dr. J. G. Fitzgerald, who was pathologist to the Asylum for the Insane in Toronto for some years, has gone to Boston to work in the Department of Neuropathology in Harvard Medical College.

Dr. J. T. Gilmour, warden of the Central Prison, Toronto, was elected President of the American Prison Association, which held its

meeting recently in Richmond, Va. Dr. Gilmour is regarded as an authority on prison reform and management; or, as he once happily said, on cell life.

St. Michael's Hospital is rearranging its staff considerably. Drs. I. H. Cameron and Walter McKeown will be at the head of the surgical clinics, Drs. R. J. Dwyer and H. B. Anderson at those of medicine, Drs. Fenton, Garratt and Crawford will have charge of obstetrics and gynaecology, and Dr. G. H. Burnham diseases of the eye.

In Toronto the births this year for September were 611, and for October, 654. The marriages were in September 400, and in October, 291. The deaths were for September, 368, and for October, 383. In October there were 24 deaths from diphtheria, 12 from tuberculosis, 9 from typhoid fever, 3 from scarlet fever, and 22 from pneumonia.

Sixteen nurses of the Nursing-at-Home Mission are doing excellent work among the poor and sick in that part of Toronto which formerly was known as St. John's ward. The treasurer reported that during the six months past \$1,558.33 had been received, and that \$1,531.12 had been paid out. The nurses had made 4,267 visits during six months.

Dr. W. T. Wilson, Assistant Superintendent of the Toronto Asylum, has been appointed superintendent of the Hospital for the Insane at Cobourg. The vacancy occurred on the death of Dr. C. E. Hickey some weeks ago. Dr. Wilson's experience in the provincial service covers thirteen years at Kingston, Brockville, Mimico, London, Hamilton and Toronto.

Dr. Andrew Gordon and Professor J. J. MacKenzie, of Toronto, were out driving when the horse fell. The animal made an effort to get up, but fell a second time. By this time a street car was almost upon the spot and the occupants of the rig had to jump to save themselves. Dr. Gordon had his feet severely sprained. The rig was smashed and the horse injured beyond usefulness.

The Governors of the University of Toronto have made the following appointments: Dr. M. M. Crawford, demonstrator in obstetrics; Dr. G. W. Ross, assistant in clinical medicine; Dr. E. C. Burson, demonstrator in clinical medicine; Dr. W. H. Cronyn, assistant in clinical medicine; Dr. R. W. Mann, assistant in clinical medicine; Dr. J. H. McPhedran, assistant in clinical medicine; Dr. E. E. Cleaver, assistant in clinical laboratory; Dr. H. S. Hutchison, demonstrator in clinical medicine; Dr. E. S. Ryerson, assistant curator of the pathological museum; Dr. F. W. Rolph, assistant in clinical laboratory; Dr. O. T. Dinnick, demonstrator in clinical surgery; Dr. E. Gallie, demonstrator in clinical surgery; Dr. A. B. Wright, demonstrator in clinical surgery.

*QUEBEC.*

The Montreal General Hospital will receive \$5,000 from the estate of the late Alderman Carter. The same hospital has received \$40,000 from the estates of Mrs. Hope and Mrs. Hooper.

Lt.-Col. Burland, of Montreal, will give \$50,000 to the Montreal League for the prevention of tuberculosis on the condition that the League secures from other sources an equal amount to go towards the endowment of an institution for the cure of consumptives.

Quebec Province has adopted the five year course of study for medical students. The entrance standard is a degree in arts from a Canadian or British University or a certificate of having passed the medical board of the province. The fifth year shall be devoted to clinical work, and to such laboratory studies as are applicable to clinical work. The degrees of McGill and Laval Universities entitle the holders to practice.

*MARITIME PROVINCES.*

In Prince Edward Island the Medical Society elects seven of its number to form a Medical Council.

In New Brunswick the Medical Board consists of nine members. Four are appointed by the Government for four years, and five are elected by the profession for a period of three years.

The New Brunswick Medical Council, after paying all liabilities, had \$1,242.16 on hand. The number of names on the register for the year is 255. The council is taking steps to secure reciprocal British registration.

The Provincial Medical Board of Nova Scotia consists of thirteen members. Of these seven are nominated by the Governor-in-Council, and six are elected by the Provincial Medical Society. The appointed members hold office during good behaviour, while the elected members sit for three years.

For some time there has been an interesting case before the Medical Board of Nova Scotia. Ira Everett Dyas submitted certain evidence that he had taken such courses of study at Tuft's Medical School as entitled him to registration in Nova Scotia. It transpired the Board became satisfied that the certificates were not genuine, and erased Ira Everett Dyas' name from the register. This decision was confirmed by Mr. Justice Drysdale who heard the appeal.

*WESTERN PROVINCES.*

There is much need for additional hospital accommodation in Calgary. Many patients cannot find admittance in the hospital

Dr. Robertson, after spending a year in Europe in post-graduate study, has returned and resumed practice in Wetaskawin.

Dr. Henry, who was reared in the Township of Mono, Ontario, has gone to Estevan, Sask., where he intends to remain in practice.

Dr. Whitelaw is the Medical Health Officer for Calgary, Dr. Irving is the Provincial Health Officer for Alberta, and Dr. Revell the Provincial Bacteriologist.

The Manitoba Medical men met in Winnipeg in considerable numbers for the purpose of organizing a Provincial Medical Association. The gathering was a very successful affair. Dr. J. R. Jones, of Winnipeg, was elected president.

Hon. Mr. Justice Mather and Dr. J. R. Jones, both of Winnipeg, were in Toronto some time ago investigating the hospitals of Toronto and their system of government. They are to make a report for the guidance of the Manitoba Government. They purpose visiting other cities.

#### BRITISH COLUMBIA.

An appeal is being made for funds with which to enlarge and improve the hospital at Port Simpson.

Dr. Fagan, the Medical Health Officer for British Columbia, attended the International Congress on Tuberculosis in Washington.

It is a marked sign of the progress that is going to note that in British Columbia a couple of pamphlets have been issued to the teachers and school children dealing with the problem of tuberculosis, and its prevention.

The British Columbia Medical Association a year ago appointed a committee consisting of Drs. W. D. Beydon-Jock, R. L. Fraser, and G. E. Drew, to look into and report upon the advisability of teaching Hygiene in the public schools. The report of the committee was submitted to the meeting held this year, and urged very strongly the necessity for having this subject taught throughout the schools.

#### FROM ABROAD.

Dr. Henry Asbury Christian has been elected Dean of Harvard Medical School. He is a graduate of Harvard and Johns Hopkins.

Sir. T. Clifford Allbett and Mr. T. Pridgin Teale had their portraits presented to the General Infirmary in Leeds, where, for so many years, these distinguished gentlemen labored as physician and surgeon.

All the leading powers have now concurred in an arrangement for the prevention of the importation into China of morphine except for medicinal purposes. The regulations come into effect in January, 1909.



The 16th International Medical Congress will be held at Budapest from 29th August to 4th September, 1909. Emperor Francis Joseph of Austria has extended his royal patronage to the gathering.

The Capetown Association for prevention of Consumption is hard at work teaching the public. The *Transvaal Med. Jour.* hopes that other such organizations will be formed throughout South Africa.

In Melbourne, Australia, consumptives are reported, and kept under close observation. Special attention is given to those in an advanced stage of the disease.

Mr. John D. Rockefeller has announced an additional gift to the institute which he founded in New York. This brings his donations to it up to \$4,500,000.

In a certain district of Dublin, where there are 656 houses, enteric fever has occurred in 67; and, in 63 of these, the milk was obtained from a single dairy.

The birth rate in New South Wales has been gradually declining for many years. In 1881 it was 37.9 per 1,000 of the population, while in 1907 it was only 27.14.

In Constantinople there is being made some progress in things medical. Such topics as hygiene, public health, and the right of women to practise are now being openly discussed in the public press.

The consumption of alcohol in New South Wales last year amount to £5,200,000 worth. It is contended the people throughout Australia are becoming temperate in their habits.

The children's bill which has been passed in Britain deals fully with smoking, infant life protection, the prevention of cruelty, industrial schools, and selling children intoxicants, etc.

Drinking among women in England appears to be increasing at an alarming rate. In Birmingham the police counted in 16 days 2,783 women to go into one public house to drink. Many of them had children in arms.

Dr. E. Klein, bacteriologist to St. Bartholomew's Hospital, has made some very careful investigations on the subject of flies being carriers of typhoid fever infection. He comes to the conclusion that common flies transport the bacillus typhosis.

Mr. Andrew Carnegie is becoming a benefactor in a very special way among medical men. A certain benefaction is to go to medical men who suffer in health, or to their families in the case of their deaths, from attendance on epidemic infectious diseases.

In the latter part of September about 250 physicians met at Abbozia on the Adriatic Sea to discuss in Congress the value of a resort to the

seaside and sea bathing. It was contended that this branch of therapeutics was now placed on a systematic basis.

Professor D. J. Hamilton, who has held the chair of Pathology in the University of Aberdeen for 26 years, has resigned. Many Canadians who visited Edinburgh some 28 years ago will be able to recall Professor Hamilton's splendid work in pathology.

The Pretoria School Board a short time ago referred some important matters regarding the health of the schools and the best method of dealing with some of the infectious diseases, to the Pretoria Medical Society.

The Under Secretary for the colonies stated a short time ago that the sum of £11,000 had been set aside for the work that is going on this year in combating the ravages of the sleeping disease in the Uganda.

There were 26 cases of typhoid fever in Georgetown, D.C., between October 8 and 15 traced to one dairy. The employees on the dairy were all in good health. One woman had typhoid fever 18 years before and her faeces contained large numbers of the bacillus typhosus.

Very stringent regulations have been published in the official journal of France, setting forth the conditions under which opium or its active principles may be imported or sold. The object is to limit the improper use of these drugs.

The recent medical report on the British army shows a considerable decrease in the volume of sickness due to malaria, typhoid fever, and tuberculosis. Much is being done to improve the sanitary condition under which the troops live in India, South Africa, the West Indies, etc. Malta fever is almost stamped out.

M. Louis Landonzy, of Paris, has been directing attention to a form of tuberculosis which has been overlooked. He calls it tuberculous septicæmia. There is fever, and pains often in the joints. The patient may die in this acute stage. Should he live through the acute septicæmic condition, the formation of tubercles takes place.

Extensive use has been made of x-rays in the treatment of ringworm in the Down's Ringworm School under the control of the Metropolitan Asylums Board of London. The results have been exceedingly satisfactory, and the duration of the disease has been reduced to less than one-third the time under other methods of treatment.

It is understood that the Local Government Board for England will issue instructions to the effect that doctors acting under the poor law will be required to report all cases of consumption coming under their notice in that capacity. This is to be followed up by inspection and instructions.

Professor Ronald Ross, of the University of Liverpool, has recommended that £9,000 be spent annually for some years in destroying the breeding places of the malaria mosquito in Mauritius, and in the free distribution of quinine to those afflicted with the disease. He thinks that a few years would suffice to stamp out the disease.

At a meeting of the Physiological Society of London, Professor Halliburton presented Professor T. G. Brodie with a check for £80 on the occasion of his leaving for Toronto to take up the work of professor of physiology. It is proposed also to give him some permanent memento of the good will of those he is leaving.

The people in Britain are becoming wakened up to the importance of clean milk. In some places regulations have been issued to the effect that cows must be kept clean and groomed in a certain way. Milkers must be clean, must thoroughly wash their hands, and must wear a white overall suit.

The Colorado State Organization published a handsome souvenir book for those who attended the Congress on Tuberculosis. It gives much information about Colorado as a health resort. Any one who has any intention of visiting that state should secure one of these souvenir books.

The Transvaal Medical Council recently severely reprimanded a dentist for sending out cards which partook of the nature of an unprofessional advertisement. This council has been doing good work and making a determined effort to keep the practice of both medicine and dentistry on a high level.

The third International Congress on the Care of the Insane held its meeting a short time ago. Professor Obersteiner acted as president, and there were present about 500 delegates from all parts of the world. The care and treatment of the insane were discussed for four days. The next meeting will be held in Berlin in 1910.

It is the experience of the medical practitioners of Vienna that venereal diseases have been greatly on the increase during the past 25 years. It is estimated that from 16 to 33 per 1,000 of the various classes of laborers and artisans are diseased with one form or other of the venereal diseases.

Dr. A. S. Dutton, of England, has recently written a readable and interesting book on the Deterioration in the National Physique which he claims is taking place in England and Wales. One of his arguments is that in nearly every district where he carried out his investigations many of the people had haemoglobin percentage varying from 10 to 20 per cent. below normal.

Drs. Mabce and Taft, of Boston, have shown that by using sterilized oxbile as a culture medium the bacillus of typhoid fever can be

grown from the blood of enteric patients at a much earlier period of the disease than by other methods. The blood is taken from the suspected patient and placed in the oxbile which is kept at a temperature of 37°C. for six hours.

It became quite clear from Prof. Koch's paper at the Tuberculosis' Congress at Washington, that he has modified his position on human and bovine tubercle bacilli. He contends that there are differences, but the human and bovine varieties belong to the same species. It has been shown by the Royal Commission on Tuberculosis that the bovine tubercle bacilli may cause diffuse tuberculosis in man.

Dr. Spielmeger, of Jena, has recently been advancing a number of arguments in his book to show the relationships between trypanosome diseases and syphilis. The author maintains that when we consider the sum total of the clinical and anatomical manifestations of syphilis and trypanosomiasis there are so many points in common that it is reasonable to consider that these diseases are closely related.

The study which has been given to tropical diseases is yielding good fruits. Malta fever is now a thing of the past as it is known to be caused by the milk of infected goats. Malaria and yellow fever are being rapidly robbed of their terrors. Sleeping disease is now the point of main attack, and under Sir David Bruce a strong commission has gone to East Africa to study this affection.

The death of Dr. J. G. Glover occurred in London a few weeks ago. For a period of 40 years he belonged to the *Lancet* staff and did much to improve medical matters in England such as the passing of the Medical Act. He was direct representative on the medical council for many years. He was a student in Edinburgh under Goodsir, Syme, Christison and Alison. He died of aortic aneurism in his 76th year.



## OBITUARY.



### GEORGE ROOT, M.D.

A fatal shooting accident occurred on the 7th November, 1908, by which a young doctor lost his life.

Dr. Geo. Root, aged about thirty years, whose home is in Fontenill, Ont., while hunting with a party of friends, accidentally discharged his gun while climbing some rocks. The shot took effect in his leg. One of his friends heard a faint cry, but when he reached him he was dead. The body was brought to Kirkendale.

T. M. WILSON, M.D.

Dr. Thomas M. Wilson, of Atwood, Ontario, died of glanders in the Presbyterian Hospital, of Chicago, on 18th November. He was conducting some experiments on the disease of Rushwell College, when he contracted the disease which proved fatal.

## BOOK REVIEWS.

### WATSON AND CUNNINGHAM'S GENITO-URINARY DISEASES.

By Francis S. Watson, M.D., Senior Visiting Surgeon to the Boston City Hospital, Lecturer on Genito-Urinary Surgery in the Harvard Medical School, Boston, and John H. Cunningham, Jr., M.D., Assistant Visiting Surgeon to the Boston City Hospital, Member of the American Association of Genito-Urinary Surgeons. In two very handsome octavo volumes containing 1101 pages, with 454 engravings and 47 full-page colored plates, mostly from original drawings. Price for the complete work: Extra cloth, \$12.00 net; half Persian Morocco, gilt tops, *de luxe*, \$17.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

A new mark is set by this book in point of a sumptuousness, and yet it is in entire harmony with its contents. The authors have provided a wealth of effective illustrations most artistically drawn and colored, and the publishers have executed them in their full value. They are vivid and realistic in high degree. The text is artistically printed to conform, and the result is harmonious and pleasing.

The importance of the subject warrants such a work. The male half of humanity has a multitude of diseases and shares a number of them with the other sex. The genito-urinary field is accordingly very broad and productive, particularly as the mental and physical urgency of these troubles forces the sufferers to seek relief. Immense progress has been made in recent years, and many diseases hitherto intractable or incurable have been transferred to the other side of the line. This work is not only one for the specialist, but also for the general surgeon and the practitioner who takes any cases in this borderland territory. It speaks with the highest authority, but simply and plainly and with full directions as to treatment. The operative surgery of the genito-urinary tract is completely presented, a feature to this work and one of obvious value. Even the apparently minor directions are given, neglect of which may defeat an otherwise successful operation. Its text is emphasized with abundant pictures, each drawn to fit its place, all of them graphic in the highest degree and many of them showing the

steps of operations, so that the reader has at hand a clinic which he can study at leisure. The authors have boldly projected into the book years of labor on the part of themselves and their medical artists, and the publishers have spared nothing for its adequate presentation. This implies confidence to a certainty that the whole English-reading medical profession will appreciate the advantage of possession. There is nothing like it in the literature of any other language, and it emphasizes still further the lead America has achieved in the intrinsic value and physical form of its medical books.

It would be a very difficult task indeed to convey to the reader any just conception of this work. It is accurate, attractive, complete, and exhaustive. With this work in one's possession nothing more could be needed nor desired.

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## GYNECOLOGY AND ABDOMINAL SURGERY, VOLUME II.

In two large octavos. Edited by Howard A. Kelly, M.D., Professor of Gynecologic Surgery at Johns Hopkins University, and Charles P. Noble, M.D., Clinical Professor of Gynecology at the Woman's Medical College, Philadelphia. Large octavo volume of 862 pages, with 475 original illustrations by Mr. Hermann Becker and Mr. Max Brodel. Philadelphia and London: W. B. Saunders Company, 1908. Per volume: Cloth, \$8.00 net; half morocco, \$9.50 net. Canadian Agent, J. A. Carveth & Co., Ltd., Toronto.

On a former occasion we reviewed the first volume of this important work. The second volume is now before us, and maintains to the fullest the reputation of the first volume, and fully meets the expectations as to what this volume would be. This volume covers a large range of subjects, as will be seen by an examination of this contents. The complications following operations is discussed by Dr. G. Brown Miller. Then follow Caesarean section and Porro-Caesarean section by Dr. J. F. W. Ross; operations during pregnancy by Dr. R. C. Norris; the operative treatment of sepsis in the child bearing period by Dr. B. C. Hirst; extrauterine pregnancy by J. Whitridge Williams; diseases of the female breast by Dr. J. C. Bloodgood; operations of gall bladder, bile ducts, and liver by Dr. A. J. Ochsner; operations upon the stomach by Dr. B. G. A. Moynihan; pyloroplasty by Dr. J. M. F. Finney; intestinal surgery by Dr. J. B. Murphy; operations on the appendix by Dr. Howard A. Kelly; the surgery of the pancreas by Dr. Eugene L. Opic; surgical treatment of diseases of the pancreas by Dr. S. H. Watts; operations upon the spleen by Dr. H. A. Kelly; tuberculosis of the peritoneum by Dr. G. B. Johnston; penetrating wounds of the abdomen by Dr. F. W. McRae; hernia by Dr. G. L. Hunner; operations for original hernia in men by Dr. Edward Martin; the use

of drainage in abdominal and pelvic surgery by Dr. B. M. Auspach; the surgery of the uterus by Dr. H. A. Kelly; and surgery of the kidney by Dr. C. P. Noble and B. M. Auspach. In addition to the foregoing full list of topics, it should be noted that paper, typography, binding and illustrations are as ideal as it would be possible to have them. This is truly a *magnum opus*.

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### A TEXT-BOOK OF OPERATIVE SURGERY.

Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for Students and Practitioners, by Warren Stone Bickham, Ph.D., M.D., Visiting Surgeon to Charity and Touro Hospitals, New Orleans. Third revised edition. Octavo of 1,206 pages, with 854 illustrations, entirely original. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$6.50 net; half morocco, \$8.00 net. Canadian Agent: J. A. Carveth & Co., Limited, Toronto.

The third edition of this work brings the subject of Operative Surgery up to date in every way. There has been many additions to the matter in the text, and many new illustrations have found their way into the pages of this edition. Dr. Bickham has the faculty of describing operations and the surgical anatomy of human body in clear and concise language. When this is said and there are over 1,200 pages one gets a fair idea of what a wide range of topics are covered in the book. The whole field of operative surgery is covered in a most lucid manner. Here the practitioner and medical student can find a sure guide to the technique of any operation which he may be called upon to perform or assist in. The surgical anatomy to be found in this volume is of the most helpful character, and taken up in a very attractive and original manner. The illustrations, which are so important in a work of this sort, are specimens of artistic skill, and leave nothing to be desired. We can confidently recommend this work, and we wish for it a very wide distribution.

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### WOOLSEY'S SURGICAL ANATOMY.

Applied Surgical Anatomy, Regionally Presented. For the use of Students and Practitioners of Medicine, by George Woolsey, A.B., M.D., Professor of Anatomy and Clinical Surgery in Cornell University Medical College, New York. New (2nd) edition, enlarged and thoroughly revised. In one very handsome octavo volume of 601 pages, with 200 illustrations in black and colors. Cloth, \$4.50 net: Lea & Febiger, Philadelphia and New York, 1908.

The relations between anatomy and surgery are obviously closer than are possible between any other pair of medical sciences. Surgery

grows out of anatomy and is conditioned by it in every step. It acknowledges its lineage by giving point and interest to the science of anatomy, which otherwise would merit the "dry bone" epithet. Even these few words are scarcely needed to justify the advantage of presenting the two subjects in their intimate relations, a service which can only be adequately rendered by a single mind, master of both. Professor Woolsey unites these qualifications as an accomplished anatomist and practical surgeon, as well as a teacher of both subjects in one of the foremost medical colleges. His didactic skill is shown in covering so broad a field in a single convenient volume. A book may be said to have proved its value when the public has absorbed an entire edition and demanded more. Professor Woolsey has responded to this call by performing a very thorough interstitial revision, resulting in a considerable enlargement both in text and illustrations. The pictorial department of the book is notable for its extreme clearness and pertinence as well as for the use of colors. The work is of equal value to the surgeon or the general practitioner having surgery to do, as well as to the student of surgery still within college walls. This edition gives some new matter and improves the work in other respects. We have had the opportunity of speaking favorably of this book on the appearance of the first edition. We repeat what was then said that this is a very satisfactory work on surgical anatomy.

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#### SURGICAL MEMOIRS AND OTHER ESSAYS.

By James G. Mumford, M.D., Instructor in Surgery, Harvard Medical School, Visiting Surgeon to the Massachusetts General Hospital; Fellow of the American Surgical Association, etc., etc. Illustrated, New York: Moffat, York and Company. Price, \$2.50.

In this volume are essays on Hippocrates, Golen, Vesalino, Paré, Haller, Hunter, Lister, American Surgery, Teachings of the old Surgeons, Astley Cooper, Benjamin Brodie, Collins Warren, Jacob Bigelow, Boston Medicine One Hundred Years Ago, Two Addresses to Nurses, and History and Ethics in Medicine. These articles are all written in a very interesting and instructive style. Their perusal affords much pleasure and affords the reader the reward of a liberal share of information. We all know something about the great names mentioned in this book, but it is no mean advantage to have so much that is reliable gathered together into the small compass of a medium sized book. Scattered throughout the book there are good illustrations of Lister, Vesalino, Paré, Haller, Hunter, Syng Physick, McDowell, G. D. Gross, Cooper, Willroth, Collins Warren, and



Langenbeck. It is a pleasure, indeed, to look at the faces of those who have done so much for the profession, and especially for surgery. The book is a very handsome one, and the paper and type most attractive to the eye. We cannot but speak well of the labors of the author.

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#### A TEXT-BOOK OF DISEASES OF WOMEN.

By Chas. B. Penrose, M.D., Ph.D., formerly Professor of Gynecology in the University of Pennsylvania. Sixth Revised Edition. Octavo of 550 pages, with 225 original illustrations. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$3.75 net; half morocco, \$5.25 net. Canadian agent, J. A. Carveth & Co., Limited, Toronto.

This edition has been very thoroughly revised, and much new matter has been added. This text-book may be taken as one of the very best in the English language. It is fully up to date on all points. Everything that is in the least degree antiquated has been rejected. Here the student and practitioner can find what he wishes in reasonable bulk and in trustworthy form. It may be safely recommended as one of the very best books extant on the diseases of women.

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#### INTERNATIONAL CLINICS.

A quarterly of Illustrated Clinical Lectures and especially prepared original Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of interest to students and practitioners. Edited by W. T. Longcope, M.D., Philadelphia, Vol. III, 18th Series, 1908. J. B. Lippincott Company, Philadelphia. Price, \$2.25.

The contents of this volume are, as usual, excellent. There are three articles on treatment, four on medicine, four on surgery, one on gynæcology, two on pædiatrics, two on orthopædics, two on psychiatry, two on neurology, three on ophthalmology, one on rhinology, and one on pathology. The plates and figures are numerous and good. The subjects treated of are very varied and all of much interest to the medical profession. Among these may be mentioned: Sciatica, whooping cough, tetanus, perforation in thyroid fever, oesophagoscopy, hysteria, malignant disease of the liver, melanotic neoplasms, treatment of fractures by internal splintage, adenoma of typhoid gland, pericolic inflammations, the disinfection of the uterine cavity in puerperal infection, diarrhoeal disorders of infants, chronic milk infection, cleft palate and hare lip, ossifying myositis, general paresis, the sub-conscious state, injuries of the peripheral nerves, functional nervous symptoms,

congenital squint, injuries to the cornea, adenoids, the etiology of appendicitis. The contributors are mostly well-known men in their particular line of practice or investigation. The volume is a good one, and maintains the reputation of the series to which it belongs. Each article is of value, and in many instances gives a good review of the literature on the subject under discussion. The illustrations are good.

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#### DISEASES OF THE SKIN AND THE ERUPTIVE FEVERS.

By Jay Frank Schamberg, M.D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Octavo of 534 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$3.00 net. Canadian agent, J. A. Carveth & Co., Limited, Toronto.

In this volume the subject of skin diseases is briefly, but clearly discussed. In addition there is a very good account of the eruptive fevers. A careful perusal of the book satisfies us that the author has put much honest work upon it, and has given the profession such a book as will well repay a careful study of its pages. It is got up in the well known style of the publishers. The illustrations are good. This is a very useful book for the busy man, a *multum in parvo*.

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#### PHYSICIAN'S VISITING LIST FOR 1909.

Published by P. Blakiston's Son and Company. Philadelphia. Fifty-eighth year. Price, \$1.25, in limp leather and pocket.

This has been a recognized and accepted standard by American physicians during all these years. To very few publications, of any kind, is granted such length of days, and we believe that there must be decided merit or it would not have survived the generation in which it was born.

During the life of this little book, medical science has made greater progress than during the preceding five hundred years and the publishers have endeavored, by improving the book, to keep up with this progress.

It has been seen and used by most of the famous American medical men and investigators, as well as by thousands of others whose names, perhaps, were never known beyond their own local scenes, but who, nevertheless, have done a large share toward the total sum of human happiness. It has made many long journeys in saddle-bags and *baggies*; to-day it is travelling in automobiles. It has been at the deathbeds of rich and poor, famous and infamous alike, and its volumes hold the life records of numberless physicians.

## OBSTETRICS FOR NURSES.

By Joseph B. DeLee, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third Revised Edition. 12 mo. of 512 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$2.50 net. Canadian agent, J. A. Carveth & Co., Limited, Toronto.

We have reviewed this work on a former occasion and had then the pleasure of speaking well of the author's labors. The book covers two very important phases of the subject, namely, obstetrics for nurses, and obstetric nursing. The book abounds in practical suggestions, and is written in a very clear and direct style. The author has had many years experience in teaching nurses, and knows well their requirements. The illustrations are numerous and excellent. The book is got up in very attractive form.

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 SURRA.

Studies from the Institute for Medical Research, Federated States of Malay, by Henry Fraser, M.D., and S. L., Symonds, V.S., with note on certain biting flies by H. C. Pratt. Singapore: Kelly and Walsh. Price, 3s. 1908.

This is an exceedingly interesting pamphlet. It points out the identity in the trypanosomes of the horse, cattle, and the dog. An excellent clinical account is given of the disease as it is met with in these animals. The disease was experimentally produced for the purposes of study. The donkey, the rabbit, the goat, the monkey, etc., were used for experiments; and in all the trypanosomes could be found in the blood.

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 MUNRO'S PSYCHIC MEDICINE.

A Handbook of Suggestive Therapeutics, Applied Hypnotism, and Psychic Science, by Henry S. Munro, M.D., Americus-Georgia. Second Edition. C. N. Mosby, Medical Book and Publishing Co.: St. Louis, Mo., 1908. Price, \$3. Sent anywhere on receipt of price.

At the present day the subject of suggestive therapeutics is claiming a good deal of attention. The medical journals are containing many articles on the wide subject of psycho-therapy. This is, no doubt, a good omen; for it shows that the medical mind is becoming alive to the value of mental influences over the body in health and disease. A good story is told of the late Sir John A. Macdonald, and the late Sir Andrew Clark. When Sir John A. Macdonald was defeated and leading the opposition, he was in poor health for a time, and went to England and consulted the famous Dr. Andrew Clark, afterwards Sir Andrew. Dr.

Clark went over the case with his usual care and said, "Sir John, you have no organic disease. You will make a good recovery. What you need most is to return home and win the next general election." This is psycho-therapeutics. The present book by Dr. Munro is a thoroughly enjoyable one. It is well written, by a man who has a clear conception of his subject, and who tells what he wishes in a clear style. The book is well got up. We recommend it.

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#### SLEEPING SICKNESS BUREAU.

Bulletin for October, 1908, issued under the direction of the Honorary Managing Committee of the Sleeping Sickness Bureau, Royal Society, Burlington House, W., London.

This very important number of the reports, sent out by the Bureau on Sleeping Sickness, deals with the treatment of the disease with atoxyl. Great care must be taken not to give atoxyl in too large doses. Atoxyl in sleeping sickness is somewhat like mercury in syphilis and quinine in malaria. To succeed it must be given in small doses and over a long period of time. The combined method of using different arsenical compounds seems to have been most successful.

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#### WARFIELD'S ARTERIOSCLEROSIS.

Arteriosclerosis, Etiology, Pathology, Diagnosis, Prognosis, and Treatment, by Louis M. Warfield, A.B., M.D., Instructor in Medicine, Washington University, Medical Department; Physician to the Protestant Hospital; Adjunct Attending to the Martha Parson's Hospital for Children, St. Louis; Formerly Medical House Officer at the Johns Hopkins Hospital, Baltimore; Member St. Louis Medical Society, American Medical Association, etc., with an Introduction by W. S. Thayer, M.D., Professor of Clinical Medicine, Johns Hopkins University. Eight Illustrations, C. V. Mosby Medical Book Co.: St. Louis, 1908. Price, \$2.

Arteriosclerosis is an old topic in medical science, but it ever grows in importance as our knowledge of its etiology, pathology and treatment becomes better known. It may be said that disease of the arteries carries off some of us in youth, many of us in midlife and most of us in advanced years. The great remedy is prevention and to this aspect of the subject the author bends his main efforts; for to know its etiology, is to know the ways and means for the prevention of the morbid changes in the arteries that work such havoc with our important organs. We have had unusual pleasure in reading this book by Mr. Warfield. Clear in expression, concise in form, and sound in matter, it conforms to all that is best in a book. We congratulate the author on the contents of the book, and the publishers on its attractive make-up.

## GONORRHŒA IN WOMEN.

By Palmer Findley, M.D., Professor of Gynæcology in the College of Medicine in the University of Nebraska, Omaha, Gynæcologist to the Clarkson Memorial Hospital and Wise Memorial Hospital, Fellow of the American Gynæcological Society. St. Louis, Mo.: C. V. Mosby Medical Book and Publishing Co., 1908. Price, \$2.

In this quarto volume of 120 pages we have a very clear statement of knowledge upon the subject of Gonorrhœa in Women. It is a very important subject, and Dr. Findley handles it well. The main features of the book are a discussion on the history of the subject, the etiology of the disease its pathology, its course in women, the diagnosis, its pregnancy, sociology, treatment, and literature upon the disease. Every page of the book is interesting and highly instructive. The chapters on sociology and treatment appeal to one at once as being very valuable and suggestive. It is not until such an array of facts as are brought together in this book is laid before one, does the magnitude of the damage wrought by gonorrhœa in women appear to the fullest to one's mind. The entire subject is handled in an able manner, which gives evidence of careful study. The paper and typography are excellent, and lend much to the pleasure of reading the book. We can recommend this work with much confidence.

## PRACTICAL POINTS IN ANESTHESIA.

By Frederick-Emil Neef, B.S., B.L., M.L., M.D., New York. Price, Semi-De Luxe-Cloth 60 cents, post paid. Library. De Luxe Ooze Flexible Leather \$1.50 post paid. Surgery Publishing Co., 92 William St., N.Y., U.S.A.

This very practical monograph presents the author's impressions on the correct use of chloroform, ether, etc., and is a simple and coherent working method, and is of particular value to those general practitioners, who are so situated that the services of a trained anesthetist cannot be secured. Among the subjects covered are: Induction of Anesthesia, Cardiac and Respiratory Collapse, When shall the Patient be Declared Ready for Operation, Maintenance of the Surgical Plane of Anesthesia, Important Reflexes, Vomiting during Anesthesia, Obstructed Breathing, Use of the Breathing Tube, Indications for Stimulation, Influence of Morphine on Narcosis, General Course of Anesthesia, Awakening, Recession of Tongue after Narcosis, Post-Operative Distress, Minor Anesthesia with Ethyl Chloride, Intubation Anesthesia, etc., etc.

This extremely practical and useful little book is condensed to about fifty pages, but every page is replete with valuable data. Printed upon heavy India Tint Special Cheltenham paper with Cheltenham type, with marginal headings in contrasting colored ink.

MISCELLANEOUS.

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## DEAN GEIKIE BANQUETED IN DETROIT.

The graduates of Trinity Medical College, Toronto, including several old Victoria College graduates resident in Detroit and Windsor, tendered to Dr. Walter B. Geikie, the founder of Trinity Medical College and her Dean till June, 1903, a banquet at "The Cadillac," Detroit, on Saturday evening, the 17th inst. This was one of the best, if not the very best, re-union of his old students with their Dean, Trinity Medical College graduates have ever held.

Dr. Hislop, of Detroit, was chairman at the banquet, Dean Geikie occupying the chair on his right.

Most interesting and exceedingly kind speeches were made by Drs. J. Samson and Casgrain of Windsor, Drs. Knill, Palmer, Lennox and others of Detroit. All the speakers were in warm sympathy with the old College at which the majority of those present had been educated.

Dean Geikie spoke by request of "Trinity Medical College," with much earnestness and affection, specially emphasizing the grand work she had done for so many years in the cause of medical education without any cost to the province, and his deep sense of the very great injury done to practical medical education in Toronto by her destruction in 1903. He said this injury was so great that it will take years, and much hard work to undo its disastrous results, and that is being increasingly deplored by every true friend of practical medical education all over Canada, and wherever the widespread reputation of this famous medical college has gone.

In Toronto, for more than 50 years prior to 1903, when students of medicine were much fewer than they now are, there were two medical colleges. They both did excellent work, which was much the better for the stimulus of healthy competition, ever an indispensable aid to full success. Long ago it was well and truthfully said that, monopoly in educational, as in all other work, is the grave of excellence, and that nothing more certainly encourages negligence and ignorance.

It is never desirable to have the number of students attending any one college so large, as to make it impossible to take any individual interest in them.

It is equally undesirable, that the faculty of any one medical college should be so large, as to make it practically unworkable. This necessitates the subdivision of all large subjects into several small, parts, so as to give a fractional portion only, to each of the many expectant teachers. Under such circumstances neither teachers nor

students can be interested in their work as they should be. Without this interest, enthusiasm is impossible, nor can many of the students so taught, pass their examinations creditably, or become as efficient physicians and surgeons, as the public have a right to expect all Canadian medical graduates to be. These students who pass well, under disadvantages so great, deserve the utmost credit.

One pleasant feature of this banquet was, the presence of graduates of Queen's, Victoria, Toronto, and McGill Universities, who heartily expressed their pleasure at being present to do honour to one who had done so much for medical education in Canada as Dean Geikie has done, during so many years of his busy life.

The address of the chairman, Dr. Hislop, was brief, but represented the feelings of everyone present. It was as follows:—"I feel it to be indeed a great honour to preside at a gathering as large as this, of distinguished professional men, and all the more, to preside at a banquet given in honour of so eminent a guest. It has given me great pleasure to see so hearty a response of the Canadian medical graduates of Detroit and Windsor to meet the grand old Dean, who has been justly termed, 'The Dean of the Medical Profession of Ontario,' and who in recognition of his long and faithful services to medical education in Ontario, was honored last year, by Queen's University conferring upon him the Degree of LL.D. Dr. Geikie, (he added) it affords me great pleasure indeed to have you present here at this banquet of Canadian graduates as our deservedly honored guest."

A special feature of the banquet, was, the presence of Mr. Harold Jarvis, the well known tenor, whose splendid singing was highly appreciated.

Detroit, October, 1908.

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### ONTARIO MEDICAL EXAMINATIONS.

The Ontario Medical Council announces the results of the final, intermediate and primary examinations, as follows:—

#### *Final.*

R. G. Armour, Toronto; W. Bethune, Ryckman's Corners; F. R. Benetto, Palmerston; E. Blanchard, Leaskdale; W. A. Broddy, Uxbridge; Nancy Rodger Chenworth, Felwood; J. A. Dixon, Almonte; F. J. Donovan, Gananoque; A. G. Flemng, Toronto; W. J. Glanfield, Jarvis; F. C. Harrison, Toronto; J. F. Hazlewood, West Toronto; E. G. Hodgson, Toronto; A. E. Jones, Toronto; C. V. Jamison, Guelph; H. W. Johnston, Midland; H. M. Lackner, Berlin; W. S. Lyman, Ot-

tawa; J. A. McLeod, Priceville; A. D. MacMillan, Finch; F. S. Minns, Weston; W. Morrison, Ashgrove; F. R. Miller, Toronto; H. A. Nickle, Madoc; A. L. McLennan, Lancaster; A. McDonald, Scotch Line; J. E. McGillicuddy, Watford; Neil McLeod, Moose Creek; R. K. Paterson, Renfrew; A. J. Prentice, Drumbo; C. A. Publow, Ithaca, N.Y.; A. C. Ricker, Dunnville; W. S. Scheck, Hamilton; J. A. Stewart, Renfrew; P. L. Tye, Goderich; E. G. Turnbull, Branchton; E. L. Walker, Glencoe; H. Walker, Bealton; C. E. Wilson, Napanee.

*Intermediate.*

R. G. Armour, Toronto; H. B. Andrew, Toronto; P. G. Brown, Toronto; O. S. Craise, Petrolea; F. J. Donovan, Gananoque; J. A. Dixon, Almonte; W. R. Fader, Windsor; W. M. Fielding, Toronto; W. J. Glanfield, Jarvis; G. P. Howlett, Toronto; E. G. Hodgson, Toronto; A. E. Jones, Toronto; W. Krupp, New Dundee; W. S. Lyman, Ottawa; J. A. MacLeod, Priceville; A. J. MacKinnon, Star; F. S. Minns, Weston; W. Mabee, Toronto; W. Morrison, Ashgrove; F. R. Miller, Toronto; A. McDonald, Scotch Line; J. E. McGillicuddy, Watford; J. A. McGibbon, Forest; A. L. McLennan, Lancaster; P. L. Tye, Goderich; E. G. Turnbull, Branchton; H. Walker, Bealton; J. H. Wood, Florence; G. W. Williams, Aurora; C. E. Wilson, Napanee; G. H. Patterson, Stella; A. J. Prentice, Drumbo; W. S. Scheck, Hamilton.

*Primary.*

J. R. Fraser, Lakefield; J. R. Gibson, Millbank; C. G. Heyd, Toronto; W. S. Lyman, Ottawa; R. D. Lane, Kinlough; W. W. Lailey, Toronto; F. R. Miller, Toronto; J. A. McGibbon, Forest; J. D. McDonald, Langton; A. L. McLennan, Lancaster; G. H. Patterson, Stella; T. W. Peart, Freeman; H. G. Peltier, Fort William; Jennie Smillie, Hensall; Estella O. Smith, Toronto; J. J. Thompson, Toronto; C. E. Wilson, Napanee; F. S. Young, Forfar.

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ANNUAL REPORT OF THE TORONTO HOSPITAL FOR  
INCURABLES.

The tragedy which underlies the work of an institution like the Hospital for Incurables was inevitably reflected in the reports presented at the annual meeting a week or two ago, but despite the suggestion of hopelessness in the fate of the patients, and the difficulties, financial and otherwise, encountered, there was much in the annual statements that was gratifying and encouraging. The air of brightness and com-



fort in the hospital itself, the splendid service rendered by the board and staff, and the Christian spirit manifested by the many friends of the institution—these were among the features which appealed to those present and helped to place in its true perspective the excellent work that is being done. On the darker side there was the announcement that the year has closed with a deficit of no less than \$4,195, and then there were the statistics, pathetic in their significance, and bright with the spirit of resignation and even optimism.

One poor patient, the Secretary stated, had been in the hospital for twenty-seven years. Another had spent twenty-two years within its walls, while there were others who had been under treatment for seventeen, sixteen and fourteen years, respectively. Of the 141 patients at present in the home 42 are unable to walk and 49 to dress; 36 are, as the President put it, "helpless as infants," while 16 require to have their food administered to them.

Sir Mortimer Clark occupied the chair at the annual meeting, and in a brief address spoke of the noble work that was being done in the institution. Everything, he said, was working smoothly, and the reports generally were satisfactory. Dr. Brefney O'Rielly, the medical superintendent, in his report, stated that 39 patients had been admitted during the past year, and 30 had died, leaving 141 under treatment at October 1. The majority of these patients were suffering from diseases of a rheumatic type and the various paralyses, but a gratifying feature was the freedom from infectious disease.

Miss Forsyth, the lady superintendent, urged the need of more suitable accommodation for the nursing staff, and her plea was emphasized by Mr. Ambrose Kent, the President, in his address. The Secretary-Treasurer's report was presented by Miss Groat. In moving the adoption of the reports, Mayor Oliver expressed the hope that the citizens would show their appreciation of the work that was being done by such institutions and cheerfully vote for the proposed grant of \$50,000 that Mr. W. J. Gage seconded. Dr. Cody moved and Mr. J. L. Blaikie seconded a resolution thanking the staff for their services, and all those who had contributed to the work of the hospital.

Dr. Cody declared that there was no institution more distinctively Christian than the Hospital for Incurables, and hoped that the socialistic tendency to leave the support of such institutions to the State and municipality would not lessen the interest and responsibility of individual citizens. Mr. Ambrose Kent announced that Dr. Thornton had presented a dentist's full equipment to the hospital. Referring to the deficit he attributed it largely to the decrease in legacies, and that he thought was to be accounted for by the succession duty. He hoped the Ontario Government would increase their per diem allowance, and stated that

unless the Government and the city increased their grants it would be impossible to enlarge the hospital and so meet the increasing demands for accommodation. Dr. Thornton and Rev. Dr. Parsons also took part in the proceedings.

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#### ACADEMY OF MEDICINE RECEIVES PORTRAIT OF LATE DR. JOHN FULTON.

The Academy of Medicine at its last regular meeting was the recipient of a valued addition to its collection of portraits of eminent medical men in the presentation of the portrait of the late John Fulton, M.D., M.R.C.S., L.R.C.P., by his daughters, Miss Fulton, Mrs. Jull and Mrs. Fisher. Miss Fulton unveiled the portrait, and Dr. G. A. Bingham made the presentation address.

Dr. Fulton at the time of his death in 1887 was professor of surgery in Trinity Medical College, having been previous to that date professor of anatomy in the same school. He was a brilliant anatomist and surgeon, entirely devoted to his profession, esteemed by everyone for his many charming qualities, and greatly beloved by his pupils, whose firm and generous friend he ever proved himself.

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#### TORONTO GENERAL HOSPITAL AND LIQUOR CASES.

In connection with the meeting of the General Hospital Board, on 5th November, Dr. J. N. E. Brown, Medical Superintendent of the General Hospital, has prepared a report on the question of the care of liquor cases in the hospital. Dr. Brown states that people suffering from delirium tremens or ordinary drunkenness are a menace to the attendants, besides which there is not proper accommodation in the hospital for such cases. He recommends delirium tremens cases be sent to the hospital for the insane, and ordinary drunks to jail. The doctor suggests that the superintendents of the various Toronto hospitals confer with the provincial authorities and representatives of the city on the question.

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#### CHILDREN'S HOME FOR INCURABLES, TORONTO.

The annual meeting of the Home for Incurable Children was held 7th November at 152 Bloor Street east. The chair was occupied by his Worship Mayor Oliver, who expressed himself in hearty sympathy with the work and promised the support of the city in carrying on the work. The Mayor stated that he had visited all the wards and the various parts of the building and was pleased to find the work progressing very favorably. Speeches, expressing sympathy with the service being rendered

society at large, were made by Sir John Boyd, Hon. Mr. Justice Osler, Mr. C. F. Gzowski, Rev. Dr. Elmore Harris, Rev. W. F. Wilson, Rev. D. McTavish, Rev. Dr. W. G. Wallace, and others. Dr. Harris pointed out the pressing need for a laundry, and hoped the friends of the home would contribute to this end. One of the speakers stated that a cot could be supported at a cost of \$100. The present location has been occupied for exactly one year, and there are at present 25 children in the home.

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DR. T. G. RODDICK, OF MONTREAL.

The following appreciation of Dr. Roddick is taken from a recent issue of the *British Medical Journal*:—

Dr. T. G. Roddick, on retiring from the position of Dean of the Medical Faculty of McGill University after a service of six years, has been elected a member of the governing board of the university, the highest distinction to which a graduate can aspire; he was also elected a trustee for the members of the Royal Institute for the Advancement of Learning. Those who remember the ability and urbanity with which Dr. Roddick presided over the great annual meeting of the British Medical Association in Montreal in 1897 will be among the first to recognize that the honour now conferred upon him has been well deserved. During the course of a busy and strenuous life Dr. Roddick has seen service as a surgeon in the field, has represented Montreal for eight years in the Dominion Parliament, and everywhere has been the friend of sound learning, while yet finding time to conduct a large practice, and to make those important contributions to surgery which earned for him the honorary fellowship of the Royal College of Surgeons of England, conferred on the occasion of the centenary celebration. His services to his own university cannot be better expressed than in a resolution adopted by the faculty of medicine last June, in which its members place on record "their high appreciation of the services of Dr. Roddick to the faculty and to the University, during the thirty-six years in which he has been connected with the teaching staff, and especially during the past six years when he has so ably filled the post of Dean. During his tenure of the deanship, among other advances, the Faculty of Bishop's College has been absorbed by this university, the faculty of medicine has assumed a closer relationship with the university at large; the dental department has been instituted, and the medical course has been lengthened from four to five years. In all of these Dr. Roddick has taken a very active part. During the whole period of his connection with the teaching staff the faculty desires at this time to recognize the great earnestness, capacity, and tact which Dr. Roddick has

invariably shown in forwarding the best interests of the faculty and of the university."

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#### KINCARDINE'S NEW HOSPITAL.

Upwards of sixty citizens of the Township of Kincardine assembled on the evening of 6th November on invitation at the residence of Mrs. Gualco, who announced that the object of calling them together was to present to the town and surrounding country a brick house, with several acres of ground, for hospital purposes, together with an endowment fund of twenty-five thousand dollars. After a few brief remarks, in which she left the arrangements in the hands of the citizens, hoping for prompt action on their part, she handed the key of the building to the Mayor.

Dr. Bruce Smith said that aid might be looked for from the Government when certain conditions had been complied with.

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#### LUCIAN'S ESTIMATE OF THE PHYSICIAN.

The following interesting communication appeared in the *Journal of the American Medical Association* for 31 October:—

PITTSBURG, PA., Oct. 17, 1908.

"To the Editor:—Lucian, the great cynic and critic of the second century, in his essay entitled 'Disinherited,' makes the physician who had been disinherited for the second time because of his inability to cure his stepmother of madness protest in the language of the passage quoted below against the coercion which was used on him. It may be supposed that this passage reveals Lucian's own estimate of the dignity of the calling of the physician. It is well worth reading to-day.

"But the members of the medical profession should be left still more to their own discretion than other artists, in proportion to the greater nobility of their aims and usefulness of their work. This art should have a special right of choosing its objects; this sacred occupation, taught directly from Heaven, and pursued by the wisest of men, should be secured against all compulsion, enslaved to no law, intimidated and penalized by no court, exposed to no votes or paternal threats or uninstructed passions. If I had told my father directly and expressly: 'I will not do it, I refuse the case, though I could treat it; I hold my art at no man's service but my own and yours; as far as others are concerned, I am a layman'—if I had taken that position, where is the masterful despot who would have applied force and compelled me to practice against my will? The appropriate inducements are request

and entreaty, not laws and browbeating and tribunals; the physician is to be persuaded, not commanded; he is to choose, not be terrorized; he is not to be haled to his patients; but to come with his own consent and at his own pleasure; governments are wont to give physicians the public recognition of honors, precedence, immunities and privileges; and shall the art which has state immunities not be exempt from the *patriu potestas*?"

THEODORE DILLER.

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### ONTARIO MEDICAL ASSOCIATION.

The next annual meeting of the Ontario Medical Association will be held in Toronto, on June 1st, 2nd, and 3rd, 1909. The following officers were elected last year to look after the interests of the Association at the coming meeting:—

President, Dr. H. J. Hamilton, Toronto; Vice-Presidents, Dr. R. R. Wallace, Hamilton; Dr. A. Dalton Smith, Mitchell; Dr. A. M. McCaul, Collingwood; Dr. George Field, Cobourg; General Secretary, Dr. E. Stanley Ryerson, 243 College St., Toronto; Assistant Secretaries, Dr. Samuel Johnston, 169 Carlton St., Toronto; Dr. J. E. Davey, 145 King St., Hamilton; Treasurer, Dr. J. Heurner Mullin, 201 James St. South, Hamilton; Chairman Committee on Papers and Business, Dr. Herbert Bruce, 64 Bloor St. East, Toronto; Chairman Committee on Arrangements, Dr. Bruce L. Riordan, 73 Simcoe St., Toronto.

The committee again decided to adopt the system of dividing up into sections, of which the following is a list, with their officers:—

Surgery. President, Dr. G. A. Bingham. Secretary, Dr. A. B. Wright.

Medicine. President, Dr. W. H. B. Aikens. Secretary, Dr. F. A. Clarkson.

Obstetrics and Diseases of Children. President, Dr. Adam Wright. Secretary, Dr. J. A. Kinnear.

Eye, Ear, Throat and Nose. President, Dr. D. J. G. Wishart. Secretary, Dr. C. Campbell.

Preventive Medicine. President, Dr. Sheard. Secretary, Dr. C. J. Hodgetts.

General sessions will be held in the afternoons and on one evening, the sections of surgery and medicine meeting every morning, and one of the special sections on each morning.

The committee on papers and business have been successful in getting promises of papers from the following men:—

Dr. John B. Deaver, Philadelphia; Dr. E. F. Cushing, Cleveland, on "Copious water-drinking in Typhoid Fever;" Dr. W. P. Manton,

Detroit; Dr. Little, Montreal; Dr. C. H. Vrooman, Winnipeg; Dr. A. Baines, Toronto; Dr. McFaul, Collingwood; Dr. Slemons, New York; Dr. McDonald, New York; Dr. J. M. Elder, Montreal; Dr. J. M. Rogers, Ingersoll; Dr. Hadley Williams, London; Dr. H. B. Anderson, Dr. W. McKeown, and Dr. C. B. Shuttleworth, Toronto; Dr. E. Ryan, Kingston.

In order to get in closer touch with the various city and county medical societies throughout the Province, a motion was passed making the presidents of these societies corresponding members of the committee. As some difficulty has been encountered in securing their names, the secretary will be much obliged if the gentlemen occupying this position will send him their names and addresses. They will be kept informed from time to time of the work done by the committee.

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## MEDICAL PREPARATIONS, ETC.

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### CHINOSOL.

In chinisol we possess a most remarkable substance—powerfully antiseptic and germicidal and yet non-toxic. We cannot think of any other substance that is much stronger in antiseptic power than carbolic acid and at least as strong as bichloride of mercury (corrosive sublimate) and still possesses practically no toxic properties, and can be given internally in doses of 15 and 30 grains and over. The stupendous work on chinisol recently done by the Lederle Laboratories—1,674 bacteriological and animal experiments—have fully and completely confirmed the claims made for chinisol by the numerous bacteriologists and health officials in Germany, and we wish to go on record with the statement that he who denies, or tries to cast doubt on the remarkable antiseptic, disinfectant, and non-toxic properties of chinisol, is either an ignorant or has interested motives.

In view of the numerous suicides and accidental deaths caused by carbolic acid it would be well to forbid its sale to the laity entirely and for all purposes as an antiseptic and disinfectant, this fearfully toxic substance as well as mercuric chloride could well be replaced by the non-toxic chinisol.

In the above statements we do not base ourselves exclusively on the reports of the German Boards of Health and other authorities, high as those are, but on our own personal experience, which has been quite

extensive. We have used it very extensively as an antiseptic, as an irrigating fluid for the vagina and bladder, in the form of suppositories, etc., etc., and its efficiency and nontoxicity are in our opinion beyond question.

The average strength of chinisol solutions for ordinary purposes is 1 to 1000 (one tablet to a quart of water). It is well to remember that alkalies (and soap is an alkali) and metallic salts are incompatible with chinisol.—*Critic and Guide* July, 1908.

NOTE. "Chinisol is a double salt or mixture of oxychinolin sulphate and potassium sulphate."

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### LA GRIPPE—ACUTE CORYZA.

By W. T. MARRS M.D., JEWETT, III.

What is the best method of aborting grippe or acute nasal catarrh? Several years ago a number of the leading medical men of the country were asked this question. The consensus of opinion was that the only appreciable way to shorten the duration is for the patient to go to bed and stay there until well. My observation prompts me to believe that sedation is more effective than stimulation. I can see no value in quinine. A vascular sedative, *e.g.*, digitalis, aconite, does good. Calomel followed by a saline is very efficient at the beginning; glycothymoline in a 25 to 50 per cent. solution with water used with the K. & O. Nasal Douche allays the congested mucous membrane of the nose and throat. It is alkaline, antiseptic and sedative and always makes the patient feel comfortable. When a more sedative action is desired I often put a little menthol with the solution. The patient should be instructed to keep the naso-pharyngeal. Mucous membrane is a lean aseptic condition as it is doubtless during colds that many cases of tubercular infection occur.

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### BARLEX (MALT EXTRACT).

Prepared by a special process from carefully selected malted barley whereby every essential food-constituent is preserved to the full—albuminoids, soluble phosphates, maltose, and diastase.

It is thus a typical food—palatable, digestive, and highly nutritious, containing all the essential elements for producing fat, bone, and muscle.

When children are weak, ill-developed, or drooping, try "Barlex" Malt Extract, either alone or with other food—not too much, just sufficient to suit the palate and to sweeten the food. It induces the patient to eat and actually helps in the digestive process. That is what "Barlex" Malt Extract is for—just what it does. A delicious, powerful food-restorative in itself, it is also a food-digestive. In this way it may be used to sweeten all starch-food, such as porridge, rice puddings, hominy, gruel, and similar dishes. Children take it readily, especially if spread on bread. Added to cows' milk it renders the curd finer and more digestible, while a little dissolved in carbonated water makes a delicious, nutritious beverage. Prepared by Holden & Company, Manufacturing Chemists, Montreal.

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#### CONSTIPATION.

Phenolphthalein now being used as a laxative and purgative is receiving the most favorable comment in the medical press.

*British Medical Journal*:—"Phenolphthalein is the most satisfactory purgative introduced in medicine in recent years."

*Journal of the American Medical Association*:—"Worthy of a trial."

Messrs. Charles E. Frosst & Co., offer a graduated line of tablets prepared from the true chemical. These being made with a sugar base, may be crushed or eaten as a candy.

C. T. No. 190 "Frosst,"  $\frac{1}{2}$  gr. for children, pink, wintergreen flavor.

C. T. No. 197 "Frosst,"  $1\frac{1}{4}$  gr., small adult dose.

C. T. No. 206 "Frosst,"  $2\frac{1}{2}$  gr., large adult dose.

C. T. No. 207 "Frosst,"  $7\frac{1}{2}$  gr., purgative dose "flavored vanilla."

These tablets are in the hands of leading druggists throughout Canada.

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#### SANMETTO IN URINARY DISEASES.

Among the many preparations on the market for urinary diseases, few stand the test of time equal to Sanmetto. Each year adds to its popularity as its merits become known. It is not hard to take and does not nauseate the stomach. It has a decidedly soothing and healing action on mucous membrane of the entire urinary tract.