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COMPLICATIONS OF FRACTURES AND AMPUTATIONS.

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It has been my custom in hospital and private practice to endeavor to demonstrate that conservatism is not only the most humane, but the safest course to pursue, when a limb has been so shattered that the question of amputation may arise; and adopt those means by which, when properly utilized, primary amputation may be abandoned altogether in civil life. The mangled limb has been cleansed, hemorrhage subdued, and comfortable dressings applied, and our patient placed in bed. We wait and observe the limb, for, in many cases, time alone will determine its fate. Now, in order to afford our patient the best prospects, not only is it necessary to clearly understand what the phenomena of mortification and gangrene are, but to anticipate their onset; and should they appear be prepared to intelligently interpret the signs which precede them.

It is likewise highly important that the various phases of asphyxiation or decomposition about to set in are early recognized and actively treated, on such lines as the changes in the anatomical elements indicate. Without being thus prepared for the rational and skilful management of such cases, probably our patient's prospects would have been equally as good, or better, had the damaged limb been immediately sacrificed after injury. It may be observed that immediately after a grave injury to a limb, there are no symptoms or signs by which it is possible to estimate with precision the degree of vitality remaining.

The limb in common with the whole body is cold; after reaction sets in, heat may return completely or partly. It may remain icy cold. When this frigid state of the limb persists more than forty-eight hours, it is a certain precursor of mortification.

Dupuytren was the first who called attention to the importance of this symptom in prognosis here. He found by the use of the thermometer that the temperature in a limb about to mortify is lower than that in the dead body, and that of the surrounding atmosphere. When along with this abstraction of heat, sensation is lost, a greenish-gray color covers the skin, and a gaseous crepitation is felt under it, the parts are hopelessly mortified, and decomposition is advancing.

Happily in a considerable number this advent of mortification is not so sudden, the temperature gradually lowers; here and there are other significant symptoms that will warn us of its approach. A gradual diminution in sensation, with changes of color in the skin, especially near the toes, with total loss of power in the damaged limb, is often a forerunner of mortification when the lower extremity is damaged. But it is important to know that the behavior of a gravely traumatized limb, in the beginning, varies; a badly injured limb is much like a grave injury of the body, of which it is but an appendage.

For example, in some instances, one is killed outright; in others, after a varying period, deep shock passes off and the patient recovers; in others, again, full reaction never sets in, but collapse gradually deepens and the patient sinks.

So in some crushes of a limb; it may be killed outright, as it were, animation never returning. In others, the member is but temporarily devitalized; there is a species of "suspended animation," the circulation returning after varying intervals. In another class there is but an imperfect return of the vital processes, and death of the limb sets in. This last type, in my experience, is alarmingly mortal to the tissues and calls for prompt amputation.

Traumatic Gangrene.—This type of diseased action is frequently encountered after nearly every description of serious injury of an extremity or any of its appendages. As it is dependent on a variety of causes, so it presents a considerable diversity of phases. Its fundamental etiological factors are chiefly two: (1) Violence to the tissues, mechanical disorganization; (2) chemico-septic changes consecutive to injury. As an illustration, great violence being applied to a limb, its main arterial trunk is damaged and the vitality of the parts is imperilled by anemia and impending asphyxia, until the collateral circulation is established, which is not enough, perchance, to preserve and nourish all the distant parts. The too tight application of a splint, in a fracture, may shut off the lumina of the

larger vessels, when the parts supplied by them maintain thereafter a feeble existence or perish. In certain fractures, a spicula of bone crushes through the trunk of a large artery, and thereby so impedes the circulation to parts beyond that the surface tissues may part with their vitality.

In another class, violence favors the development of gangrene by impairing the vitality of the parts on which it falls; vessels are torn open, nerves lacerated and muscles severely contused. Therefore, an injury, *per se*, is an active cause of gangrene, varying in its effects, according to circumstances.

But in a large member, force is only the proximate cause. The deep parts are opened; a stagnant congested state of the circulation exists over the seat of injury, inflammatory changes have begun. The tissues are but feebly resistant to eccentric influences, and changes of decomposition commence; toxic elements have penetrated from without. There is undoubtedly a toxic infection; bio-chemical or microchemical changes are in operation. Whether, indeed, the entrance of some specific germ is the first step in gangrenous changes, or it is brought about through chemical influences stimulated into activity through the action of the atmosphere on feebly vitalized tissues is immaterial.

Modern bacteriological studies would seem to prove that infection of pathogenic germs is alone responsible for the primary pathological changes; but it is well known that the atmosphere plays an important role, as does also the general condition of the patient; above all, in diabetes and in tubercular subjects.

The symptoms which indicate the approach of traumatic gangrene in a limb in serious injuries are general and local. With the onset of those inflammatory changes which precede the sloughing or devitalization of the tissues, a well-marked chill, is experienced, the temperature rises and the pulse quickness; the appetite is lost and thirst is urgent. General debility is marked and the patient sleeps little. These are the usual concomitant disturbances noted, though there are occasional instances in which gangrene sets in, in the most subtle, insidious manner. The day before, the limb may have presented all the signs of a healthy vitality, but, after an interval of twenty-four, or forty-eight hours, on removing the dressings, we are appalled to find an extensive area cold, insensative and dead. Such cases, however, are very rare indeed; and if we investigate them we discover, as a rule, that some oversight has been committed, that nature's danger signal, great pain, was blunted or destroyed by over-dosing with morphine; that the case was injudiciously treated, or neglected, until too late.

Of the local subjective symptoms, there is one whose significance is of more importance than all the others combined. That symptom is *pain*, not of a moderate, intermittent description, but

a grinding, excruciating, incessant agony. It racks and agitates the whole frame. The pain of incipient acute gangrene is always of a most intense and excruciating character. We read it in the deathly pallor of the patient. Indifference to, or a disregard of this symptom on the part of the medical attendant has resulted in the needless sacrifice of many a limb which should have been spared. In every variety of fracture or traumatic disorganization of the soft parts overlying the osseous structure, when severe persistent pain sets in, of such severity as to make comfortable rest impossible, and to provoke marked constitutional disturbances, we should act promptly in exposing the parts and endeavor to ascertain its cause. Besides this symptom there are other signs, which, when correctly interpreted, will generally point with precision to the true character of the lesions. Along with the *coolness* of the toes, when the leg or foot is traumatized, we will notice a blueness of the nails, an edema of the tissues and a limited anesthesia. Pulsation of the arteries has ceased, and we will observe that when we press the blood out of the subcutaneous capillaries, they fail to refill. But it is necessary to observe caution in all cases at the onset, at least, that we do not prematurely condemn and amputate what might be saved; for we will sometimes see the tissues covered with blebs, congested, purple and boggy, which, after the active institution of local remedies, suddenly undergo the most remarkable, salutary changes.

Under certain circumstances, surface appearances will deceive us. For example, the foot or hand has been crushed; swelling with active inflammation ensues, in vain we apply local remedies to reduce them, and wait; assuming that inasmuch as the integument is sound the deep parts are intact; but in time, deep suppuration becomes evident; we open the tissues, and, behold! loose dead bone, with large sloughs, broken down tissues in every direction. How it comes that a car-wheel may pass over a foot or leg, or it may be violently struck a concussive blow, yet have its bones extensively shattered thereby, and other deeper tissues disorganized, while the cutaneous investment escapes extensive laceration, is not easily explained; but more than once have I seen the bone-shaft crushed into fragments, while the overlying skin was unbroken.

Gangrene, as we have seen, is a disease, which is characterized by its tendency to advance into healthy tissues, and destroy, as it extends; the necrotic rotten residue which it leaves we designate "sphacelus."

In mortification, after reaction has become established, changes of decomposition involve the dead tissues, when they are clearly separated from the living by a distinct, demarkating line, as a

general rule. This is most commonly witnessed in traumatic gangrene.

Gangrenous processes may spread far up, through, and under the muscles, while the *integument remains whole and free*. It may, on the other hand, even involve but *one set of muscles*, and spare the others. The following short note on a case will illustrate this: A boy of ten years came under my care, who had sustained a fracture between the condyles of the right knee and a compound fracture of the upper third of the fibula. His limb had been caught between the spokes of a moving cart-wheel, and had suffered great violence. It was evident that the posterior tibial artery had been seriously crushed, for the parts supplied by it soon showed signs of incipient gangrene. For several days the limb presented a threatening aspect; but, in time, communicating branches became competent to carry on the circulation, and limited function returned. The fragments united, but through an opening just posterior to the middle of the shaft of the fibula, the macerated, gangrenous, fleshy parts of the peroneus-longus and flexor-longus digitorum were discharged, completely disconnected, with their osseous origin and tendinous termini. The little fellow finally escaped with a fairly useful limb, though there was a marked linear depression over the area occupied by expelled muscles. This was the first instance of muscular gangrene I had ever seen.

Everyone knows that gangrenous processes may attack and destroy one tissue alone, after any injury, while all the others escape. This is called *necrosis*, and probably is the most common type of the process we encounter. Every surgeon whose practice brings him in contact with serious traumatisms is familiar with the fact that vast areas of the integuments become the seat of gangrene, and fall off in stiff, charred casts, leaving all the tissues underneath with their vitality unimpaired; when the limb may possibly be amputated for no other purpose than to secure a skin flap, above, to cover in the denuded surfaces.

Treatment of Mortification and Gangrene.—Strictly speaking, in their etymological sense, the two terms, mortification and gangrene, are integral parts of the same process; the one kills and the other deals only with disintegration, and disposing of the dead tissues. But clinically and pathologically the distinction is wide, and a knowledge of this fact has an important bearing on a rational therapy. In the one case, we see a finger, hand or arm, a part of which has been quite totally destroyed; but it preserves its connection with the body. Cold, bloodless and senseless, we are quite certain it has perished; its vascular supply has been destroyed, and decomposition is quite certain to speedily follow. *Mortification* sets in now. For the purpose of separating the dead

from the living, a vitalized wall is thrown around the limb, at which point all the vessels are stenosed or obturated, and spontaneous severance begins. The process is a *limited* one. We can see that therapeutic effort is futile in the way of restoring vitality. Therefore, we have done our full duty when we have staunched all hemorrhage, placed the damaged limb in a comfortable position, sterilizing or cleansing the injured parts with thoroughness, and applying antiseptic dressings. This line of practice is generally observed by myself in all serious crushes of a limb, instead of having recourse to immediate amputation. It is true that we make no impression on vital changes; but we give our patient time to recover from the grave general shock which almost invariably attends these traumatisms, while the damaged part is slowly preparing to elide itself from the body corporate which it so long aided to maintain. Besides, as time pencils off the dividing line above, the sphacelated tissues, we know precisely the point at which we will make resection, or employ the amputating knife.

Mortified tissues are *bloodless*. As strangulation of the circulation and consecutive asphyxia invariably lead to it, it is, therefore, clear that inflammatory action is absent in the invaded tissue, and we have no occasion to make provision against hemorrhage.

Our treatment of mortification in its early stages, at least, must bear the stamp of extreme conservatism. If we would carry our case to a successful issue, we should direct a large share of attention to our patient's general condition. Let us look closely to environment, diet, and psychic influences. Opium, that peerless mental exhilarant and unrivalled antidote to pain, is more valuable than all other medicinal agents, given in any description of serious traumatism. Let no one heedlessly discard this by the seductive claims of other medicaments, for *none* can equal it.

But let it be *opium*, and not morphine, codeine, or other of the alkaloids, for they are all more dangerous, and none can be substituted for it in this class.

Certainly it will not be administered at all, if the indications for a narcotic or a sedative are not urgent, and under all circumstances must its employment be governed by strict attention to its effects.

Mechanical or artificial interference comes in as a *finale* to mortification, simply for the purpose of hastening a process that it had initiated, and amputation is called for.

Gangrene.—Gangrene being a much more complex process than mortification, and its course being influenced by a diversity of causes when produced by trauma, no fast or fixed lines can be drawn in its treatment. The clinical history of *traumatic gan-*

grene presents many distinguishing and definite characteristics, which lead me to believe they should be considered apart from those which go with mortification. The causes of traumatic gangrene are determining or constitutional, and direct or local. With one suffering from atheromatous arteries, or whose tissues present a feeble vitality, a slight abrasion or a moderate contusion may fail of repair, or may be followed by gangrene.

Subjects of diabetes mellitus are specially prone to gangrenous change following trauma. It is no doubt through this cause that sometimes, after simple incisions into healthy tissues, they suddenly become putrescent, foul, and rapidly decompose.

Dr. Robert Taylor, of New York, has reported a case, in which, after a simple urethrotomy, performed with every precaution, gangrene spread into the perineum, advanced into and attacked the pelvic viscera, rapidly proving fatal.

Last autumn a large heavy man, 55 years old, very fat, was operated on by me for an incarcerated inguinal hernia. The operation was not difficult, every precaution was taken against contamination of the wound. The fourth day after the operation everything in the vicinity of the wound was one mass of putrescence, and the patient succumbed.

An old man, of a fine physique, who some years before had injured his right popliteal artery, now while removing an ingrowing toe-nail accidentally nicked the skin with the blade. A gangrenous sore followed, which soon threatened the outer half of the foot. A prominent surgeon called in declined amputation, because the patient's urine was highly saccharine. In a state of great distress he sent for me, when I amputated the infected member. But within forty-eight hours, gangrene returned, and in the course of one night after the onset, it overspread the whole foot and threatened the ankle. Another amputation was promptly performed, this time close to the knee joint. Fortunately primary union and recovery followed. I am not sure, however, whether glycosuria in these cases is a cause of gangrene *de novo* or a coincidence. In my hernia case there was no trace of sugar in his urine; and many times have I operated in well-marked glycuronic cases, when the wounds have done well. But there are constitutional disturbances and conditions which exert a positive influence, both in the origin and spread of gangrene. These predisposing and determining factors should be allowed their full weight when deciding our course, when the disease presents itself. Some of them may be eliminated and others are quite beyond our reach.

The local phenomena which gangrene presents, are not uniform, but vary according to circumstances. In severe contusions of the toes we may find the circulation exceedingly languid or

temporarily suppressed; the nails are blue, and the integuments cool, but in healthy young subjects, by the aid of artificial heat and rest, in a while warmth returns, and vitality is restored. In other similar cases, severe pain sets in with active inflammatory changes; lividity is not so marked, but the toes are puffed and exquisitely sensitive. At a varying rate this condition extends back into the body of the foot, the pain in the meanwhile continuing very severe, with marked constitutional disturbances. Gangrene may advance along on one side of the foot, or the other, or it may creep up across the entire width at once. Gangrenous processes may suddenly cease in their incipient stages, and resolution so completely follow that no trace of them remains. Inflammation ceases, the extravasated blood and inflammatory deposits are resorbed, the staining of the integument is bleached out, sensation returns and full function is restored.

For the above type of traumatic gangrene, resulting from contusion, various lines of treatment must be adopted, but they in the main equally apply to gangrene, from puncture or septic intoxication.

One has sustained a deep puncture through the pulp of a finger or toe, little is thought of it, and the parts are well in a few days; but in another, the finger festers, swells, and becomes intensely painful. Inflammation spreads and the other fingers become involved, as the condition spreads, and crosses the webbing line below.

Gangrene may follow from the bite of an animal or venomous reptile; some sort of a deadly ferment is deposited in the tissue, which not only destroys the vitality of the part into which it is injected, but it spreads upward towards the body and destroys with appalling rapidity, if the part which was primarily infected be not promptly amputated. Cadaverous poison acts in a similar manner.

A man came under my care, seven years ago, who was stung the evening before by a rattlesnake, which he was exhibiting. Immediately he lost sensation in the first joint of the index finger, which was stung; in less than an hour the whole finger was cold, numb and black; by midnight (he was stung at eight in the evening), all the fingers and the whole hand were cold, stiff and inanimate. When I saw him at eight o'clock the following morning the whole arm and shoulder were in a state of advanced gangrene. The pulse at the wrist was gone; the arm cold, black and bloated. The blade of a scalpel could be passed painlessly in anywhere from the wrist to the shoulder. A greenish-black, horrible smelling ichor exuded. The immediate application of a constrictor over the forearm, with prompt amputation, might have saved this man's arm and life. The incipient signs of gangrene must be met by radical measures, but not necessarily operative.

For the tumefied congested tissues, probably nothing will afford so much relief and put a stop to its course as numerous incisions, the free abstraction of blood with a thorough immersion of the parts in a solution of carbolic acid. This is to be preferred to any other antiseptic, because of its sedative effects on the exposed surface. Warm, moist, sterilized dressings are then applied. It is unnecessary to say that "prevention is always better than cure," and that in all complicated fractures we should never apply rigid bandages or dressings until inflammatory symptoms have subsided, and the danger of strangling the circulation is past.

The question when to amputate in traumatism can be decided rather by experience than by any formulated set of rules. In mortification, when the line of demarkation is formed, it is answered. But we have no such guide in gangrene. Though more than one author lays it down as a rule, that we should not amputate in this condition until the line of demarkation is formed, and then we should carry the blade through the circle, by a strict observance of this rule, serious evil is certain to result.

In incipient gangrene of a toe or finger, for example, after being assured that gangrene has commenced in a contusion, or a punctured wound, which has become infected, if we hope to cut short its march, one or more of the phalangeal joints must be immediately amputated. Possibly so extreme a measure may be obviated by the substitution of some other less radical operation; but at all events what is done must be done early before other neighboring parts are contaminated, and long before any demarkating line is apparent. The older writers used to say that we should not amputate in "hot gangrene," but Larry, Guthrie, Hennan, McClintock and others of great experience contradict this view. The rule, however, will hold good in what is known as *senile gangrene* and mortification, succeeding a traumatism which destroys part of a limb. In peripheral gangrene commencing in a finger or toe, which endangers a limb through septic diffusion along the lymph channels, we entirely disregard this rule, and make a severance through such a line as we believe preserves its vitality. The dread of not going high enough up, beyond the infected tissues, and the chances of a fresh infection seizing on the divided tissues was what inspired this precept. My experience has not confirmed this view; on the contrary, in my earlier hospital service, by a sort of a religious observance of it, I have seen this death-dealing malady slowly creep close to the trunk, while we waited for the *line of demarkation*, and then only interfered when the whole limb was imperilled. A timely amputation, a thorough disinfection of the flaps and stump, with free drainage, will call a halt on the course of gangrene, with as

much certainty as extraction will annul a toothache. But the work of eradicating all infected tissues must be thorough, and the surroundings must be favorable to recovery. It is almost unnecessary to say that much of one's success in these cases will depend on the general condition of our patient. Under any circumstances as far as local treatment of the case goes, if we have one with a broken-down constitution, in insanitary surroundings, inadequate diet and nursing, our case is quite certain to do badly, whatever the course we adopt. A nourishing diet, with plenty of stimulants, if there be great bodily weakness, pure air, and cheerful surroundings, are most effective, constitutional antidotes to consecutive gangrene. For medicine, quinine, the bitter barks; acids and iron, with small doses of mercury, if there be a specific taint, are called for.

If we would have the wound do well, we must look diligently after our patient's general condition, attend carefully to his digestion and his emunctories.

THE MEDICAL SOCIETY: ITS PLACE AND EQUIPMENT.*

BY JOHN HUNTER, M.D.
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A WRITER says, "There is, for every one of us, a place and also an equipment that, taken together, ensure success. It is our duty to find our place, and to use our equipment." The wisdom of this statement may be taken as indisputable. I shall, therefore, with some license use it as a text on which to base a few remarks that you will please accept as an instalment on the debt which, as president, I owe to the members of this society for the honor conferred upon me. It has the merit, too, of being a fairly orthodox text, for it can be said that it naturally divides itself into two heads: The Place and The Equipment.

THE PLACE.

The medical society was begotten, and has ever been perpetuated, by one of the most meritorious inspirations that govern the physician's life, namely, the desire for more knowledge, wider experience and greater skill. A glance over the names enrolled in the membership of a medical society shows the place it holds in the estimation of medical men. There you find the names of men distinguished alike for the highest professional attainments in technical knowledge and skill, and also for the noblest attributes of character. The fact that the medical society can gather into it such a class of men is very positive evidence that it has a place. Another equally strong proof of its right to claim a place is the fact that the progress in the science and art of medicine is very largely due to the work which has been done in the medical society. Where else can papers be presented and discussed to better advantage? The medical journal is a great medium for the distribution of knowledge. But what physician, who has listened to the words and studied the play of emotions, as expressed in feature and gesture of some of our great medical teachers, would exchange that experience for a perusal of the same article in the quiet of the library, however interesting and instructive a careful reading might prove to be? Would the apostles have accomplished as much for Christianity if they had read the words of its Founder instead of hearing them from His lips? Was it not the impress of a personality that made these men invincible? What surgeon could listen to Lister without receiving an inspiration to do all his work more aseptically for

* Presidential Address, before the Toronto Medical Society, October 6th, 1901.

all the days to come? Those of us who had the pleasure of hearing Osler's address at the meeting of the Canadian Medical Association, in Montreal, treasure that occasion as one of the most inspiring of the reminiscences of life. To these two names each one of us could add many others, of men to whom we have listened with the greatest pleasure and profit. But some may say, that often they have neither been pleased nor edified by the manner in which papers and addresses have been given in the medical society. This suggests another feature that may be very briefly referred to, viz., that the medical society is a place for moral and social development.

High attainments in technical knowledge and skill may be grievously impaired if associated with irascible tempers and boorish manners, which ruthlessly lacerate those tender feelings that constitute the "woof and warp" of our sentiments. A medical society is a school in which anything incongruous in language or manner is likely to be rebuked and corrected. In what other place do sharp tricks, dishonorable intrigues, or petty jealousies seem so small and contemptible to us as when we are convened in a medical society? Here we meet in a quieter and serener atmosphere, where the heat and discomfitures that arise from the friction and collisions of the every-day struggle for existence or pre-eminence are not felt, and where we can estimate more justly the work and worth of our fellows.

Time will not permit me to dwell any longer on this phase of my subject; but I wish, *en passant*, to refer briefly to those who are not members of any medical society. These men belong chiefly to one or another of three groups: The egotists, who are deluded by the belief that they are the incarnation of all knowledge, and, therefore, cannot be taught anything by their fellows; the indolent and indifferent—quite too numerous a class; and, perhaps, the most pitiable of all, those who cling to the delusion that they must cherish a real or imaginary grievance against some member or members of the society. These feel their loss keenly, but still hold that it is their duty to immolate themselves on the altar of revenge. Some may say, "Well, if these do not wish to attend, let them stay away; we can get along without them." Could we dispose of these classes in this cursory manner, it certainly would be an easy way to get rid of them. But can we do so? These men are members of our profession, and the old adage holds true in our case as in all others, that "a chain is no stronger than its weakest link, a fleet no swifter than its slowest vessel, nor a fortress any stronger than its weakest point." A majority of the cases of sickness fall into the hands of the nearest physicians; and, if any of these be less competent because they will not avail themselves of the

help a medical society can render, their incompetency and ignorance imperil life and bring opprobrium on an honorable profession. Have those of us who can speak from experience of the value of the medical society no missionary work to do among these classes who do not attend its meetings? Should we leave egotism, ignorance, indifference and petty jealousies to exercise their baneful influence? Is there any better way to get rid of evils than to expose them? "Is not he who is afraid to see, and dare not mention the wrong-doing of himself and his colleagues, his profession's worst enemy?" Should we not govern our own lives, and, as far as lies in our power, help others to govern theirs, by the abstract truths that "right is right, wrong is wrong, and duty is duty?" Unless the wisest, most cultured and upright men have erred in judgment, or have been deceived by experience, their actions prove that the medical society is the right place for every medical man, inspired with any desire for more knowledge, wider experience and greater skill.

THE EQUIPMENT.

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

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

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

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

PAPERS.

In preparing a paper, at least three features should be most religiously kept in view. It should be practical, tersely and concisely written in technical language, and brief. In a society like this one, which includes the whole field of medicine and surgery, the writer of a paper has a great variety of subjects to choose from. When a choice has been made, the writer should strive to imitate the true artist—stamp his individuality on his work. He should never leave it possible for anyone to say that his paper was simply a mere repetition of what has been written in books or journals. Before writing his article, he should read every book and journal that can aid him; but his paper should be as characteristically his own as are his features or tone of voice. What one reads and hears should be to the mind what wholesome food is to the body. The cantatrice transforms her food into musical symphonies that are enchanting, and the statesman his dinner into words that are lustily cheered by his followers. If this be true of physical nutriment (and it is a scientific fact that without the proper assimilation of food we could have neither song nor speech), why not make as great a transformation in our mental pabulum? The auditory and ocular centres were never intended to be mere wayside storehouses out of which the same thoughts should pass again, but rather to be switchboards, flashing the impressions on to the psychic laboratories, whose functions are to discover and interpret these impressions as they come, and then stamp them with personality and send them forth again to delight others and to increase the common fund of knowledge. It does not necessarily follow that the work of each one of us will equal in importance that of a Harvey, a Hunter, a Jenner, or a Lister, but it should represent the best that the opportunities of our age, our experience and our mental endowments can produce.

So much for the intrinsic worth and character of a paper, and now a few words about the form and manner of its presentation. An instrument may have considerable value in its design, but be of such poor workmanship that its worth is seriously impaired. In like manner, a paper may show much originality of thought,

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

THE DISCUSSIONS.

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

CLINICAL MATERIAL.

In this contingent of our equipment are included clinical cases, pathological specimens, photos, instruments and appliances. However valuable good papers and discussions may be, yet these do not seem to meet all the requirements. We rather long for something that we can see, feel and handle. The appearance presented by the morbid condition, the sounds elicited by percussion or heard through the stethoscope, the sensation produced by touch, can scarcely be overestimated as aids in furnishing information. In the absence of patient or morbid specimen, good

photos are of great service, and no description of instruments or appliances can equal the act of examining and handling them.

I must not violate some of the precepts I have laid down, so will briefly summarize this phase of my subject as follows: The equipments of a medical society are, a home in a central locality with suitably furnished, well-lighted, properly ventilated rooms; weekly or bi-weekly meetings, beginning sharp on time, and of about two hours' duration; short, practical papers and discussions, bearing the impress of originality and personality; presentation of clinical cases, pathological specimens, instruments and appliances; a large membership, with punctual and regular attendance.

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

AN EXTRAORDINARY ANEMIA—REPORT OF A CASE.*

BY F. V. TREBILCOCK, M.D., ENNISKILLEN.

“AN extraordinary anemia” is an exclamation which comes to the lips of every one of us who keeps his eyes open for any short space of time, for housed away in every hamlet in our land is some poor body of whom folks say, “She looks like a ghost.” I say “she” advisedly, for in the villages in which it is my duty and pleasure to visit, such cases are usually of woman-kind. Generally speaking, these patients present problems which are only soluble in part, and the most any man can hope to win is a very moderate amount of relief from distressing symptoms for his patients and a long season of unrewarded worry for himself.

I have wished to bring before you in the few minutes which are mine, the clinical aspects of such a case, which has lately come under my notice and care. I do this with the more diffidence because I am unable to give you the laboratory data which picture the individual blood-cell; but as I desire my words to be reminders of old things rather than teachers of new ones, I trust they may arouse some discussion in a field which may be of interest and profit to all of us.

I visited an unmarried woman, aged — years, for the first time three months ago. Though she lived not a mile from me, I had seen nothing of her for more than a year, and remembered her only as being ghastly white, with a history of having been so for a long time.

She sat in her chair showing the intensest air-hunger; tried to say “Good-morning” to me, but found the sentence too long to speak unbroken. At my bidding she remained perfectly quiet where she was, and I began my examination.

Her hair was exceedingly sparse and much coarser than natural; her face uniformly broadened, and, with the exception of the under eyelids, which were noticeably bagged and soft, was very firm under pressure. All expression was lost in the diffuse swelling. The countenance was a pale yellow white, without the faintest trace of pink, even on the severest friction and pinching; the ears translucent, so that heavy newspaper print was distinguishable through the lobes. The alæ of the nose were vibrating rapidly with the forced respiration. The whites of the eyes were slightly muddy, and they themselves expressionless.

The neck was uniformly enlarged, with no special swelling to be made out; the thyroid body not palpable, and no marked pulsation visible anywhere. The trunk was uniformly enlarged. Her sister assured me that the back was broader than usual, and

* Read at meeting of the Ontario Medical Association, Toronto, June, 1901.

the abdomen more prominent. Careful examination showed no displacement of any organ, nor any enlargement. The cardiac impulse was just as turbulent as might be looked for.

The arms were swollen and hard to the touch, though not to the same extent as the legs, which were swollen until every curve was lost; no pitting could be seen, even after the severest pressure.

The skin was exceedingly dry and inelastic, and had been so for months; in fact, she remarked that she had not perspired since last summer, no matter how hot the room might be. There was no rash, only a diffuse scurfiness and a history of occasional spells of intense itching.

The oral mucous membrane was extremely pale; the tongue clean, and nothing extraordinary in the physiology of the alimentary tract except a marvellously large appetite, which had been noticed all winter. There was no distress after meals, nor any sign of undigested food in the stools. The latter were as frequent as could be expected from her habit of sitting so much. A mild laxative once a week kept her fairly regular, but lately she had noticed the stool becoming foul-smelling.

The circulatory system showed changes only in the pulse-rate and in the more tumultuous heart-beat. On my first visit the rate was 160, accompanied by no bruit or murmur, pulse faintly distinguishable in the tibial artery. No symptoms subjective or objective showed any interference with the normality of the genito-urinary system.

The muscles seemed to do their work as usual, except for the intense lassitude and fatigue.

On walking across the room nothing was to be seen abnormal in the gait, though the motion was very difficult on account of the intense dyspnea. The air-hunger was constantly marked, the upper chest heaving visibly so as to be easily seen through the clothes; the respirations were 70 per minute while sitting at rest. Physical examination of the chest showed nothing irregular in front, but low down behind were some fine mucous rales, probably edematous.

She complained of a sensation of dry burning, and I found a fever of 101 deg. F. She had been sleeping well, though ten hours' rest made not the slightest difference to the swelling anywhere, except in the eyelids, which were usually more puffed in the morning.

Having now gone over the symptoms as thoroughly as possible, I encouraged her to talk a very little. She had been ailing for ten years, having periods of intense anemia, when the legs would swell during the day but would return to their normal size in part, after a period of rest, and were never stony-hard as now. At times the dyspnea was intense, but never so severe as now. This present undoing began about a year ago, when she noticed her-

self getting exceedingly white and dyspneic; also noticed the eyes puffing some. The skin had never been dry like this before, nor had the hair gotten coarse until last winter. Every bad sign was so very bad that I sent her to bed at once and left her.

As I thought over the case, wondering how any woman could live in such a state as she said she had been in for ten years, I could not see that her anemia could be pernicious. So much of her symptom-story suggested myxedema, that I began to wonder if just at present that phase might not outweigh the pure anemia. At any rate the symmetrical bulkiness of the face associated with the general increase in size in back, arms, and legs, the element of edema being not compressible, and the rapid falling out of the hair, with growing coarseness in what was left, suggested a thyroid complication. Any lessening of mental power noticed was not severe enough to assist in the diagnoses, nor was there any red blotching over nose or cheek.

To what extent irregular thyroid physiology may interfere with blood formation or cause anemia, I could not then nor cannot now say, and it is largely to call out some ideas upon this point that I have spoken of this patient.

Another phase of the case which has interested me, takes us back ten years to the first beginning of this anemia, and may be etiological. This woman took care of her mother who died ten years ago as a result of a very severe ulcering facial epithelioma. For six months it was my patient's duty to dress the sloughing surface, and so marked was the stench that she made a bag to cover her own nose and mouth—a sort of respirator—in which she kept pieces of gum camphor. She assures me that she would be at least half an hour each day for half a year dressing the wound and breathing the camphor fumes, which would often cause her mouth and nose to be quite sore. Her anemia began before those six months had passed.

Very briefly—I sent her to bed under strict hygienic nursing, simple food, fresh juice pressed daily from beef, abundance of fresh air, and daily alcohol baths. Ordered her compound syrup of hypophosphites, with gradually increasing doses of arsenic. Also I began at once the exhibition of thyroid extract.

The improvement has been gradual but sure, and now, though still very weak and anemic, her face, trunk, and arms are perfectly normal and only slight hardness in the legs, the skin being soft and moist, except the leg below the knee.

The points I wish to raise for short discussion are:

1. What influence, if any, does the thyroid body exert in keeping up the normal blood-tone?
2. Was it probable that this grave condition followed the silly use of camphor?
3. Are we justified in thinking of any such case as pernicious?

URINARY ANTISEPSIS IN GONORRHEAL URETHRITIS.

BY E. REINHARDT, M.D., NEW YORK,

Admitting Physician, Lebanon Hospital.

To a great extent the internal treatment of gonorrhoea, so popular in former years, has been supplanted by local measures, having for their object the destruction of the gonococcus. There is no doubt that the expectant policy formerly pursued of waiting for the acute symptoms to subside before resorting to local treatment was responsible for many of these cases assuming a chronic character. It has often been claimed that if a person suffering from his first attack of gonorrhoea is put upon a bland liquid diet, as in other inflammatory conditions, the disease would often be cured without the necessity of resorting to other measures. However that may be the plan is impracticable in the vast majority of cases.

It seems to me, however, that in the predilection for local remedies the value of conjoint internal treatment is too much underestimated. Aside from rendering the urine less irritating by the use of alkalis very little attention is usually paid to the above point. In my recent cases I have endeavored to ascertain what effect upon the gonorrhoeal process could be exerted by administering an internal urinary antiseptic. The remedy selected by me for this purpose was the anhydromethylencitrate of hexamethylen-tetramin, known as helmitol. This drug splits off formaldehyde in the urine, which thus becomes sterilized, and the urine charged with formaldehyde would seem to exert an antiseptic action in its passage over the infected urethral mucous membrane.

One of the great advantages of helmitol is that it can be administered in good-sized doses without fear of disturbing the stomach or of irritating the kidneys, and besides it is very palatable.

Having tested the drug in acute, subacute, and chronic cases of gonorrhoea I have thought it would be of interest to report typical cases of each variety, with a view of illustrating its manner of action and the results obtained.

CASE 1.—C. K., 24 years old, had gonorrhoea since August, this being his first attack. He stopped treatment as soon as the discharge ceased, and experienced no inconvenience until the latter part of November, when he felt a peculiar burning-like sensation in the urethra, and again presented himself. On examination I found him suffering with a posterior urethritis with involvement of the bladder, as shown by the urine, both specimens being cloudy, but containing no albumin. Helmitol, 15 grains, was prescribed, four times daily, and the urethra and bladder irrigated

with a 1 per cent. solution of protargol. He reported two days later and examination of the urine showed it to be turbid and alkaline. He no longer complained of the burning sensation, and did not have to get up at night to void his urine more than once, while previously he had to do so twice at the least, and sometimes three or four times. The same treatment was continued, and in ten days the turbidity had cleared up entirely, although shreds were still present. Injections of protargol solution, 1 per cent., with Ultzmann syringe, were now made twice a week for four weeks, at the end of which time no gonococci could be found.

CASE 2.—E. P., aged 20 years, contracted gonorrhœa about a month ago. He came to me after having tried the prescriptions of various druggists, complaining of a great desire to pass his water, which was very painful. He was compelled to get up at least ten times during the night. The urine was cloudy, containing shreds, and the scanty urethral discharge contained gonococci. Helmitol, 15 grains, was prescribed, four times daily, but on the following day he stated that he had been unable to sleep all night because of the frequent necessity of having to void his urine. After two days' treatment the urine was somewhat clearer, and the frequency of urination was much lessened, although he still had to get up three times at night. Injections of protargol, 1 per cent., were now added to the treatment, and after seven days the tenesmus had completely disappeared. The urine was now fairly clear, but gonococci were still present. The treatment was continued, and at the end of 29 days the discharge had entirely ceased; the urine was free from shreds and no gonococci were present.

CASE 3.—L. B., aged 30 years, had had four previous attacks of gonorrhœa, which he claimed to have cured himself with injections of red wine. This remedy, however, proved ineffective in the present attack, and he appealed to me for assistance. He complained of a severe burning sensation when urinating, which he did very frequently. The urine was turbid, with a trace of blood in the second portion. He also had a discharge, which, however, was not marked. Helmitol, 15 grains, four times daily, produced some improvement after 48 hours, and at the end of another two days the urine was much clearer, with no sign of blood, and the ardor urinæ had completely subsided. I now commenced injections of protargol solution, 1:400, and reduced the dose of helmitol to 10 grains, t.i.d. Later the strength of the protargol solution was increased to 1:300 for three days and the helmitol continued. A relapse occurred with considerable ardor urinæ, and on inquiry I found that he had been drinking whiskey. The dose of helmitol was increased to 15 grains, and continued for 48 hours, when the burning had ceased and the urine had become clear, with the exception of some shreds. I now gave injections of protargol,

1:100, continuing the internal treatment, and two weeks later discharged the patient cured. A very satisfactory feature of this case was the rapidity with which the tenesmus yielded to the administration of helmitol, and the rapid disappearance of the gonococci, although it was a marked type of urethritis.

CASE 4.—J. S., aged 37 years, had been suffering for some time from chronic posterior urethritis, with enlarged prostate. The urine was turbid in both portions, but contained no albumin. The treatment consisted of helmitol, 15 grains, three times daily, with posterior injections of a 2 per cent. solution of protargol, later followed by massage of the prostate and the use of electricity. In this case the urine did not become clear until the end of ten days, and it required 40 days for the last remnant of shreds to disappear. The dose of helmitol was diminished to 10 grains at the end of ten days, and the drug continued for a week and a half longer.

CASE 5.—I. R., aged 27 years, presented himself with a severe form of gonorrhoeal urethritis, complicated with epididymitis and orchitis. Both portions of urine were turbid, and he complained of intense pain when urinating. Owing to the marked vesical symptoms I gave him helmitol, 30 grain doses, t.i.d., with but little improvement until the sixth day, but with entire absence of gastric irritation. At the end of that time the urine was much clearer, and the dose of helmitol was reduced to 15 grains, three times daily. Improvement continued, the burning ceased, and I now began injections of protargol, 2 per cent. solution. The urine, however, did not completely clear up for more than two weeks, at which time there was still present some discharge containing gonococci, which disappeared entirely after three weeks' treatment with protargol solutions.

This case showed that large doses of helmitol had no deleterious effect either on the stomach or on the kidneys.

CASE 6.—K. C. G., aged 42 years, strong, overfed man, widower, had contracted gonorrhoea two weeks before. After applying to his druggists without relief, he came under my care, especially because of the severe pain on urinating. Examination of the urine showed it to be very turbid in both portions, containing albumin and a slight trace of blood, shreds, gonococci, and some pus cells, besides sugar. I put him on antidiabetic treatment, and for the relief of the tenesmus gave helmitol 20 grains, four times daily, but without much relief, the urine remaining turbid. Under strict diabetic regimen, however, in connection with the continued administration of helmitol, improvement was noticed at the end of three weeks, and the urine began to clear up. During the second week the dose of helmitol had been increased to 25 grains, t.i.d., and I continued this amount for a week when it was reduced to

20 grains. Four weeks from the beginning of treatment the urine was quite clear, containing only shreds. Helmitol was now discontinued, and injections of protargol, 1 per cent. made. The urine again became cloudy, and helmitol was resorted to, 15 grains, t.i.d., after which it became clear. The gonococci had entirely disappeared at the end of 54 days from the commencement of treatment.

CASE 7.—F. R., aged 37 years, had gonorrhœa about eight months ago, for which he was treated, but discontinued his visits to the physician when the discharge stopped. About a month ago he noticed a slight stickiness at the meatus, which developed into a scanty discharge, so that he thought he had contracted another clap. On examination I found the discharge full of gonococci and the urine cloudy. The following prescription was administered: Methylene blue, $1\frac{1}{2}$ grains; copaiba and oleoresin of cubeb, of each 10 grains; three times daily, about an hour before meals. Some improvement was obtained during the first three days after which he had a relapse, with severe scalding of the urine, which became markedly turbid. The capsules were, therefore, discontinued, and helmitol administered in 20 grain doses, four times daily. After three days the urine appeared much clearer, and the ardor urinæ had ceased. At the end of a week the urine was clear, and irrigations with warm permanganate of potash solutions were now begun. Under this treatment progress was slow, the shreds persisting in the urine, and for this reason protargol, 2 per cent. solution was resorted to, with the result that the shreds began to disappear more rapidly, although the case is not yet cured.

Selected Articles.

POINTS ON ENDOMETRITIS.

THE *Clinical Review* of May, 1903, published an interesting article by F. H. Martin, M.D., on endometritis. In outlining the local treatment for uterine engorgement, endometritis and chronic urethritis, the writer believes it well nigh impossible to state definitely where one of these conditions ends and the other begins, so closely are they associated. In discussing treatment, we must consider the condition to be met; the endometrium presenting its varied stages of congestion, inflammation, degeneration of membrane with its putrefactive concomitants, according as types change from acute to chronic. In acute form, the discharge is catarrhal in character, and as the disease becomes chronic, we see the discharge turn to a greenish-brown color, and very offensive. In this stage, frequent hot vaginal douches of Glyco-Thymoline, in twenty-five per cent. strength, to encourage rapid depletion of the membrane, together with rest, will generally suffice. When the chronic stage is met, we must look more carefully into the cause; if displacement is present, it must be corrected, if old lacerations are shown, they must be aided in repair. Dilatation of the cervix will generally show us a turgid congested membrane, thickened from one-eighth to one-half inch by inflammatory process, in varying degrees of decomposition which demands radical treatment. There are those who hold against any local intra-uterine treatment, others disapprove of the curette, but the ideal treatment now recognized generally, is one which promptly rids the cavity of all agents that are producing toxins, the absorption of which might endanger sepsis. To thoroughly remove this broken-down membrane, the curette is used when irrigation will not suffice. The sharp variety is condemned as unnecessary and dangerous. An irrigating curette, with a dull spoon, is acknowledged to be the best. This instrument contains a small cannula which, when attached to a fountain syringe, permits the flow of an antiseptic solution such as Glyco-Thymoline, during the entire operation. The danger of the curette comes largely from the fact that unless used with precaution, it tends to destroy the lymph barrier, or reaction layer, which Nature has erected in her ideal method of combating this disease. Uterine phlebitis is aggravated by the rough use, and at times the walls have been punctured. When

sepsis is present the curette is worse than useless. Depleting antiseptic measures are our only hope. Glyco-Thymoline used in fifty per cent. strength as an irrigation, rapidly reduces the inflammatory engorgement, checking further absorption of toxins, drawing outwardly through the capillaries the products of inflammation, and exerting a powerful influence in reducing temperature.

In the typical case of endometritis, after thorough curettage, the intra-uterine cavity should be flushed with a fifty per cent. solution of Glyco-Thymoline, and the vagina tamponed with a well-saturated Glyco-Thymoline gauze. This should be removed in twelve hours, and vaginal douches of twenty-five per cent. Glyco-Thymoline hot ordered three times a day.

PROPRIETARIES.

DURING the meeting of the American Medical Association, held at Atlantic City last June, representatives of the State medical journals conceived and promulgated the idea that mutual interests would be better served, a bond of sympathy and good-will created between themselves, and the profession at large benefited by an association termed "The American Association of State Medical Journals."

One of their number whose bump of wisdom was more normally developed than that of some of those present, succeeded in having final action on the project deferred until the meeting of the A. M. A. at Portland, Ore., next year.

The points of special interest in their declaration of principles are: (1) No journal of this association shall accept an advertisement of a medicine which is not ethical, and "ethical" shall mean that the product advertised must have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised in the secular press, to the laity. (2) If a product is marketed under a copyrighted name, the manufacturer shall furnish with it the proper chemical name, and if not patented, then also the process of its manufacture. (3) All advertisements not covered by the above paragraphs, or which contain extravagant or improbable claims, shall be submitted to the Executive Committee for approval before they can be accepted.

If the representatives present had any desire or wish for anything further they did not express it, and it is fair to presume that they do not want anything more. Were an excessive or

inordinate desire for gain present they might have demanded a share of stock in each company who patronized them, or levied on a portion of their patrons' receipts—pabulum for the "kitty," as it were—but as nothing of this sort was done, they cannot be accused of having had the slightest mercenary or other improper motives when their declaration of principles was formulated.

If they are ever put into actual operation, the "bond of sympathy" ought to be ordered exceptionally strong, as it is not difficult to foresee that the demands made upon it will be unusually heavy.

There is probably no question but that State medical journals, at least the more influential ones, can be conducted without a loss, without a page of advertising matter, as members of the State associations are in a measure morally bound to pay their subscriptions, if, in fact, the State association does not set aside a dollar or two from the annual dues of the members as a reserve for the expenses of their official organ, but the question of profit had better not be discussed.

It is also true that many independent medical journals could be issued regularly from month to month from the amounts received from subscribers, but it is safe to assume that medical editors and publishers "live not by glory alone," and do, undoubtedly, depend upon the commercial side for their maintenance and profit, to a considerable extent.

Notwithstanding the enormous circulation of some of the great daily papers of our large cities, but a small proportion of the excellent service we all enjoy is due to the amount received from subscriptions, and were it not for the general advertiser, the modern newspaper, with its foreign news department as completely served as its domestic, its elegant press work and fine illustrations, brilliant and lucid editorials, written by men whose salaries run into five figures, would dwindle to a mere job sheet, more despised than read.

As this project is scheduled to lie over until the next annual meeting of the A. M. A., there is ample time for a thorough consideration of the subject, and although no prophet, nor the son of a prophet, we venture the prophecy that its consummation will never be accomplished—unless suicide is contemplated, and that the Executive Committee who are delegated to pass upon the propriety of proposed advertisements, will not be compelled to shorten their office hours, nor curtail their outside work in order to perform their duties.

Medicinal preparations of a proprietary nature possess a distinctive character as marked as that of individuals, due to the process of manufacture and fixed composition. Many of the better known preparations would not suffer by the publication of

their exact formulæ, as, for example, when certain complicated laboratory machinery is required for their perfect manufacture, but this is not true of many well-known preparations whose nature is that of a simple compound.

It is, however, also true that if the exact formulæ of certain proprietary remedies were known and taken to a number of skilled pharmacists for compounding, the results would differ in nearly every instance.

A common example is the preparation Essence of Pepsin. Every druggist can make it, and practically all do make it, all perhaps using the standard formula, yet, write ten prescriptions and compare the results! Compound Syrup of Hypophosphites is another example; this preparation can be found on the shelf of every drug store in the country, yet in appearance, taste and action all differ, and in many instances materially.

It is not to be supposed that a preparation can always be duplicated, providing the formula is known, but such a procedure would encourage substitution to an alarming extent, and in this fact lies the greatest danger. While substitution is probably not practiced as generally as some writers would lead one to believe, especially by the retail druggist on individual prescriptions, there is another form of substitution which, while in a sense not deceptive nor fraudulent, is nevertheless an imposition upon the original manufacturer and a source of positive financial loss to him.

This form of substitution is found in the drug stores presumed to be of the higher grade, the store located on the principal street and the most prominent corner. The proprietor has a certain percentage more brains than his up-town or down-town competitor; he has the ability to develop his one-time drug store into a department store with a drug department; he is patronised by the *elite*, and the high-priced doctors send their prescriptions to him for compounding.

Does this druggist substitute? Not much! He has sufficient intelligence to see beyond the extra dime or quarter profit he might make by using a cheap substitute for a high-priced proprietary; he argues that he charges good prices for his prescriptions and can afford to buy all the high-priced chemicals and compounds that the doctor may write for, but his keenly developed mental equipment soon reaches the conclusion that there is a shorter road to wealth than by the prescription, *via* proprietary remedy, route.

By the aid of his knowledge of chemistry and pharmacy, and a few timely hints by the editor of his drug journal, he soon perfects an elegant imitation of a certain proprietary, which, strange to relate, often possesses more virtue and curative power than the original. (?)

He now calls upon Dr. So and So and the others who have favored him with their business, thereby conceding evidence of their confidence in him and mutely acknowledging their belief in his superior ability, and in a few well-chosen words convinces the doctor that it is foolish to pay one dollar an ounce, or one dollar a pint, for a remedy that can be duplicated for less than half the amount, as he supposes. The doctor's attention is called to the fact that he, as an intelligent and educated physician, can, of course, readily see that nothing is gained by adhering to the old and genuine preparation, and the result is, he prescribes the druggist's imitation product more or less afterward. By continual efforts in this direction, worthy of a nobler purpose, doctors are constantly imposed upon through a want of a proper knowledge of the facts, but who believe the statements repeatedly made by the interested parties.

That harm frequently results from lack of precaution on the part of physicians, there can be no doubt, yet, the remedies prescribed are not always absolutely indicated, and in many cases the expected results are not obtained, even when genuine remedies are dispensed, but when this is the case under the best possible conditions, what can one expect from the use of imitations that are known and prescribed as such?

Apart from therapeutic views, it is unfair, venal, dishonest. Persons who further their own interests by appropriating the discoveries of others, and who confiscate the products of the brains of their superiors, are conducting their business along lines which the self-respecting and conscientious physician cannot follow with profit to himself, nor advantage to his patient.

Anything done that will make substitution easy, or which will enable the skilled but dishonest pharmacist to become a party to the deception of physicians, cannot but be looked upon as a step decidedly unwise, and in direct opposition to true progress and meritorious advancement.

The outcome of the plans proposed by the A. of S. M. J. will be watched with interest.—*Albright's Office Practitioner.*

MARTINDALE GOODS NOW PROCURABLE IN TORONTO.

MESSRS. The W. Lloyd Wood Co., Toronto, Canadian agents for W. Martindale, of London, England, have received the following shipment of that firm's goods:

Lysoform.—A non-poisonous, non-corrosive antiseptic, which is a powerful deodorant and is stainless. They also have soluble pessaries medicated with Lysoform, solutions of Lysoform tooth-paste, mouth-wash and toilet soap.

Unguentum Rusci Co.—A combination of birch tar with calamine and resin ointment, specially indicated in eczema and psoriasis.

Syrup Iodo-Tannicus, containing two grains of iodine to each teaspoonful.

Lithion.—A granular salt, being a combination of lithium citrate, magnesium sulphate and sodium sulphate.

A full assortment of the well-known Martindale sterules have arrived. The assortment consists of atropine sulphate, one per cent.; cocaine hydrochlor, two per cent.; dionin, one per cent.; adrenalin, 1 in 1,000; pilo-carpine nitrate, two per cent.; pro-targol, ten per cent.

They are also supplied with a full assortment of oculist bottles, sterile bandages, gauze and wool tissues, hygienic moss towels and moss felt dressings.

Physicians can procure any of the above goods by telephoning Main 1361, or their prescriptions can be filled at cor. Gerrard and Church Streets, Toronto.

WHY I GIVE PREFERENCE TO BUFFALO LITHIA OVER OTHER MINERAL WATERS.

BY VALDEMAR SILLO, M.D., PH.G.

WHILE I was a student in Bellevue Hospital Medical College some fifteen years ago, such frequent reference was made to Buffalo Lithia Water by the teachers and lecturers in the various departments of that institution, that when I began the practice of medicine later on, I regarded that water as one of our most valuable therapeutic agents. And many years of active practice have only served to confirm this high opinion of the many virtues and make its place more permanent in my medical armamentarium.

In the earlier years of my practice many old "chronics" fell to my lot, as in the experience of every beginner. Many of these cases were the victims of chronic, articular, and muscular rheumatism and gout. Of course, they "had been the rounds of the doctors," who had put them through the usual course of salicylates, iodides, etc., with indifferent results.

From the very beginning I put these cases on Buffalo Lithia Water, instructing them to drink it freely day and night, "as much as they could hold." Some of them drank a full half-gallon in every twenty-four hours. The only other treatment was an occasional laxative, with specific directions as to diet and exercise. As the specific action of this water is a little bit slow at

the beginning of its use, I had considerable difficulty in keeping some of my cases "up to their drink." The results in this class of ailments were all that could be desired, and I soon found my waiting-rooms filled with a most desirable class of patients.

The excellent effects of Buffalo Lithia Water in rheumatism and gouty conditions seem to be due to its diluent and eliminating properties. It seems not only to eliminate from the system all traces of uric and lactic acids, but it also prevents the formation of these substances by "beginning at the Beginning," and correcting all errors of digestion and assimilation. In fact, its action evidently extends throughout the alimentary tract as well as to the liver, kidneys and skin.

Its decided action on the stomach and its secretions, as is evidenced by its excellent effects in gastro-intestinal dyspepsia, should secure for this water a high place in the estimation of any intelligent practitioner of preventive medicine. It neutralizes excessive acid secretions before and during the taking of food, and in the various stages of digestion, thereby rendering the latter physiological process easy of accomplishment. It also undoubtedly stimulates the secretions in the alimentary tract immediately below the stomach, thereby stimulating intestinal digestion and assimilation.

By the employment of no other therapeutic agent have I been able to secure such permanent and lasting benefits in renal, hepatic and urinary calculi, as by the liberal use of Buffalo Lithia Water. These calculi seem to become porous, break down or disintegrate and pass out through their normal exits under the action and influence of this water.

Indeed, I have had many cases of urinary calculi, where it seemed nothing short of the knife promised relief, yield promptly to this water, and pass *via* the urethra in the form of a fine sand, which could be detected only by a most careful examination. In these cases the irritation and inflammation due to the presence of calculi in the bladder rapidly subside and leave the patient wholly comfortable and able to enjoy a much-needed and most refreshing sleep.

Equally satisfactory results are also secured by the free use of this water in the most violent attacks of kidney colic. I always urge my patient to drink freely of the water, as hot as he can take it, in the earliest stage of attack; the kidneys are quickly flushed, the parts are gently relaxed, and the calculus is soon forced from its lodgement in the ureter and carried into the bladder where it is rapidly disintegrated and soon voided.

In catarrhal conditions of the bladder, whether due to calculi, gonorrhoeal or catheter infection, or other causes, I have found Buffalo Lithia Water an indispensable remedy; in fact, I give

it the preference over all other therapeutic agents, and it never fails me. It quickly relieves the distressing symptoms, such as irritability and tenesmus, and enables the organ to throw off and expel any pus, calculi or other detritus which may be present and responsible for the painful disturbance.

In Bright's disease it seems to give relief by its gentle but positive action on the kidneys, promoting a flow of urine and carrying off dropsical effusions. It diminishes the quantity of albumin and the number of granular and hyaline casts and gives tone and energy to the kidneys, thus affording positive relief to the patient. And while I am not prepared to state positively that it will cure this disease, I am satisfied that it would, in many cases, if administered in its early stages, arrest it entirely and prolong the life of the patient for many years.

In the albuminuria of pregnancy, I have used Buffalo Lithia Water with remarkably good effect. It is my habit to give the water freely during the last half of the gestation period and thus ward off albuminuria, but if I am asked to take charge of a case in, say the seventh or eighth month, and find albuminuria present, I proceed to administer the water in liberal quantities and keep it up until every trace of albumin has disappeared. In this way I always avoid puerperal eclampsia and bring my patient through a safe and easy delivery. Under no other conditions in the practice of medicine is it more important to resort to preventive measures and agencies than during the period of gestation and confinement, hence I would urge my professional brethren to see to it that Buffalo Lithia Water is kept in the home of every pregnant woman, and freely used by her during this important period. Not only will it insure her against puerperal eclampsia, but it will also prevent the nausea and vomiting of pregnancy and many of the smaller ills peculiar to that interesting period.

The extraordinary therapeutic and eliminative value of Buffalo Lithia Water in typhoid fever has long been appreciated by the medical profession in this country. I am not prepared to say whether the water exerts a germicidal influence in this disease, but we do know that it soothes the inflamed glands and holds the temperature in check while the process of repair is facilitated throughout the length of the small intestine. It also allays thirst and stimulates the kidneys, skin, and other excretories, thereby ridding the system of the many waste elements peculiar to this disease. I always allow my typhoid fever patients to drink this water ad libitum.

In the earlier years of my practice I learned the value of Buffalo Lithia Water in pneumonia, having been taught to administer it, with fresh milk, for the purpose of nourishing and sustaining the strength of my patients throughout the entire course

of this distressing and trying malady. It seems to assuage the thirst and control the temperature, as in typhoid. I find that the good effects obtained by a liberal use of this water, in the various conditions which I have attempted to describe, are permanent and lasting.—*Mass. Medical Journal.*

THE IMPORTANCE OF CAREFUL GENERAL PREPARATION OF THE PATIENT FOR SURGICAL OPERATION.

DR. AUGUSTIN H. GOELLET, of New York, in a paper read by invitation at the sixth annual session of the Tri-State Medical Association of the Carolinas and Virginia, at Danville, Va., Feb. 24th, 1904 (*International Journal of Surgery*, May, 1904), says that, unless immediate operation is imperative and will not permit delay, no surgical procedure of any importance should be undertaken without sufficient preparation to secure normal activity of the intestinal tract and to restore normal action of the liver, kidneys and skin; also, that it is the surgeon's duty to minimize the risk of his operations, as well as the anesthetic, and this cannot be done without the most careful preparation of the patient.

He lays stress particularly on the importance of re-establishing normal activity of the liver, which, if properly done, improves nutrition and does away with the intestinal distention so often a hindrance at the time of operations within the abdomen, and which is a source of so much discomfort during convalescence. This, he contends, cannot be accomplished with one or two doses of calomel or the cathartics usually employed.

The importance of testing for and recognizing the presence of bile in the urine as a guide to the proper functioning of the liver is particularly emphasized, and he does not consider the patient ready for operation as long as there is a trace of bile in the urine, since this shows that it is not being discharged normally into the intestinal tract, but is being absorbed into the circulation and is being eliminated by the kidneys.

For restoring functional activity of the liver he employs Sulpho-Lythin, a sulpho-phosphate of sodium and lithium, which, he says, is the most satisfactory and reliable hepatic stimulant he has found. It does not irritate the intestinal mucosa, and does not cause depletion, and may be given continuously without injury.

Careful regulation of the diet, baths and exercise, he regards as important essentials also in the preparation for operation.

The Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., must be in our hands by the fifteenth of the month previous to publication.

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NO. 6.

Editorials.

THE SURGICAL TREATMENT OF GOUT.

PROFESSOR RIEDEL, of Jena, reports in *Deutsche Medicinische Wochenschrift*, two cases of gout, which he treated by surgical operations. The first occurred in 1882, the patient, a previously healthy man of forty-five, being attacked with acute inflammation of the metatarso-phalangeal joint of the right great toe.

The patient had passed the day previous to the attack, afoot, in hunting, and the seizure occurred during the succeeding night. As there was a slight hallux valgus of the joint and no history of disease in it before, Professor Riedel made a diagnosis of acute suppuration of the bursa over the joint of the great toe, with which it might have a communication. After removal to an hospital, the patient was operated on for removal of the diseased bursa. Incision of the skin failed to disclose the presumed serous bursa, and incision of the subjacent tissues opened up the articulation, which presented the typical appearance of a gouty joint: deposits of urates in the joint, with tophi encrusted on its capsule.

After recovering from his astonishment, Professor Riedel curetted away the urates, which were not deeply attached to the articular surfaces, and, in order to clean the joint, extirpated the articular capsule, removing, at the same time, some tophi, which surrounded the sesamoid bones at the base of the first phalanx of the great toe. The wound was not closed. On the same evening the patient was free from fever and pain. The surgical wound healed in a few weeks. This patient's after-history is interesting from a medical standpoint. He never had another attack of podagra; neither did he have pain in the joint which had been operated on. The joint also acquired a certain degree of mobility. In the year 1896, fourteen years after the operation, he contracted an arthritis of the vertebral column, and died in April, 1897.

The second case was a lady seventy years of age, who was attacked suddenly, for the first time, with severe pain and the other signs of inflammation, in the right great toe. Professor Riedel recognized the gouty nature of the attack, but, nevertheless, opened the affected joint, removed the urates, and extirpated the synovial sac, as well as an existing serous bursa. The operation wound healed perfectly. The patient lived eight years longer, and died of an affection of the aorta, without having had a second attack of gout in the foot.

Professor Riedel does not go so far as to declare that podagra should be handed over to the surgeon. He thinks that, as a gouty effusion into a joint is an aseptic arthritis, and the joint of the great toe is easily reached, a case of effusion into this joint might be treated by the knife. He even thinks that ablation of the capsule of the affected joint ought, *a priori*, to protect the patient

from a relapse. Furthermore, even if a prolapse should occur, nothing, in his opinion, should prevent the surgeon from venturing on a fresh incision into the joint, inasmuch as this operation gives the patient a respite from podagra of several years' duration.

In Professor Riedel's first case, the fact that the patient did not have a recurrence of podagra, during the remaining fourteen years of his life, would seem to prove that he had been cured of gout. Although it is not mentioned in the record, a carefully regulated diet and other appropriate precautions may have helped to produce this result. However, the fact that the patient died of an arthritic disease of the spinal column requires explanation. The pathology of this attack is not mentioned, but the history of gouty disease in other patients induces one to surmise that it may have been of gouty origin. Thus Leube says, "Pains radiating from the vertebral column, as the results of gouty spondylitis (especially of the cervical vertebræ), or of a secretion of urates into the meninges of the spinal cord, have been noted in some rare cases."

In reference to Professor Riedel's female patient, who, after the arthrectomy had been done, lived eight years, without experiencing a second attack of podagra, and died of aortic disease, it is quite probable that the fatal disease was, also, in her case, of gouty origin. Leube states that "vascular changes of an atheromatous nature occur even in youthful persons who suffer from gout."

A surgeon adopting Professor Riedel's procedure would be obliged to attack the metatarso-phalangeal joints of both great toes, as gout appears in either foot, attacking the right foot when the left is relieved, and *vice versa*. Besides, although a painful affection, gout in a foot does not disable a patient for so long a period as a gouty neuritis of the lumbar plexus of nerves, and is less dangerous than a gouty arthritis of the spinal column.

Why the urate salts are attracted from the blood to the joints, etc., and deposited there, has not yet been explained. In atypical gout, affecting the stomach, heart, or brain, practitioners have endeavored, with more or less success, to relieve the patient by derivative measures, with the expectation of causing the malady to appear in a foot. Nature expels topi to the helix of the ear, and sends urates to the foot, where they do not threaten the

sufferer's life. Were Professor Riedel's method generally adopted, one metatarso-phalangeal joint would be safe from a second attack of gout, at the expense of some mobility, but its fellow of the opposite side would still be in peril, not to mention the ankle and knee-joints, as well as the nobler organs of the body, the invasion of which by gout leads to fatal results.

It seems, therefore, that a gouty patient should seek safety in a carefully regulated diet, methodical stimulation of the excretory organs, and the avoidance of physical and mental over-work, rather than in an operation which does not cure gout, although it may prevent its reappearance in the joint upon which an arthrectomy has been done.

J. J. C.

OLIPHANT NICHOLSON'S VIEWS ON THE TREATMENT OF PUERPERAL ECLAMPSIA.

THE views of Oliphant Nicholson on the cause and treatment of puerperal eclampsia appeared in the *Journal of Obst. and Gyn.*, July, 1902. The author contended that the principal symptoms of the eclamptic state can be explained in terms of thyroid inadequacy. The thyroid gland is enlarged in normal pregnancy, but this enlargement can be diminished or prevented by giving thyroid extract. A larger supply of iodothyrim is needed in the pregnant than in the non-pregnant state. Lange observed that albuminuria and eclampsia occurred in twenty out of twenty-five cases in which the usual thyroid hypertrophy of pregnancy did not occur. In the *International Medical Annual* for 1904, p. 305, appears a *résumé* of Nicholson's views, as given by Fothergill:

"It is generally agreed that the eclamptic symptoms are dependent upon an autointoxication, and it may be assumed that iodothyrim is essential to the efficient working of all the parts of the defensive mechanism. Iodothyrim favors metabolism and increases the excretion of urea. In eclampsia this is strikingly diminished. Owing to a deficiency of iodothyrim, it is thought, the metabolism of nitrogenous substances stops short of the formation of urea, at a point where the products are highly toxic. The clinical features of a typical attack of eclampsia resemble

those of complete athyroidea, as caused by the removal of the thyroid gland in animals. Eclampsia may thus be regarded as a temporary athyroidea. The resulting toxemia may be slight or severe, short or prolonged. While the athyroidea lasts, the liver and the other organs cannot make urea for the kidneys to excrete, but instead, nitrogenous substances are only turned into toxins, which injure the kidney, and cause various other lesions and symptoms.

"Many cases, doubtless, occur, in which the poisons are formed, but in which the kidneys, though injured, remain able to defend the organism from profound intoxication. The principal way in which thyroid inadequacy may affect the renal function and produce eclampsia is by setting up a prolonged spasm of the renal blood vessels. Hence the curative effect of thyroid extract would be explained by its vaso-dilator and diuretic action. Thus iodothyryn may be regarded as a diuretic. Again, urea, for the formation of which an adequate supply of iodothyryn is necessary, may be regarded as the diuretic *par excellence*. It is evident that the real significance of the pre-eclamptic state is that it points to a breakdown of some part of the defensive mechanism. Furthermore, this breakdown is the result of some inadequacy of the thyroid and parathyroid glands, whereby the process of nitrogenous metabolism, instead of resulting in the formation of urea, ceases with the production of intermediate substances, which, when absorbed, excite the symptoms of a toxemia. In this way the degree of toxemia of pregnancy comes to be dependent, directly or indirectly, upon the quantity and activity of the thyroid secretion."

Nicholson treated successfully four cases of puerperal eclampsia with thyroid extract, artificial evacuation of the uterus not being required.

Dr. Baldowski reports two cases of puerperal eclampsia treated by him with thyroid extract, and he confirms the view that thyroid extract is an effective remedy for such cases (*Vratch Gazette*, 1904, t. xi., p. 31).

In his first case, an attack of eclampsia began in a multipara who was in the seventh month of pregnancy. On the first day of the attack, the doctor prescribed four tablets of thyroid extract (each containing 0.30 gm.), as well as narcotics. The convulsions

ceased. Treatment was continued for two days longer (two tablets a day), and the patient recovered. After two weeks' time this patient had a return of the convulsions, which, however, yielded to the employment of thyroid extract.

In the second case, a primipara at full term, eclampsia appeared at the beginning of labor. In this case Dr. Baldowski administered thyroid extract *alone*. The convulsions ceased after two tablets (0.30 gm.) had been used, and before the rupture of the bag of waters had taken place. The accouchement took place without any further casualty, and the after treatment presented nothing unusual.

Compressed tabloids of thyroid gland, each of which is equivalent to five grains (0.324 gm.), are procurable from the pharmacists. To men who have seen an undelivered primipara die of eclampsia, in spite of the efforts of several enlightened accoucheurs, Nicholson's views, as confirmed by Baldowski, are very instructive.

J. J. C.

“ THESE ARE ALL HONORABLE MEN.”

HAVERGAL COLLEGE, 354 JARVIS STREET.
TORONTO, OCTOBER 24TH, 1904.

Dr. MacCallum, 13 Bloor Street W., Toronto.

DEAR SIR,—Mr. — has asked that his daughter, —, may be under your treatment twice a week for some time. We can, I think, arrange this, subject to the usual condition that a discount of ten per cent. is deducted by the College off fees charged to the pupils.

Faithfully yours,

EDITH A. NAINBY.

TORONTO, OCTOBER 31ST, 1904.

DEAR MADAME,—I have delayed answering your note *re* Miss —, and what you term the usual condition.

I have never attended patients under any such condition. Will you be so good as to give me the names of some professional men who have attended the pupils of Havergal Hall under this condition, so that I may talk the matter over with them.

Yours truly,

Miss Edith A. Nainby,

Havergal Hall, Jarvis Street, City.

JAMES MACCALLUM.

HAVERGAL COLLEGE, 350 JARVIS STREET.

TORONTO, NOVEMBER 1ST, 1904.

Dr. MacCallum, 13 Bloor Street W., Toronto.

DEAR SIR,—Your letter of the 31st ult. has been entered at the office. As Miss —— is the only pupil who will attend you from the College, your name will not be entered on the Staff of Specialists in connection with the College, and, therefore, the question of discount does not apply to your case.

Faithfully yours,

S. S. HENDERSON,

Bursar.

TORONTO, NOVEMBER 4TH, 1904.

S. S. Henderson, Esq., Bursar of Havergal Hall.

DEAR SIR,—Your note of November 1st received. Let me point out that it is a question not of discount to the pupil, but of commission demanded by Havergal College from physicians because the patient happens to be a pupil in that school.

No other school in Toronto—and I have had patients from them all—has made such a proposal. Of course, you inform the parents of your pupils that in case of illness the pupil will be sent to Dr. A—, because he gives Havergal College a commission, and that you do not recommend Dr. B—, because he does not give a commission.

No reputable physician will so far forget himself as to receive or give a commission, or employ runners or touts, even in the guise of the authorities of Havergal College.

I would have preferred to talk the matter over quietly with the physicians who have given commissions to the College, but your failure to give me their names forces me to make this matter public, and it now becomes my unpleasant duty to bring to the attention of the profession and of the College of Physicians and Surgeons of Ontario the fact that such unprofessional and reprehensible practices exist in connection with Havergal College and its staff of specialists.

Truly yours,

JAMES MACCALLUM.

The above correspondence is startling in the loudness with which it speaks for itself.

Only yesterday we read in a newspaper that the "tipping" system was going out of fashion in old London. Let us hope that the next good ship that ploughs the ocean may bring the tidings here, and that those who constitute themselves the Boards of man-

agement presiding over the instructors and instructresses of the sweet Toronto girl graduates may accept the dictum, retire from the gaze of the public and be replaced by others possessed of dignity unmarketable—others who have been long enough in their early days in the school of refinement where strictly ethical dealing was taught, and in whose spelling-book such old-fashioned words as “generosity” found a place. Even a strange old story about a costly box of ointment, broken and spilled by a maiden long ago, was deemed a commendable action, and gentlewomen reigned supreme at the heads of the young ladies’ seminaries in the days of our mothers. Now, over many of these scholastic institutions, Boards of control, composed of all sorts of business men, preside, we understand, and in this strenuous age every effort is made to turn in money to the institutions. The motto seems to be: “Young ladies, make a dollar squeal, and we, your guardians educationally, will show you how we try to replenish the coffers of the college by getting a ‘rake-off’ here and there—it’s business, you know!”

This aspect of the question is hardly within our province to discuss, so we just make these few remarks, based on the policy pursued by the management of Havergal Hall, according to the letters printed above. But one point in this “pretty state of things” is very much our affair. As medical men, and as a medical journal that feels, as all our Canadian journals do, that we stand for the respectability of our noble profession, painful as our task is, we must ask, Who are the black sheep among our Toronto physicians who are accepting such an offer, and handing in a percentage of their fees to this seat of learning? From the correspondence in our hands we must infer, for we have to believe our eye-sight, that there are some of our medical men on a special staff of medical attendants, who charge the parents a regular fee and then hand out a portion of it as a “tip” to the College, who in its lofty capacity as bell-boy has rendered them the unthankable service of calling them in to see a patient.

Are any of our medical men in a state of starvation, that they have to resort to an almstaking of a half loaf? Physicians who compromise themselves by such exchange of bribes have no right to drag down the status of all others, and here we demand, for the sake of the gentlemen who worthily bear the insignia of Medical Doctors in our city, that these misguided men, who unthink-

ingly, or for want of innate refinement, have seen nothing amiss in their action of lowering themselves and accepting such an indignity, now make the *amende honorable* by sending in their names for publication (lest the innocent be left to suffer for the guilty), with the brief, but eloquent prefix, "We regret—"

W. A. Y.

EDITORIAL NOTES.

The Canada Thistle Causes Irritation of the Skin by Its Presence in Underwear.—In mid-October, when Canadians begin to put on heavy woollen underwear, physicians are consulted for sudden attacks of irritation of the skin. The parts of the body principally affected are the hypochondriac, lumbar, or umbilical regions. The affected skin is hyperemic, looking like the condition observed in erythema, and there are itching and burning sensations. In some individuals it resembles an eruption of hives limited to a certain region. The limbs are not much affected, the greatest irritation being observed about the waist. The patient tries baths and soothing lotions; but, with each recurring morn, his skin irritation returns and the cure seems as distant as ever. Assuming that his gastro-intestinal system needs attention, he takes a few matutinal doses of Epsom salts, fortified by the cotemporaneous use of Psychine and the local application of Pond's Extract. All in vain. Finally he consults a physician. Recognizing from the history of the case the presence of a source of irritation, which is renewed during the day, the physician proceeds to scrutinize the victim's underwear. Placing the articles in a good light, he discovers a black, fine, hair-like body, closely wound around and dipping in among fibres of wool, offering a strong contrast to the latter on account of its color, and in new, unwashed garments, by its firm, straight outline. This body is the far-famed Canada thistle, the process of manufacture having failed to remove it from the fleece used in making the woollen yarn from which the underwear is manufactured. Found in expensive suits of woollen underwear, as well as in the cheaper kind, it plagues the wearer badly when first worn; not so badly if worn during a second season, because many of the thistle fibres become detached during the destructive operations of the machine

laundry or the milder vibrations of the domestic one. As long, however, as the thistle remains in the underwear it is a hidden bur: "*Haeret lateri lethalis arundo.*" The cure of the patient's trouble consists in substituting cotton for the woollen article, or in carefully dissecting out the thistle fibres from the woollen underwear.

Notice Should be Given of Typhoid Fever.—The fact is being emphasized every month that there exists an almost entire disregard for those sections of the Ontario Public Health Act which require that notice should be given of each and every case of typhoid fever. By Section 86, the householder is required to give notification, and by Section 87, the physician is also required to notify. The local Board of Health, through either its Health Officer or Secretary, should provide each medical practitioner with six blank forms upon which to report any case. (See By-law 17, Ontario Health Act.) The placarding of houses infected with typhoid fever is not thought necessary, but notification of all cases of typhoid fever should be sent by the proper persons to the local Boards of Health, and the latter should advise the Provincial Board of Health, in order that early enquiries may be instituted to discover the cause of the outbreak, chiefly the investigation of water and milk supplies; that preventive measures may be adopted; and that intelligent statistical facts may be obtained as to prevalence, type, mortality, etc.

Tram-Cars as Hygienic Agents.—In the *Indian Lancet* of September 5th, we notice that a regularly-running electric tramway service has been established in Calcutta. The editor says: "It has been distinctly proved that the electric spark, which is so frequent an occurrence to the overhead trolley, and the emission of light from the car wheel when the rail is used for the return current, transforms the oxygen of the air into ozone. The high discharges, it is said, are frequent enough to influence greatly the atmospheric constituents. Especially where the line passes through narrow thoroughfares, they become antiseptic agents." In reading these lines commendatory of tram-cars, which we in Toronto merely regard as a convenience for rapid transportation, one is reminded of the fortunate hygienic circumstances which surround our lives in this northern land. We do not remember, in the course of our reading, to have seen any allusion to what the

editor of the *Indian Lancet* says, although electric tram-cars have been running in this city for twelve years. Not that we doubt the truth of the assertion, that the electric sparks which fly from the trolley pole and car wheel tend to ozonize the air and thereby exercise an antiseptic power destructive of infectious microbes. A good system of street sweeping, and a regularly-working corps of scavengers, who with carts remove all refuse from lanes, streets and by-ways; a good system of house-cleaning and ventilation, with properly inspected plumbing; a pure water supply all seem to Canadians to be of the greatest importance in the conservation of public health and in preventing the inroads of infectious disease. So much so, indeed, that if these agencies were wanting, the swift-running electric tram-car, though it spurted sparks day and night, would not materially lessen the mortality roll in Toronto. From the melancholy fact that scarcely a week passes that we do not read of a death or severe injury, caused by the operation of these Toronto tram-cars—a child or an elderly person run over, a passenger thrown violently on to the pavement in alighting from a tram-car—many citizens do not look upon the trolley tram-car with favor. In counting up the undoubted advantages of the electric tram-car and offsetting them against the evils it inflicts, one should not forget the aseptic influence of the electric sparks.

Bulletin No. 99, Tea.—This bulletin, issued from the laboratory of the Inland Revenue Department, Ottawa, contains the cheering information that the tea used throughout Canada is genuine. There are slight differences in the specific gravity of tea per cent. of each sample. For instance, sample of black tea, No. 25,182, purchased at Toronto, shows a specific gravity of 1.0125, while sample of black tea, No. 25,184, also purchased at Toronto, shows a specific gravity of 1.0117. No. 25,182 shows a total ash of 5.10 per cent, and No. 25,184, 5.80 per cent. The botanical examination, however, shows that both are genuine, the former containing large, broken tea-leaves, and the latter tea-leaves and stems. That out of seventy-five samples of tea purchased in different parts of Canada, over a range of territory extending from Halifax, N.S., to Winnipeg, Man., not one should be adulterated, is reassuring. The laboratory of the Internal Revenue Department, Ottawa, deserves great praise for its useful and instructive analysis.

Fatal Poisoning from Shoe-Blacking.—In the *Journal of the American Medical Association*, Oct. 1, 1904, W. J. Stone, B.Sc., M.D., reports a case of fatal poisoning due to skin absorption of liquid shoe-blackening. The patient had soaked the cloth uppers of his patent leather shoes with a polish in which pure nitrobenzol nearly equalled the total amount of blackening used, had put on the shoes before they were dry, and danced in them at a party the same evening. At 12.30 a.m. he began to feel ill, and died in collapse at 4.45 a.m. the same morning. Subsequent enquiry revealed the following facts: The young man on the evening of the dance above-mentioned, had applied a liquid shoe-blackening to the tan cloth uppers of a pair of shoes, which were black patent leather lowers with tan cloth tops. These shoes were worn at the dance. The cloth uppers absorbed enough of the blackening to entirely cover up the tan color, and, moreover, since the shoes were put on before the tops were dry, to stain his feet and ankles black. A chemical examination of three drams of the liquid shoe-blackening, secured from the coroner, showed an amount of pure nitrobenzol, nearly as much as the total amount of blackening received. The shoe tops were also extracted with solvents, and marked traces of nitrobenzol were obtained. Nitrobenzin (or nitrobenzol, $C_6H_5NO_2$) is used as a cheap solvent for anilin dyes and as a flavoring or odoriferous agent, under the name of "Essence de Mirbane," in cheap soaps, perfumes and confections. The conditions present in this case were such as to permit of absorption by the skin. The shoes were put on before the blackening was dry, and shortly afterwards the exercise incident to dancing probably aided its absorption. Nitrobenzol is probably used as a solvent for the anilin dyes in many liquid shoe-blackings on the market. Why fatal poisoning is comparatively so rare among shoe-blacks is not quite clear. Perhaps but extremely small quantities are absorbed, and the absorption extends over a considerable time. The use of nitrobenzol in shoe-blackening, in perfuming soap and as a flavoring agent should be prohibited.

Death from Asphyxia in the Sarnia Tunnel.—October 9th three train-men perished from asphyxia in the Sarnia Tunnel. They were endeavoring to get a broken freight train through the tunnel, and while doing so were exposed for a short time to the inhalation of noxious gases, which accumulate in the tunnel as

the result of the combustion of coal in locomotives. A coroner's jury, having investigated the affair, brought in a verdict reflecting on the Grand Trunk Railway Company for its inadequate equipment to secure ventilation, and urging a more thorough investigation with a view to the prevention of like accidents hereafter. The medical evidence given at the inquest contended that the deaths were due to the effects of carbon dioxide. No post-mortems were performed, it being said that "the cause of death was obvious." This latter statement would require verification before it would carry conviction. How did the medical witnesses know that death had been caused by carbon dioxide? Might it not have resulted partly or wholly from carbon monoxide? A post-mortem would have thrown light on this chemical question. "The blood of those asphyxiated by carbon monoxide is persistently bright red in color. . . . If a solution of caustic soda of sp. gr. 1.3 be added to normal blood, a black, slimy mass is formed, which, when spread on a white plate, has a greenish-brown color. The same reagent, added to blood altered by carbonic oxide, forms a firmly clotted mass, which, in thin layers upon a white surface, is bright red in color. ("General Medical Chemistry," Witthaus.) Both these gases result from the combustion of coal, only that carbon monoxide results when the access of air to the blood is limited, as in a confined place. If the deaths of the train-men were due to carbon monoxide, then the obvious influence would be that the supply of pure, new air to the St. Clair Tunnel is deficient in quantity, so much so that coal fires burn blue and give off the deadly carbon monoxide when trains are passing through the tunnel. Carbon monoxide is an odorless gas, but exceedingly poisonous. Witthaus says that "An atmosphere containing but a small proportion of this gas produces asphyxia and death, even if the quantity of oxygen present be equal to or even greater than that normally existing in the atmosphere; 0.5 per cent. of carbon monoxide in air is sufficient to kill a small bird in a few moments, and one per cent. proves fatal to small animals." The presence of a large proportion of carbon dioxide gas in the Sarnia Tunnel would seriously modify the air there, not only by the addition of a deleterious gas, but by the simultaneous removal of an equal quantity of oxygen. As carbon dioxide and carbon monoxide are regularly produced by passing locomotives and imprisoned in the

Sarnia Tunnel, the escape of passengers using the tunnel from asphyxiation is probably due to the rapid transit of the trains. Arrest of a train in the tunnel through any cause would, therefore, be a serious misfortune. Probably the most thorough way of preventing a catastrophe in the future would be to provide electric motor cars at each end of the tunnel for the haulage of all trains, thus doing away with the production and retention of the deleterious gases of combustion in the tunnel. Should the use of ordinary coal-burning locomotives be continued, suitable ventilation of the tunnel, such, for instance, as is used in the ventilation of mines, should be provided and kept continuously in operation.

J. J. C.

PERSONAL.

DR. ALLAN SHORE has removed from 176 St. George Street to his new address, 425 Bloor Street West, corner Robert Street.

News of the Month.

TYPHOID FEVER.

THE following comprises a circular recently sent out by the Secretary of the Ontario Provincial Board of Health as to the law compelling physicians to notify the local Board of Health as to any cases of typhoid fever under their care:

The fact is being more emphasized each month that there exists an almost entire disregard for those sections of the Public Health Act which requires that each and every case of typhoid fever (enteric) should be notified.

The sections of the Act relating to the notification of this disease are as follows:—

“86. Whenever any householder knows that any person within his family or household has the smallpox, scarlet fever, diphtheria, cholera or typhoid fever, he shall (subject in each case of refusal or neglect to the penalties provided by sub-section 2 of section 115), within twenty-four hours give notice thereof to the local board of health, or to the medical health officer of the district in which he resides; and such notice shall be given either at the office of the medical health officer or by a communication addressed to him and duly mailed within the time above specified, and in case there is no medical health officer, then to the secretary of the local board of health, either at his office or by communication as aforesaid. R. S. O., 1887, c. 205, s. 77.

“89. Whenever any physician knows that any person whom he is called upon to visit is infected with smallpox, scarlet fever, diphtheria, typhoid, or cholera, such physician shall (subject in each case of refusal or neglect to the penalties provided by sub-section 2 of section 115), within twenty-four hours give notice thereof to the local board of health, or medical health officer of the municipality in which such diseased person is, and in such manner as is directed by Rules 2 and 3 of Section 17 of Sched. B., R. S. O., 1887, c. 205, s. 80.”

It is, therefore, quite evident that the Public Health Act requires that both the householder and physician in charge of a case of typhoid fever, shall notify the local health authorities of each case within twenty-four hours, and for this purpose it is the duty of each local Board of Health, through either its Health Officer

or Secretary, to provide each medical practitioner with six blank forms upon which to report any case. See By-law 17.

The fact that it is statutory to report all cases of typhoid fever does not imply that it is necessary to placard the house in which it exists, for, according to the same By-law, Rule 4, placarding is only required for scarlet fever, diphtheria, smallpox, cholera or whooping-cough; and this precautionary measure is one that may not be resorted to by local Boards of Health—indeed, it is quite obvious that the Provincial Board of Health did not deem such to be necessary; but what it does desire is the systematic notification of all cases of typhoid fever, first to the local authorities, and second by the local boards to the central authority, for the following reasons:

First,—That enquiries may be instituted early to discover the cause, chiefly the investigation of water and milk supplies.

Second,—That preventative measures may be adopted.

Third,—That intelligent statistical facts may be obtained as to prevalence, type, mortality, etc.

Medical Health Officers, Boards of Health and physicians generally are reminded that samples of water are examined free in the provincial laboratory, and for this purpose properly sterilized bottles can be secured by application to Dr. J. A. Amyot, Bacteriologist of the Board; and to assist physicians in the early diagnosis of cases, samples of blood should be forwarded for the purpose of making the Widal test.

MEDICAL SCIENCE ADVANCE.

DR. J. J. CASSIDY spoke on the advancement of medical science before the Unitarian Club at their recent annual meeting at Webb's. President H. W. Brick was in the chair. Dr. Cassidy dealt entertainingly and informingly with the subject, and at the close of his address was plied with various questions on medical matters from the club, all of which he answered authoritatively.

Regarding the antiquated treatment of a wound received on the field of battle, the speaker traced the career of the great Ambroise Pare, who began life as a barber-surgeon, and before many years startled the savants of France with his works upon the treatment of wounds from arquebus, dart or arrow, published by the University of Paris. He dissented from the cauterizing of wounds with a hot poker, and from the treatment of plunging the injured member into boiling oil to allay hemorrhage. In 1552 he first used the ligature for this purpose, the usefulness of which was universally acknowledged.

Up to 1839 the search for surgical anesthesia was considered

a chimerical pursuit. To Americans belonged the honor of the discovery of ether, the greatest anesthetic, the first practical demonstration of its efficacy being given by Dr. Morton, in 1846, at the Boston General Hospital.

Soporifics, such as belladonna, henbane and poppy, were used in early times. Mention is made of some such agents in Shakespeare's "Romeo and Juliet," in "Cymbeline," and in one of Middleton's tragedies. Alcohol may also have been used. Nitrous oxide—laughing gas—was successfully used as an anesthetic by Horace Wells, a dentist of Hartford, Connecticut, in 1844. Chloroform, discovered by Guthrie, at Sackett's Harbor, N.Y., in 1831, was first used as a surgical anesthetic by Sir James Simpson, an Edinburgh physician, in 1847. Although cocaine, which was introduced into medical practice by Karl Koller, in 1884, is a reliable local anesthetic, its use should always be surrounded by great restrictions.

The following officers were elected: President, H. W. Brick; Vice-President, D. J. Howell; Secretary-Treasurer, J. A. Wells; Executive Committee, A. Horton, A. W. Kinzinger, Dr. Swan (ex-officio), W. B. Campbell.

THE SANITARIUM BUILT AT WESTON.

THE Sanitarium for Consumptives which the National Association has created near Weston has been finished, and is now open for patients.

The situation is an ideal one, on a high bluff above the Humber River, approached from the Weston car route, and it includes about thirty-seven acres of land, which formed part of the extensive Buttonwood farm.

As you approach it by the long lane leading from the cars to the Humber and enter the gate, before you stands a large white rough-cast building, with a timbered tower at one corner, and a wide verandah in front, that is so imposing as to deserve the statelier name of "loggia," just as all our graperies since the World's Fair of 1894 have been called "pergolas." One is rather amazed to see about a dozen or so ex-street cars standing about in various places, having very evidently outlived their first use, but quite capable of an extended life in another capacity. Several of these are ranged parallel to the pavilion, a large one-storied dormitory for men, and are connected with it by a platform which runs the length of the building and cars. Each car will furnish a suite of two rooms to a patient. In the smaller of the two, which serves as bedroom, the windows have been replaced by canvas. The larger serves as a sitting room, and

opens on to the platform. In winter each will be heated by a little stove, and the occupant will be "monarch of all he surveys."

The pavilion, which is a new structure, is spotless within, in green and white, and has its own lavatory and other appointments. Outwardly, it is white rough-cast, like the house, from which it is separated by a few feet of lawn. The house is the original farm house, with its French windows, old fireplaces, and thick walls, and it has been considerably added to for its present purposes. A large wing on the left provides a second men's dormitory, and above gives accommodation for the women's dormitory, and a number of single bedrooms. On the right the rooms added include downstairs the doctors' consulting room, the drug department, and the throat room. In the main and older part of the house downstairs there are two cheerful sitting-rooms, opening into one another, furnished with mission style furniture, the back one for the present also serving as office. The patients' dining-room, the staff dining-room, the pantries and kitchen, take up the remainder of the room downstairs; upstairs are rooms for the staff. Everywhere is the warm brown of bare floors, spotless white walls, and plenty of windows opening out on wide stretches of green in the front, or overlooking the lovely Humber valley at the back. The house is so placed that sunshine and air are on every side; the veranda accommodation is ample; for fresh air, good food, and rest play a most important part in the treatment.

Every attention has, of course, been paid to the sanitary conditions of the building. A windmill supplies abundance of water from the Humber, and is to be supplemented by an electric motor. A septic tank disposes in the most scientific way of the sewage. Electric light and telephone connection with the city go to make the appointments most complete.

The attention of the visitor is called to the old stone sundial on the lawn, not as having "anything to do with the case," but merely as an interesting reminder of days and ways long gone by. Perhaps, too, it will harmonize well with the occupation of those who come to this place, seemingly so remote from hurry and business. Here one may get the time freshly measured by the sun, instead of doled out automatically by a circular bit of mechanism. Sometimes, to be sure, the dial will get ahead of the little machine, and sometimes it will lag behind, but what of that, to one whose aim is not so much to accomplish a given task, as to so live that he may again feel the tide of life strong in his veins?

A remark of one of the officials struck the visitor very much when going through the building, and might be repeated for the benefit of others. Some one had said to him that there must be great danger in the hospital to those in good health, to all of which he quite agreed. "Yes, there is a good deal of danger in

a home of this kind," he said, slowly, "but there is a good deal more outside of it. Here we take every possible care and precaution. Outside, in the city, the dust is laden with germs; you are shut up with them in the street cars. You breathe them in public assemblies, and those contaminated have no consideration, often, for others. If there is danger here, it is doubled, quadrupled away from here."

PAN-AMERICAN MEDICAL CONGRESS.

THE Fourth Pan-American Medical Congress, which will convene in Panama the first week in January next, bids fair to be a most delightful mid-winter trip. The delegates will leave this country by the Atlantic, Pacific and Gulf Coasts the last week in December. They will return by the same routes, or will make round trips.

The Public Health Association will take place on the following week in Havana, and those desirous of attending both meetings can arrange to do so.

There are two routes for the physicians to take from Panama to Havana. The first is by way of Jamaica to Santiago de Cuba by boat, and overland by rail to Havana. The second is by water from Panama to Vera Cruz and from there to Havana. The former will probably be the most pleasant trip.

From Havana, the return trip can be made directly north to New York by water, or *via* Miami or Tampa, Florida, or New Orleans. The connections and dates of sailing are now being arranged.

The Panamanian Government has appropriated \$25,000 for the Scientific Session and the entertainment. The Congress will be held from the 2nd to the 6th of January. The afternoons will be devoted to the Scientific Sessions and the mornings and evenings to trips and social functions. So far as can be learned, the programme in Panama will be a reception on the first day by President Amador, of the Panama Republic, and the formal opening session of the Congress the same evening. On the second day, an excursion to the Canal in the morning, meeting of the various sections in the afternoon, and a banquet in the evening. On the third day, an excursion down the Bay to Taboga Island, where a Panama breakfast will be served, scientific sessions in the afternoon, and a ball in the evening. On the fourth day, an excursion to the U. S. Army barracks in the morning, section meetings in the afternoon, and the formal closing session in the evening. On the fifth day, an excursion to the plantation of the United Fruit Company, and on the afternoon of this day, those of the congressistas who intend going to Cuba to attend the meeting of the

Public Health Association, will sail for Jamaica, while those who intend going by way of Vera Cruz, or returning home by way of New Orleans or New York, will remain until the following Tuesday.

The Secretaries of the Sections of the Congress for the United States are: Drs. A. H. Doty, of New York, Hygiene and Quarantine; Judson Daland, of Philadelphia, Medicine; R. Matas, of New Orleans, General Surgery; Bert Ellis, of Los Angeles, Eye; Hudson Makuen, of Philadelphia, Throat; Frederick Jack, of Boston, Ear; C. H. Hughes, of St. Louis, Nervous Diseases; Geo. Goodfellow, of San Francisco, Military Surgery; John Ridlon, of Chicago, Orthopedic Surgery; D. W. Montgomery, of San Francisco, Dermatology; C. G. Kerley, of New York, Pediatrics; Noble P. Barnes, of Washington, Therapeutics; Walter Chase, of Boston, Pathology.

Communications from physicians in the United States, interested in these branches, can be sent directly to these different Secretaries. Delegates intending to attend the Congress, desirous of obtaining information concerning it, should communicate with the Secretary of the International Executive Committee in the United States.

THE GYNECOLOGICAL IMPORTANCE OF PROLAPSED KIDNEY.

In a paper presented at the annual meeting of the New York State Medical Association, October 17th to 20th (*Medical Record*, October 22nd, 1904), Dr. Augustin H. Goelet, of New York, shows conclusively that the prolapsed kidney is an important etiological factor in producing and maintaining pelvic congestion and diseases of the female pelvic organs arising therefrom. He points out that constriction of the waist by the corset or clothing forces the misplaced kidney back upon the ovarian vein, as it ascends along the spine, causing compression and hence obstruction to the return circulation from the pelvis. The importance of recognizing this condition in gynecological cases is emphasized, and the diagnosis must be incomplete otherwise.

He cites cases to show that many needless operations on the pelvic organs may be done if this condition and its relations thereto is not recognized.

Restoration of the kidney to its normal position is, he believes, the essential object of the operation for fixing the kidney, and unless this is accomplished, the patient is often left in a worse condition than before.

Patients, he finds, are often given an erroneous idea of the

gravity of the operation by those who do not understand it. He contends that the operation has no mortality, since he has completed a series of 197 consecutive nephropexies, without a death, in 47 cases fixing both kidneys at the same time.

THE WELLCOME PHYSIOLOGICAL RESEARCH LABORATORIES AT THE ST. LOUIS EXPOSITION, 1904.

THE anti-serums exhibited in the upper portion of the case form part of a long series. Diphtheria Antitoxic Serum and Anti-Streptococcus Serum had their beginnings in the earliest days of serum therapy. These laboratories were pioneers in the production of these serums in the British Empire, and it is believed that the first anti-diphtheritic serum used in America was produced in this institution.

The series includes, as a special feature, an anti-serum for a particular case of malignant endocarditis. It was prepared by injecting under the skin of a donkey cultures of a streptococcus obtained from the blood of a woman suffering from this disease. The patient was subsequently treated by subcutaneous injections of the serum, which was produced to meet her particular case. This course was taken in view of the special difficulty in the case of bactericidal serums of knowing whether the microbe in the tissues of the patient belongs to the same variety as that used in obtaining the serum.

As a further special feature in connection with anti-serums, products are shown, in another part of the case, obtained by fractionation of diphtheria antitoxic serum. Comparing equal bulks, these fractions contain not more than the quantity of proteid in the original serum, but twice the quantity of antitoxin. The importance of these products lies in the fact that the toxic effects sometimes observed after the injection of horse serum are due not to the antitoxin, but to products which are found in normal serum.

An Anti-Typhoid Serum is shown which has some special features described in the *Lancet* of October 3rd, 1903. The particular point of interest is that the normal bactericidal power of the blood is used to dissolve the bacteria, and thus, if possible, liberate any intracellular toxins. The toxins so prepared are then used for the immunisation of a horse.

A series of preparations is shown illustrating a research on the lesions produced in animals by the micrococcus obtained from patients suffering from acute rheumatism. The research is described in the *Journal of Pathology and Bacteriology* for December, 1903. The preparations shown illustrate the fact

that the lesions occurring in man can be reproduced in animals by inoculation with this micrococcus.

The following is a list of the specimens in the case illustrating the various lesions:

62	Acute rheumatism—endocarditis, aortic and mitral valves—heart	rabbit
66	“ “ endocarditis, right ventricle	“
67	“ “ endocarditis, mitral valve	“
68	“ “ early endocarditis, mitral valve	“
69	“ “ mitral valve and left auricle	“
70	“ “ hemorrhagic nephritis	“
71	“ “ extensive endocarditis, mitral valve	“
72	“ “ early endocarditis	“
73	“ “ dilation, right ventricle	“
74	“ “ knee joint	“
75	“ “ shoulder and elbow joints	“
76	“ “ knee joint	“
77	“ “ early nutmeg liver	“

This series of products is a representative collection of the constituents of blood and their chief decomposition products. It seemed desirable to make this collection complete in order to bring out the relations of its most noteworthy specimens, the various proteid constituents of blood. These proteid bodies are in a state of great purity and represent distinct compounds in the blood when tested by their physical properties.

Seventeen specimens in the case illustrate these bodies; they are numbered:

22	Fibrin, clot, in water
23	Fibrin, similar clot, dried
24	Fibrinogen solution, coagulated
25	Fibrinogen, solution
26	Fibrinogen, powdered
27	Fibrinogen, flakes
28	Fibrinogen, suspension in water
37	Electrolytic proteid, dried
38	Electrolytic proteid, suspension in water
39	Albumin solution, coagulated by heat
40	Albumin, solution in water
41	Albumin, crystalline
42	Globulin solution, coagulated by heat
43	Globulin, dried powder
44	Globulin, dried, flakes
45	Globulin solution, in sodium chloride
46	Globulin, suspension in water

The various pigments are also interesting, and in the series exhibited it is possible to trace the chemical connection between the hemoglobin of the blood, the bile pigments of the liver, and the urochrome of the urine.

Specimens of thyroid and suprarenal bodies are shown. The well-known physiological action of the internal secretion of these organs is further illustrated by “Hemisine,” a preparation of the active principle of the suprarenal bodies.

"Hemisine" is a derivative of the suprarenal gland, possessing powerful hemostatic and other properties. This product is dry, stable and soluble.

Tracings are shewn illustrating the extraordinary potency of "Hemisine." When only 1-200.00 gramme of "Hemisine" is injected into the circulation of one of the smaller mammalia a well marked rise of blood pressure takes place. "Hemisine" also has a local constricting action when directly applied to the smaller blood vessels.

Tracings are exhibited showing the physiological properties of the active principle of these drugs. Attention is drawn to the marked slowing action of strophanthus on the rhythm of the heart.

Often, in pharmacological research, the amount of active principle which is available is very small. This method is peculiarly useful owing to the fact that the determination can be carried out with very moderate quantities of the substance. It differs considerably from existing methods, and depends on the comparison of the vapor-pressures of two solutions, one of which is prepared from a standard substance of known molecular weight, while the other is that of the substance under investigation.

It possesses the following advantages:

a. It can be carried out at the ordinary temperature, or at a higher or lower one.

b. The solvent employed need not have either a definite boiling point or a definite melting point; hence it need not be pure.

c. Determinations can be made with very small quantities of the substance (50 milligrammes or less).

The margin of error is slightly greater than with the Beckmann method (usually 5-10 per cent; yet the method is sufficiently accurate for the selection of the proper formula from among those suggested by the results of analysis.

The Committee on Awards at the Exposition conferred upon the Wellcome Chemical Research Laboratories a grand prize and three gold medals in recognition of the educational value of the researches conducted in these Laboratories. The Committee also awarded Messrs. Burroughs, Wellcome & Co. two additional grand prizes for their exhibit of "Wellcome" brand chemicals, "Tabloids," and other pharmaceutical products and medical equipments.

ITEMS OF INTEREST.

An Honor Conferred upon W. R. Warner & Co.—The Grand Prize for pharmaceutical preparations exhibited at the Louisiana Exposition, St. Louis, Mo., which closed on November 30th, was awarded to the well-known firm, W. R. Warner & Co., Philadelphia, Pa., an honor which we feel sure was but deserved.

Do You Wish to Sell Your Practice?—When a physician desires to sell his property and practice, it is of first importance that it should be done with as little publicity as possible; hence, the sale and purchase of medical practices forms an important department of medical affairs, and one that nearly all physicians find necessary to use at some time or other. Appreciating the needs of the profession in this line, Dr. W. E. Hamill has for ten years been perfecting a system which we consider almost faultless as to efficiency, promptness and secrecy, and we cordially recommend Dr. Hamill as an expert in this line, and advise our readers to take advantage of his ripe experience when they think of selling their practices. See list of practices for sale by Dr. Hamill among our advertising pages.

Postponement of Historical Medical Exhibition.—Mr. Henry S. Wellcome, of London, England, writes us as follows: The response to the announcement of the proposed Historical Medical Exhibition has been beyond my expectations, and this, together with the many valuable suggestions received from leading members of the profession and the trade, at home and abroad, has prompted me to considerably widen its scope. The extent of the work involved renders it impossible to fix a definite date for the exhibition until a later period, announcement of which will be duly made. Although in one sense I regret this delay, it will, on the other hand, enable me to make the exhibit more comprehensive and complete, and to include many objects of exceptional interest that have been promised me from different quarters of the globe.

The New York School of Clinical Medicine announces the following changes in faculty: General Medicine—Professors Wm. Brewster Clark and Henry Lawrence Schively; Associate Professors Thos. M. Acken and Edw. L. Kellogg. General Surgery—Professor Simon J. Walsh and Associate Professor J. Cameron Anderson. Gynecology—Professors Augustin H. Goelet and A. Ernest Gallant. Pediatrics—Professors Dillon Brown and Henry Comstock Hazen. Nervous and Mental Diseases—Professors J. Arthur Booth and Emmet C. Dent. Gastro-Intestinal Diseases—Professor Robert Coleman Kemp. Ophthalmology and Otology—Professors John L. Adams and Geo. Ash Taylor. Dermatology—Professor Robert J. Devlin. Laryngology and Rhinology—Professor Max J. Schverd. Orthopedic Surgery—Professor Homer Gibney. Hydrotherapeutics—Professor Alfred W. Gardiner. Genito-Urinary Diseases—Professors Wm. K. Otis, Walter Brooks Brouner and John von Glahn. Pathology—Professor E. H. Smith. The facilities of the School have been materially enlarged.—John L. Adams, M.D., Secretary.

The Physician's Library.

BOOK REVIEWS.

Encyclopedia Medica. Vol. XIV. Index volume. Under the general editorship of CHALMERS WATSON, M.D. Edinburgh and London: William Green & Sons. Canadian agents: J. A. Carveth & Co., Toronto.

The editor and publishers are to be congratulated on the completion of this very useful work. As has been said in the review of the various volumes as they appeared, many of the articles are exceedingly good, and none of them are below a fair standard.

There are very few omissions to be noted in the work, so that one may consult it with pretty fair assurance that he will find something on the subject on which he is seeking light. The work is especially useful to the general practitioner, as it deals with the practice of medicine and surgery generally.

This volume consists of over 280 pages of indices that are very full, rendering reference to any subject quite easy. One need have no hesitation in recommending it to any practitioner.

A. M'P.

A Hand-Book of Surgery. For Students and Practitioners. By FREDERIC R. GRIFFITH, M.D., Surgeon to the Bellevue Dispensary, New York City; Assistant Surgeon at the New York Polyclinic School and Hospital. 12mo volume of 579 pages, containing 417 illustrations. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Flexible leather, \$2.00, net. Canadian agents: J. A. Carveth & Co., 434 Yonge St., Toronto.

Dr. Griffith has given us a little work of some merit. It is a brief outline of the principles and practice of surgery, written as concisely as is possible with clearness. We are sure it will be of some value, alike to the student and the practitioner, because the entire subject of surgery is covered, including all the specialties, as diseases of the eye, ear, nose and throat; genito-urinary diseases; diseases of women, etc. There are also articles on life insurance, rape, sexual perversion, microscopy, and on many other subjects of great importance to the practising sur-

geon. There are 417 illustrations, selected for their clearness, accuracy and general usefulness. The book-making is excellent, and the publishers are to be congratulated upon the style and general get-up of the work.

F. N. G. S.

Saunders' Question Compends, No. 7.—Essentials of Materia Medica, Therapeutics and Prescription Writing. Arranged in the form of questions and answers. Prepared especially for students of medicine by HENRY MORRIS, M.D., Fellow of the College of Physicians of Philadelphia; Associate Member of the Association of Military Surgeons of the United States; Member of the American Medical Association, etc. Sixth edition. Thoroughly revised by W. A. BASTENO, PH.D., M.D., Tutor in Materia Medica and Pharmacology at Columbia University (College of Physicians and Surgeons) New York; Assistant Attending Physician to the Roosevelt Hospital Dispensary and to the Vanderbilt Clinic. Philadelphia, New York, London: W. R. Saunders & Co. 1904.

That the "Question Compends" are invaluable to the student of medicine is beyond dispute, as, since the issue of the first volume of the "Saunders' Question Compends" over 240,000 copies of these unrivalled publications have been sold. The present, or sixth, edition, although retaining the original classification and arrangement, has been brought up-to-date, and some of the chapters have been re-written and much useful information added on the action of opium, alcohol, antipyrin, mercury, formaldehyde, etc.

A. J. H.

Medical Electricity. A Practical Hand-book for Students and Practitioners. By H. LEWIS JONES, M.A., M.D., Fellow of the Royal College of Physicians; Medical Officer in charge of the Electrical Department in St. Bartholomew's Hospital, London; President of the British Electro-therapeutic Society; Honorary Fellow of the American Electro-therapeutic Association; Member of the Société Française d'Electrotherapie et de Radiologie. Fourth edition, with illustrations. London: H. K. Lewis, 136 Gower Street, W.C. 1904.

We have frequently referred, and with advantage, to the pages of the third edition of Dr. Jones' book on medical electricity, which appeared in 1900, and now feel agreeably surprised at the evidences of increased growth in the fourth edition of the same work. In addition to the revision of the subject-matter, much new material has been added.

As the author says, "Medical electricity will continue to advance with the advance of general electrical knowledge. To those who have followed its developments, the progress achieved

in the past decade is enormous. The house-to-house distribution of electricity, by electric light companies, has called into existence a largo number of new instruments and methods, by providing a constant and steady supply of current without the need of batteries."

The general effect of static treatment is interestingly described, the statement being made, on the authority of Vigouroux, that this kind of treatment is useful even in certain forms of insanity and morbid mental states, particularly in melancholia. In the nervous disturbances which occur about the time of the menopause, decided benefit may be obtained from simple static charging with the use of the negative breeze. Even if a physician should not employ electrical apparatus in his practice, such a book affords, at a small outlay, very instructive reading. The book is well printed and bound.

J. J. C.

The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis. By WILLIAM ALLEN PUSEY, A.M., M.D., Professor of Dermatology in the University of Illinois, and EUGENE WILSON CALDWELL, B.S., Director of the Edward N. Gibbs X-ray Laboratory, University and Bellevue Hospital Medical College, New York. Second edition, thoroughly revised and enlarged. Octavo volume of 690 pages, 182 illustrations, including four colored plates. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

That a second edition of this work should be necessary in little more than a year from the appearance of the first, speaks well for the popularity of the book and attests a widespread and earnest quest for authentic and authoritative teaching concerning the X-ray. The literature of the past year has been reviewed, histories of cases have been extended to the present year, and much new matter added, so that about one hundred pages additional appear in this volume. The copious use of photographs illustrating different stages of treatment is a very valuable feature. A fair and conservative estimate of the present status of the X-ray in diagnosis and therapy is given. The statement that there is nothing thus far to give us any inkling as to whether the induction of artificial fluorescence of tissues in connection with raying, as suggested by Morton, is of any value or not will be challenged by many observers, and will probably be modified in a future edition. The description of apparatus and its management is very full and satisfactory. This handsome volume should find its way to the library of every practitioner interested in the X-ray and its developments.

C. R. D.

Old Gorgon Graham. More Letters from a Self-Made Merchant to His Son. By GEORGE HORACE LORIMER. Toronto: Wm. Briggs, Publisher.

Those who read the first letters of Old Gorgon Graham to his son have been awaiting the "some more" now published. Sound philosophy, in the guise of humor, abounds throughout the series of letters.

The reader has the added pleasure of a former acquaintance with the old man's style of diction, the reading of the letters is a few hours' amusement that should not be missed.

Just a quotation or two that may remind one of a friend of auld lang syne: "Some men are like oak leaves that don't know when they are dead, but still hang right on." Who does this cap fit among the notables of our profession? "A broad-gauged merchant is a good deal like our friend Doc Graver, who'd cut out the washerwoman's appendix for five dollars, but would charge a thousand for showing me mine—he wants all the money that's coming to him, but he really doesn't give a cuss how much it is, just so he gets the appendix." W. A. T.

Guide to the Examination of the Throat, Nose and Ear. For Senior Students and Junior Practitioners. By Wm. LAMB, M.D., C.M., Honorary Surgeon, Birmingham Ear and Throat Hospital. London: Baillière, Tindall & Cox. 1904. Crown 8vo. 5s. net.

The title gives a very good idea of the scope of this little book, but it is full of just the things which the beginner needs. It is a judicious mixture of methods of examination, gross appearances and diagnosis. J. M.

Essentials of Nervous Diseases and Insanity: Their Symptoms and Treatment. By JOHN C. SHAW, M.D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School. Fourth edition, thoroughly revised. By SMITH ELY JELLIFFE, PH.G., M.D., Clinical Assistant, Columbia University, Department of Neurology; Visiting Neurologist, City Hospital, New York. 12mo volume of 196 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Cloth, \$1.00 net.

This is the fourth edition of one of those valuable little books that contain so much in such a small space. The whole edition has been revised in such a way that it has been found necessary to recast the work completely. In this way our present knowledge

of this important subject is thoroughly brought out. The subjects are grouped in such a way as to show the natural relations which exist between certain nervous disorders. This arrangement should overcome to a great extent many of the difficulties which present themselves to every student in the study of neurology.

In the section on disorders of the mind, the general views of such leading psychologists as Ziehen, Weygandt, Kraepelin, Berkeley and Petersen have been carefully weighed.

The book is one well worthy of recommendation and will be found exceedingly valuable to the general practitioner as well as to the student.

A. J. J.

The Nutrition of the Infant. BY RALPH VINCENT, M.D., Member of the Royal College of Physicians of London; Physician to the Infants' Hospital; late Senior Medical Officer, Queen Charlotte's Lying-in Hospital. Second edition, revised and enlarged. London: Baillière, Tindall & Cox, 8 Henrietta St., Covent Garden.

The work is carefully prepared, showing wide reading and careful observation on the part of the author. "The Bacteriology of Milk," and "The Functions of Bacteria in Relation to Digestion," are exceedingly interesting and instructive chapters. The gastro-intestinal diseases are dealt with fully, concisely and rationally, and with the subjects, marasmus, rachitis and scurvy the work is a valuable one on infant dietetics. It is well bound, the type good, and the work altogether very acceptable. A. R. G.

Lectures on Clinical Psychiatry. BY DR. EMIL KRAEPELIN. Authorized translation from the German. Revised and edited by THOMAS JOHNSTONE, M.D., M.R.C.P. (Lond.). London: Baillière, Tindall & Cox. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto, and Chandler & Massey Limited, Toronto.

These most excellent studies in clinical psychiatry will be warmly welcomed by all interested in mental diseases, and as a genuine aid to the busy general practitioner, they deserve the highest commendation.

Dr. Kraepelin, who is known to all alienists as one of the brightest minds in the particular branch of medicine to which he has devoted himself, has given to the profession in this book an extremely scientific and well-written treatise in the form of clinical lectures.

There is no wide variation from the grouping of mental diseases, as laid down by many of the authorities of the present day, but what strikes one is the evident desire of the author to

so study the symptomatology of these morbid conditions that each one stands out as an almost pathological, as well as clearly defined (in most cases), clinical entity.

The history of each case is succinctly given, the diagnosis and prognosis are carefully discussed, and, what is eminently to be admired, the further progress of the case for some years noted, and the condition at this time recorded.

The practical importance of the study of mental diseases to the general physician has induced the author to consider the subject in the form he has chosen, and the remark in the introduction that insanity, even in its mildest forms, involves the greatest suffering that physicians have to meet, is now being fully recognized by the profession in general.

The translation has been well done, and the printing and binding reflect every credit on the publishers. D. C. M.

Elementar, Practical Physiology. By JOHN THORNTON, M.A., author of "Elementary Physiography"; Head-master of the Municipal Secondary School, Bolton. With 187 illustrations. London, New York and Bombay: Longmans, Green & Co., 39 Paternoster Row. 1904.

This work has been prepared for the use of beginners in the study of anatomy and physiology. It is adapted for senior pupils in Public Schools and for pupils in High Schools. It contains a large number of illustrations, some of them in colors, and many of them are excellent.

Directions are given for practical exercises in examining the organs, such as the heart, lungs, kidneys and so on, of the sheep, rabbit and other small animals. These exercises should be very helpful where the teachers and pupils prepare the specimens properly and study them carefully. On the whole, it is a very excellent little work for beginners. The price of this book is 3s. 6d. A. E.

The Art of Compounding. A Text-Book for Students and a Reference Book for Pharmacists at the Prescription Counter. By WILBUR L. SCOVILLE, PH.G., formerly Professor of Theory and Practice of Pharmacy in the Massachusetts College of Pharmacy; Member of the Committee of Revision of the United States Pharmacopeia. Third edition, revised and enlarged. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. 1904.

While this book is intended for students and pharmacists, and to whom it must prove invaluable, it will be a very welcome addition to the library of the country doctor who is forced to do his

own dispensing. We speak from long experience of this kind, and many times would have been thankful for the information and help found in this volume. The whole subject of compounding is very carefully considered in sixteen chapters. Every form of mixture, powder, emulsion, confection, pill, capsule, lozenge, suppository, ointment or external preparation is considered, and minute instructions given so as to produce the best result, both from a therapeutic and esthetic standpoint. We have no hesitation in recommending this work to the student, the pharmacist, or the dispensing physician.

w. j. w.

Blakiston's Quiz Compend. A Compend of Medical Latin Designed Expressly for Elementary Training of Medical Students. By W. T. ST. CLAIR, A.M., Professor of the Latin Language and Literature in the Male High School of Louisville, Kentucky; author of "Cæsar for Beginners," "Notes to Cæsar's Gallic War, Book Three," etc. Second edition, revised. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1904.

This will prove a very useful little book to the student of medicine, and, in fact, to many practitioners, as well, giving, as it does, the "fundamental principles upon which the medical language is built." It is absolutely essential for everyone intending to study medicine to have first a minute knowledge of Latin, as so many of the terms and phrases used are in, or derived from, that language. This compend will be most useful towards this end.

Diseases of the Nervous System. By F. SAVARY PEARCE, M.D. New York and London: D. Appleton & Co.

This little work, written for the medical student and general practitioner, is nothing if not comprehensive. Consisting of less than four hundred pages, it covers the immense field of organic and functional nervous disorders, and space is still found to devote a large share to the treatment of functional diseases, which is of much value in some of these very perplexing cases.

Hydro-therapeutic measures, as well as the movements in massage, are so fully detailed that the student, for whom the text is intended, can easily grasp the main essentials. The therapeutic worth of faradic, galvanic and static electricity also receives careful consideration.

The book is divided into sections, and briefly covers the ground very well. It should find favor with the busy practitioner as a handy book of reference, and its brevity and lucid description of nervous disease will commend it to all.

The illustrations, many of which are colored, are excellent,

both in regard to their selection and finish, and the entire work makes one keenly regret that the author, at so early an age, has been prevented from continuing the good work he so ably began, as he had intended publishing a similar treatise on mental diseases.

The publishers have performed their share of this book in a most creditable manner.

D. O. M.

Saunders' Question Compend, No. 3: Essentials of Anatomy.

Including the Anatomy of the Viscera, arranged in the form of Questions and Answers, prepared especially for Students of Medicine. By CHARLES B. NANORÉDE, M.D., Professor of Surgery and of Clinical Surgery in the University of Michigan; Emeritus Professor of General and Orthopedic Surgery, Philadelphia Polyclinic; Senior Vice-President of the American Surgical Association; Corresponding Member of the Royal Academy of Medicine, Rome, Italy; Member of the American Academy of Medicine, etc. Seventh edition thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Co. 1904.

The fact that this small work has reached its seventh edition indicates that there must be a large demand for a condensed treatise on anatomy, from which all but essential descriptive matter has been judiciously eliminated. The book must be regarded as one particularly adapted for the use of students who desire to review their work as rapidly as possible and to memorize only what is absolutely necessary. It does not pretend to replace the larger anatomical works. As an aid to the student in mastering the more important facts of anatomy, and especially for the purpose of making very rapid review possible, this book must prove to be decidedly useful.

ii. P. H. G.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otolaryngology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. KELLY, M.D., Philadelphia, U.S.A., with the collaboration of Wm. Osler, M.D., Baltimore, U.S.A.; John H. Musser, M.D., Philadelphia; Jas. Stewart, M.D., Montréal; J. B. Murphy, M.D., Chicago, A. McPhedran, M.D., Toronto; Thos. M. Rotch, M.D., Boston; J. G. Clark, M.D., Philadelphia; Jas. J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund

Landolt, M.D., Paris, and Richard Kretz, M.D., Vienna. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vol. III. Fourteenth Series. Price, cloth, \$2.00 net. 1904. Philadelphia: J. B. Lippincott Co. Canadian agent: Chas. Roberts, Montreal.

We find among the contributors to Volume III., Dr. W. H. Allchin, London; Dr. J. W. Ballantyne, Edinburgh; Dr. Chauffard, Paris; Dr. W. S. Gottheil, New York; Dr. Alfred Fournier, of Paris Faculty of Medicine; Dr. T. S. Stuart, of the Vanderbilt Clinic, New York; Dr. T. H. Manley, New York, and Mr. Campbell Williams, London, Eng.

The first section of the book consists of twelve clinics by various authors, on syphilis, syphilitic inoculation, fever, headache, laryngeal, fetal syphilis, syphilis and suicide, treatment of chancre and treatment by calomel injections. This alone makes the volume one of value. The balance of the book is devoted to treatment, surgery, medicine, gynecology and neurology. Dr. T. H. Manley contributes an article on umbilical hernia in the female that possesses a great deal of merit, and is well worthy of careful perusal.

Malignant Disease of the Larynx—Carcinoma and Sarcoma. By PHILIP DE SANTI, F.R.C.S., Surgeon to the Throat, Nose and Ear Departments, Westminster Hospital. London: Baillière, Tindall & Cox. 1904. Pp. 106.

Fortunately, malignant disease of the larynx is rare. In this country patients have usually been recommended to get their estates in order, for there is no hope for them. In England and Germany there has been a greater disposition to offer operation to the patient. In Germany the operation has usually been extirpation of the larynx; in England it has been thyrotomy and, if need be, extirpation of part or all of the larynx, as operation showed necessary. The English results have been very good, and De Santi's monograph is really a plea for this operation as offering the greatest measure of hope to the patient. J. M.

Regional Minor Surgery. By GEORGE GRAY VAN SCHAICK, Consulting Surgeon to French Hospital, N.Y. Second edition, enlarged and revised, 228 pages, bound in cloth. Profusely illustrated. Price, \$1.50. International Journal of Surgery Co., N.Y.

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

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

Minor surgery is minor in name only, since the most trivial injury may be followed by disastrous results.

A ready reference, free from technicalities and theories, is of great advantage in emergency work, for the busy practitioner as well as for the student, and while in a small work like this much cannot be included, still there is a reasonable share of what is necessary for such purposes.

E. H. A.

A Text-Book of Physiological Chemistry. For Students of Medicine and Physicians. By CHARLES E. SIMON, M.D., of Baltimore, Md. Second edition, revised and enlarged. Philadelphia and New York: Lea Brothers & Co.

"The subject-matter has been arranged in such a manner that in the first section of the work a general survey is given of the origin and the chemical nature of the three great classes of food-stuffs, and also of the most important products of their decomposition. The second section deals essentially with the processes of digestion, resorption and excretion. The third and last portion is devoted to the chemical study of the elementary tissues and the various organs of the animal body, the specific products of their activity, and their relation to physiological function."

In this second edition, many important additions have been made, while some of the chapters have been almost entirely rewritten in order to include in them the advances in chemical research that are rapidly taking place.

The style adopted by the author is very clear, the subject-matter is thoroughly treated, and we are sure that the work will be exceedingly popular with all those who are interested in this most fascinating subject.

A. E.

Text-Book of Human Physiology. Including Histology and Microscopical Anatomy, with Especial Reference to the Practice of Medicine. By DR. L. LANDOIS, Professor of Physiology and Director of the Physiological Institute in the University of Griefswald. Tenth revised and enlarged edition. Edited by ALBERT P. BRUBAKER, M.D., Professor of Physiology and Hygiene in the Jefferson Medical College. Translated by

AUGUSTUS A. ESHNER, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. With 394 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1904.

This is a translation of the tenth and last German edition of Landois' well-known text-book of human physiology. In the preparation of this work the author says that he has tried to provide for physicians and students a book that should supply the needs of the practising physician in larger measure than is done by the majority of similar works. In every section a brief outline of the usual pathological variations follows the description of the normal processes. This linking together of the normal and abnormal, physiology and pathology, cannot fail to help both students and practitioners in their efforts to recognize and interpret the significance of clinical symptoms in any departure from normal conditions.

Many new illustrations have been added, and some of the old ones have been replaced by better ones.

It would be hard to find a more complete or more useful work on physiology, and we think the improvements in this edition will add even still more to its popularity.

A. E.

A Text-Book of Histology. By FREDERICK R. BAILEY, A.M., M.D., Adjunct Professor of Normal Histology, College of Physicians and Surgeons, Medical Department, Columbia University, New York City. Profusely illustrated. New York: Wm. Wood & Co. 1904.

In those days when medical teaching is almost entirely conducted on the laboratory system, a book written along the line of Dr. Bailey's will be found especially useful for both teacher and student. It is practical and concise, all unnecessary material having been culled out, without the value of the book having been in any way sacrificed. As a text-book of histology, it will not be easy to find one to excel it.

The Physician's Visiting List for 1905. Fifty-fourth year of its publication. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

Blakiston's "Visiting List" for the coming year is practically the same as for 1904. It contains some useful, practical information on incompatibility of drugs, poisoning, the metric system, dose 'ble, asphyxia and apnea, comparison of thermometers, and a table for calculating the period of utero gestation. It can be procured for from twenty-five to one hundred patients per week, or in perpetual form. The leather cover, with pocket and pencil, sells at \$1.00. Blakiston's list is excelled by none.

"General Catalogue of Medical Books." P. Blakiston's Son & Co., Philadelphia, Pa. This is a useful list of the most recent works in all branches of medicine and surgery, arranged alphabetically. The book is interleaved.

The Medical News' Visiting List for 1905 has come to hand. It varies little from that for the year now closing, but will be found by physicians who like to carry a daily visiting list, to be exceedingly compact and handy. It contains a lot of memoranda and data, that will be found most useful to the busy practitioner, and can be procured in four styles, a weekly, monthly, perpetual, and one undated, for sixty patients weekly. The List is published by Wm. Wood & Co., New York, N.Y.

"Visiting and Pocket Reference Book for 1905." The following is a comprehensive contents: Table of signs and how to keep visiting accounts, obstetrical memoranda, clinical emergencies, poisons and antidotes, dose table, blank leaves for weekly visiting list, memorandum, nurses' addresses, clinical, obstetrical, birth, death and vaccination records, bills rendered, cash received, articles loaned, money loaned, miscellaneous, calendar 1905. 126 pages, lapel binding, red edges. This very complete call book will be furnished by the Dios Chemical Co., of St. Louis, Mo., on receipt of 10 cents for postage.

The December *Delineator*, with its message of good cheer and helpfulness, will be welcomed in every home. The fashion pages are unusually attractive, illustrating and describing the very latest modes in a way to make their construction during the busy festive season a pleasure instead of a task, and the literary and pictorial features are of rare excellence. A selection of Love Songs from the Wagner Operas, rendered into English by Richard de Gallienne and beautifully illustrated in colors by J. C. Leydendecker, occupies a prominent place, and a chapter in the Composers' Series, relating the Romance of Wagner and Cosima, is an interesting supplement to the lyrics. A very clever paper, entitled "The Court Circles of the Republic," describes some unique phases of Washington social life, is from an unnamed contributor, who is said to write from the inner circles of society. There are short stories from the pens of F. Hopkinson Smith, Robert Grant, Alice Brown, Mary Stewart Cutting and Elmore Elliott Peake, and such interesting writers as Julia Magruder, L. Frank Baum and Grace MacGowan Cooke hold the attention of the children. Many Christmas suggestions are given in needlework, and the Cookery pages are redolent of the Christmas feast. In addition, there are the regular departments of the magazine, with many special articles on topics relating to woman's interests within and without the home.