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No. 1.

Original Articles.

THE APPOINTMENT OF MINISTERS OF HEALTH.

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On previous occasions eminent individuals, more especially members of our profession, as well as authoritative associations, have given expression to the need that exists for Ministers of Public Health. A meeting of this kind affords a thoroughly suitable opportunity for obtaining a full knowledge of the views, based on the individual experience, of those present; of collating a summary; and of so discussing the subject, that a sound conclusion may be arrived at, and a resolution proposed which should result in Government inquiry and action.

AUTHORITATIVE VIEWS ON SUCH APPOINTMENTS.

After a preliminary study of the subject, I obtained the views of many hundreds of persons, sanitary associations and authorities (assisted largely by Miss C. Cochrane, a member of the Sanitary Institute of Great Britain, who takes an active interest in the subject).

Among those who favor the appointment, which the title of my paper sets forth, are the British and Canadian Medical Associations, the Sanitary Institute and the Royal Institute of Public Health of Great Britain, and the Manchester and Salford Sanitary Associations, the Imperial Vaccination League, the County Council of the West Riding of Yorkshire, the Institute of Sanitary Engineers, the Workmen's National Housing

Association, the Childhood Society, many eminent physicians of various countries, members of Parliament, Medical Officers of Health, and Medical Societies.

At once I may say that, though I am not *Laudator temporis acti*, yet my paper is not intended to deprecate the past work of one or any State Department of Public Health. It is not read with an intention of damaging any existing institution by criticism, but rather with the sincere desire of adding to the powers and scope and utility of those that exist; of bringing to your minds the need for national safeguards based on scientific medicine proportionate to the growing needs of our densely populated lands.

THE VALUE OF A LEADER.

The first query that comes to the lips is, "Are there reasons for supposing that a Minister at the head of an independent Health Department would lead to an increase of the powers for and the improvement of the health of the community?" One may reply by reasoning from analogy. If one turns to the past annals of science, statecraft, religion, war, commerce or exploration, and indeed any department of human activity, we have brought before us irresistibly the power of the *individual*, each in his sphere. It is the *individual* who leads the way; others follow in his footsteps. It is the advocate and leader of men who has the power to group the many about a central idea.

To-day the Kaiser Wilhelm, Monsieur Pasteur, Lord Lister, Mr. Joseph Chamberlain, Mr. Pierpont Morgan or "General" Booth—emperor, scientists, minister, company promoter or religionist—possess the "divine right" of leadership. And so it has been since the days of the Messiah and Mahomet. One man can achieve in a year what may take most people a lifetime.

THE ABOLITION OF DISEASE.

To illustrate the enormous value of organized measures, you have only to be reminded—

That the Ministry of Public Health in Germany has practically abolished smallpox;

That the President of the English Local Government Board has practically extinguished rabies in England by the simple precaution of preventing the transference of infection from one dog to another;

That the practical application of bacteriological knowledge

to surgery has enabled Lord Lister to be the savior of untold numbers of human lives.

So, too, leprosy has disappeared from England in the past.

Such are the merest reminiscence of the possibilities of scientific and sanitary measures for the prevention of disease.

THE MINISTERS AND THE FORCES OF DISEASE.

An enumeration of the hostile forces that would be arrayed against such a Minister is appalling; the success of their ravages is only too apparent in the annual reports of Public Health Departments. They exact such a toll as human foes, however relentless, would never impose. They are indeed the forces of darkness, and there is nothing of good in them.

The sixty-second report of the Registrar-General of the United Kingdom for 1899 gives the *total number* of deaths as 581,799, or 18.3 per thousand. This compares as follows with other countries:—

United Kingdom, 18.3; England and Wales, 18.3; Scotland, 18.6; Ireland, 17.6; Denmark, 17.5; Norway, 16.8; Sweden, 17.6; Austria, 25.4; Hungary, 27; Switzerland, 17.6; Germany, 21.5; Prussia, 21.4; Holland, 17.1; Belgium, 18.8; France, 21.1; Italy, 22.1.

Zymotic diseases include smallpox, measles, scarlet fever, enteric fever, diphtheria, whooping cough, influenza, diarrheal disease (epidemic enteritis), hydrophobia and puerperal fever; 89,235 deaths were attributed to these diseases, or 2.811 per million of the population.

Alcoholism caused the deaths of 2,871, or 112 per million living among males and 70 among females.

Cancer or malignant disease caused the deaths of 26,325, or 829 per million of all ages and both sexes.

Tuberculous diseases, including phthisis, destroyed 60,659, or 10.4 per cent. of deaths from all causes, 1.911 per million of the total population.

Parasitic diseases caused 389 deaths, or 0.07 of deaths from all causes.

Infant Mortality.—One hundred and sixty-three infants under one year of age died in 1899 in every 1,000 infants in England and Wales, and 167 in London. There were 82,103 deaths in lunatic and idiot asylums, or 14.1 per cent. of the total deaths in England and Wales.

Such are some of the diseases which undermine the constitu-

tion of the body corporate; and, in our dependencies, malaria, cholera and plague must be added.

It is hoped that these figures will set men thinking. The art of citizen-making is far from advanced if this is the result of our training and equipment. Fitness in health, brain and moral force, which mean sound health, intelligence and will power are not obtained under such conditions, and the time is come for its realization and the attention of us all. The practical application of the stores of medical and scientific knowledge is the remedy which must be entrusted to a Medical Minister, with the full consent and approbation of the nation, and perhaps by his personal intercourse and communication a new era of health will be entered upon. He would have to contend, not merely with the forces of disease, but with those of apathy and ignorance.

VITAL STATISTICS.

Those skilled in vital statistics claim that one-third of the deaths annually registered are dependent on causes which proper administration of sanitary measures could remove.

FICTITIOUS ARGUMENTS AGAINST THE APPOINTMENT OF A MINISTER.

There are objections that arise, more especially in that constitution of mind known as conservative, that dislikes any alteration of existing affairs, to the appointment. The world to them must stop still in its course. It is said that the appointment of another Minister would lessen the individual weight of those that exist. The Public Health Department is, in many countries a subordinate portion of another one, and no loss of prestige to its overworked head could ensue from the withdrawal of such specialized duties as those of the care of the public health. The onerous duties of local government, of agriculture, etc., afford ample scope and to spare to one man, however wise and capable. No loss of status would ensue, nor is it possible for one man, however brilliantly endowed, to undertake the superintendence and charge of the health of millions, and yet have time or strength for the performance of other exhaustive duties. I do not think the argument holds good, that prestige would be lost.

Again, it is said that the effective discharge of public health regulations must eventually devolve on local authorities. The truth of this I allow at once, but it does not weaken the plea for a Minister. In the future local government will grow, in sani-

tary and other matters, it is sincerely hoped. Over-centralization is justly to be condemned, and the central authority that would attempt to interpose and *enforce unduly* even the wisest of rules on the community would not be tolerated. But no greater spur or incentive to the proper sanitary progress of local authorities could be devised; nothing could be better calculated to promote the best interests of all departments than a trained chief with adequate powers. It is true that the fulfilment of our expectations would depend partly on the personality of the Minister, but in the long run our hopes would be realized.

In the recent debate on the appointment of a Minister of Commerce in the House of Commons at Westminster it was brought forward as opposing arguments that we have four times as many Ministers as other countries, that our Cabinet is three times as large as any other Cabinet, and that our number of paid Ministers was about five times as numerous as the paid Ministers of other people. I am unable to criticize the accuracy of all these statements, but I cannot accept them as proving generally the inadvisability of further appointments. Seriously speaking, that such a number of Ministers has been found requisite and necessary in the order of things is to my mind an argument in favor of the appointment I advocate. If the appointment of a Minister of Commerce is described as of *vital* importance, the functions of a Minister of Health, on whom life may be said to depend, are yet more truly of vital importance.

Again, I am asked if existing arrangements are really insufficient? To this I would answer by another question, "Are the infectious and preventable diseases, the filth diseases, the industrial diseases, the infant mortality, etc., diminishing universally and in proportion to our knowledge of the potentiality for decrease? Are investigations as to the causes and prevention of lunacy and cancer being duly promoted by state means? Do the annual reports clearly set forth to the country the need for further measures of personal inquiry and direct medical supervision?" In fact, are state arrangements commensurate with the proper share of the efforts which should be made to prevent "wastage" of life? The success of nations or individuals is a hollow one, if the penalty is exacted in disease of body and mind, with the poverty, misery and suffering entailed in it.

Then the objection is raised that such an official would entail increased taxation; and perhaps, on the surface, the matter of cost may appear of some, even of great, antagonistic weight.

The yearly expenditure of English departments is certainly

large, judging from the published figures. In 1902-03, the administrative expenses of the Local Government Board were estimated at £220,323, of the Home Office £152,356, of the General Register Office £54,524, of the Privy Council Office at £23,390, and a grant of £15,300 was made to the Meteorological Office; or nearly half a million yearly; and this is only a portion of the Civil Service Estimates.

Such disbursement has grown naturally in the evolution of state affairs, and has long ago been recognized as wise. It cannot be denied, even closely studying economy by the redistribution of the duties of the departments, with due regard to their best interests, that the creation of such an official and staff would entail considerable further expenditure of public money. A Minister of Public Health would receive a salary of three to five thousand a year, and from a business point of view would deserve and earn it well, and the necessary and adequate expansion of his staff would undoubtedly call for many thousands more. It must be remembered, however, that such a Ministry would consist largely of already existing officers, who would be now attached to the Health Department. One cannot but be impressed with the annual payment of a grant of £15,300 to the Meteorological Office, and one feels that a country which can afford this can pay also for an improved health service.

The Imperial Vaccination League made the remarkable statement that in London, in the recent epidemic of smallpox, the cost of attempting to isolate the sufferers had been £500,000. Indeed, we may legitimately claim that this half-million of money might never have been expended with a Minister at the head of affairs with proper powers, and in any case it would have been far better utilized in the support of an enlarged Department of Preventive Medicine.

Many years ago Dr. Farr calculated that the average value for all ages of a life was £150. The sum of £150 is too low an estimate of the value of each person restored to working capacity from disablement or death from phthisis. In England deaths from phthisis amount to 60,000 per annum. Lower this mortality by one per cent. per annum only, as a minimum result of increased efficiency, and £90,000, or the cost of your department, is paid for by one small economic gain from the diminution of a single disease. But are not pounds, shillings and pence after all a fictitious estimate of an improved national or even individual standard of health.

To my medical *confrères* it is unnecessary to dilate further on the sum total of benefaction that might ensue from State (in addition to voluntary) measures directed systematically and ceaselessly against alcoholism, lunacy, syphilis, tuberculosis, infant mortality and other visitations, or by assisting the scientific research of cancer and other diseases from State as well as private resources.

Lastly, it has been said that nothing has been brought forward to prove that it is desirable to detach sanitary administration from other departments of local government.

It must not be concluded that because a separate central Office of Health is established, that local sanitary administration would therefore be disconnected from other local work. It is to be remarked that a Sanitary Authority has nevertheless a complete title and existence, such as are not to be found apparently in the central Sanitary Authority of the Empire; that, speaking in a relative sense only, urban and rural sanitary authorities possess more marked identity than the State Medical Department.

The Appointment of a British Minister of Education has been coincident with the handing over of local administration of education to the local governing bodies; at a time, therefore, when correlation was taking the place of previous separation. No jot of evidence can be brought forward from this undoubted advance in education to prove that there should not be such a Minister, and that the appointment was not entirely for the best.

It may be fairly be claimed that the real effect of the appointment of a Minister on local sanitary authorities would be to add weight to the recommendations of these bodies if in accordance with sanitary requirements, and would render them more generally effective; the Minister would initiate and promote their sanitary progress, if necessary; would lend assistance to those in need of help; would stimulate those who were apathetic or indifferent to the public duties which they had assumed and the legislative trusts they were responsible for; would remove such shackles as unduly bound them; and would be compelling to those who wilfully neglect their duty. The central authority would not needlessly interfere with local matters in any way; for in our system of local government the principle is assumed that what ought to be done for local interests should be done by local bodies, with certain limitations. But it is not to be assumed that local authority extends to the omission of advantages gained by science and civilization—which may

mean an attack by default on the health and even life of the governed, for there are sins of omission as well as commission. Each local sanitary authority has for its legal existence to lessen to its utmost the incidence of disease within its district, and, *where preventable disease is not prevented*, it would be the bounden duty of the central authority to intervene. Happily, there is always a beacon in view to guide the Government bark between the rocks of interference and neglect, and it is "the medical requirements of the public health."

The Minister would at once be the friend of all, the teacher of sanitary law, and director of the public health administration.

Here I would submit to you a recognition of the enormous value of the work done by voluntary efforts. In England it has been said, with a large amount of justice, that every great sanitary improvement has been initiated by voluntary or local action. Such a truth is very suggestive and its significance worthy of consideration. If it were not for these associations and individuals in my country, movements for the better housing of the working classes, the prevention of tuberculosis, small-pox, alcoholism, or cancer research might not as yet have been initiated.

It is now my duty to place briefly before you the existing basis in England on which a Ministry of Health would be properly laid and an outline of its functions. It would undoubtedly be the Medical Department of the Local Government Board, which consists of a medical officer, two assistants and some thirteen medical inspectors, of whose talents and labors no praise is too high.

THE LOCAL GOVERNMENT BOARD AND ITS ORIGIN.

The Board was established in 1871 to concentrate in one department of the Government the supervision of the laws relating to public health and the relief of the poor and local government. It consists of a President appointed by the Crown, of the Lord President of the Privy Council, the principal Secretaries of State, the Lord Privy Seal, and the Chancellor of the Exchequer. The latter are all *ex-officio*. The President sits in Parliament and is a member of the Cabinet as a rule, and receives a salary of £2,000 a year. The work is carried out in reality by the President and permanent staff of Secretary and four assistant secretaries, and inspectors, general, engineering and medical. A brief history of the origin of the Board is interesting in the light of its present development.

The Royal Sanitary Commission (1869 to 1871) recommended that the administration of the public health and the relief of the poor should be in charge of a single Minister, and had expressed the opinion that if such a Ministry were established, *separate secretaries—one for public health and one for the relief of the poor*—would probably be found necessary. This suggestion, however, was *not* carried out, but all administration was concentrated in the hands of a single secretariate. The new office started then naturally as a continuance of the former Poor Law Office, which had never controlled sanitary matters, but had only medical responsibility for the sick poor. The Royal Commissioners had expressed or implied that the new authority should be a “motive power” of no mean degree for promoting sanitary progress, besides the continuance and extension of merely sanctioning powers for different purposes of local sanitary government. It was to have a legislative as well as an administrative side. The legislative policy implied was in the direction of amendment of existing enactments; the administrative policy was in the first place to organize a thoroughly efficient system of supervision and observation in every district of jurisdiction of the country, by which information and guidance in action or pressure might be applied.

It is impossible to avoid, at this point, the comparison of such a stimulating plan of action with the policy of the Board in 1888, when it desired to transfer to County Councils *all the powers* which it now has under the Public Health Act of enforcing on defaulting district authorities the performance of their sanitary duties. Truly a premature effort at decentralization!

To resume: The Board is invested (1) with the powers and duties of the Poor Law Board; (2) with all the powers and duties of the Privy Council relating to vaccination and the prevention of disease; (3) all the powers and duties of the Home Office in relation to public health, drainage and sanitary measures, baths and wash-houses, public and town improvements, artisans' and laborers' dwellings, local government, local returns and local taxation. The growth of its duties is steady and continuous. It has legislative powers of making rules, regulations and orders, and of confirming by-laws. Its administrative control varies considerably; over poor law matters it is complete; over municipalities the Board has no direct control. Over sanitary authorities that Board has considerable powers; it can force them to carry out sanitary measures to its satisfaction. All the powers conferred on the Privy Council by the Diseases Preven-

tion Act, 1855; all powers conferred under the Sanitary Acts were transferred to the Board in 1871, the Pollution of Rivers in 1876, Adulteration of Food, 1875, 1879, 1887. It has powers in relation to vaccination, 1871, and miscellaneous duties. Every local authority is entitled to its advice whenever it is in any difficulty, even though such difficulty be of its own creation. It has the power of demanding reports and returns of all kinds from local sources. It lays its annual report in a blue-book before Parliament. In 1888, or seventeen years after its establishment the Board received the central control of the County Councils, an omen of its future expansion. Indeed, the diversity of functions of the Board has and will increase more and more as the tide sets in towards local self-government. On the other hand, that of the Home Office is diminishing. This in itself suggests that the Board should likewise divest itself, already overburdened, of the weighty cares of the public health. Freed from this encumbrance, the Board would develop soundly and healthily to maturity.

The Ministry of Health would be based, then, on the expanded medical department of the Board, but added or in close co-operation would be the functions of the General Register Office, which collects the returns of births, deaths and marriages. The figures published by the Registrar-General are an abstract of sanitary results which affect the thinking members of the people. From these returns mortalities have been extracted and causes of mortalities specially traced. The dark regions of disease have been mapped out, the influence of occupation and seasons detected, the relation of birth to death deduced. The records of this department and the Board, it may here be said, clearly indicate what improvement of the national health can be effected by official direction of intelligence and diffusion of knowledge.

Clearly these united and extended departments of the Ministry would deal with the records of disease, vaccination and re-vaccination, outbreaks and incidence of epidemic and infectious disease, the regulation of injurious trades and industries in relation to health, the prevention of filth and communicable diseases, and the infant mortality. The adequate provision of Fever Hospitals, and Sanatoria and Homes for Consumptives, and Colonies for Epileptics, etc., would be advised upon. Incorporated in the Ministry, they would watch over these diseases, would make known what is and what is not being done in districts in the annual report to Parliament in a thorough and systematic

way; would make a regular statement of the progress of disease and its prevention in England, yearly collected from the reports of the medical officers of health; would arrange necessary conferences with or visits to medical officers of Health and sanitary authorities. In short, by direct medical inspection would carry out systematic and ceaseless supervision. In like manner the working of the Act that deals with the adulteration of food and drugs, and with (public) analysis of water, etc., diseases affecting animals and communicable to man; chemical and pathological research and experiment as to the causation and prevention of disease of mind and body, originating in England or the colonies and tropical possessions, both in man and animals; bacteriological investigations of human and animal morbid conditions of water, sewage and food, would be promoted and assisted, and even in part undertaken methodically in laboratories by the Ministry of Health. The establishment of Public Health Laboratories in suitable centres of population would be encouraged. The Education Bill will result in rendering more thorough and complete our national system of instruction in Hygiene and Cleanliness and the principles of healthy living. All questions as to the instruction in the principles and practice of personal, domestic and general hygiene, of physical culture and healthy conditions of school life and surroundings would be referred to the Ministry for advice. Of supreme importance would be the inculcation on the impressionable mind of youth of the common-sense principles which guide the health of mind and body; of the part played by impurities of food, air, water, person, soil and surroundings in spreading disease; in the rearing and feeding of children, in the study of nature, of attention to physical development *pari passu* with mental and moral. Gymnasia, swimming-baths, and "open-air" spaces or parks could be promoted.

To the Ministry the returns of the Coroners' courts would be entrusted (and their value is very great), and to it all meteorological observations would be sent. The supervision of the health of workers in factories might be expected to be passed over from the Home Office. In the past the Home Office, one of the oldest of our Departments, has parted with many duties gradually, finding specialized treatment and knowledge necessary. The effects on body, minds and morals of discipline, diet, labor regime and hygiene, and the relations of age and sex to labor, could be best appreciated by the Minister of Health, to whom would be referred in this case questions relating to the

sanitary arrangements of prisons, police and public works and the care of lunatics.

The veterinary department of the Privy Council would well be associated with the Ministry. The health of man and animals is so closely connected that one can hardly be considered without the other, while many questions of their relations remain to be investigated both in England and in the Colonies and India, and the practical application of the results of such investigations requires to be made known. Diseases of the vegetable kingdom are now dealt with by the Ministry of Agriculture. The combination of the work of these offices would enormously conduce to efficiency, and their official head, the Minister of Public Health, would be the adequate and dignified representative of these vital interests of the people of this country and its tropical possessions. He, without having necessarily special talents for research, as Koch, or Pasteur, or Lister, would regulate the inevitable conflict between the forces of nature and the tendencies of crowded communities, where the struggle for existence grows fiercer and fiercer. He would advocate and encourage the simple principles of health, and co-ordinate by direct, even personal, representation both scientific and common-sense measures applied to workaday life. He would be a wise authority and judge, rather than a disciplinarian or an officer of justice. He would be the chosen mouthpiece of the nation's needs. So created, he would excite the minimum of prejudice and would be acceptable to the majority, who desire to govern themselves yet be guided therein. The secret of the Ministerial power would be education. If we look at the condition of houses and towns, of the social life of the people, and then turn to the tables of mortality, we must see that the obvious rules of self-preservation are neglected. This would be his task to remedy. Only inasmuch as education diminishes the initiative of the individual and the liberty of the subject would such an appointment sap the virility or will power of a nation. Indeed, the example of a Minister would stimulate most individuals, and would tend to raise the standard of intelligence and ethics of a nation and be one of the highest of educational agencies. The level of intelligence is yet far distant when such an instrument as this can be dispensed with.

The Ministry might desire the advice of a Consulting Committee of eminent members of the medical and legal professions. Medical officers of schools, or factories, of poor law authorities, of prisons, of the Navy and Army, and of the veterinary pro-

profession; physicians such as the Presidents of the Royal Colleges; statisticians, including the Registrar-Generals of Scotland and Ireland; a neurologist or alienist, a pathologist, a sanitary engineer and architect, and a barrister-at-law, would at once suggest themselves as having had the expert training suitable for such a body, whether members of the Ministry or not.

There is one point which would arise in the appointment of a Minister of Public Health which is of peculiar interest. Should he be liable to change with every Government, as other Ministers of the Crown hold office? Would the best interests of public health be served thereby? For such a dislocation of office I can think of little to be said in its favor. This specialized work would be united in one mind trained to serve the public health. Though himself a learner and director of learning, he would be the adviser of the Government. He would administer his office irrespective of party, while advocating and applying the principles and practice of medicine. The purposes and objects of such an office would entitle the temporary possessor to a seat in the Cabinet and one of the Legislative Assemblies. To medicine would belong the essential share in determining the course of action of the Minister in the supervision of general and local sanitary government, and medical considerations are largely those which would underlie and guide his policy. The Minister might be summoned by the Sovereign to such meetings of the Cabinet as had to do with his department and be definitely cut off from the collective responsibility of that body.

The growing demand for a responsible head would in such manner be met, for the duties of the public health would be placed on the shoulders of the Minister, *subordinate to no office*, and of equal status with his colleagues, laying his views with proper weight before the Cabinet, the Parliament and the country.

We may rest assured that the common sense which guides the world will never allow these vital health interests to be subordinated to or separated from the great national interests over which Government watch and safeguard, and one day it will insist on the general appointment of such an officer, whose functions will be to vigilantly watch and promote the exercise of proper precautions for safeguarding the public health, and to "insure" the sound and healthy progress of the nation, as against a morbid and diseased growth.

Such suggestions as I have made are pieced together with a due sense of limitations and of imperfections.

If I can arrest the attention of this meeting on the central idea of the necessity for Ministers of Public Health, presiding over a national sanitary organization, I am well content. I regret that I have up to the present not received detailed information of the present sanitary constitutions of other countries, with the exception of Italy, the United States of America, and Canada. The Canadian Medical Association has, however, passed the following resolution, forwarded to me by the Director-General of Public Health in Canada (at present an officer in the Department of *Agriculture*):

"Whereas, Public Health, with all that is comprised in the term sanitary science, has acquired great prominence in all civilized countries, and

"Whereas, Enormously practical results have been secured to the community at large by the creation of health departments under governmental supervision and control, and

"Whereas, Greater authority and usefulness are given to health regulation suggestions when they emanate from an acknowledged Government Department;

"Therefore, Be it resolved, That in the opinion of the Canadian Medical Association, now in session, the time is opportune for the Dominion Government to earnestly consider the expediency of creating a separate department of public health, under one of the existing ministers, so that regulations, suggestions and correspondence on such health matters as fall within the jurisdiction of the Federal Government may be issued with the authority of a Department of Public Health. That copies of this resolution be sent by the General Secretary to the Governor-General-in-Council, and to the Honorable the Minister of Agriculture."

Perhaps you will also allow me to give you the words of Professor William H. Welch, of Johns Hopkins University: "I am in thorough sympathy with the movement to secure Ministers of Public Health."

In conclusion I read these words written to me by the "Father" of English sanitary institutions, Sir John Simon, at once our greatest sanitary legal authority, who is now in his eighty-seventh year:

"One word I am tempted to add to emphasize what I hope is intimated in the volume (*viz.*, "English Sanitary Institutions," Ch. xv.) as to my very strong feeling on what should

be the constitution of the central medical department. It is, in my opinion, quite essential that such a department should not be subordinate to any general secretariat, and that its report should be *direct* to the Minister, and should (when so intended by him) be laid as his reports before Parliament."

I am myself convinced that such an appointment as I advocate possesses untold potentialities for the Health, and therefore for the Common Wealth, of Nations.

A meeting of this kind is especially favorable to obtaining the views of distinguished workers in other countries, and these in all earnestness I seek. It remains to me to thank you, Mr. President, ladies and gentlemen, for your courteous consideration and to move the following resolution with the hope that if it receives your sanction it may induce inquiries by Governments and subsequent action.

Clinical Department.

Note on a Case of Thyroid Tumor. W. GREENWOOD SUTCLIFFE, F.R.C.S. (Eng.), Consulting Surgeon of the Thanet Union Infirmary; and A. F. M. POWELL, M.B., C.M. (Edin.), Medical Officer to the Infirmary, in *The Lancet*.

The patient aged 42 years, was stone deaf, so that a history of the duration of the tumor was not obtainable; she had been in the infirmary a few weeks only, and the tumor was giving rise to distinct pressure symptoms, there being frequent attacks of dyspnea. Removal of the tumor was decided on and carried out on March 23, Dr. Powell administering the anesthetic, chloroform, and Dr. Frank Nichol of Margate, assisting Mr. Sutcliffe. The usual transverse incision was made over the most prominent part of the swelling and as more room would obviously be required a longitudinal incision was added in the line of the sterno-mastoid. The bulk of the cyst at once collapsed on incision and its connections could then be made out; it extended well under the trapezius behind, under the maxilla above, and some considerable distance into the thorax below. It was densely adherent and its separation involved a difficult and tedious dissection. Starting from behind, the bulk of the collapsed cyst was dissected up and it was found that the carotid sheath was incorporated in its posterior wall. The jugular vein was tied low down and again high up, a large piece being removed bodily with the tumor; the carotid and the vagus were easily peeled off and the upper pole of the cyst tied with a strong silk ligature. The intrathoracic portion was cut off and left *in situ* as its removal would have been attended with risk. A gauze drain was passed into the cavity and the wound sewn up with provision for free drainage in all its area. After the first day, on which the temperature rose to 103 deg. F., the patient did well, the only trouble in healing being the sloughing of some of the skin that had been stretched by the tumor. The cyst had evidently at one time been an ordinary multilocular thyroid tumor, but the partition between the walls had broken down, making one large irregular cavity. It was in part very closely adherent to the skin which was reddened and glazed over it, entirely negating any idea of subcutaneous anesthesia, but when collapsed was on the whole easily separable; the hardest

part to remove was the rounded semi-solid upper angle of the jaw adherent internally to the pharyngeal muscles. At one stage of the operation there was some startling hemorrhage from a large tributary vein low down in the neck, the arrest of which was momentarily delayed owing to temporary difficulties with respiration due no doubt to traction on the vagus, and the later stages of the operation were accompanied by a curious whistling sound from the thorax as if the pleura had been wounded, but it was probably only due to air flowing in and out of the thoracic portion of the collapsed cyst with the respiratory movements. The patient is now perfectly well and the scar is, as usual in thyroid cases, hardly visible.

Primary Typhlitis Simulating Appendiceal Abscess and Ileocecal

Tuberculosis. ERNST ZIMMERMAN, M.D. Attending Gynecologist to Blessing Hospital, Quincy, Ill., in *Jour. A.M.A.*

The following case is deemed worthy of a detailed report on account of the paucity of the literature regarding primary typhlitis and the consequent difficulties in diagnosis which it presents, and on account of the unusual complications in the present case. None of the works on appendicitis or on disease of the intestines or the general works on surgery give any adequate account of this trouble. Hemmeter gives only two sources of ileocecal tumor not due to primary appendicitis, *i.e.*, cecal tuberculosis and carcinoma of the cecum. Eisendrath, in his recent work on "Surgical Diagnosis," adds a third, ileocecal actinomycosis. Dr. Clarence A. McWilliams, in a paper read before the New York Surgical Society, February 27, 1907, under the title "Primary Typhlitis Without Appendicitis," gives the history of a case very similar to mine in which he assumed that the cecal tumor was either tubercular or carcinomatous, and resected it. Pathologic examination showed simple inflammation and infiltration affecting all the intestinal layers adjacent to the cecum, the inflammation proceeding from within the cecum. My case is as follows:

History.—Mrs. N. S., aged 30, gave no history of previous illness except the usual diseases of childhood. She menstruated first at the age of 13 years, and then regularly up to date excepting when pregnant, the flow lasting usually four or five days. She had had three children, her labors being normal;

no miscarriages. Youngest child 4 months old. She menstruated again in May, 1907, for the first time since the birth of last child, the flow lasting about thirty-six hours and being unaccompanied with pain. In January, 1907, she woke one night with severe pain in the right iliac region. This grew better in an hour or so, but her right side had since been more or less tender. I first saw the patient May 19, 1907, and learned that aside from tenderness in her right side she had been perfectly well up to the evening of May 16, when she began vomiting and developed a severe pain in the epigastrium, some fever and diarrhea. The condition continued except that the pain gradually localized itself in the right iliac fossa.

Examination.—This showed heart, lungs and pelvic organs to be normal. The area over the region of the appendix was very sensitive, but nothing further could be found out that day on account of rigid abdominal muscles. Her temperature at this time was 102.5 F. and pulse 100. She was removed to Blessing Hospital the following day and all food withheld. Her temperature this day was 99.8 F. and pulse 84; but her right side was just as sensitive and her bowel movements as frequent. May 21 a distinct mass could be made out by both vaginal and abdominal examination in the right iliac fossa, the temperature then being at noon 100.2 F. and at 8 p.m. 99.8 F. May 22 temperature was 100.2., pulse 80 at 8 p.m., and the tumor was somewhat larger. May 23 temperature was 101 F. at 4 p.m., and 101.8 at 8 p.m., and the mass was more sensitive, and suspecting appendiceal abscess, she was ordered prepared for operation the next morning. May 24, before the operation, her temperature was 101 F., pulse 98, and the mass was as large as a large sized orange.

Operation.—Ether anesthesia was used and the incision was made over the centre of the mass which corresponded to the outer border of the right rectus muscles, a little lower down than midway between the anterior spine of the ilium and the umbilicus. On retracting the edges of the incision the greater omentum came into view covering the cecum and ileum, and the ileum, omentum and cecum were firmly united by adhesions. The ascending colon was also firmly adherent to the parietal peritoneum. The appendix was situated to the outer side of, and adherent to, the cecum, and was congested, thickened, and distended. The appendix was ligated, removed and the stump buried by a purse-string suture. The walls of

the cecum and the lower six or eight inches of the ileum were inflamed and very much thickened, the walls of the cecum averaging about three-fourths of an inch in thickness. The ileum in that region was matted down by adhesions, but no attempt was made at their separation. The extensive adhesions, the absence of pus, the very great thickening of the cecum and ileum made it probable that the tumor was an ileocecal tuberculosis.

Postoperative History.—After the operation the condition was good and she made an uneventful recovery as far as the appendectomy was concerned. The temperature never rose above 99.5 F. after the operation, and in a course of three days was normal. The stitches were removed on the ninth day, the wound having healed by first intention. Her bowels moved freely on May 28, and then once a day until June 7. June 8 she was removed to her home, and on the way there in the ambulance developed colic and vomiting. On the evening of June 8 I found her with the abdomen somewhat distended and bowels undergoing very active and visible peristaltic movements. She complained of the attacks of colic, but no pain in abdomen during the intervals of intestinal peristalsis. She vomited at that time a small quantity of mucus stained with bile. She had no bowel movement June 7 and none June 8, and was passing no flatus. I withheld all food and drink and gave hypodermically morphine sulphate, $\frac{1}{4}$ gr. and ordered enemata of soap-suds and glycerine. A diagnosis of intestinal occlusion was made at this time, but I was under the impression that it was due to the thickened walls of the ileum and cecum. I advised a return to the hospital next day, but could not get the patient's consent. On June 9, 10 and 11 the patient's condition remained practically the same, *i.e.*, she vomited mucus and bile at frequent intervals, there was active peristalsis of the intestines without abdominal tenderness or any passage of flatus or feces. She was somewhat weaker, however, her pulse became more rapid and her temperature was subnormal. During the night of June 11 the vomitus became fecal in character and the patient consented to be removed to the hospital on the morning of June 12, and was operated on during the afternoon of that day.

Second Operation.—An incision was made somewhat above and to the outer side of the scar of the first and a few adhesions easily separated, were found under this between the parietal and

visceral peritoneum. The greatly thickened condition of the walls of the ileum and cecum had disappeared and they seemed about normal. The ileum at its junction with the cecum was simply matted down by adhesions, and these were separated as well as possible. Since they were so dense and numerous that it was impossible to cover in the raw surfaces, it was thought advisable to join the ileum, where it was free from adhesions, to the lower part of the ascending colon by a lateral anastomosis. The ascending colon being bound down tightly, it could not be brought up into the abdominal wound and the Murphy button was preferable to any other method of making an intestinal anastomosis.

Subsequent History.—The patient was somewhat collapsed when removed from the operating room, but rallied promptly and her condition was good next morning. She had a thin, yellow bowel movement and expelled some flatus fifteen hours after the operation, but had no further vomiting. From this time until she was discharged from the hospital, three weeks later, she made an uneventful recovery, having no fever, no abdominal pain and regular bowel movements. At the present writing (July 20) she is at home doing her own housework, and has two bowel movements daily, but no pain or discomfort anywhere. The button has not yet been passed, but a recent skiagraph shows that it is a harmless tenant of the cecum.

I was assisted by Dr. E. B. Montgomery of this city in both of these operations and in the preparation of this report.

Polydactylism. WILLIAM J. MORRISH, M.D., (Lond.), L.R.C.P. (Lond.),
M.R.C.S. (Eng.), in *The Lancet*.

Referring to Dr. W. H. W. Attlee's case of supernumerary digits, published in *The Lancet* of July 20th, p. 163, I may perhaps record the following:

On Nov. 29th, 1906, I attended a woman in her seventh confinement, the child proving to be a girl. She had previously had two boys and four girls. Both boys were normal, but the girls presented the following peculiarities as regards their hands and feet. Each child had six digits on both hands, the additional digit being situated on the ulnar side, and in the case of the three eldest having bony union with the rest of the hand; while in the two youngest the additional finger was attached by

a pedicle of skin and vessels as in Dr. Attlee's case. The mother had had the sixth fingers removed from the first and second girls, but on account of her delicacy the hands of the third had not been operated on and I was thus able to see the extra members. On the right hand the finger possessed a metacarpal bone which was in relation with the carpus, but on the left side the digit was very rudimentary, though having bony connection with the ulnar side of the little finger. The pedunculated sixth fingers of the fourth and fifth girls were removed after ligaturing their pedicles. The middle and ring fingers of the eldest girl's left hand were also webbed throughout their entire length. Their feet showed even greater variation. The eldest girl had six toes on her left but only five on her right foot, with webbing of the great, second, and third toes of both feet. The second had five toes, with slight webbing of the second and third on each foot. The third had six, with the second and third completely webbed on each foot. The fourth girl presented the greatest abnormality of any, having an apparently spatulate condition of each great toe, which on closed examination gave the appearance of a fusion of two separate toes, while in addition to this on the right foot there were two little toes apparently in relation with the fifth metatarsal, the remaining digits of the left foot being normal. The only abnormality of the feet of the newly-born fifth girl was a very slight degree of webbing of the second and third toes of each side. The father of these children had six digits on each hand and foot, with bilateral webbing of the second and third toes. He was an only child and his father and mother were quite normal as regards their hands and feet. He was not related to his wife prior to their marriage.

This remarkable case is another example of the well-established fact of the hereditary tendency of this sort of deformity, and it is noticeable that the male children should have escaped.

THE admixture of adrenalin to cocain solution counteracts much of the depressant effect of the anesthetic and enhances the local vaso-constriction. When the mixture is used on the surface of a mucous membrane, however, as in excising an ulcer in the mouth, one must be prepared for a marked reactionary bleeding.—*American Journal of Surgery.*

Therapeutics.

Treatment of Ulcer of the Stomach.

When we take into consideration the fact that one-half of all post-mortem examinations show that the stomach has had an ulcer at one time or another, we must conclude that ulcer of the stomach is quite a common affection. Gastric ulcer is a disease frequently found, and at times an extremely fatal one, therefore the importance of treatment will be appreciated.

In the severer cases the physician is usually called when there is hematemesis. When treating a case of profuse hemorrhage from the stomach the physician must be calm and use great caution. It is natural that frightened friends and relatives insist that something be done and done quickly. It is necessary to stop the vomiting and keep the patient as quiet as possible, for every movement of the body increases the loss of blood. To accomplish this, a narcotic must be given as soon as possible. Codeine phosphate hypodermically acts better and is more rational than other narcotics in these cases. One-half grain of codeine phosphate can be given at once and repeated half hour until a narcotic effect has been produced. It was once thought that morphine not only stopped in such cases, but that it decreased the excessive secretion of the hydrochloric acid in the gastric juice. Riegel has proved that morphine does not decrease the secretion of hydrochloric acid, as has been supposed. It may retard the secretion of hydrochloric acid for a short time, but very soon the gastric glands lose their inhibitive power and the secretion of hydrochloric acid is greater than ever. This explains the reason why such patients have severer pains soon after taking morphine hypodermically. Suppositories of extract of opium combined with extract of belladonna are advantageous at times. Riegel, experimenting upon dogs through a Pawlow fistula, found that atropine reduced the quantity and quality of the acid in the gastric juice. For this purpose 1-100 grain of atropine given hypodermically is valuable. As a hemostatic the hypodermic ergot preparation must not be forgotten. Adrenalin has been effectual in some cases; 20 to 30 drops of a 0.1 per cent. solution of adrenalin chloride has been given by mouth with good effect. Gelatin has been used during late years to stop hemorrhage. It does not, as was at first supposed, increase the fibrin in the blood. It has been found that gelatin assists in

the forming of a thrombus when brought in contact with a bleeding vessel. Clemm recommends a 50 per cent. acidified glucose solution into which as much gelatin has been dissolved as is possible. The whole is allowed to become ice cold. Small quantities are given frequently by mouth. The acid is grateful to the patient, for it allays the great thirst, while the gelatin assists in closing the bleeding vessels. Ewald washes out the stomach with ice cold water. He gives a small quantity of morphine hypodermically and cocainizes the pharynx before passing the stomach tube. It is astonishing how large a quantity of blood comes away with the ice water. Ewald says operative measures should never be resorted to until ice water lavage has been tried and failed.

The important point in the treatment of gastric ulcer is to keep the patient in bed as quiet as possible. When the hemorrhage has once stopped no food or drink must be allowed. If we begin at once to fill the stomach, the bleeding surface will be stretched, dislodging the clot, and start the hemorrhage again. When the stomach is empty there is little danger of a repeated attack of hemorrhage. For this reason all food and drink by mouth must be withheld. The rule is absolute quiet in bed and rest of the stomach with an ice bag on the epigastrium. In many cases of gastric ulcer with hemorrhage the blood is not vomited, but is passed into the duodenum, which gives rise to melena. We must always watch carefully for dark stools in all cases of suspected gastric ulcer; so that the proper treatment may be carried out.

Orthoform is said to relieve the pain in gastric ulcer by its anesthetic effect. For this reason it has been used as a diagnostic remedy, for if the pain be relieved by orthoform a positive diagnosis can be made. Orthoform will not anesthetize nerve endings when they are protected by skin or mucous membrane; it is certain that if it relieves pain in the stomach it can do so only by coming in contact with a surface from which the mucous membrane has been removed. (Murdoch.) Anæsthesin can be used in the same way. These remedies are used simply to stop the pain and do not heal the ulcer. To heal it is necessary to administer a remedy that will stimulate the granulating surface to cicatrize. In other words, patients must go through a regular course of treatment, a treatment that we know from experience will relieve and heal a given case.

The first method of value is that of Ziemssen and Leube. It consists of placing the patient in bed and giving the stomach rest. No food or drink is to be taken by mouth for the first

three or four days. For the next three or four days and through the second week a liquid diet is given, such as milk with lime water, bouillon, beef tea, etc. If hematemesis be present, then the application of hot poultices is to be deferred until the second week. In the third week soft foods, such as eggs and fish, are added, and in the fourth week meats are given. The entire course of treatment lasts from four to five weeks. If it is desired to give the stomach prolonged rest, nutrient enemata can be resorted to for a longer period of time. Few cases fail to respond to this treatment. Rectal alimentation is unnecessary if the patient is well nourished. Care must be exercised when giving rectal feeding, as many times the moving of the patient and the disturbances produced by substances introduced into the rectum may aggravate the condition by increasing intestinal putrefaction. Kussmaul and Fleiner recommend the administration of the bismuth preparations. The subcarbonate is less apt to constipate. One hundred and eighty grains of bismuth subnitrate suspended in warm water and introduced into the empty stomach in the morning through a stomach tube is left to settle. In a few moments the upper clear water may be siphoned off. This should be done every day until the patient begins to improve, then every second and third day. The beneficial effects are soon noticed by decrease of pain, less nausea and vomiting. Fleiner believes that the bismuth covers and adheres to the ulcer, and in this way acts as a protection by preventing further injury from the acidity of the gastric juice and irritating food.

Cohnheim has attained excellent results in the treatment of ulcer of the stomach with olive oil. Walko finds olive oil and bismuth subnitrate valuable. The unirritating nutritive value of the olive oil with its slight susceptibility to decomposition in the stomach and its retarding influence on the hydrochloric acid secretion make it valuable. Olive oil relieves constipation and acts as an anodyne in many cases of gastric ulcer. The old standard nitrate of silver treatment still stands as one that can hardly be replaced in some cases. One-quarter grain of nitrate of silver in a tablespoonful of distilled water to be taken three or four times daily. The dose can gradually be increased to half a grain in a few days. To stimulate cicatrization, when nitrate of silver does not act well, I have prescribed with beneficial results five drops of tincture of iodine three times a day in a wine glass of water. Many times the hyperacidity must have attention. To neutralize the excessive acidity in gastric ulcer there is nothing better than equal parts of magnesia usta and

creta preparata. The magnesia acts well in these cases, as it assists in relieving the constipated condition. By a careful diet with the above medications there is no doubt that most of the cases will yield to treatment.

Cruveilhier, of Paris, in 1838 advocated an exclusive milk diet in gastric ulcer, to be given in small quantities and frequently. This method of feeding has never been bettered. Milk, with a little care, can now be so modified as to meet all idiosyncrasies. If necessary it can be peptonized. We are now firmer in the belief of a milk diet for gastric ulcer than ever before. Milk can be made an adjuvant to every treatment of gastric ulcer. The main reason for milk disagreeing is the solid coagulation of the casein in the stomach. Of late I have been using von Dungern's process of forming these curds before the milk reaches the stomach. To accomplish this, pegin is added to luke-warm milk and the whole well shaken for a minute. In a few minutes the milk coagulates. By thoroughly shaking the coagulated milk the clots disappear and the milk is again liquefied. In this way the casein is finely divided, and therefore easily digested. Pegin is easily added to milk, and not only makes cow's milk easily digestible, but gives it a flavor that pleases most patients.

Futterer has experimentally found that when the hemoglobin of the blood is destroyed gastric ulcer is apt to occur. The frequency of gastric ulcer in combination with chlorosis and the different forms of secondary anemia or hemoglobinemia are examples. Under these circumstances the percentage of hemoglobin must be ascertained and all measures used to bring the percentage up to normal as soon as possible. For this purpose I have been using fersan with good results. Most preparations of iron have a deleterious effect on the mucous membrane of the stomach. In gastric ulcer it is important to prescribe only such quantities of iron as can be easily absorbed without irritating the gastro-intestinal mucosa. It has been repeatedly proved that a large part of the iron taken into the body in the form of a medication is unabsorbed and acts as an irritant upon the mucous membrane of the stomach. In gastric ulcer the blood is lacking in hemoglobin, and the administration of iron, if it can be tolerated, is beneficial and many times curative. We must be careful in our selection of the preparation of iron, as all soluble preparations irritate both stomach and intestine, and those which are insoluble are inert. I have been looking forward to the time when we would find a preparation containing iron in organic combination which would be soluble in water

and would not irritate the gastro-intestinal mucosa. Science has given us such a combination in fersan. It is the iron and phosphorus found in the erythrocyte of fresh ox blood. In a chemical sense it is an iron containing paranucleoprotein in combination. Fersan is free from peptones and albumoses, which often produce digestive disturbances and diarrhoea, and it contains but slight traces of extractive matters. The iron is present in complete organic combination. It contains 90 per cent. of non-coagulable albuminous substance. It is an odorless, tasteless acid iron albuminate, and calls for no digestive activity on the part of the stomach. It is freely soluble in water and is not acted upon by the acid gastric juice, but passes through the stomach unchanged. The alkalinity of the duodenum changes it to an alkaline albuminate, and as such it is absorbed by the intestine. I give it in 15-grain doses and consider it valuable in many cases of gastric ulcer.

When I wish to rapidly increase the percentage of hemoglobin I use the Italian method of giving iron hypodermically. In these cases I give the green ammoniated citrate of iron in one-grain injections deep into the gluteal region once daily. It is surprising how quickly the hemoglobin will increase when patients are placed under this treatment. Twenty-one days is usually sufficient to accomplish the purpose.

In spite of the value of internal treatment there are complications when it is necessary to call for surgical intervention. Gastroenterostomy seems to be the ideal surgical treatment for gastric ulcer. It places the stomach at rest and in that way favors the formation of a firm clot in the bleeding vessel, and this aids the healing of all ulcers. Gastroenterologists are willing to refer their cases of ulcer of the stomach to the surgeon if the internal treatment fails them. But, fortunately, medical treatment does not fail as often as some surgeons would lead us to believe. Cases of repeated and dangerously profuse hemorrhage should always be operated upon. Perforation of gastric ulcer requires immediate surgical intervention. A saline transfusion may be necessary pending the arrival of the surgeon, but an operation should be performed as rapidly as possible. In transfusion we must be careful not to overdo it. The amount of saline solution should never exceed 400 c.c. We must not forget that a sudden rise of arterial pressure from the large quantity of solution may reopen an injured blood vessel and increase hemorrhage. The main danger is shock, and all measures must be resorted to in order to prevent this. Blake has never lost a case of gastric or duodenal perforation that has

come to him within twenty-four hours after perforation. In nearly all of these cases he washed out quantities of gastric juice and duodenal contents which had been scattered throughout the entire abdominal cavity and closed the peritoneum without drainage. As the main danger, in the medical treatment of gastric ulcer, is perforation, and as we can expect such good results by surgical intervention if referred to our surgeon within twenty-four hours, it behooves us to watch carefully the progress of each case so that surgical intervention can be called where necessary.—*Charles D. Aaron, M.D., Detroit, Mich., in the Diet and Hygienic Gazette.*

ONE of the most important elements in the treatment after intestinal operations is the administration of opium or morphine in large doses for the purpose of "splinting" the peritoneum.

A BICHLORIDE of mercury dressing should never be applied on an area of skin on which tincture of iodine has been recently painted. An iodide of mercury is formed, which is highly irritating.

IN operations for suture of a fractured patella it is very important to sew the torn lateral ligaments of the joint. These aid largely in the support of the joint.

THAT a bone appears normal by fluoroscopic examination does not gainsay the presence of a fracture. A fracture of the radius, for example, may occur without displacement of the fragments. An X-ray plate will demonstrate the line of fracture, when the fluoroscope fails to.

IN persons of middle age presenting gastric symptoms, the diagnosis of cancer should not be excluded because the symptoms have had a sudden onset. Such an onset occurs in a fair proportion of cases.

A SUDDEN desire for sharp, sour and spicy articles of food in a middle-aged or elderly person is often the first symptom of a beginning gastric carcinoma.

IF a patient vomits coffee-ground material in which no lactic acid is present, one can almost always exclude carcinoma.

IF pressure in the right hypogastrium gives rise to a referred pain in the shoulder region, the offending area is probably the gall-bladder and not the pylorus.—*American Journal of Surgery.*

Proceedings of Societies.

ONTARIO MEDICAL ASSOCIATION.

The Vice-Presidents of the Ontario Medical Association, with the Chairmen of the Committees on Papers and Business and on Arrangements, Drs. R. R. Wallace and A. B. Osborne met at the home of the President, Dr. Olmsted, in Hamilton, Dec. 15 last, to inaugurate the work for the year.

Dr. Olmsted reported a personal convass of several portions of the Province to stimulate an interest in the coming meeting, which will be held in Hamilton, May 26th, 27th and 28th next.

The Chairmen of the two local committees have active campaigns on the way, looking toward a successful year's work. If the Hamilton members are supported by the men in the Province with an earnestness in any degree approaching that with which they have thrown themselves into the work, the next meeting is already an assured success.

The Committee on Papers have secured the promise of Dr. Charles G. Stockton, of Buffalo, to deliver the address in Medicine, while Dr. Charles L. Scudder, of Boston, will deliver that in Surgery.

The Association decided at its last meeting to stimulate a wider and more sympathetic interest among the Practitioners of the Province in its work, and one of the steps to that end was to carry the meeting of 1908 away from Toronto, where it has been called for so many years. The movement seems a wise one, and its success depends solely upon the efforts of the individual members scattered everywhere in Ontario. One or two men in each county who will interest themselves sufficiently to occasionally call the attention of their fellows to the Hamilton meeting with its promise of a good time both intellectually and socially, can give us the best year, in point of numbers, yet. Five hundred active members would be less than 20 per cent. of the physicians of the Province and surely not too large a number to have in annual attendance, for the western half of the Province could send as many, and a successful meeting this year will insure a repetition in a different section.

Physician's Library.

Cosmetic Surgery : The correction of featural imperfections.
BY CHARLES C. MILLER, M.D. Including the description of a variety of operations for improving the appearance of the face. 136 pages. 73 illustrations. Prepaid \$1.50. Published by the Author, 70 State St., Chicago, Ill.

This is a neat little book of 134 pages and index. It explains clearly and concisely the numerous operations for correcting featural imperfections. Doubtless, there are a great many people who would wish to have their facial features when not just quite as nice as they would desire, corrected. But generally speaking, after a few decades, most of us are satisfied to leave nature alone in all its glory, perfect or imperfect. Some say nature is always perfect; and the turned-up nose or the hump-backed nose might wish for a Grecian line as exhibited in Byron. Quite true, most of us may be indifferent as regards facial features. There are a few other things in most people to commend them to others. There may be a time when surgery will be called into action in correcting bow-legs, knock-knees, pot bellies, long legs, short legs, meagre busts and slim beam ends, as well as lop ears, receding chins and *retrousse* nasal appendages. But unless deformed by disease or accident, we might as well be content with the beauty nature has provided for us.

Obstetrics for Nurses. BY JOSEPH B. DELEE, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. *Second Revised Edition.* 12mo of 510 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, \$2.50 net. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

This is a superior handbook for nurses. The previous edition was very kindly received. In this edition advantage has been taken of all criticisms and suggestions offered by hospital Superintendents and individual nurses. The book will prove acceptable to medical students, and even young practitioners will find in it con-

siderable information worthy to be imparted to the parturient woman. The illustrations are plentiful, and like all Saunders' productions are in the best taste and style. The text is well written, clear, concise, ample for the requirements of its expected patrons.

Atlas and Text-Book of Human Anatomy: Volume III, completing the work. BY PROF. J. SOBÓTTA, of Wurzburg. Edited with additions, by J. PLAYFAIR McMURRICH, A. M., Ph. D., Professor of Anatomy at the University of Toronto, Canada. Quarto of 342 pages, containing 297 illustrations, mostly all in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$6.00 net; Half Morocco, \$7.50 net. Canadian agents, J. A. Carveth & Co., Ltd., Toronto.

This is the third and last volume of this atlas. We have before given appreciative notices to volumes I and II. It takes up the completion of the vascular system and enters into a compact exposition of the nervous system and the organs of special sense. We believe the entire work will commend itself, first, to surgeons, second, to general practitioners, and third, to medical students, who will not fail to appreciate it as a work of art, which, indeed it is in every sense of the term. The pride in its production should be equally shared by authors and publishers. To be thoroughly appreciated, it must be seen and possessed. The illustrations are as numerous as they are magnificent; the text as concise as it is sufficient.

The Principles and Practice of Modern Otology. BY JOHN F. BARNHILL, M.D., Professor of Otology, Laryngology, and Rhinology, Indiana University School of Medicine; and ERNEST DE W. WALES, B.S., M.D., Associate Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine. Octavo of 575 pages, with 305 original illustrations, many in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$5.50 net; Half Morocco, \$7.00 net. Canadian agents, J. A. Carveth & Co., Ltd., Toronto, Ont.

In this exhaustive work the authors have endeavored to carry out the following objects: (1) To modernize the subject of otology. (2) To correct certain traditional beliefs. (3) To advocate the earliest possible prophylaxis or treatment. (4) To emphasize

the importance of a thorough examination and a definite diagnosis as a basis for rational treatment. (5) To thoroughly illustrate the text.

It may be stated at once that the authors have succeeded admirably in these particulars, but in so doing have evolved a work which, it seems to us, is rather beyond the student and general practitioner of medicine, for whose use the work has been put forward. It may be questioned whether the general practitioner has any business to meddle with the more intricate operations involving the tympanic cavity; labyrinth or mastoid process, even if he have all the electrical and other equipment necessary to carry out aural practice. Even if such be granted, however, it is not to be assumed that such a criticism reflects in any unfavorable manner on the work in question. On the contrary, as stated at the beginning, the work is an exhaustive one, which is perhaps the best compliment we can pay it. For our own part, however, we prefer a work which deals under one cover, with the often closely associated ailments of nose, throat and ear; a work which does not go so exhaustively into anatomy and physiology, but rather lays stress on diagnosis and treatment—a handy little volume or manual wherein one can find what one wants at a moment's notice.

The Pancreas: Its Surgery and Pathology. BY A. W. MAYO ROBSON, D.Sc. (LEEDS), F. R. C. S. (ENG.), of London, and P. J. CAMMIDGE, M. D. (ENG.) D. P. H. (CAMB.), of London. Octavo volume of 546 pages, fully illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, \$5.00 net; Half Morocco, \$6.50 net. Canadian agents, J. A. Carveth & Company, Toronto.

Surgeons the world over, if called upon to name the men who are making the surgery of Great Britain what it is to-day, would, we think, unite in giving a foremost place to Mayo Robson, original, skilled and successful as an operator, acute and accurate as an observer, logical and fair as a reasoner and scholarly as an author. He is one of whom all who speak the King's English may well be proud. In the preparation of the volume before us he has had the assistance of Dr. P. J. Cammidge, by whom it is probable much of the research and laboratory work has been carried on. One has only to compare the pioneer experimental work upon the pancreas published in 1886 by Leun, (whose death this month we are called upon to deplore) with this beautifully illustrated book of 500 pages, to

appreciate how great, or rather how vast, has been the progress of surgical pathology and practical surgery in the last twenty years. A notable feature, and one of much convenience to the reader, is the addition to each chapter of a fairly full bibliography of the more important monographs dealing with its subject.

To estimate the true bearing and value of the entire work would carry us beyond the space now at our disposal, but it is fair to state that the reading of such a section as the one devoted to the differential diagnosis of cancer of the head of the pancreas and of chronic pancreatitis will suffice to convince any surgeon that the book is one for which the time was ripe and the need great. The Saunders Company is to be congratulated upon having added this latest number to their already long list of sumptuous medical publications.

N. A. P.

International Clinics: Vol. IV. Seventeenth series. J. B. Lippincott Company, Philadelphia and Montreal.

Among the interesting articles in this volume we were particularly impressed by "Five Years' Experience with an Antityphoid Serum," by Prof. A. Chantemesse of Paris (wherein the author shows a result of 3 per cent. mortality, as against 17 per cent. mortality in the other Paris hospitals, during the same period of investigation, viz., for five years), and an article on "Thiosinamine in the treatment of Deafness," by M. Lermoyez, M.D., of Paris.

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And Ontario Medical Journal

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No. 1.

COMMENT FROM MONTH TO MONTH.

Ptomain Poisoning seems to be on the increase. These cases have come to the front in recent years; and many serious illnesses and deaths have been directly traceable to infected and contaminated foods. So far as the illnesses themselves go, they can, generally speaking, be classified into two groups: (a) Those due to true infection; (b) those due to simple poisoning. The former act somewhat like ordinary cases of infectious diseases, often causing considerable difficulty in their diagnosis, as many simulate typhoid fever. The latter are more of a gastro-enteric variety, analogous to arsenical or mineral poisoning. In the latter variety there are vomiting, intense colicky pains, sometimes purging, fever, accelerated pulse, great depression, etc. Death may occur rapidly in these cases. The sources of these cases of ptomain poisoning are mostly from tainted or preserved canned or tinned meats, though some are quite directly traced to tinned vegetables and fruits. Boards of Health should concern themselves in bringing directly to the attention of the people the dangers to health in the consumption of these tinned or canned foods, especially pointing out wherein these dangers lie. To children especially they are exceedingly dangerous for consumption. The treatment in all classes is eliminative and supportive. The gastro-enteric class is probably best treated in children, especially where the stomach exhibits great irritability, by immediate rectal feeding.

Influenza, grip, or la grippe, is raging in several cities of the United States, and Canada may soon expect to be invaded by the epidemic. Authorities have not yet definitely settled whether this rancorous enemy of the old and debilitated and rapid vanquisher of the robust is infectious or contagious. It is probably right to the mark to say it is both. It comes like a thief in the night and strikes down alike the strong and the weak, the rich and the poor. It is no respecter of persons. Thousands fear it, especially those who are never strong, and who have before been prostrated by its crushing onslaught. It has been described by one layman as a disease "that it took you six weeks to get over after you were well," and by another: "The window was up, and in-flew-enza." Though only known to the present generation since 1889-90, it is grey-headed and long past the voting age. In Asia, that continent which report and history have assigned as the birthplace of many contagious diseases, it, too, is said to have been born. As early as 1173 A.D. it was known in Italy, Germany and England. Since then epidemics have occurred at varying intervals up to the time of the great pandemic of 1889-90. Now, any practitioner, anywhere, can pick out cases whenever he wants to. But epidemics are different. Pfeiffer demonstrated the bacillus of influenza in 1892 in pus cells from the trachea, and the bacillus of Pfeiffer is pretty generally accepted as the cause. It is doubtful if any organ of the body is exempt from attack. Hearts have been demoralized and brains practically obliterated. The respiratory organs have been especially selected as almost the natural hunting preserves of the fell organism. Add to these three the gastro-intestinal system and the quartette is a formidable one. Per se it is not so deadly; the complications generally kill. Owing to this fact its pathology is practically nil. What has been found post mortem can be attributed to the complications. It is the "open door" to the streptococcus, the staphylococcus, the pneumococcus, etc. Such being the life history of la grippe, there is one particularly salient feature which presents itself most emphatically—prevention. Prevention of what? First, of complications in the person attacked; second, of transference to other persons. We wish to say a word about the second. It is a lamentable thing that in a disease which is either infectious or contagious, or infectious and contagious, that isolation is practically seldom or never carried out in influenza. This does not hitch up well with modern scientific progressive medicine. In some cases, of course, where people persist in walking out and doing business with the "goods" on them, not even under a physician's advice and care, but under "patent-medicine-in-their-pocket" treatment, not much can be accomplished in the

way of prevention. But in others; in those cases brought to bed, here much could or might be done in the way of isolation and subsequent disinfection, to prevent further attacks in that household. Public medicine has not as yet grasped this situation; but we opine it is assuredly "up to" the doctor to begin to do something in the way of prevention in this exceedingly diversified and diabolical malady.

An Oligarchy is a form of government in which the supreme power is placed in the hands of a few persons; also, those who form the ruling few. "All oligarchies, wherein a few men domineer, do what they list."—Burton. A clique is a narrow circle of persons associated by common interests or for the accomplishment of a common purpose—generally used in a bad sense. Nepotism is undue attachment to relations; favoritism shown to members of one's family; bestowal of patronage in consideration of relationship, rather than of merit, or of legal claim. A cabal is a number of persons united in some close design, usually to promote their private views and interests in Church or State by intrigue. There are said to be ulcerations in the hearts of many Toronto physicians, and probably surgeons. Some people are not troubled by thoughts of a day of reckoning. Dictators have before found themselves in the position of culprits. Some will use the knife when they cannot confute. One should be careful to be not artfully encouraged in fatal folly. The years of a man's age limit in the Toronto General Hospital are to be two score and fifteen, but peradventure he has great strength, he may attain to three score years. Surely no man could attain to that age without finding out that there are even some people in the world who do what they think to be wrong.

Narath's Modification of Talma's Operation for Hepatic Cirrhosis.—In the December, 1907, number of "Annals of Surgery," a most interesting paper appears from the pen of Dr. Eugene R. Corson, of Savannah, Ga., on the above subject; and for those who have not had access to this article, we think a *resume* would prove instructive.

Narath's original paper was reviewed in a short excerpt in the "Medical Record," which reported the results of about one dozen cases, with a brief description of the operation itself. The operation seems to be very simple, may be performed under local anaesthesia, and would appear to be followed by very good results. To quote from Dr. Corson's paper: "Through a small incision in the

mid-line below the ensiform cartilage the peritoneum is opened, a bunch of omentum is picked up, drawn out, and tucked under the skin, and stitched in place with a few catgut stitches. The incision in the abdomen is carefully sewed around the base of the omental mass, sufficient to close the abdomen, yet avoiding any constriction of the omental tissue itself. The abdomen is carefully closed in layers, as is now the custom. The operator, as he sees fit, may do a one-sided operation, or he may pick up a second bunch of the omentum and stitch it in on the opposite side, should he think it necessary to increase the area of transplantation. According to Narath, the sub-cutaneous veins become prominent in a week, and the relief to the obstructed portal circulation is at once apparent. He reports no case of hernia, and writes enthusiastically of his method."

The rationale of the operation, of course, hinges on the establishment of collateral circulation between the portal and systemic (superficial) veins.

At this point Dr. Corson takes up a discussion of this collateral circulation, quoting largely from a paper by Dr. Rolfe Floyd on "The Anatomy of Portal Anastomosis," a detail into which we need not enter.

Dr. Corson reports but one case of Narath's operation, which, however, shows a most satisfactory result. The patient, a man of 43, has a good family history, but a personal history of having had typhoid, dysentery, malaria, yellow fever, and syphilis. Patient has also had gonorrhoea several times. Has used intoxicating liquors in moderation for part of his life, and also to excess during a later part of his life. On first seeing him, patient had pronounced ascites, face drawn and characteristic; was thin and somewhat jaundiced; the urine showed a trace of albumen. Patient was first tapped and two gallons of fluid withdrawn, but ascites rapidly returned. Patient then operated upon under general anaesthesia. Through a median incision the liver was palpated, and found to be in an advanced stage of cirrhosis. A bunch of omentum was tucked under the skin on right side, spreading it out as much as possible. There was no reaction from the operation. At the end of a week there was a distinct increase in the size of the abdominal veins. The abdomen, however, filled up rapidly again, and about one month after the first operation, a second was performed, when a bunch of omentum was tucked under the skin on the left side, just below the first omental graft. After this second operation the patient almost immediately expressed himself as feeling better. Though there was an evidence of re-accumulation

of fluid, it was neither so rapid nor so extensive. He was not tapped again.

In a letter from the patient, written about two years after operation, the patient reports himself as much better, and holding his own in a very satisfactory manner.

Dr. Corson says: "Considering the condition this man was in at the time of operation, and complicated, too, by syphilis in its secondary stage, the result obtained by this operation seems to me remarkable. In the few cases I have seen reported of successful Talma operations the patients have undergone repeated tappings until the collateral circulation was equal to the emergency. In this case the collateral circulation seemed to have been established quite rapidly . . . The success attained in this advanced case would point to a much greater success for the operation if done in the beginning of the cirrhotic process."

Editorial Notes.

Ophthalmotoxic Tests.—The recently discovered fact that the topical application of the toxine of a specific micro-organism will cause a very definite local reaction in a subject suffering with the corresponding infections seems to be opening new fields in the realm of diagnosis. The application of this principle in tuberculous disease by von Pirque was the first step toward its practical employment. His tuberculin "vaccination," or "cuti-reaction," as it is called, has proved to be of considerable assistance in the discovery of tuberculous disease in children. Calmette's suggestion, however, that the tuberculin be applied to the conjunctiva has developed a much more trustworthy method. The preparation is instilled into the eye, and in tuberculous subjects there develops a very distinct reddening, which lasts for from twenty-four to forty-eight hours. In the healthy subject the reaction, if present at all, is very much milder and of shorter duration.

Calmette advises the use of a solution in sterile physiological salt solution of the tuberculous toxins obtained from Koch's "old tuberculin" by precipitating with 95 per cent. alcohol. Dr. Baldwin, of Saranac, prefers to use a weaker solution, and advises a one-third or one-half per cent. strength. The amount used for a single test is one drop, and Dr. Baldwin suggests that enough for one or two tests be put up in sealed glass tubules, which can be easily opened and used as needed.

Continental workers report very favorably on this test, and in this country interest is rapidly growing concerning this very simple diagnostic procedure.

Chantemesse has recently applied this principle to typhoid fever, and, although his work has not been substantiated, his results are very encouraging. The typhotoxines are obtained by cultivating the *Bacillus typhosus* in bouillon of beef spleen, the medium being contained in large flasks which allow of the exposure of a considerable surface to the air. After incubating for a number of days, these cultures are filtered, sterilized, and treated with absolute alcohol. The precipitated toxine is then dried and dissolved in normal saline solution in a strength of 1 per cent. This is used just like the tuberculin preparation in the ophthalmic test, and the resulting reaction is very similar. It seems not unlikely that this test may be serviceable in an earlier stage of the disease than the agglutination test. The possibility of the further extension of this new test to other infectious diseases is evident.—*New York Medical Journal*.

The Ablation of the Tonsils.—Until the function of the tonsils has been definitely settled there are likely to be differences of opinion in regard to the treatment of the various pathological conditions to which they are subject. Some authorities regard them as the portals of entry of many different forms of infection; others look on them as valuable protective agencies, while still others consider them as not of very great importance in either direction. It seems not unlikely, however, that both of the first two of these views are correct, for it is perfectly conceivable that like most collections of lymphatic tissue the tonsils have a protective function, while at the same time if the toxic process becomes too severe they may be overwhelmed and themselves be converted into foci of infection. The question of whether or not the hypertrophied tonsils so frequently seen should be removed resolves itself largely into a consideration of their condition. If the hypertrophy is a simple one and the tonsillar tissue itself appears healthy the assumption is physiological process intended to compensate for increased functional demands, but if the hypertrophy gives rise to local disturbances or there is infection of the tissues themselves surgical treatment is indicated. Barth (*Deutsche medizinische Wochenschrift*, December 5, 1907) is convinced that it is only the diseased tonsil that affords a means of entry for systemic infections while a single hypertrophy does not necessarily demand treatment. He also points out that in removing the pharyngeal tonsil the submucosa

should be left intact as, if the curetting is done too deeply and the entire mucous membrane is removed, the resulting cicatrization may lead to undesirable local conditions in the roof of the pharynx.
—*Medical Record.*

News Items.

THERE were 785 violent deaths in Montreal in 1907.

THE deaths in Toronto in 1907 numbered 4,563; the marriages, 3,635.

FROM 1899 to 1905 inclusive, there were 29 triplets-births in Ontario.

DR. MOORE, late of Hornings Mills has moved to Toronto Junction.

DR. A. B. CUTCLIFFE has been appointed market inspector of Brantford.

THERE were 6,715 births in Toronto in 1907, two a day more than in 1906.

SELKIRK, Man., has a new general hospital, with 25 beds, at a cost of \$15,000.

DR. PROCTOR, Port Perry, has sold his practice and property to Dr. J. D. Berry.

DR. E. N. COULTS of Agincourt, has been appointed an associate for York County.

DR. W. J. STEVENSON has been elected president of the London Medical Association.

THE birth rate in Montreal in 1907 was 44.20 per 1,000. No "race suicide" there.

DR. ALFRED E. MORGAN of Toronto, is now an Associate Coroner for the City of Toronto.

MEDICAL journals could not exist without advertisers; therefore, patronize our advertisers.

DR. NORMAN, assistant Superintendent of Orillia Institute for the Feeble-minded, has resigned.

DR. S. T. WHITE of Shelburne who has just returned from the old country will practice in Toronto for the present.

IN 1899 there were 296 twin pregnancies in Ontario; 1900, 401; 1901, 469; 1902, 523; 1903, 492; 1904, 549; 1905, 526.

TORONTO surgeons heard with regret of the sudden death of Dr. Nicholas Senn, Chicago, on Jan. 2, 1908. Dr. Senn was in his 63rd year.

THE general hospitals in Toronto, Toronto General, St. Michael's, Grace and Western, will hereafter charge public patients 70 cents per day.

A CERTAIN doctor in a great city is a well-known anesthetist. The other day a man rushed into a prominent drug store and asked where he could get Dr. A., the atheist.

THE number of illegitimate births is decreasing from year to year in Ontario. In 1899 there were 808; 1900, 800; 1901, 812; 1902, 819; 1903, 782; 1904, 798; 1905, 699.

PINOCODINE (Frosst) will be found a good remedy in coughs, bronchitis, la grippe and in other conditions where a sedative remedy is indicated in respiratory troubles.

JOHN GRAFTON HERALD, a young medical student of Queen's University, and a son of the late Dr. John Herald, Kingston, suicided at Winnipeg on the 21st of December, 1907.

WINNIPEG'S death rate in 1907 was 12.6 per 1,000 of the population. The births were 3,323; marriages, 1,900. Typhoid fever claimed 380 as against 1,174 in 1906 and 1,699 in 1905.

DR. EMORY of Toronto, who was formerly registered with the College of Physicians and Surgeons of Ontario, as a Homoeopath, had his registration changed in 1902 to that of a regular practitioner.

DR. THOS. MCPHERSON of Stratford, who has since July 1 last occupied the position of junior house surgeon at Throat Hospital, Golden Square, London West, has just secured the diploma F. R. C. S. of London, England.

ACCORDING to Dr. Chas. A. Hodgetts, Secretary of the Ontario Board of Health, Ontario is largely an unvaccinated Province. He estimates that during the last ten years, smallpox has cost Ontario municipalities about \$2,000,000.

THE H. K. Mulford Company, Philadelphia, is issuing working bulletins. No. 1 was on Bacterial Vaccines; No. 2 on Tuberculin and Tuberculin Therapy. They will be pleased to supply copies to any practitioner applying for same.

DR. D. C. MURRAY, M.A., M.D., formerly of Atwood, has purchased the practice of Dr. Rooney. Dr. Murray, after graduating from Toronto University, spent one year as house surgeon in Grace Hospital, Toronto, and since that has been three years in active practice. Dr. Rooney will remain in the business for some time yet.

OLD friends and acquaintances in Colborne were deeply grieved to learn of the death on Monday, Dec. 23rd, 1907, of Dr. Fred J. Bradd, of Peterboro.' He had been ill about one week. Deceased graduated from Colborne High School, afterwards taking up medicine. He practised for a time at Omemeé, but for some years has been having a successful practice at Peterborough.

THE "Special (Illustrated) Progress number" of *Clinical Medicine* for January, contains excellent articles by Geo. M. Gould, John V. Shoemaker, G. Frank Lydston and other writers. Dr. Geo. F. Butler, an excellent and leading American authority on therapeutics conducts an innovation in medical journalism in this issue, namely,—Clinical Medicine Post-Graduate School of Therapeutics.

DR. PHILLIP J. STRATHY, Toronto, died suddenly at his home on the morning of the 2nd of January, aged 45 years. The late Dr. Strathy was a genial, large-hearted man, well beloved by all who knew him. He was at one time demonstrator of anatomy at Trinity Medical College. At the time of his death he was one of the chief medical examiners for the Manufacturers' Life Insurance Company.

CANADA lost its oldest practising physician on the 17th of December, 1907, when there died at St. John, N.B., Dr. William Bayard, who for over seventy years had followed the profession of his choice. Dr. Bayard was 94 years of age, was a graduate of Edinburgh University (1837); a past president of the Canadian Medical Association and of the New Brunswick Medical Society. He was the founder of the St. John General Hospital.

Publishers' Department

CHANGE OF SCENE AND PROPER MEDICATION.—During the past two months we have met with more la grippe than anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved, has been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed. With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and tonics rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia and salol tablets, two every three hours in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from an antikamnia and codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents, the mental condition plays an important part, and the practitioner must not lose sight of its value. Cheerful company, change of scene and pleasant occupation are all not only helpful, but actually necessary in curing the patient.

COUGH, regardless of its exciting cause, is a condition that every physician often experiences more or less difficulty in relieving. While the agents designed for its relief are numberless, it is a matter of common knowledge that but few of them are of general utility, for the reason that, although they may be capable of effecting relief, in doing so they either derange the stomach, induce constipation, or cause some other undesirable by-effect. The ideal cough remedy must combine sedative and expectorant properties without exhibiting the slightest system-depressant, gastric-disturbing, constipation-inducing or palate-offending action. Nor should it contain any ingredient the prolonged use of which would cause a drug-habit. Then, too, it must be of sufficient