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A PLEA FOR A PROVINCIAL MINISTER OF HEALTH.*

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Introductory.—This paper has been prepared at the request of the committee; it simply gives personal opinions upon the subject, and in no way are they to be construed as expressing those of my colleagues on the Provincial Board of Health or reflecting the opinions of any with whom I am officially associated.

Mr. President and Gentlemen,—It is the prerogative of statesmen to guide the national machine, and for this purpose the government of the province is controlled by a premier, who is president of the council, and an executive council of seven members, to each one of whom is delegated the special control of a particular class of official work, which forms a department. Thus we have the following seven divisions in this province: (a) Department of Attorney-General, (b) Department of Provincial Secretary, (c) Department of Treasurer, (d) Department of Crown Lands (now Lands and Mines), (e) Department of Agriculture, (f) Department of Public Works, and (g) Department of Education—an addition of three since Confederation, viz., President of Council (Premier), Public Works and Education. That these divisions of the work of government are justified, nearly all are convinced; the several ministers are essential for the efficient carrying on of the government of a prosperous and developing province, and the additional portfolios thus far made in the Provincial Cabinet have been created to meet the increased needs

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of the country, consequent upon its development. No one who has any knowledge of the demands made upon the Ministers of the Crown in the past, can question the appointment of a Minister of Education, nor that of Public Works, much less the recent change which placed the Premier of the Province in a position where he could guide our destinies as a Province, free from the cares incident to the management of a department.

Of the present ministers of the Crown, the Hon. the Provincial Secretary is the one upon whom chiefly rests the responsibility of those branches which appertain to the health of the people, viz., (1) Hospital and Gaol Inspection, (2) Hospitals for the Mentally Diseased, (3) Provincial Board of Health, (4) Vital Statistics (Registrar-General), and (5) Neglected Children. In addition to these the following might be placed in the same category, viz., Factory Inspection, which is delegated to the care of the Minister of Agriculture, though just what relationship can be claimed officially to exist between the tilling of the ground or the breeding of cattle, and the supervision of factories, their general sanitary arrangement, and the method adopted to protect the life of the artizan, I have endeavored to ascertain, but so far without success.

The Provincial Secretary, in addition to performing the functions of a Minister of Health, is called upon to administer the License Branch, which, of itself, calls for a considerable portion of his time. He is also the Minister of the Crown, to supervise the registration and inspection of incorporated companies, the issuance of marriage and automobile licenses, and performing the thousand and one duties incident to the office of a Secretary of State.

And as to the demands made upon this minister, one has but to visit his office, when it will be found that the daily number of visitors far exceeds that of any other of his colleagues, and the questions upon which he has to decide are as diverse as one could wish them to be; and from the many branches under his care, it can well be imagined that a large proportion of it must relate to subjects more or less of a medical character.

It must not be supposed that this vast amount of medical work has always been in existence; indeed, it is quite the contrary. It can readily be supposed, how, in 1867, when there were only two hospitals for the mentally diseased, with 951 patients, the work incident to what is incorrectly called Asylums, could be easily taken up by the Provincial Secretary; but in the nearly four decades since Confederation, there has not only been expansion in this particular branch of the service, but the same may be said of every branch of the department.

The hospitals just referred to have increased to nine, with a

present population of 5,581, and since 1867 over 20,000 patients have been admitted.

Similarly, the work under the Charity Aid Act has grown year by year since 1870, when the annual grant amounted to \$40,510.00, distributed among 8 Hospitals, 2 Refuges, 10 Orphan Asylums, or 20 institutions in all; while in 1904, the grant amounted to \$191,217.01, and the number of institutions inspected was: 61 Hospitals, 41 Refuges, 32 Orphan Asylums, or 134 in all.

As regards the two branches which come directly under the writer's notice, viz., that of Board of Health and Registrar-General, great advances have been made, and the work done to-day requires a staff double that of ten years ago, while the work has increased proportionately.

An idea of the importance of these branches doing medical service may be found, when it is stated that out of a total expenditure of \$126,304,750.00, since Confederation, there had been expended in maintenance for

Hospitals for the Mentally Diseased.....	\$21,535,083.05
Hospitals and Charities.....	4,203,367.86
Total	<u>\$25,738,450.91</u>

while during the same period the expenditures under the following heads have been for

Education	\$20,992,576.39
Administration of Justice.....	11,448,351.91
Agriculture	5,418,366.76

or to put it concisely, allowing for expenditures in the other branches of a medical character, more than one-fifth of the total expenditure of the province since Confederation has been in branches which have to do with the health of the people of this province.

It must be further remembered that the expenditure on Capital account for the Hospitals for the Mentally Diseased has been \$4,784,680.48, or a total expenditure on this account alone of over twenty-five millions of dollars.

To show that this proportion of one-fifth of all expenditures devoted to branches that may be classed under the title of "Health," is not too high, the following figures, taken from the Public Accounts of 1904, are submitted in detail. Summarized, they are as follows:

Civil Government.....	\$ 61,424.11
Public Institutions.....	951,434.04
Hospitals and Charities, etc.....	236,592.27
Public Buildings.....	195,425.27
Total.....	<u>\$1,444,876.17</u>

which, compared with the total expenditures, \$5,267,453.02, gives more than one-quarter being appropriated for medical services during that year.

Thus far, the importance of the medical work of the Provincial Government has been discussed from the financial standpoint, and this alone would constitute good grounds for advocating the still further enlargement of the Provincial Cabinet, by the creation of a minister who would have for his especial care the branches mentioned, which collectively form so important a part of the work of the Provincial Government; work which requires special professional attention, as does that of the Department of the Attorney-General, Agriculture, and Lands and Mines, over the former of which is a gentleman possessing high legal ability, while the Minister of Agriculture is a graduate of the Agricultural College, and a practical farmer, and the Minister of Lands and Mines possesses a practical knowledge of both branches over which he presides.

If further arguments of a financial nature are required, it may be noted that the revenue from the provincial hospitals alone is nearly \$100,000 yearly.

The magnitude of the work may further be obtained from the fact that 37 medical men are upon the staff, and 972 inspectors, clerks and other officers, or 1,009 officials, all engaged in work which has for its special object the health of the people.

There are, however, other and more important points to be considered, which would accentuate the plea more than the financial, although this would be thought sufficient reason by any corporation or business house to appoint a manager at an annual cost of \$4,000.00.

The Minister of Health in this Province should be in the same position, as regards the work of the department, as the Minister of Militia and Defence of the Dominion, who now discusses with his Council, composed of the heads of most of the branches, the work of the department; though it is to be regretted that the Director-General of the Medical Branch finds no seat in that council. He could and should take united counsel with his deputies and inspectors, also with the Superintendents of the Provincial Hospitals, and thus in conference not only obtain the medical counsel so essential for the successful administration of the hospitals, and all that appertains to the medical service, but also bring together officers who are comparative strangers to each other, and create in them a spirit of emulation in the discharge of their public duties. The defects of this particular hospital or branch would be shown to contrast with the successful workings of a sister hospital or branch, acting upon slightly different methods. Thus, too, would be worked out a system of internal economy in the management of public institutions and departmental branches.

Referring more particularly to the Hospitals for the Mentally Diseased, the possibilities under a departmental head would be of very material advantage. A periodic conference with the minister, either at the office of the former or at one or other of the hospitals, would, to a great extent, serve the purpose of a commission; indeed, I am of the opinion it would result in far more practical results than the American system of State commissioners, for this principle of conference could be extended to the officers who have the control of the purchasing of supplies, etc. It would be more within the bound of possibility, that some system of medical service could be established, whereby only those trained in the specialty of nervous diseases would receive promotion, and a young man might justly expect when once he had launched out into this important specialty, he might some day hope to qualify for the position of superintendent, and not be kept at the low level of a first assistant. A grade, too, of trained nurses, would be a possibility throughout the service, and attention given to the study of a new departure in Preventive Medicine, viz., the study and care of those neuroses which, if neglected, end in a condition which lead to an incurable mental derangement. And lastly, some arrangement could be made for the better study of nervous and mental diseases, both clinically and pathologically, for students as well as for those who desire to pursue the study of nervous and mental diseases as a specialty. Upon this minister would devolve the oversight of the thousand or more estates of the mentally incurable who are in the provincial hospitals, a matter of considerable interest both to the province and the heirs of those estates. A special legal officer should be attached to the department for this purpose, and the matter removed from the hands of the Inspector, who has plenty to engage his attention in the inspection of the asylums themselves.

The inspection of hospitals and charities is one upon which depends the expenditure of over a quarter of a million annually, and with the growth of the province and the increase of hospital accommodation, requires the most careful and painstaking oversight—characteristics which mark the work of the present inspector. But how much greater would be the impetus given to his work if it were placed under a minister whose time was given to dealing with such matters, and where direct business supervision would be directed to the dispensing of a charity, and at the same time the inspection of gaols was transferred from the department to that of the Attorney-General, to which it properly belongs?

In respect to preventive medicine, the advantages would be an immediate oversight by a Minister of the Crown of all that appertains to the spread of contagious diseases, and the installation

and annual inspection of public sewerage and water systems, he discharging the duties at present placed upon the Provincial Board of Health, and for which purpose they meet quarterly. Given a minister with his medical inspector, sanitary engineer, sanitary inspector, bacteriologist and chemist, all matters could be dealt with as they came along, with the minimum amount of delay. With the several reports of the experts engaged in the department, greater expedition and more correct decisions would be arrived at than under the existing system, and in this abolishing of the Provincial Board of Health, it may be stated incidentally, half the salary of a minister of health would be provided for.

The future, as regards public health, will make greater demands upon the provincial authorities than have been made in the past; for, with the increase of population in our cities and towns, greater oversight will have to be exercised over not only the inception of public systems of sewage and water supplies, but it will require, on the part of the province, an annual inspection whereby contamination of the latter by the former will be checked and prevented.

The problem of sewage disposal in rural districts is as important as that of urban municipalities, for enteric fever is as rife in the former as in crowded cities, if not more so. It is to the provincial authorities that the study of the disposal of manufacturing wastes and domestic sewage must be relegated; and this will involve the expenditure annually of money for the study of this important question, for experiments must be carried on constantly, day by day, from year to year; present methods must be studied and new ones experimented with, the problem being an ever-changing one. But the work of public health does not end here. Laboratory tests of anti-diphtheritic and other serums must be made. The questions of sanatoria for consumptives, and the allocation of the work to be done by charity, the municipality, the state and private institutions, with the object of preventing overlapping, duplication, etc., require careful consideration.

The providing of preventive treatment for those neuroses which are now recognized as the prelude to chronic mental diseases, is a large and important question, as thereby the increase in chronic cases may be largely prevented, and much suffering and expense be saved both to the individual and to the state.

The study of cancer, too, is one that might well be taken up by a department of health.

The factory inspection of the province would be placed in a much better position, for a large portion of its work relates to the adoption and enforcement of sanitary laws, with which the present inspectors have but a passing knowledge. Given a union with the medical inspector and sanitary inspector of a department of health,

there would be a still greater improvement in our factories and work-shops, and the public would be getting a better service without any additional expenditure of money.

Before concluding, one other reference will be made, and that relates to the question of immigration, and the housing of the foreign immigrant population. We want immigrants, but there should be some provincial oversight of the physical and mental condition of those who seek a home in this province, other than that established by the Dominion Government, for in case of illness, especially of a chronic nature, they too often become a burden upon the province, in proof of which I would quote the statement of Dr. C. K. Clarke, Superintendent of the Kingston Hospital, who says: "Kingston is, as you know, a long-settled district, unaffected to any extent by immigration, and yet within the last ten years the government has had to contribute no less than \$72,875.83 for the maintenance of defective immigrants, who would not have been permitted to obtain a foothold here if satisfactory alien laws had been in force. There were sixty-three of these defectives, seventeen of whom still remain with us." The problem, too, of the housing of this foreign element, is one that requires attention, for it is manifestly wrong, both on sanitary, economic and social reasons, that twenty or thirty should live in a house capable of only holding a family of six or eight; these things should not be, and they can best be considered and dealt with under a minister having for his especial care the *health* of the people, health which is the real wealth, unseen but felt, and without which the accumulated wealth of the multi-millionaire is as nothing.

In conclusion, it may be advanced that the investment of five millions of capital, the expenditure of more than a million and a quarter of dollars annually, with a revenue of more than one hundred thousand dollars, and the supervision directly and indirectly of more than one thousand persons, is a branch of a business or public service requiring a large amount of professional skill and executive ability, one, too, in which the work will increase rather than decrease—very strong grounds upon which to base a plea for a Provincial Minister of Health.

MODIFIED MILK VERSUS WHEY MIXTURES.*

BY H. T. MACHELL, M.D., TORONTO.

ALL of us are agreed, I presume, that human milk is the best form of food for the feeding of infants. As all the constituents of human milk are also found in cow's milk, though in different proportions, it would seem that all one has to do is to make the different ingredients in cow's milk correspond to those in human milk.

It was on this theory that Rotch first began his investigations and finally gave us an insight into milk percentages.

The first requisite for any definite modification of cow's milk for infant feeding is a clear-cut idea of the average composition of human and cow's milk.

Let us first look at the composition of human milk, and then cow's milk.

HUMAN MILK.	Cow's MILK.
Fat..... 4 per cent.	Fat..... 4 per cent.
Sugar..... 7 " "	Sugar..... 4.5 " "
Proteids .. 1.5 " "	Proteids .. 4 " "
Salts2 " "	Salts7 " "
Reaction.. Neutral	Reaction.. Acid.
Water.	Water.

The salts we need not consider. They are probably beyond our control anyway. The sugar is practically two-thirds more in human milk. All one has to do is to raise the percentage of milk sugar from 4.5 to 7 per cent. Formula to follow. The proteids have to be reduced from 4 to 1.5 per cent. Simple dilution with water will effect this.

1 dilution will give 2 per cent.
2 dilutions " 1.33 "
3 " " 1 "
4 " " .80 "

Thus you see that two dilutions, *i.e.*, two parts water to one part milk, will give about the same proportion of proteids that exist in human milk. While simple dilution reduces the proteids to about the right percentage, it also reduces the fat to an equal extent—an amount altogether too small to keep an infant round, plump and well-padded. Therefore, some other plan than mere dilution will have to be adopted.

The simplest and most practical formula for introducing definite percentages in milk mixtures that I have yet seen is the Scott formula, figured out by Dr. Paul L. Scott, of this city.

*Read before the Ontario Medical Association, Toronto, June, 1905.

HUMAN.		Cows.	
F.....	4 per cent.	F.....	4 per cent.
S.....	7 " "	S.....	4.5 " "
P.....	1.5 { Cas. .6 Lact. 1.4 or 2 at most.	P.....	4 { Cas. 3.25 Lact. .75

According to Still, of Great-Ormond St. Hospital, caseinogen means, strictly speaking, the potential curd, the curd-forming proteid before it is coagulated. Casein refers, of course, to the actual curd, the curd which has been formed.

Experience has taught us that one great difficulty in the digestion of cow's milk is the large quantity of curd which is formed when it enters the stomach. A glance at the percentage of caseinogen, which it contains, explains this very largely. This caseinogen forms a curd when mixed with an acid, or with rennet, while the other portions of the proteid, lactalbumen, is only coagulated by heating above 160 degrees F.

Glancing above, one sees that in mother's milk the caseinogen is about one-half the proteid, while in cow's milk it is more than four times the percentage of lactalbumen. In other words, the lactalbumen, which is so easy of digestion, constitutes more than one-half the proteids in mother's milk, while in cow's it is less than one-fourth.

In this relatively large percentage of caseinogen in cow's milk lies the main difference between it and human milk.

Is there a method of correcting this? Yes. How? By converting the caseinogen into casein and utilizing the residuc (whev).

With the exception of caseinogen and fat, whey contains all the ingredients originally present in milk, and practically in the same proportions. The fat globules save .25 per cent. to 1 per cent., become entangled in the contracting curds, and are removed from the whey at the same time as the casein is.

The formula of whey then would be:

F.....	.25 per cent. to 1 per cent.
	(The less the curd is broken up, the less the fat.)
S.....	4.5 per cent.
P.....	Caseinogen, 0
	Lactalbumen, .75

Next to the caseinogen the greatest change is in the fat.

Still was the first to note that the higher percentage cream we use the less proteid does it contain. He is able to get a 48 per cent. cream in London, and the amount of proteid contained in that is so small as to be, for practical purposes, a negligible quantity, and may safely be omitted from our calculations. Another advantage in the use of high percentage cream is the very small proportion necessary to be added to any milk mixture.

If then one can, from a high percentage cream, add 1 or 2 or 4 per cent. fat to whey, we are able to produce fresh milk having the same component parts as modified milk, with the exception of the caseinogen. Furthermore, as it is the caseinogen which usually taxes the infant's digestive powers, it would seem a positive advantage to be able to give the infant a food having all the elements of milk save the one which it usually fails to digest.

Thus, theoretically at least, whey, with this high percentage cream, gives us a food which is easier of digestion and better suited to the digestive capabilities of the average baby than modified milk.

Does it do so practically? I believe it does. Is it satisfactory? Yes, if given to a healthy infant or one with only some functional digestive disturbances, or one who has been suddenly removed from the breast and must be fed artificially.

Is it satisfactory if given to an infant who has run the gamut of the commercial foods, occasionally suggested by a neighbor, frequently by a local druggist, and many a time by the physician? Very seldom is any food well tolerated or satisfactory. The reason is not far to seek.

After infants are fed for ten days or two weeks on a food wrong in quantity or quality, or both, a mild catarrhal condition results. If persisted in or changed to another food, which may be equally unsuitable, a genuine enterocolitis may be expected. You all know how intractable this disease is and that it often runs on for months. Instead of having a functional disorder which the laity look upon as a simple or trivial trouble, one has to deal with a subacute or chronic inflammation, which often lasts more months than the functional condition does days.

It is therefore wise, when seeing a case of this kind for the first time to state the actual condition to the mother, so that she will be made to understand that her baby is suffering from and must be treated for entero-colitis, rather than indigestion. If you wish to be quite frank with her, you may tell her the major portion of the treatment must be dietetic.

For about a year we have been feeding most of the infants at the Hospital for Sick Children here on whey mixtures modified to suit the age, weight, condition, etc., of each infant. Since last September practically all the infants in the Baby-ward have been fed on whey mixtures made by the nurses. I am well within the mark when I say that our mortality in that ward has been cut down more than 50 per cent., and among cases of entero-colitis more than 75 per cent. through this means alone.

All winter the Walker-Gordon Laboratory put up whey mixtures for some of my private patients. Shortly before this institution gave up business, the Toronto Medical Society induced the

City Dairy Company to make up whey mixtures on the prescription of physicians. This company is now supplying a number of my patients with whey mixtures, the percentages of which I vary from time to time by telephone.

A few of my patients prefer to make up their own whey mixtures. They make the whey and buy the highest percentage cream, 32 per cent., obtainable in Toronto from the City Dairy.

Some practice and care is necessary in the making of whey, if it is to be of much value. It should be clear or slightly turbid, Before the addition of cream or milk to it, it should be heated to 150-155 F. to destroy the rennet ferment; otherwise, it (the ferment) would coagulate the added cream or milk. If heated above 160 F. the lactalbumen is coagulated. Possibly no harm is done as far as digestibility or nutritive value is concerned, but it does not look tempting.

Sooner or later there comes a time when it is advisable to introduce in the infant's food a certain amount of caseinogen. Those who can digest it make, as you know, better bone and muscle. The introduction of this constituent of milk was always a matter of conjecture until the following formula was worked out two winters ago by Drs. Galley and Canfield, then House-physicians at the Hospital for Sick Children. With this formula it is as easy to write a whey mixture in definite percentages as it is to write a prescription for modified milk by the Scott formula.

$$\begin{aligned} \frac{1}{10} \text{ F.} &= \text{No. ounces 32 per cent. Cream.} \\ \frac{1}{10} (\text{S.} - 4) &= \text{Milk Sugar.} \\ 3 \times \text{Cas.} &= \text{Whole Milk.} \\ \text{Whey} &\text{.....ad 10 ounces.} \\ &\text{Alkalinity, required percentage.} \end{aligned}$$

$$\begin{aligned} \text{F. 3 per cent.} & \quad 3 \div 4 = .75 \text{ ounces} = \text{ounces 32 per cent. Cream.} \\ \text{S. 7 " " } & \quad (7 - 4) \div 10 = .3 \quad \text{"} = \text{" Milk Sugar.} \\ \text{P. 1 " " } & \quad \left\{ \begin{array}{l} \text{Cas. .25} \cdot 25 \times 3 = .75 \quad \text{"} = \text{" Milk.} \\ \text{Lact. .75} \end{array} \right. \\ & \quad \text{Whey} \quad 8.50 \quad \text{"} \quad \text{Whey.} \\ & \quad \underline{\hspace{1.5cm}} \\ & \quad 10 \text{ ounces.} \end{aligned}$$

$$\begin{aligned} \text{F. 3.25 per cent.} & \quad 3.25 \div 4 = .81 \text{ ounces} = \text{ounces Cream.} \\ \text{S. 7 " " } & \quad (7 - 4) \div 10 = .3 \quad \text{"} = \text{" Milk Sugar.} \\ \text{P. 1.25 " " } & \quad \left\{ \begin{array}{l} \text{Cas. .5} \cdot 5 \times 3 = 1.5 \quad \text{"} = \text{" Milk.} \\ \text{Lact. .75} \end{array} \right. \\ & \quad \text{Whey} \quad = 7.69 \quad \text{"} = \text{" Whey} \end{aligned}$$

$$\begin{aligned} \text{F. 2.25 per cent.} & \quad 2.25 \div 4 = 5.6 \text{ ounces} = \text{ounces Cream.} \\ \text{S. 6 " " } & \quad (6 - 4) \div 10 = .2 \quad \text{"} = \text{" Milk Sugar.} \\ \text{P. .75 " " } & \quad \left\{ \begin{array}{l} \text{Cas. 0} \\ \text{Lact. .75} \end{array} \right. \\ & \quad \text{Whey} \text{.....ad 10 ounces.} \end{aligned}$$

F. 4 per cent.	$4 \div 4 = 1$ ounce Cream.
S. 7 " "	$(7 - 4) \div 10 = .3$ ounces Milk Sugar.
P. 1.75 " "	{ Cas. 1 $1 \times 3 = 3.$ " Whole Milk.
	{ Lact. .75
	Whey.....ad 10 ounces

In increasing the strength of the food, increase either fat or caseinogen, as required. Do not increase both at same time. Usually allow several days to intervene before increasing again.

Having increased the percentage, do not lower again for three or four days, even if the baby seems somewhat unable to cope with the increase. Often within that time the baby will be digesting the stronger food as well as the weaker previously.

If, however, the baby becomes fretful, restless or omits, or only takes part of a bottle, sweep out intestinal contents by a purgative, trying, at the same time, to find out which element of food is at fault—fat, sugar or proteids. Withhold at same time all milk food for two or three or four feedings. The baby may be kept on albumen water or whisky and water while the milk is cut off. Abstinence from milk food for part of a day will often enable the baby to be put on full diet again with comfort and benefit.

Is the baby digesting the food? An examination of the stools, daily for a few days, with a history of the baby's behavior, usually enables one to decide this point.

Is the baby thriving? The scale will show this.

More headway is often made, I am inclined to believe, if one directs his efforts towards securing a food which the infant can digest, rather than endeavoring to make him put on weight.

I have yet to hear of the first case of scurvy in an infant fed on a whey mixture.

Advantages.—Theoretically correct. Has a minimum of proteid. Proteid in easily absorbable form. Few or no curds to increase peristalsis and irritate mucous membranes. Produces little or no colic. Hence babies are more comfortable and therefore sleep better. Vast majority like the food and take it readily.

Disadvantages.—Trouble and care in making. Expense.

REPLY TO THE ADDRESS OF WELCOME TENDERED THE
NEWLY-APPOINTED MEDICAL SUPERINTENDENT
OF TORONTO GENERAL HOSPITAL.

BY J. N. E. BROWN, M.D., TORONTO,
Medical Superintendent, Toronto General Hospital.

The Board of Trustees, Ladies and Gentlemen,—Let me assure you that I very much appreciate the good-will you have expressed toward me this evening, both by your presence here and your kind words. I sincerely hope that our relations will continue to be as full of hearty and reciprocal good-will and esteem.

A speech lasting the whole evening, it would be impossible in it to speak fully of the present status and future possibilities of hospital work in general, and of the Toronto General Hospital in particular. So I must content myself and please you by making my remarks very brief.

You are all more cognizant than I of the present condition of the Hospital; and it would be better to leave it to the days that are before us to solve as best we can the many difficult problems that will present themselves, and to carry out the undertakings which the Board and the medical staff have in view.

The Toronto General Hospital, since its inception, has done a magnificent work in the relief of suffering humanity; and its influence has been carried by those who have been trained within its walls to the uttermost parts of the earth.

When, in the first rush for gold to our far northern frontier, epidemics of enteric fever and scurvy prevailed, it afforded me great satisfaction to know that, if needed, I could secure the attendance of doctors and nurses trained in the Toronto General Hospital.

We have all a right to venerate this old pile for what it represents of unselfish and untiring labor on the part of most worthy medical men and hospital officers, who have passed on to their rest and left the work they loved to be carried on by others. Our predecessors did their work as best they knew how, with their comparatively limited knowledge and sparse equipment. It is given to us to carry on the labor with a larger knowledge and more complete appointments.

But, as a result of the rapid strides in medical science during the past decade, the equipment adequate at the beginning of that period is entirely inadequate for our purpose to-day. It rests with us to see to it that the Toronto General Hospital is the model hospital of Canada. Members of the staff should not be content

until the institution is so complete in its appointments that it may be able to provide all the apparatus necessary for the finest diagnoses, the most modern forms of treatment for the sick, and also the means whereby the various branches of the healing art may be taught in the most satisfactory manner.

Gentlemen of the Board of Trustees, I believe that this represents the spirit and purpose which animates you. Each of you is keenly alive to the necessity for improved hospital facilities, as is shown by the time and money you have given, and the energy you are putting forth in such large measure to further the interests of the institution.

I earnestly trust that this same spirit may permeate every department of the Hospital, and that even the most humble helper in this great service will feel that the prosperity and popularity of the place depend as much on the faithful performance of his duties as they do upon the efforts of the Superintendent.

The present is a most important juncture in the history of the Hospital, and only a long pull, a strong pull, and a pull altogether, will enable the Board to carry their plans to a triumphant fulfilment.

Our Provincial Government, our city, and you, Mr. Mulock, have given us a magnificent financial start for a new building, to be centrally situated and complete in its appointments. It remains for each of us to do his part in assisting in this great enterprise. We shall count on the generous patronage and support of thousands of our citizens.

In view of all that might be said, my words are few and inadequate, but I shall be satisfied if you carry away with you one thought, and that is, in unity there is strength; and *this* is the strength which I desire in the staff of the Toronto General Hospital.

In an institution of this kind it is most important that work shall be carried on loyally and harmoniously. A high state of *esprit de corps* should exist. So far as you, gentlemen of the Board of Trustees, are concerned, I have already noted that it exists in a marked degree. I hope to find that it exists throughout the whole hospital organization. A feeling of kindness and a desire for smooth, co-operative effort in the advancement of the Hospital's interests should pervade every department—surgical and medical staffs, house staff, nursing school, and all the officery of the building. The relations of all departments to one another should be of a very cordial character. We cannot hope to do satisfactory work if any feeling of unkindness and ill-will exist in our midst. We are all at work in a great charity, an essentially Christian work, and it is not consonant with the spirit which prompts us in this grand undertaking of healing the sick, that

any uncharitable sentiments should flourish, or, if possible, even be allowed to germinate in our midst.

For myself, I beg you to believe that the best that is in me is heartily given to forwarding the interests of the Hospital in every possible way.

I ask for the earnest and sympathetic co-operation of you all, and, in the words of our famous *confrere*, Dr. Osler, let us first, do to-day's work, and let to-morrow take care of itself; second, act the golden rule towards our professional brethren and our patients; and, third, to cultivate equanimity that will enable us to meet success or failure as befits brave men.



Abstracts



Duty of Physician to Patients with Perineal Lacerations.—Claude L. Holland, M.D., Fairmont, W. Va. (*Journal A. M. A.*, July 29th), reviews the injuries liable to occur to the perineum in labor, and discusses the proper time for repair. He advises immediate repair of these injuries, unless the condition of the patient positively contraindicates operation. He states that an anesthetic is generally unnecessary, as the parts are numb from stretching and pressure.

Carcinoma of the Breast.—Willy Meyer, New York City (*Journal A. M. A.*, July 29th, 1905), reports ten years' experience with his method of radical operation for this condition. He gives in detail the technic of the operation, and describes at some length the after-treatment of the patients. Meyer claims for this method of operating that the functional result is better than after other operations, as perfect mobility of the arm invariably follows. He reviews the results obtained in seventy cases. The article is well illustrated.

Tetanus.—J. M. Anders and A. C. Morgan, Philadelphia (*Journal A. M. A.*, July 29th), give a preliminary report of their statistical study of 1,201 cases of tetanus, collected from the literature and by direct correspondence, with special reference to the incidence of the disease in the United States. They find convincing proof that tetanus is invariably the result of the introduction of the germ, and that the so-called rheumatic or idiopathic tetanus does not exist. They also find that it is endemic in all large centres of population, that in some localities where it was formerly common, notably in Long Island, it has become rare, and that occasional small epidemics, traceable to a definite source, occur in limited localities, as, for instance, in hospitals, etc. It appears that tetanus is more prevalent in the hotter part of the year, that males are more subject to it than females, and that it is less frequent in advanced age. The robust are more susceptible than the weak, and the nervous, than the lymphatic. There is much evidence that the disease is transmissible, and may give rise to epidemics. The germ, Nicolaier's bacillus, is rarely introduced by the alimentary tract, but usually through open wounds, all parts of the body being very susceptible. A number of interesting clinical features observed in the cases collected are

related, and it was noticed that the characteristic symptoms, especially trismus, were generally present. The diagnostic importance of the tonic contractions as opposed to the intermittent ones in certain other conditions that simulate tetanus, such as strychnia poisoning, is emphasized. The authors found that their studies supported the earlier ones as regards the mortality, which decreases gradually after the tenth day and rapidly after the fifteenth. The study showed clearly the value of immediate radical local treatment, and that the most important thing is to open the wound freely in all directions under general anesthesia. Many patients were more or less benefited by the local carbolic acid treatment, and some observers report good results from the local use of ice or freezing mixtures, or treatment in a cold room. For palliative treatment, chloral and the bromids appear to have been most extensively used. Calabar bean has been much employed, and also morphin, which should be used with caution on account of its inhibitory action on the respiratory centres. There is no question as to the value of antitoxin as a prophylactic, the testimony is uniformly in its favor. It should be used in any case in which there is suspicion of tetanus infection. In a well-developed case of the disease it has no appreciable beneficial effect, neither reducing the mortality nor hastening recovery.

Splanchnoptosis from a Surgical Standpoint.—James E. Moore, M.D., Minneapolis (*Journal A. M. A.*, July 29th), states gynecologists have learned that replacing misplaced pelvic organs and supporting them by mechanical means gives only temporary relief. He discusses at some length the nervous disturbances caused by ptosis of the abdominal and pelvic viscera, and refers to the confusion and misapplication of terms used to designate this condition. He refers briefly to the various etiologic causes assigned to this disorder in the literature, and states that a patient suffering from vague, indefinite symptoms of varying severity should never be pronounced hysterical, dyspeptic or neurasthenic till visceral ptosis has been eliminated. He discusses the differential diagnosis and reviews the literature on this subject.

Immunity.—In Chapter XX of this continued article in *The Journal A. M. A.*, July 29th, tetanus is taken up in detail. The nature of the micro-organism is discussed, the period of incubation, mixed infections and the varieties of tetanus. The affinity of tetanus toxin (tetano-spasm) for the nervous tissue of susceptible animals, it is stated, may be demonstrated by test-tube experiments. The method by which tetanus toxin reaches the central nervous system is also considered. The value of tetanus antitoxin, the method of using it, and the necessity of its standardization, are also noted.

Suggestions for reducing the Prevalence of Summer Diarrhea in infants.—T. S. Southworth says that a large part of the responsibility for the great infant mortality which recurs each summer rests on the medical profession, who have failed in their duty in anticipating such trouble by suitable prophylactic measures. These should date from the very birth of the child, and one of the most important is to urge breast nursing in place of bottle feeding. Over ninety per cent. of the deaths from gastrointestinal disturbances occur in bottle-fed infants, and it is safe to assert that the surest protection against the death of an infant from summer diarrhea lies in normal breast feeding. If the secretion of milk is scanty, it should be used for part of the feedings at least, and every effort should be made to encourage the flow. Much has already been accomplished in the way of educating the masses regarding the value of pure milk, but there is still a great deal to be done in this direction. Even after uncontaminated milk has been secured, however, it must be properly modified and kept cold, carelessness in the latter respect being sufficient to defeat the best intentions of the physician. Errors in weaning, neglect of apparently mild attacks of diarrhea, and the common diagnosis of teething, which is used as an excuse for almost any evidence of bodily derangement, are factors that must be combated. The sucking nipple is another distributor of infection that must be abolished. The physician's day's work, even if he sees a child but once, is to seek out and correct errors in nutrition, to combat popular misapprehensions, to further the use of clean milk, to warn the mother that at the very beginning of loose movements in summer she should stop the use of cow's milk in any form, clear out the bowels with castor oil, give water or cereal gruels only, and send promptly for the physician, since delay is so often fatal. Only through such personal, painstaking instruction of the masses can the desired end be accomplished.—*Medical Record*, July 29th, 1905.

Chloroform and Ether Anesthesia.—C. T. Souther, Cincinnati (*Lancet-Clinic*, Cincinnati, Ohio, July 8th), calls attention to the fact that often too little consideration is given to the qualifications of the anesthetist. He mentions the various appliances for the administration of chloroform and ether, and the difficulty encountered in most of them when using them for male patients who have beard and moustache, and also says that these appliances can not be used, as a rule, in excision of the jaw and in operations on the hard palate. He describes in detail the method of preparing a patient for an anesthetic, and the method of its administration. He states emphatically that the patient should not be told to take long, deep breaths, but should be encouraged to breathe easily and naturally. He also states that in

the stage of excitement it is unwise to hold the patient down too forcibly. The patient should feel that he has met an inanimate object, and not a human adversary to whom he can show fight. Souther calls attention to the various reflexes which should be watched, and to the methods of resuscitation. He also mentioned briefly the treatment of patients after anesthetization.

Inflammatory Conditions of the Appendix.—H. Robb, Cleveland, Ohio (*St. Louis Medical Review*, July 8th), states that in a long series of abdominal operations he has made it a routine procedure to examine the appendix, and if he finds it diseased, to remove it, the patient's condition permitting. In 1,000 abdominal sections for pelvic disorders Robb failed to find positive evidence that in a single case the appendix was the primary seat of disease. Of 370 appendices removed and examined microscopically, 103 were normal, 46 showed signs of a chronic and 1 of acute inflammation. In 88 cases there was a hypertrophy of the subperitoneal or internal coat, or of both coats. In 66 cases the changes were of doubtful significance. In 36 cases the lumen was occluded, in 16 dilated, in 12 the appendix contained concretions, in 1 case the appendix was cystic and had undergone myomatous degeneration, and in 1 case no lymphoid tissue was present.

Laryngeal Diphtheria.—In a paper with this title, by O. H. Wilson, Nashville, Tenn. (*Interstate Medical Jour.*, St. Louis, June), the object is to emphasize the importance of early mechanical relief when mechanical obstruction threatens life. It is wrong to delay until the pressure is marked. Rapidity of progress is the characteristic feature of this form of diphtheria. Intubation is not a difficult procedure, and can be learned easily by practice; yet in no other operation does skill show to better advantage. An early operation, though possibly awkward, is better than waiting to give a moribund patient to an imported consultant.

Cesarean Section in Late Labor.—R. W. Holmes, Chicago (*American Journal of Obstetrics*, New York, June), believes that this procedure is not a justifiable one, and that the appropriate time for abdominal hysterectomy is at term before labor has begun or not long after active contractions have been in progress. The contraindications to the Cesarean section in late labor centre in the following facts: Prolonged labor lowers the woman's resistance to shock; conduces to atony of the uterus, therefore to hemorrhage, occasionally necessitating hysterectomy; it develops certain effete substances, which are eliminated more slowly than they are produced, and which lower immunity by a species of autointoxica-

tion. During protracted labor certain secretions are poured into the uterus and vagina which offer excellent culture media for the development of bacteria normally present in the parturient canal, or introduced by examinations. After the membranes are projected through the os externum, or the head has moulded into the os, they are exposed to the contamination of the vagina; in removing the secundines and the child through the uterine incision they may soil the peritoneum or wound. The prolonged labor frequently is the determining factor in the death of the child, or so jeopardizes its life that its prospects are curtailed. Holmes deprecates the Cesarean section performed with inadequate assistance, filthy surroundings and makeshift facilities. An emergency operation should not be done unless there be very pressing indications.

Cesarean Section.—J. E. De Lee, Chicago (*American Journal of Obstetrics*, New York, June) is of the opinion that the results obtained in ten cases of Cesarean section encourage one to extend the field of this operation. Of these ten cases, nine mothers recovered and nine babies lived. One child died in sixteen hours under symptoms of acute sepsis, though the mother recovered. The one patient who died had been in labor three days, had been examined under ether three times, and had a solid tumor of the ovary blocking the pelvis completely. The technic of the operation varied but little in each case. The transverse fundal incision was used only twice. The uterus was amputated three times, once for obstruction to the lochial flow, and twice because of a severe vaginitis. One ovary was left in each of these cases to preserve the ovarian function as long as possible. The uterus was delivered through the incision in all the cases, but the abdomen was closed in three layers and no hernia has developed in any of the cases.

Use and Abuse of Uterine Curette.—The article by R. P. McReynolds, Philadelphia (*American Jour. of Obstetrics*, New York, June) is based on the study of 170 cases of curettement. He uses the sharp curette almost exclusively, but occasionally finds use for a large, dull curette. Endometritis hyperplastica chronica or polyposa, subinvolution of the uterus, and puerperal conditions of the endometrium caused by the retention of some of the products of conception, yield promptly, as a rule, through a thorough and careful curettement, unless there is already present disease of the adnexa or a general septic infection. McReynolds scarcely ever finds it necessary to leave a packing of gauze in the uterine cavity, and when he does so he invariably removes it within twelve hours. In malignant growths not per-

mitting a radical operation, a careful curettement and the free use of the cautery, followed by chloride of zinc, has yielded surprisingly good results in his hands; the pain, foul discharge and hemorrhage are relieved; life is rendered much more comfortable and is lengthened materially. In curettement for diagnostic purposes his results have not been entirely satisfactory. In septic conditions, when the infection has passed through the endometrium into the muscle of the uterus to the Fallopian tube or to the cellular tissue around the uterus, or has been carried by the lymph vessels through the ovaries or elsewhere over the body, no appreciable benefit comes from the curettement, except to establish the diagnosis and to prove that the uterine cavity is free from all decomposing and septic material. In endometritis accompanying the submucous fibroids he has failed to see a curettement do any permanent good. In gonorrheal endometritis he has obtained anything but satisfactory results from curetting the uterus and swabbing out the cavity with pure carbolic acid, tincture of iodine, etc. In chronic endometritis McReynolds advocates a radical operation from the start, having seen but one case benefited by curettement. In dysmenorrhea from pathologic collections, the result from a dilatation and curettement are good. Major operations on the adnexa should be preceded by curettement of the uterus, unless there is some contraindication.

The History and Basis of Dietetic Methods in Typhoid Fever.

—J. B. Nichols leads up to the expression of his own ideas on the subject of feeding in typhoid fever by reviewing the history of the dietetic treatment of fevers from the time when the antiphlogistic treatment was in vogue. This consisted in bleeding, purging, emesis, starvation, etc., to subdue the excitement supposed to exist. In the seventeenth century Thomas Sydenham followed this plan, but during the eighteenth century and down to about 1815, the mode of treatment of continued fevers was stimulant or mildly antiphlogistic. From 1815 to 1835 or 1840, the treatment became more vigorously antiphlogistic, and an entirely restricted diet was in general use, but then Robert James Graves, of Dublin, introduced the plan of more liberal feeding. During the late sixties or seventies of the nineteenth century, the present liquid diet, consisting chiefly of milk, came into practically universal use, and has met with but little opposition. The author takes the ground that the adoption of milk as the chief article of food for such patients has no logical justification, and he expresses himself in favor of a more liberal diet, which shall include solid food. Milk has many disadvantages, as coagulability, fermentability, bulk, etc., and while it is a complete food

for infants it is not adapted for the exclusive nourishment of adults, except in amounts that are practically prohibitive. It does not follow that because milk is fluid it is on that account more easily digestible, less irritating to the bowels, or leaves less fecal residue. The present method of feeding in typhoid has developed in a way that seems largely empirical, and the history of diet in fevers shows a progressive advance from a starvation regimen in the direction of more and more liberal diet. The author, therefore, believes that the present fears of soft and solid food might on trial prove to be unfounded, and he considers that typhoid fever patients should be given a more varied and more abundant diet than is now customary.—*Medical Record*, July 29th, 1905.

Carcinoma of the Male Breast cured by the Roentgen Ray.—

S. Tousey's patient was a man of thirty-three, whose right breast was excised on account of the presence of a hard swelling, which was not accompanied by any glandular enlargements. The pathological examination showed the tumor to be carcinomatous. Six months later the man returned with a tumor of the left breast, which was somewhat softer and less adherent than the other, but more tender. X-ray treatment was begun, and after five months the tenderness had subsided, and in eleven months the growth had entirely disappeared. There has been no recurrence, though there has been no treatment for thirteen months.—*Medical Record*, July 29th, 1905.

The Hypodermic Use of the Salicylate of Mercury in the Treatment of Syphilis.—E. F. Kilbane says that taking for granted that mercury in some form is indicated, we have, in the intramuscular injection of the salicylate of mercury a mode of administration that is free from most, if not all, of the difficulties encountered in the use of the drug when administered in the ordinary ways (mouth, inunction, vaporization, etc.), in that it is cleanly, safe, efficient, entirely practical for office or dispensary uses, easy of administration, and capable of accurate dosage. It is entitled to consideration and trial as the routine treatment or foundation of treatment, to which may be added, or for which may be substituted, other treatment when required by special indications or conditions. It is equally well adapted to the modified expectant, the interrupted, or the continuous method of treatment. The objections usually made to the method are shown to be groundless by describing the plan followed in the Roosevelt dispensary, where sixty-four cases have been treated in this way during the past year. No untoward results have ever been noted, and only in one case did the patient complain of dis-

comfort after any but the first few injections. The author recommends this treatment for trial in every case of syphilis in which the administration of mercury is indicated for a period of time. Its advantages are many, and its disadvantages few and slight.—*Medical Record*, July 29th, 1905.

Animal Remedial Preparations.—J. W. Wainwright contributes an exhaustive paper on the various glandular and other animal extracts which have lately come into use in therapeutics. He says that the striking effect of thyroid extract in myxedema is an ideal illustration of Brown-Sequard's theory, and this preparation has received the greatest amount of study. Different observers still hold conflicting theories in regard to its action, but thyroid extract has been used with more or less success in myxedema, operative myxedema, exophthalmic goitre, and obesity. Several cases of cure or improvement have been reported of diabetes mellitus, eczema, and even in hemiplegia. It is claimed also to render more active the process of bone formation, and is, therefore, useful in fractures. Thymus gland or its extract has given somewhat similar results, except that it does not stimulate the heart or cause increased metabolism. It has been given with good effect in rachitis in doses of as many grams of the fresh gland as the child is months old. The object is to substitute the gland extract for the deficient internal secretion, while at the same time the general health is improved. Suprarenal therapy is then discussed at length, its various applications being described in detail. The author says it is probably the best hemostatic known, as it acts by contracting the small arteries, and has no chemical or other effect on the blood, is non-irritating, and does not form a clot. Pituitary gland has been used with good results in acromegaly and paralysis agitans. Spleen extract is employed in Hodgkin's disease, anemia, and all diseases with enlarged spleen. Hepatic and parotid extracts, pepsin and pancreatin, renal and nerve extracts are also described, and their uses indicated, as well as testicular, prostate gland, mammary, and ovarian extracts.—*Medical Record*, July 29th, 1905.

Clinical Suggestions from the Study of Five Hundred Cases of Pulmonary Tuberculosis.—H. P. Loomis presents a number of very interesting conclusions which are of especial value because they are based on a series of cases selected because of the unusual completeness of the records available. The patients include people seen in private practice, in the large hospitals, and in sanatorium work, so that all classes and all phases of the disease are represented. The first point discussed is concerned with the manner in which the disease begins. Of one hundred cases it was

found that in 80 per cent. the first presumable evidence of tuberculosis consisted in either coughs or colds (48 per cent.), run down condition (18 per cent.), or pleurisy, dry or with effusion (14 per cent.). The remaining 20 per cent. was about evenly divided between grippe, chills and fever (malaria), pneumonia (prolonged recovery), enlarged cervical glands, and hemoptysis. In only 4 per cent. of the one hundred cases was hemoptysis the first presumable evidence, but in 24 per cent. this symptom ushered in the first demonstrable evidence. The author believes that the great majority of patients who apparently develop pulmonary tuberculosis after the age of thirty had an attack of the disease before. The analysis shows that three and a half months was the average time that elapsed from the actual beginning of the disease to the appearance of tubercle bacilli in the sputum. The study of the features of value in prognosis is based on the records of patients admitted to sanatorium treatment, and shows, among other things, that the age between twenty-five and thirty is especially favorable, and that the general vitality and intelligence of the patient and the state of the digestion are of importance, whereas whether one lobe or more than one is involved is of less significance than usually supposed. Fever, hemorrhages, expectoration, or bacilli in the sputum, are of little value in the prognosis unless the case has been watched for a long time. An analysis of fifty-five cured sanatorium cases showed that the average age was high—twenty-nine, and that the long-lived ancestry of the patients was a point of especial importance, but a tuberculous family history was of less import. The average length of life among the tuberculous poor, with no advantages of rest or good food, is a little under two years.—*Medical Record*, July 29th, 1905.

Vasomotor Pathogenesis of Bronchial Asthma.—F. Galdi (*Gazetta degli Ospedali*, Milan) quotes a patient which exhibited typical bronchial asthma in childhood, but it vanished at puberty and did not reappear for ten years. It then returned, accompanied by symptoms indicating pronounced vasomotor disturbances, these symptoms sometimes appearing as an equivalent for the attack of asthma and subsiding as the latter became established. They included hyperidrosis, urticaria, formication and edema or sialorrhoea, swelling of part of the tongue, diarrhea and intestinal disturbances. There was also copious secretion from the eyes, nose and ears. The attacks recurred at any season of the year, but they were almost entirely banished by general tonic measures, tepid sulphur baths and revulsion to the spine. The patient left before the treatment outlined had been entirely completed, regarding himself as cured.

Maragliano on Appendicitis.—E. Maragliano (*Gazzetta degli Ospedali*, Milan) is an advocate of prompt intervention, urging that the simple operation harms no one, even if the person might have recovered without it, while it saves many who would have been lost without it. He quotes a writer who asks, "Which is better, to save a few appendices or the lives of your patients?"

Roentgen Treatment of Leukemia and Banti's Disease.—C. Bozzolo (*Gazzetta degli Ospedali*, Milan) describes the subsequent history of the cases reported last July as improved under Roentgen treatment, mentioned in the *Journal A. M. A.* on page 1670 of vol. xliii. The young woman with leukemia has remained in apparent health, feeling constantly well. On one occasion the blood findings show again a marked leukemic tendency, and Roentgen treatment was again instituted, with the same favorable effect as before. His experience with three cases of Banti's disease shows that Roentgen treatment has a beneficial action, but that it is much slower and more gradual than in leukemia. In this affection the fibrous part of the spleen is hypertrophied, and this tissue yields more sluggishly to the action of the rays than the lymphatic follicles which are involved in leukemia. The great advantage of Roentgen treatment is that the general condition improves and the patients feel constantly well, even although the blood findings fluctuate.

Arterial Pressure in Disease.—A. Torchio (*Gazzetta degli Ospedali*, Milan) has been studying the influence on the arterial pressure of various diseases and also of certain drugs. He examined 528 patients, besides a number of healthy persons, and tabulates the results. The first impression derived from study of the tables is that the arterial tension is lower in children, in both health and disease, than in adults, the proportion of cases of hypertension increasing from 7 per cent. under the age of thirteen to 19 per cent. from thirteen to twenty-five, and 36 per cent. from twenty-five to fifty, while after this age it is 61 per cent. A pressure of 115 mm. may represent median pressure in a lad of fifteen, while it would be hypertension for a child and hypotension in an adult. Hypotension is the rule in typhoid fever and in pneumonia, also in tuberculosis unless complicated by lead poisoning, arteriosclerosis or alcoholism. In tuberculosis he found the arterial tension lower the more rapid the course of the disease. The tension was higher in the cases with hemoptysis. In pneumonia the cases with very low tension and rapid pulse terminated fatally, while the patients all recovered when the pulse was more nearly normal. The tension findings in twenty-five different diseases and a miscellaneous group show that hyper-

tension is the rule in heart and kidney affections and chronic bronchitis, less marked in neuralgia and neuroses, and medium in malaria. Rest in bed seems to reduce the tension, as also a milk diet; steam baths in nephritis and venesection also have a transient action. Adrenalin and saline infusion raise the tension. Further research on twenty-eight persons demonstrated that injection of tuberculosis toxin materially reduces the tension.

Inconstancy of Salicylic Medication in Articular Rheumatism.

—A. Cerioli (*Gazzetta degli Ospedali*, Milan) remarks that the curative action of the salicylates is in direct proportion to the spontaneous defence of the organism, reinforcing it but not able to cure without the co-operation of the organism. He quotes Maragliano to the effect that statistics show that the course of articular rheumatism has not been shortened since the advent of salicylic medication, to which he does not ascribe much therapeutic importance. Cerioli urges that the phases of the disease should be watched and the salicylates be given with discretion to aid nature, not blindly and insistently, in which case they do more harm than good.

Prognostic Importance of Phosphates in Urine in Pneumonia.

—F. Sicuriani (*Gazzetta degli Ospedali*, Milan) concludes from his research on twenty-five patients with pneumonia that the alkaline phosphates vanish from the urine during the course of pneumonia. Their reappearance in the urine is the precursor of the crisis and a sign of good omen.

Operation for Umbilical Hernia.—A. Dal Vesco (*Gazzetta degli Ospedali*, Milan) makes a short incision below the hernia and works a gauze compress between the viscera and the abdominal wall. He then passes a stout thread through the lips of the incision, over the gauze, fastened on one side by a roll of gauze, and held on the other by hemostatic forceps. He then carries the incision farther up, working the gauze along and introducing another suture, continuing this until he has the hernia well under control, the viscera held in place by the gauze spread out over them, reinforced by the suture threads passed over across it. After taking care of the hernia as usual, he completes the operation by tightening the suture threads, thus drawing the lips of the incision together, and then pulling out the gauze, concluding by fastening the ends of the threads over rolls of gauze and suturing the skin. The recuperating power of the tissues of infants insures rapid repair, while the simplicity and security of this operation commend it for general adoption, he thinks. The entire procedure is complete in less than twenty minutes, even in extensive cases.

Parathyroid Treatment of Puerperal Eclampsia.—G. Vas-ale (*Gazetta degli Ospedali, Milan*) reports that the effect of an extract of the parathyroid glands in cases of puerperal eclampsia has been surprising. The convulsions were arrested so promptly that the assumption of a specific action seems almost inevitable, as it resembles so much that of the thyroid gland in myxedema. He has found the parathyroid extract useful also in tetany, and expatiates on the way in which the clinical experience harmonizes with this conception of the parathyroid origin of convulsive attacks. He is now trying the parathyroid extract in epilepsy.

The Pasteur Preventive Treatment of Rabies.—The New York Health Department gives the Pasteur preventive treatment for rabies at the Research Laboratory at the foot of East Sixteenth Street. In addition, the virus is sent out mixed with a preservative, to be administered by the attending physician to persons desiring to take the treatment at home. When sent from the laboratory it is mailed daily by special delivery. The results of treatment given by the latter method have been as satisfactory as when administered at the laboratory, but it is considered advisable that not more than two days should elapse between the mailing of the virus and its injection into the patient. The course of treatment lasts from two to three weeks. It is strongly recommended that wounds inflicted by rabid or suspected animals be thoroughly cauterized with fuming nitric acid, or, if this is impossible, with the actual cautery. Immediate washing out of the wound is also advisable. When possible, it is recommended that animals suspected of rabies be securely chained and kept under observation for eight days. If rabies exist, symptoms will develop so that a definite diagnosis is possible within this time. If the animal is killed the carcass may be sent to the laboratory for diagnosis. The routine is to make an examination of smears and stained sections of the brain tissue, and also to make animal inoculations. By the former method a positive diagnosis may be reached in from thirty-six to forty-eight hours. A failure to find the characteristic lesions does not, however, exclude rabies. In the event of a failure to find the lesions, the animal inoculations are relied on for a diagnosis, which usually requires from eight to eighteen days. In sending animals from a distance it is recommended that, if small, the entire body be sent. If this is impossible, the head alone should be sent. The animal or head should be securely fastened in a box, and packed with a considerable quantity of ice and sawdust; the whole to be shipped to the laboratory in a larger box.—*New York Medical Journal* and *Philadelphia Medical Journal*.

Proceedings of Societies.

THE THIRD QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH.

At the third quarterly meeting of the Provincial Board of Health, which was held at Port Carling, Muskoka, August 2nd and 3rd, 1905, the following members were present: Dr. Kitchen, Chairman; Dr. Hodgetts, Secretary; Drs. Cassidy, Oldright, Boucher and Thompson. Dr. Amyot (chief of the laboratory), and Dr. Bell, inspector, were also present.

Mr. Rust, C. E., Toronto, presented the plans for a system of sewage disposal for the lake front of Toronto, east of the Woodbine race-track. The report recommended that septic tanks and bacteria beds be put in at the foot of Woodbine Avenue, so that the sewage might be treated there before discharging it into the lake. East of this point, as far as Hammersmith Avenue, the sewage would descend by gravitation to the bacteria beds. The sewage collected along the lake front would have to be raised by pumping, and an electric motor would be installed to pump it into the beds. The beds and tank would cost about \$25,000. The total estimated cost of sewers and disposal plant would be about \$80,000. It is to be a separate system, no rain-water being allowed to enter. Permission was likewise asked to establish a storm water overflow at the foot of Roncesvalles Avenue, so as to allow storm water to overflow into the lake through a main to be built beneath the Grand Trunk Railway track at that point. The matter was referred to the Committee on Sewerage and Water Supply, East.

In the correspondence read by the Secretary, reference was made to the filthy habits of some workpeople in canneries. The inspector of the Board was asked to look into this matter and report.

A letter was read from Mr. Duncan in reference to the sewerage of Collingwood. The Secretary was instructed to acknowledge the letter and to advise him to construct a tank for the sewage of the town in conformity with the resolution of the Board upon the subject.

The disposal of sewage at the Charles Street bridge, Belleville, was referred to the Committee on Sewerage, East.

Two complaints about polluting the air and causing disease

through the proximity of cemeteries at Bothwell, in the township of Zone, and at Mount Pleasant Cemetery, Toronto, were received, as was also a complaint about sewers at Mount Forest. They were referred to the Committee on Sewerage, West.

A complaint was received about a nuisance at Bracebridge. The Board adopted a report in favor of the removal of the nuisance, the local authority to take action in the courts.

The consideration of the sewerage of Kincardine was deferred.

A nuisance caused at Napanee by a dairy was referred to the Secretary and Dr. Boucher.

The Secretary informed the Board that Palmerston sewerage had been installed without the sanction of the Board. Similar information was given by letter to John Galt, C.E.

Complaint was made that the town of St. Thomas discharges raw sewage into Kettle Creek, from which the town's water supply is taken. The question was referred to the Committee on Sewerage, West.

A report of the Committee on Sewerage, West, about the sewerage of North Bay was adopted.

At the evening session the Secretary, Dr. Hodgetts, read his quarterly report, in which reference was made to the continuance of a high death-rate from consumption without any move being made by municipal authorities to provide sanatoria for the indigent class. He referred to the ravages of epidemic cerebrospinal meningitis in the Ottawa valley, and advised that Boards of Health act under Section 90 of the Public Health Act, and placard, maintaining a quarantine over the cases, with subsequent disinfection of the premises. Attention was called to the need which existed for the better sanitary control of slaughterhouses, as in many instances the methods employed were disgusting and insanitary. He recommended that the attention of the Dominion authorities be drawn to the necessity of prohibiting the importation of certain proprietary articles from the United States which had for their object the preservation of milk or the increasing of the quantity of cream, as they were nothing more or less than adulterants.

Dr. Amyot presented his quarterly report, giving data as to the routine work of the laboratory, such as the examination of diphtheria swabs, sputum for tuberculosis, water for bacterial and chemical pollution, and blood for the diagnosis of enteric fever. The doctor also reported on the examination of the water supplies of Burk's Falls and Ingersoll in special reports.

The Board resumed business at 10.20 a.m., August 3rd.

Dr. Bell, medical inspector, presented a number of reports in reference to insanitary conditions observed by him in several different parts of the Province: Cobalt Mine, Temiskaming

Iron Mines, Michipicoten, East Whitby, Raeside Township, Blanche Riviere, Pembroke, Espanola, Rainy River town and sawmills, Port Stanley, Jackson's Point, Grimsby Park. Reference was made in one of these reports to a Mr. Frazer, who has been setting members of the labor union against the regulations of the Board. This gentleman had been carrying on an illegal form of insurance. It was moved and adopted that the report in reference to Mr. Frazer be received as read. It was moved and adopted that the recommendations made in reference to the various insanitary conditions referred to in Dr. Bell's report be adopted, except that made in reference to Jackson's Point. Dr. Amyot's laboratory report was adopted.

Brief reports on the Bothwell cemetery question and the nuisance at Mount Forest were presented by the Committee on Sewerage, West, and adopted. In the opinion of the Committee, "The burial of bodies in a cemetery will not cause insanitary conditions to prevail in that vicinity.

The Committee on Sewerage, East, reported in favor of the plans for the disposal of sewage at the lake front of Toronto (Woodbine and at Roncesvalles Avenue). This committee also reported in favor of using a septic tank at Belleville for the reception of sewage. The reports were adopted.

The Secretary read a report about the wells of Port Stanley, in which he recommended that the inhabitants of that village boil the well water before using it. He also presented a joint report made by Dr. Amyot and himself on typhoid fever at London. Both reports were adopted.

In reference to the water supply of Ingersoll, Dr. Amyot's suggestion, that the water of that village be filtered, was adopted.

Dr. Amyot's report on the Reazin Lake at Burk's Falls was adopted with the understanding that the water be filtered, and that further tests of the water be made for the information of the Board.

Remarks were made by Dr. Oldright about sanitation in Muskoka. Mr. B. Saunders, Toronto, who was present, was invited to speak on the sanitary conditions of Muskoka, and made a few remarks thereon.

A motion, complimentary to Dr. Oldright for his hospitality, and for many kindnesses to the members of the Board during the meeting, was passed. Dr. Oldright accepted the motion, but requested that it be not recorded on the official minutes.

A motion of thanks to Mr. Hanna for the use of the hall (Public Library) was carried. The Board then adjourned.



DR. J. N. E. BROWN

Recently appointed Medical Superintendent of Toronto General Hospital, to whom we extend our heartiest congratulations upon this recognition, not only of his executive ability, but his standing as a member of the profession. In Dr. Brown's appointment in succession to Dr. Chas. O'Reilly, we think the Trustees have made a wise selection.

The Canadian Journal of Medicine and Surgery

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Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

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

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month. London Eng. Representative, W. Hamilton Mill, 8 Boulevard Street, E. C. Agents for Germany Saarbach's News Exchange, Mainz, Germany.

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TORONTO, SEPTEMBER, 1905.

NO. 3.

Editorials.

IS THE SANATORIUM TREATMENT OF CONSUMPTION WORTH WHILE?

SINCE professional opinion, enlightened by specialist experience, begins to look more and more favorably on sanatorium treatment, the truest hope for phthical patients, the grounds upon which that opinion is based are being closely scrutinized. Dr. Don, writing to the *British Medical Journal*, June 24th, 1905, says:

“Is the sanatorium method worth while? It is expensive, and to get full benefit, as the writers suggest, almost impracticable for the poor, unless charitably assisted, and the results are not one whit better than could be had from a prolonged holiday, either at sea or in the country.”

For the poor in Canada, as well as in less favored lands, a prolonged holiday on sea or land is hard to get, or even impracticable. Besides, even if the phthisical patient, who is in poor circumstances, were to strive to carry out the advice of a physician, and were to succeed in providing for the breathing of pure air, day and night, an abundant supply of nourishing food would be beyond his resources. Hence the primal necessity of an institution in which the needs of the stomach are fully looked after, as well as a supply of fresh air to the lungs.

But, even supposing that a phthisical patient is in easy circumstances, can provide for well-ventilated rooms, and a full dietary at his own home, no guarantee can be given that the instructions of the physician will be carried out, or that they will not be deliberately disobeyed when the physician's back is turned.

While, therefore, for poor and rich phthisical patients there is a consensus of opinion as to the essentials of cure or betterment in phthisis, there is, besides, excellent reason for believing that expert supervision and constant guidance of the patient form a very considerable part of the programme.

Such conditions are best obtained in sanatoria of the better class, and the reasons are not far to seek. The treatment of consumption in a sanatorium is one of fine adjustments; it is systematic and detailed; it is rigidly carried out. The whims and fancies of the patient, or of the patient's friends, are not allowed to interfere with the well-considered rules of the institution. So that, unless a patient and his friends are willing to carry out the orders given as intelligently, as readily, as rigidly, as they are carried out in the sanatorium, private treatment at home cannot produce as good results as when the phthisical patient is subjected to sanatorium discipline.

In some cases a phthisical patient, who has been subjected to sanatorium treatment for some months, after returning home, may follow out the instructions of the physician, and thus a prolonged stay at the institution may not seem to be required. In

many cases, however, the change from institutional to private treatment has been made as a concession to the straitened circumstances of the patient and does not yield favorable results. Thus, an eminent French authority, Dr. Vaudremer, says: "Patients who have left the sanatorium are reinfected when they get back to the environment which originally infected them."

It is desirable, therefore, to prolong the stay of the phthisical patient at the sanatorium, and to decrease the cost of his treatment. To accomplish these desiderata for the masses a sanatorium should be a labor colony, or in connection with a labor colony. In England the latter method of conducting a sanatorium is carried out at Kelling. There does not appear to be any good reason why industrial sanatoria under the control of municipalities, aided by grants from the Provincial Governments, and by any subscription the Federal Government of Canada may choose to offer, should not be tried in this country.

Prisoners confined in the Central Prison, Toronto, or the Provincial Penitentiary at Kingston, work at trades and handicrafts, and doubtless derive benefit therefrom to mind and body, while contributing a little to the cost of their maintenance. It is not unreasonable to think, therefore, that a sanatorium could also be managed on the industrial plan. A phthisical patient, who is likely to derive benefit from treatment, will generally be benefited by light work. Nothing is more injurious to the nervous, pulmonary, circulatory, secretory and muscular tissues of the body than enforced idleness. Rest after labor is beneficial, but the fact that a patient is mildly phthisical is not a sufficient reason why all work should be suspended in his case and existence made to consist of allotted periods of time devoted to a long chair or to bed. Phthisical cases there are, indeed, for whom a do-nothing method of living is temporarily called for, but, unless when febrile attacks supervene, the phthisical patient is more likely to feel better in mind and body when he is occupied, and, in any case, occupation with a purpose must always be regarded as superior to desultory amusement and the passive respiration of pure air. We think that sanatorium treatment of the masses would be worth while, if it were based on the industrial plan, under the control of the Government of the Province, because the treatment of the disease would be continued sufficiently long to secure definite

results, and because the co-operation of a considerable number of the patients with the industrial work of the sanatorium would help to lessen the inevitable expenses of the institution.

A deputation of medical men and prominent citizens, representing the five counties of Perth, Oxford, Wellington, Waterloo and Brant, recently waited on the Ontario Government, asking that the grant of \$4,000, promised by the Government to municipalities which would undertake to erect and maintain sanatoria for consumptives, be in this instance raised, as these were the first counties to form themselves into a group for this purpose. It is understood that the Government was favorable to the proposals; so it may be expected that the inauguration of municipal sanatoria for consumptives is now on the way and that within the space of a short time these institutions will be scattered all over the Province of Ontario.

When these sanatoria are established, we hope that the industrial feature alluded to in this article may not be lost sight of.

J. J. C.

TO LIVE TO BE ONE HUNDRED YEARS OF AGE.

To one who dwells upon time with regard either to its sentimental or its historical relations, it may be a matter of considerable interest that a human being should live to be one hundred years of age. To the centenarian prolonged life can scarcely be a pleasure, for he necessarily feels himself amongst strangers—a dependent, perhaps—his youthful companions all dead; wife, perhaps even children, removed from his side; new things all around him.

Yet, Sir James C. Browne, an author of various works on nervous and mental diseases, declares that "it is a good working hypothesis to regard the natural life of man as one hundred years. Every child," he says, "should be brought up impressed with the obligation of living to be a hundred years, and should be taught to avoid irregularities in living which tend to prevent the attainment of this ambition. While it was certain that a century of health and vigor could be attained, it could only be reached by faithful obedience to the laws of health and simplicity, and tranquility in living."

The histories of some centenarians would go to show that they have been exposed to hardships and great vicissitudes of fortune, and, while they may have been faithful in the main to the laws of health, they have not lived simple or tranquil lives.

Thus, a Welsh correspondent of the *London Daily News* says that there is now wandering about Shropshire and Denbighshire a man named John Vaughan, who was born on March 13th, 1801, and is, therefore, in his 105th year. He joined the British army, serving twenty-nine years with the 17th Lancers. He was bugler at the battle of Waterloo, at the age of fourteen years and three months, and clearly remembers the famous battle. Vaughan served through the Crimean War and the Indian Mutiny, where he was badly wounded. This wound still troubles him. He took part in nine severe engagements, and retired from the army forty-nine years ago with a pension of one shilling a day. The veteran bugler says he has been a teetotaler all his life, to which he attributes his longevity. He enjoys his pipe of tobacco, is still vigorous; his eyesight is keen, and hearing perfect. He gets a living by going from place to place by train selling boot laces and children's story-books, by which he gets four pence profit in the shilling. Now, here is a man who has attained a century of health and vigor, serving his country on the battlefield, taking part in nine severe engagements. Certainly not the best method of obeying the laws of health and striving for simplicity and tranquility in living. All his contemporaries are dead. Some of them lived dissipated lives; others lived lives of tranquility and simplicity; but all have bowed to the inevitable decree and are now at rest.

Then, again, he enjoys his pipe of tobacco, and is still vigorous. The only consolation Sir James C. Browne could extract from the history of Vaughan's life would be that the veteran has been a teetotaler all his life. It seems probable that Vaughan, like other centenarians, has been mainly indebted for his longevity to a vigorous constitution.

Charles Macklem, the actor, who was born in 1690 and died in 1797, preserved good health up to the time of his death at the age of 107 years. Yet he never was an abstemious man. His favorite beverage was ale, porter, or white wine, thickened to the consistence of syrup with sugar. There can be no doubt

that the constant care and attention of his devoted wife, combined with her thorough knowledge of his disposition, constitution and temper, was partly the cause of the prolongation of his life.

Natural strength of constitution is doubtless the important feature in cases of longevity. The body of Thomas Parr, who died at the age of 152 years (1483-1635), when examined by the great Dr. Harvey, was found to be remarkably stout and healthy, without a trace of any decay or organic disease, so that, had it not been for the abnormal influences to which he had been subjected for a few months previous to his death, there seems little doubt that Parr might have attained even a much greater age. Longevity in the human family, like genius, seems to be a rare peculiarity possessed by a favored few.

J. J. . .

THE COMING OF THE BRITISH MEDICAL ASSOCIATION.

THE British Medical Association has been invited by the medical profession of the whole Dominion to hold its seventy-fourth annual meeting in Toronto in the summer of 1906. This will be its second meeting in Canada. The first was held in Montreal, in 1897, and such was the character of the cordiality and generosity extended to the members of the Association that a second one became not only a probability, but a desideratum. That Toronto will emulate her sister city in the character of her welcome need cause no misgivings whatever. The time selected for this great scientific and social event is most opportune, for the whole country is enjoying unprecedented prosperity, and Toronto is the place *par excellence* for holding successful conventions.

The British Medical Association still holds the first position amongst medical organizations, and its coming next summer will doubtless kindle even greater enthusiasm amongst medical men throughout the Dominion than the former meeting did, for medical science has advanced rapidly since then, and it behooves every physician to keep pace with the progress that is going on. Whilst this meeting, both from a professional and patriotic standpoint, will appeal to medical men all over the country, yet special obligations must, of necessity, be loyally assumed by the profession in Toronto. Recently we have had a little family "scrap" over the proposed new hospital, but every ember of it

must be smothered out in the presence of duties that call for united action.

The present proud status of this Association has been achieved by the unquenchable enthusiasm and untiring zeal of a long line of its most distinguished members. Those of us who have had much to do with medical societies know right well, from experience, that "success is never harvested from slumberous beds of ease." The physician who says, "Oh, well, I won't be missed; they will get along just as well without me," is doing himself, his profession, and the Association an injury. Few of us may have ability or confidence enough to read a paper or take part in the discussions, but every one can bring a strong, enthusiastic personality with him. The success of any meeting depends quite as much on the character of the audience as it does on the ability of the speakers. Modesty and indifference are never synonymous terms; the former is one of the graces, the latter is a vice of such hideous mien that we want to neither see nor hear anything of it, in so far as the coming meeting is concerned.

J. H.

EDITORIAL NOTES.

The Pasteur Preventive Treatment of Rabies.—The attention of the Ontario profession is invited to an item, with the foregoing title, which appears on page 174 of this issue of *THE JOURNAL*, in which is given a brief statement of the Pasteur preventive treatment for rabies as carried on at the Research Laboratory of the New York Health Department. As treatment of this kind is not administered in Ontario, information as to the treatment in the laboratories of the New York Department of Health should be more generally distributed among the medical profession of this country. In a case of suspected rabies in an animal, the animal should be sent, alive, if possible, to the laboratory of the Ontario Board of Health, in order that a correct diagnosis of its condition may be made. If the suspected animal is dead, the carcass or at least the head should be packed in a box containing a considerable quantity of sawdust, with ice, and sent without delay to Dr. Amyot, Laboratory of the Ontario Board of Health, Toronto. The tests for the diagnosis of rabies will be made and a report of the conditions found will be sent.

President Roosevelt Appreciates the Physician. — In an address delivered before the Associated Physicians of Long Island, at Oyster Bay, last July, President Roosevelt said of medicine that “there is not, and can not be, any other lay profession the members of which occupy such a dual position, each side of which is of such importance, for the doctor has, on the one hand, to be the most thoroughly educated man in applied science that there is in the country, and, on the other hand, as every layman knows, and doubtless many a layman in the circle of acquaintance of each of you would gladly testify, the doctor becomes the closest friend to more different people than would be possible in any other profession.” Not much glory is to be won by a physician in becoming the friend and confidant of different people. A man likes to have some friend upon whom he can rely, and if the friend happens to be a physician, he rightly thinks that a patient’s secrets and foibles are safe in his keeping. The advantage is all on the side of the patient. True glory, in medicine, is won by accurate diagnosis and treatment; in surgical cases, by successful operations. More gratifying to an educated profession are the President’s memorable words about the hygienic reformation of Cuba: “This country (the United States) has never done better work, that is, work that reflected more honor upon the country or upon humanity at large, than the work done in Cuba, and, further (Dr.), Leonard Wood did in Cuba just the kind of work that, for instance, Lord Cromer has done in Egypt.”

Cerebro-Spinal Meningitis. — Last March an outbreak of cerebro-spinal meningitis, with three deaths, occurred in Russell County, Ontario. At Carp, Carleton County, in July, one physician noted four deaths among eleven patients. Another doctor had six cases in one house. Most of the patients were children, but several adults attacked with it succumbed. The cases have occurred in houses similarly situated—log structures, built on the ground and surrounded by trees, so that the sunlight is prevented from shining freely inside. It seems plausible that the diplococcus intracellularis meningitidis is the specific cause of this disease; but how it enters the body is not known. Authorities seem to doubt the *infectious* character of cerebro-spinal meningitis. The disease, however, must be infectious, that is, breathed into the body, as smallpox, for instance, or contagious,

as syphilis, or it must be conveyed in the food or in the drink, like typhoid. The only other method of invasion is by inoculation. If infectious, the micro-organism is inhaled, as is the bacillus tuberculosis; if contagious, contact must be had with the specific micro-organism; and if conveyed by food or drink, it must be swallowed in uncooked food, such as milk, water, lettuce, radishes, celery, etc., or fruit. It is claimed that animals succumb to cerebro-spinal meningitis, and they may prove to be sources of infection or contagion. The mosquito, flea, bedbug, fly, and other animal parasites may, indeed, be a means of inoculating patients, as is the case in malaria and yellow fever. There would seem to be a chance for the bacteriological department of the Ontario Health Board to obtain definite information about the etiology of these cases of cerebro-spinal fever, which have occurred in Ontario, by searching for Weichselbaum's bacillus in animal parasites found in the log cabins or houses of patients stricken with the disease in question.

Third Quarterly Meeting of the Provincial Board of Health.

—The third quarterly meeting of the Provincial Board of Health, held at Port Carling, Muskoka, August 2nd and 3rd, will be memorable to the members, not only for the good work done, *vide* p. 148, but for the pleasing environment in which the stage was set. Nearly all the sessions were held in the quiet little Public Library of Port Carling, which had been reserved for the accommodation of the Board by Hon. Mr. Hanna. Removed from the disturbing demands of his office—no telephone to answer, no professional appointments to make or keep—a member of the Ontario Health Board could do his best work and not find the task burdensome. "Work first and then rest," is a good motto; but the work is more excellently done when the worker is at ease with the present, and looks forward to to-morrow as if it had been to-day. Dr. Oldright, a member of the Board, Mrs. Oldright and family were mainly responsible for the relaxation and amusement interwoven with the professional labors of the Board.

To Shave or not to Shave.—Fashion having decreed the removal of whiskers and long beards, most men content themselves with a clipped beard and a moustache, or only a moustache. Some go to extremes, and sacrifice the manly appendage on the upper lip, also. Hygeia may have set the present fashion of shav-

ing; at any rate, she favors it. To be logical, therefore, her devotees should be shavelings; *sans* beard, *sans* moustache, *sans* hair of the head, likewise. The surgeon—immaculate of hands, head, face, attire—would appear to be driven by the logic of his art to out-do the present fashion in shaving. But, after all reasonable objections to short hair and clipped beard have been recorded, should a surgeon be asked to make a laughing-stock of himself, just because an extreme hygienic view has been broached? Certainly not, if the object aimed at, an aseptic condition of the surgeon's head and face, can be attained by less radical measures. Short hair and a clipped beard are easily kept clean, and the surgeon, when operating, should wear an aseptic cap. It occurs to us that a surgeon who suffers from stomatitis, sore gums, a pyorrhea alveolaris, or other foul condition of the mouth, would prove dangerous to his patient, no matter how closely his hair and beard are trimmed.

Remedies for the Infirmities of Old Age.—Metchnikoff observes that mammals have developed a large colon for the purpose of storing the products of digestion, and that man has inherited an enormous colon, at the expense of his longevity. The colon harbors an extraordinary number of bacteria, the presence of which leads to fermentations, putrefactions, and the production of alkaloids, fatty acids, and toxins, the presence of which is deleterious to the possessor. In youth, owing to the strength of the power of resistance, the struggle of the organism against the toxins is easy; but, with advancing years and a failing power of resistance, autotoxemia prevails. The extent and capacity of the power of resistance of an individual depend chiefly on the efficiency of the emunctory organs, the skin, kidneys, lungs, and liver. In youth, these organs being unspoiled by disease, function actively and toxins are rapidly eliminated; in old age, the emunctories first cease to function actively and afterwards degenerate, thereby becoming incompetent to execute their office. It seems unnecessary, therefore, to ascribe all the autotoxemia of a senile patient to dilatation of the colon; a considerable source of autotoxemia is present in his organism because of the failure of the skin, kidneys, and other emunctories to remove with sufficient rapidity the poisons generated in his organism. Hence, in treating aged patients, physicians, in addition to the usual

measures for procuring systematic lavage of the colon, should use means to improve the circulation, and, besides, advise stimulating baths, with superficial massage, pulmonary exercises, and an abundant drinking of pure water. Middle age often brings luxury, and almost invariably the lessened calibre of the arteries narrows the field of the physiological activities. The power to enjoy all the pleasures of the table is at its height at the period of life when the defects of the individual's organism are beginning to make themselves felt. Good sense would suggest that an effort should be made to introduce harmony between the conflicting forces—the food consumed and the efforts of the emunctories. It is absurd for a man of sixty to eat as heartily as he did at thirty. The output of his physical and mental energies is not so great as it used to be, and he does not require as much nutriment for the smaller effort as he did for the greater one. When he does eat a big dinner, or indulge in excess of another kind, he is soon made aware that autointoxication, with its resultant train of evils, is rampant, so that he is forced to acknowledge the limitations of his powers and be less indulgent to his passions, or more discreet in their exercise.

J. J. C.

PERSONALS.

DR. W. J. WILSON and family have just returned from Muskoka.

DR. AND MRS. D. C. MEYERS spent two weeks last month doing the Maritime Provinces.

DR. AND MRS. N. A. POWELL enjoyed a week's vacation at Burleigh Falls last month.

DR. J. J. CASSIDY and family have been summering at their cottage, "Sanitas," at Long Branch.

WE congratulate Dr. W. B. Thistle upon his recent engagement, and wish him and his bride-to-be every happiness.

DR. F. N. G. STARR and Mrs. Starr left Toronto on August 17th for Halifax and New Glasgow, N.S., and will return about the 1st of September.

DR. GEO. ELLIOTT and Mrs. Elliott, of Beverley Street, left on the 14th ult. for Halifax, N.S., where the Doctor, as General Secretary of the Canadian Medical Association, will attend to his duties during the meeting of our National Association.

DR. T. D. CROTHERS, of Hartford, Conn., Supt. Walnut Lodge Hospital, has accepted an invitation to deliver the first oration in the Norman Kerr Memorial Lectureship, at London, Eng., Oct. 10th, 1905. Dr. Kerr will be remembered as an eminent London physician who made a special study of inebriety, alcoholism, and other drug disorders. He wrote several excellent books on this subject, and was instrumental in securing the enactment of laws for the control of inebriates and the promotion of hospitals for their care throughout Great Britain. He founded the British Society for the Study of Inebriety, in 1884, and this society, and his friends, have organized a memorial lectureship for yearly orations on his life and work. It is a very pleasant recognition of the progress of medical science in this country, that an American physician should be invited to deliver the first lecture.

Obituary

DEATH OF DR. W. W. MEACHAM, OF WARSAW.

DR. W. W. MEACHAM, for many years a prominent Conservative member of the Legislature, died on July 26th, at his residence, Warsaw, after a short illness from appendicitis. The late Dr. Meacham, who was sixty-four years of age, removed to Warsaw four years ago from Napanee, and was making his residence in the latter place, the representative of the constituency of Lennox in the Legislature. He won for himself by his genial disposition and affable manner the respect and esteem of a large circle of friends on both sides of the House. He was a prominent member of the Methodist Church. He is survived by a family of three children, one daughter and two sons. The funeral took place at Warsaw.

Death of Dr. Gillies.—At Teeswater, Ont., August 15th, 1905, John Gillies, M.D., aged 69 years.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

AN INTERESTING LETTER FROM PARIS.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY :

DEAR SIR,—Knowing with what interest the profession and public in general regard the subject of Doyen's serum for cancer, I take pleasure in forwarding you the report in brief, as per *Le Figaro* of Juillet 15 :

"Yesterday was a bad day for Dr. Doyen, at least bad for the micrococcus neoformans. We remember that after the last Congress of Surgery, last 14th of December, the Society of Surgery had, on the request of Dr. Doyen, entrusted to several of its members the delicate mission of examining and following up a certain number of persons diseased, treated by Dr. Doyen in his clinic in the Rue Picini, and according to a method the efficacy of which, at this period, was strongly disputed by specialists. The commission, presided over by Mons. Berger, was composed of Messieurs Delbet, Kirmisson, Charles Monod, and Nélaton.

"It is well understood that the researches and examination with which these learned and distinguished men were charged had not in the least the object of recommencing the work of Professor Metchnikoff as regards the existence of the same bacillus of cancer, the micrococcus neoformans discovered by Dr. Doyen. The bacillus exists, that is agreed. But the important question, the main one which interests poor human beings, is to know if Dr. Doyen had succeeded, as he had affirmed, in becoming master of this microbial enemy, in treating cancer successfully, in conquering it. It was on this point on which the commission carried the examination. The commission has conscientiously worked for several months, and Dr. Delbert, one of the most eminent surgeons of the Hospital Laennec, who was entrusted with the preparation of the report, read it the day before yesterday before the Society of Surgery.

"An enormous crowd of doctors, surgeons, hospital internes, students, and other curious ones, filled the little spot in the Rue de Seine at an early hour. What had the commission decided? This question of the treatment of cancer is one of those which stirs most intensely at this moment the world of science and

learning, and the reading of this report was listened to by all with a true anxiety.

"The conclusions of the honorable reporter have been decidedly unacceptable to Dr. Doyen. The commission has followed, during five months, twenty-three of the cases actually treated by the serum of Dr. Doyen.

"Its report is: One case is shown—one only—without recurrence for four years and a half. Two cases have remained stationary. Twenty cases have appeared to increase.

"Mediocre condition truly! The report adds that several cases subjected to the same treatment in special clinics have not given better results. Dr. Delbert has then concluded: 'Nothing which the commission has observed permits them to think that the treatment of Mons. Doyen has a favorable action on cancer.' And this conclusion, given unanimously, has been adopted by the Society of Surgery without discussion. Dr. Doyen was present at this lecture, but the rules of the Society permit only its members the right of speaking, and since Dr. Doyen is not a member of the Society of Surgery he was only able to be the silent witness of an execution which seemed to irritate him. Therefore, he proposes to make an appeal against this judgment next October, when the next Congress of Surgery will assemble. The commission has shown that the affected cases became worse. Dr. Doyen will show that they became better. But will the demonstration of Dr. Doyen convince the hesitant?"

Paris, July 15th, 1905.

E. FREDERICK.

News of the Month.

THE INSTALLATION OF DR. J. N. E. BROWN AS SUPER-INTENDENT OF TORONTO GENERAL HOSPITAL.

DR. JOHN N. ELLIOTT BROWN was formally installed on July 26th as the new Superintendent of the Toronto General Hospital. The function was informal, and attended only by the members of the staff and a few of the medical profession, invitations being issued only to members of the staff.

After being introduced by Mr. J. W. Flavelle, Dr. Brown made a short reply (published in this issue), in which he said that he hoped the co-operative relationships between the Board of Trustees and the profession would continue as they had done in the past. Unity among the different departments of the Hospital was what he would strive to attain, and he would endeavor to make them an harmonious whole.

Mr. J. W. Flavelle said that the rich men of Toronto should not be compared with those of other cities in the Dominion. "The Toronto men's money as a rule is actively engaged in their business," he continued, "and it is needed from day to day to keep their affairs in good running order. There are very few men in Toronto who could make a large donation without feeling the loss badly. It is not because they are not generous, but it is because they do not keep their money in stocks bearing a low rate of interest, which can be turned over to a hospital. I want the citizens of Toronto to understand that we have \$600,000 to be raised by means of subscriptions before the new hospital will be free of debt."

Among the others who spoke were Dr. R. A. Reeve, Dean of the Medical Faculty; Dr. Grasett, of the Surgical Staff; Dr. Davidson, of the Medical Staff, and Dr. Bruce L. Riordan. At the conclusion of the installation, refreshments were served in the Nurses' Home.

Dr. John N. Elliott Brown was born in the county of Oxford. His family is prominent in Western Ontario. He was educated in the county schools and in the St. Mary's Collegiate Institute. Dr. Brown received his medical education in the University of Toronto, winning the silver medal at his graduation. For a year he was a member of the house staff of Toronto General Hospital.

Dr. Brown practised medicine for five years in Toronto. On the establishment of government in the Yukon, Dr. Brown accompanied Governor Ogilvie's party, and for six years served as Territorial Secretary. He also acted as Medical Health Officer of the Yukon. Since his retirement from the North he has taken graduate work in Toronto and in Johns Hopkins, Baltimore.

INTERNATIONAL CONGRESS OF PHYSIOTHERAPY.

THE first International Congress of Physiotherapy was held at Liege, Belgium, on the 12th, 13th, 14th and 15th of August, 1905, under the patronage of the Government of Belgium, and under the honorary presidency of Baron Maurice Van Der Bruggen, Minister of Agriculture.

Electrotherapy, radiotherapy, phototherapy, thermotherapy, as well as the therapeutics of climate, air, gymnastics, massage, and other physical methods of combatting disease, were dealt with at this Congress, which also devoted considerable attention to the place which treatment by physical methods occupies in the courses of instruction in medicine in various countries and the best method of energetically repressing empiricism and abuse of these valuable therapeutic agencies.

An exhibition of physiotherapeutic apparatus, books, brochures, radiographs, also photographs of hospitals and other institutions where treatment by physical methods is carried on, was held in connection with the Congress.

Dr. Charles R. Dickson was invited to participate in the proceedings, and was appointed to the American Committee of the Congress, but was unable to attend.

THE NATIONAL FIRST AID ASSOCIATION OF AMERICA.

THE first aid movement has never attained such proportions in the United States as it has reached in Great Britain, the home of this movement, or many foreign countries, notably Germany and France, but all this is to be changed.

A short time since advice was sought from those who have devoted attention to the subject, for it has long been the wish of many philanthropists on the other side of the line that they might possess an organization similar in objects, aims and scope to the celebrated St. John Ambulance Association, of London,

England, the parent of ambulance associations and first aid societies.

The result of all this interchange of ideas has been crystallized and there has recently been formed the National First Aid Association of America, chartered by the District of Columbia, with a central office in Boston and branch offices in Washington, New York and Philadelphia. The President of the new organization is the famous philanthropist Clara Barton, widely known as the founder of the American Red Cross Society, and whose work has been recognized in material form by almost every crowned head in Europe. Associated with her are Mrs. J. Sewall Reid, Vice-President; Roscoe G. Wells, Assistant to President; H. H. Hartung, M.D., Treasurer and Medical Director; Miss Mary I. Kensel, Secretary, and an Advisory Board consisting of Lieut.-Gen. Nelson A. Miles, Boston; Eugene Underhill, M.D., Philadelphia; ex-Gov. John L. Bates, Boston; Charles R. Dickson, Toronto, and Joseph Gardiner, M.D., Bedford, Indiana.

No time is being lost by the Association, as it has already affiliated several other bodies, including the well-known Philadelphia School for Nurses.

The work is taken up under various divisions, viz., Independent Class, Railroad, Y.M.C.A., Fire and Police Departments, and Nursing.

The career of the Association will be watched with interest by philanthropists of all lands, and we wish it every success.

QUARTER CENTURY COMMEMORATION OF BURROUGHS WELLCOME & CO., LONDON, ENG.

ON Saturday, July 15th, 1905, the occasion of Burroughs Wellcome & Co. Quarter Century Commemoration, the members of the Society of Chemical Industry and a number of medical, pharmaceutical, scientific and other distinguished guests paid a visit to the firm's works at Dartford, Kent, and to the Wellcome Club and Institute, founded for the benefit of the employees. The guests were conveyed by three special trains, two from Charing Cross and one from Cannon Street. Upon arrival at the station an alarm of fire was given from the platform by means of a special button, and the proceedings commenced with a smart display of fire drill by the firm's private brigade. The guests numbered about two thousand, and were entertained to luncheon in a large marquee erected in the club grounds.

After the loyal toasts, Mr. Wellcome proposed the "Society of Chemical Industry." Dr. W. H. Nichols, the President, replied,

and referred to the wonderful organization shown in the firm's works, and in the arrangements for the reception and entertainment of the visitors during the day.

Mr. Wellcome proposed "The Employees," and presented them with a silver gilt cup, in remembrance of the fact that the Wellcome Cricket Club had won the championship of the Chemists' and Druggists' Cricket League for five years in succession. Mr. R. Clay Sudlow, General Manager, replied.

Professor Armstrong proposed the toast of "Burroughs Wellcome & Co.," and referred to the fact that every important expedition which had started from British or foreign shores during recent years had been equipped by the firm.

After Mr. Wellcome had replied, "Medicine and Pharmacy" was proposed by Sir A. Gordon Salamon, the toast being coupled with the names of Sir James Dick, Hon. Surg. to H. M. the King, and Mr. R. A. Robinson, L.C.C. (President of the Pharmaceutical Society of Great Britain).

Sir James Dick, K.C.B. (Hon. Surgeon to the King, late Director-General of Medical Department of the Navy): Mr. Chairman, ladies and gentlemen,—Mr. Wellcome has said that his firm's chemical industry is in its infancy. Well, I thoroughly endorse every word of that, as a few years ago I had the honor of going over these works when there were only three hundred employees, and to-day, after I think about ten years, they number more than thirteen hundred. I have been perfectly astonished at the immense progress that has been made in these works, and the great assistance which he and his firm have given the medical profession at large. On their behalf I return him our best thanks, and fully endorse all that has been said in the telegrams from those distinguished men, Sir Douglas Powell and others. When I look back upon my career and see what the early struggles were, and think with regard to pharmacy and the prescribing of medicine of the ease and comfort with which it is done now, I am thankful for the accuracy and reliability of all the products which Mr. Wellcome's firm sends out. I beg that Mr. Wellcome and the firm will accept the best thanks of the medical profession for the immense assistance which he has given them. (Cheers.)

Alderman R. A. Robinson, J.P., L.C.C. (President of the Pharmaceutical Society of Great Britain): Mr. and Mrs. Wellcome, Mr. Salamon, ladies and gentlemen,—I despair of making my voice heard in this great and magnificent assembly, but it is my duty, and equally my pleasure, on behalf of pharmacy to return you our warmest thanks for the great kindness we have received at your hands. Sir James Dick feels the gratitude of the medical profession to our host of to-day. I do not know what they think when they see that the death-rate is down to eleven

per thousand, and what is going to happen to us in the near future if this goes on. I must not be behind the medical profession in chivalry, and I am very glad to know that our efforts are so useful in this great community, and I am quite ready to attribute a considerable share of it to the exertions of our host of to-day. I am quite ready, also, to think imperially and to act imperially, and I believe pharmacy, when it is called upon, will not be behind-hand in being always ready to come forward, and to think imperially, and to preserve, so far as we can, the great interests of this country for our own countrymen. I regard Mr. Wellcome as one of our own countrymen. It is quite true that I met him first in the United States. Since then we know the strenuous exertions he has made and the great success that has attended his exertions in this country, and I am quite sure no Englishman begrudges the great success he has attained. On behalf of British pharmacy we gladly recognize any efforts that are made for the protection, the well-being, and the health of the community. I desire on behalf of pharmacy to assure Mr. Wellcome how delighted the members of the Pharmaceutical Society are to be his guests to-day, and to wish him every prosperity in the years to come.

After luncheon the programme of entertainments was continued with athletic sports, maypole dances, garland and sword drill by employees, open-air concert, "re-works, illuminations, etc. The prizes were distributed by Lady Manson, and Sir Patrick Manson, speaking at one of the other functions, said that he felt that to-day had been an object lesson to all of them, not only of the heartfelt interest Mr. Wellcome had in the welfare of his employees, but of the wonderful organization of the firm, as exemplified in the forethought which had provided so bountifully for the comfort and pleasure of everyone throughout the day, and by the precision with which a wonderful programme had been carried through.

If he were asked to name the key-note of Mr. Wellcome's success, he would answer "simplicity," and having in memory the old-fashioned prescriptions in which it was thought necessary to have twenty-five ingredients, he would like to express his thanks, and that of other members of the medical profession, to Mr. Wellcome for the marvellous way in which he had helped them in their work. Especially in his own particular sphere of interest—namely, tropical medicine—he was in a position to know and to appreciate the debt of gratitude they owed Mr. Wellcome for his liberality in initiating and supporting research work. The results had already been most valuable, and the promise was greater still.

ITEMS OF INTEREST.

Canadians Honored.—We extend our hearty congratulations to Mr. Irving H. Cameron, of Toronto, and Dr. F. J. Shepherd, of Montreal, on being so signally honored by the University of Edinburgh recently by having conferred upon them the degree of LL.D. It is an honor, not only to the gentlemen named, but to Canada as well.

The American Electro-Therapeutic Association.—The fifteenth annual meeting of the American Electro-Therapeutic Association will be held at the Academy of Medicine, in New York, on the 19th, 20th and 21st of September, 1905. An excellent programme of papers is assured, and there will be an exhibition of electro-therapeutic apparatus in the grill room of the Academy

Canadian Office of Denver Chemical Manufacturing Co.—The recent establishment of a branch office and laboratory in Montreal by Antiphlogistine people bespeaks progress for this enterprising concern—The Denver Chemical Mfg. Co. Maintaining numerous branches, one at Denver Col., one in Sydney, Australia, and another in London, Eng., in addition to the main office and laboratory in New York City, evidences success.

Canadian Medical Association.—Owing to our going to press as usual on the 21st, which we now find to be essential on account of our rapidly increasing circulation, we are unable to report the meeting of the Canadian Medical Association till next issue. (We hope to be able to give our readers an abstract of the meeting in the October number, though for this we depend upon our friend, Dr. Geo. Elliott, the General Secretary, being able to get hold of a medical stenographer on his arrival at Halifax. We trust this year's meeting will be a huge success, and extremely regret our inability to get away to swell its attendance by even one.

A New Rule at Toronto General Hospital.—The following circular letter has been issued to the profession by the Toronto General Hospital, which explains itself: "*Dear Doctor.*—I have the honor to inform you of the following rule adopted by the Board of Trustees of the Toronto General Hospital: 'Surgeons who are not members of the staff who desire to perform operations in the

theatre, may do so on private and semi-private patients only, with the approval of a member of the surgical staff, provided that such member be present at the operation.' I have the honor to be, J. N. E. Brown, Superintendent." We consider this a step in the right direction.

Western School of Medicine, London, Ont.—On page ci. of this number of THE JOURNAL will be found the advertisement of the Western School of Medicine, London, Ont. This teaching body has a creditable record, especially recently, when their students did remarkably well at the Council examinations. "The Western" endeavors to give each student individual attention, so that, with ordinary application on his part during the session, he need have little fear of the exams. Any young man intending to go in for a course in medicine should address Dr. W. W. English, London, Ont., who will send him all information as to lectures, fees, etc.

Toronto Nurses' Registry.—We call the attention of our readers to the announcement, appearing on page xv. of this issue of our JOURNAL, of the Toronto Nurses' Registry, as recently opened by Miss Barwick, 644 Spadina Avenue, Toronto. The Registry has on its list almost all of the graduate nurses resident in Toronto, no matter from what hospital they come. Miss Barwick wishes the profession to know that, by phoning North 1060, she can supply a nurse for any purpose, from an hourly nurse who, for a small charge, will prepare a patient and room for operation, or attend an obstetrical case, or a nurse from \$14 to \$18 a week for cases of any kind, all the young ladies being graduates and experts. We will be glad to hear, later on, that the new Registry is a success and patronized by practitioners. Miss Barwick is herself a graduate of Johns Hopkins Hospital, Baltimore, Md., but prefers to remain in Toronto, which is her home.

The Physician's Library.

BOOK REVIEWS.

The Pharmacopeia of the United States of America. Eighth Decennial Revision. By authority of the United States Pharmacopeial Convention, held at Washington, A.D. 1900. Revised by the Committee of Revision and published by the Board of Trustees. Official from September 1st, 1905. Philadelphia: P. Blakiston's Son & Co., agents.

In this revised edition of "The Pharmacopeia of the United States of America," special attention is called to the changes in strength of tincture of aconite, tincture of veratrum, and tincture of strophanthus, which are as follows: The strength of tincture of aconite has been reduced from 35 per cent. to 10 per cent., and that of tincture of veratrum from 45 per cent. to 10 per cent. The strength of tincture of strophanthus has been increased from 5 per cent. to 10 per cent. These changes have been made in order to conform to the standards adopted by the International Conference on Patent Remedies, held at Brussels in September, 1902, the object being to make uniform the strength of patent remedies in all parts of the world.

A. J. II.

Diseases of the Nose and Throat. By D. BRADEN KYTJE, M.D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia; Consulting Laryngologist, Rhinologist and Otologist, St. Agnes' Hospital. Third edition, thoroughly revised and enlarged. Octavo volume of 669 pages, with 175 illustrations, and 6 chromo-lithographic plates. Philadelphia, New York, London: W. B. Saunders & Company. 1904. Cloth, \$4.00 net; sheep or half Morocco, \$5.00 net.

In presenting to the profession the third edition of this work the general plan of the previous editions has not been materially altered. The entire book has been carefully revised and such additions have been made as were rendered necessary by recent medical progress. The most important alterations and additions have been made in the chapters on Keratosis, Epidemic Influenza, Gersuny's Paraffine Method for the correction of nasal deformities, and in the one on the X-Rays in the treatment of carcinoma. The etiology and treatment of hay fever has been practically re-

written and much enlarged, as has also the operative treatment of deformities of the nasal septum. In the chapter devoted to general considerations of mucous membranes and hay fever, the author records the results of his experience in the chemistry of the saliva and nasal secretions in relation to diagnosis and treatment. The literature has been carefully reviewed, and a number of new illustrations added, thus bringing the work absolutely down to date.

The Role of Modern Dietetics in the Causation of Disease. By J. SIM WALLACE, M.D., D.Sc., L.D.S., Hon. Dental Surgeon West End Hospital for Nervous Diseases, and Assistant Dental Surgeon National Dental Hospital, W. London: Bailliere, Tindall and Cox, 8 Henrietta Street, Covent Garden. 1905.

This book is a collection of essays which appeared originally in the *British Medical Journal*, *The Lancet*, the *Medical Press*, the *British Dental Journal*, and the *British Journal of Dental Science*. Some now appear for the first time. They constitute a coherent whole based on biological facts. The work is a petition against the present day craze for the ultra refinement of foodstuffs, advocating that such refinement impoverishes the amount of bone-forming salts, phosphates, etc., and diminishes mastication and its beneficent effects. Many other attractive and instructive chapters are contained in this volume, as Chapter V. on nasal obstruction and mouth-breathing, its causal relation to unsuitable feeding of children. The sections on the physiology and pathology of the teeth occupy considerable space, and will be found beneficial reading for the layman as well as for the profession.

W. H. P.

Treatise on Orthopedic Surgery. By EDWARD H. BRADFORD, M.D., Surgeon to the Boston Children's Hospital; Consulting Surgeon to the Boston City Hospital; Professor of Orthopedic Surgery, Harvard Medical School; and ROBERT W. LOVETT, M.D., Surgeon to the Infants' Hospital and to the Peabody Home for Crippled Children; Assistant Surgeon to the Boston Children's Hospital; Assistant in Orthopedic Surgery, Harvard Medical School. Third edition, illustrated by 592 engravings. New York: William Wood & Co.

This work by Bradford and Lovett has long been considered a standard authority. The first edition was published in 1890, and was at once recognized as setting forth worthily the principles and practice of modern orthopedic surgery as it was regarded by American surgeons.

The work was not conceived in any spirit of narrowness. The time had passed when the surgeon who was ambitious to do justice to himself or his patient could rely upon straps and braces

to do the work which could be properly accomplished only by him who has an intimate knowledge of the possibilities brought within his reach in the practice of aseptic surgery; in a thorough familiarity with the principles of treatment so effectually demonstrated by the advocates of physical methods of training and massage as seen in the modern orthopedic gymnasium; and in possessing not only a natural genius for mechanics, but in having acquired a knowledge of practical mechanics which results from education. As no orthopedic surgeon who is lacking in the above three elements has a foundation on which to build success, so no book that comes short in any of these respects can worthily claim to represent modern orthopedic surgery.

In the fifteen years which have elapsed since the first edition was published, several important topics have come well into the notice of the profession, elucidated and developed by orthopedic surgeons, subjects which previously had received but little attention or had been attended with but little success in practice. Especially is this true of congenital dislocation of the hip, of roto-lateral curvature of the spine, of traumatic and non-traumatic coxavara and of the non-tuberculous diseases of the joints. These subjects have all received due consideration in this edition, and it may fairly be said that this treatise is the safest and most complete storehouse of information on orthopedic surgery accessible to English readers.

Seeing that the work is published by Wood & Co., it is needless to add that the publishers' work is well done. B. E. M.

Archives of the Roentgen Ray and Allied Phenomena. (Formerly *Archives of Skiagraphy*.) An International Monthly Review of the Practice of Physical Therapeutics. London: Rebman Limited, 129 Shaftesbury Avenue, W.C. New York: Rebman Company, 1123 Broadway. Annual subscription, payable in advance, \$4.00.

This most meritorious exponent of the last and best word in physio-therapy has for its editors, Clarence A. Wright, F.R.C.S. (Edin.), F.F.P.S.G., and J. Hall-Edwards, L.R.C.P. (Edin.), F.R.P.S., with Henry G. Piffard, M.D., LL.D., as American Editor, and M. le Docteur J. Belot, Paris, French correspondent.

Associated with this able and well-known editorial corps is, a large staff of collaborators equally famous as authorities in this important field, representative men from Vienna, Lyons, Nantes, Chemoga, New York, London, Liverpool, Edinburgh, Glasgow, etc.

A large amount of valuable material can always be found in the original articles, and equally valuable are the notes and

abstracts, a prominent feature of this publication. The full-page plates, reproducing radiographs of cases, a number of which appear in each issue, are truly superb, and masterpieces of their kind, such is the care bestowed on their preparation. Illustrations also frequently accompany the text, and materially assist in its elucidation.

This handsome magazine may with confidence be recommended to all practitioners who desire to keep posted on the rapid advances which are being made in the rational treatment of disease by physical methods.

C. R. D.

Exercises in Practical Physiology. By AUGUSTUS D. WALLER, M.D., F.R.S. Part II. Exercises and Demonstrations in Chemical and Physical Physiology, by Augustus D. Waller and W. Legge Symes. 39 Paternoster Row, London, New York and Bombay: Longmans, Green & Co. 1905.

These exercises are adapted for practical work in the laboratory. This volume describes experiments with blood and circulation, digestion, muscle, urine and respiration.

The descriptive matter is full and plain, the illustrations are good, and the book will serve as an excellent guide to those who wish to make these experiments.

A. E.

Addresses and Other Papers. By WM. WILLIAMS KEEN, M.D., LL.D., F.R.C.S. (Hon.), Professor of Surgery, Jefferson Medical College, Philadelphia. Illustrated. Philadelphia and London: W. B. Saunders & Co. Canadian Agents: J. A. Carveth & Co., Limited, Toronto.

Dr. Keen has placed the profession at large under a debt of gratitude to him for the pains he has taken in collecting the material as found in his book, "Addresses and Other Papers." We don't know of many books published during the last decade that contain as much intensely interesting matter as this one, and we feel that it will not take long to run off the first edition, so satisfactory should be its sale.

It contains 25 chapters, and in all nearly 450 pages. It would be difficult to dilate upon many of the most valuable contributions, but one or two that proved most interesting to us were the chapters entitled "Vivisection and Brain Surgery," "The Debt of the Public to the Medical Profession," "The Progress of Surgery in the 19th Century," and "Surgical Reminiscences of the Civil War." Other chapters include "The Early History of Practical Anatomy," "The Real Rewards of Medicine," "Medicine as a Career for Educated Men," "The Ideal Physician," and all are worth reading.

W. A. T.

The Health Resorts of Europe. A Medical and Popular Guide to the Mineral Springs, Climatic, Mountain and Seaside Health Resorts, Milk, Whey, Grape, Earth, Mud, Sand, and Air Cures of Europe. By THOS. LINN, M.D. (of Nice). With Appendices: (a) British and Foreign Hydropathic Establishments, Sanatoria, Private Cliniques, etc. (b) The British Balneological and Climatological Society. (c) The Continental Anglo-American Medical Society. (d) The American Dental Society of Europe, etc. (e) The Open Air Cure—British and Foreign Sanatoria for the treatment of Lung Diseases. General Plan: The Resorts are grouped according to their countries, each article showing the route and price from London, its Topography and Climatology, Springs and indications, Hotels, Doctors, Schools, etc. New edition just published. 254 pp., cr. 8vo, neatly bound in scarlet cloth. Publishers: The Health Resorts Bureau, 27 Chancery Lane, London, W.C. Price, 2s. 6d. net.

The fact that Dr. Linn's Health Resorts of Europe has now reached its tenth year of publication is a tribute to its usefulness and popularity as a reliable guide to European Mineral Springs and Climatic Stations. Every effort is made to obtain authentic information from the authorities at the various Baths and Spas.

The Quarterly Medical Journal says:—"We gladly welcome the appearance of this excellent treatise. The young practitioner will find it most useful and instructive. It abounds in information of every possible value. We cordially recommend it to the profession."

The Hospitals—"To guide invalids in their choice where they may best escape the rigors of winter, Dr. Linn's *Health Resorts of Europe* is likely to be of much service. It is nicely written, and gives a good deal of information of many kinds."

First Aid to the Injured and Sick. An Advanced Ambulance Hand-book. By F. J. WARWICK, B.A., M.B. (Cantab.), M.R.C.S., L.S.A., Associate of King's College, London; Captain, Royal Army Medical Corps (Vol's.), London Companies; Lecturer and Examiner in Ambulance, Home Nursing and Hygiene to the Education Department, London County Council; Lecturer on Ambulance to the late School Board for London; Honorary Life Member and late Lecturer and Examiner to the St. John Ambulance Association; and Honorary Divisional Surgeon, St. John Ambulance Brigade; and A. C. TUNSTALL, M.D., F.R.C.S. (Ed.), Captain commanding the Fourth, or City of London, Volunteer

Infantry Brigade Bearer Company; Honorary Associate of the Order of the Hospital of St. John of Jerusalem in England; Honorary Life Member, Lecturer and Examiner of the St. John Ambulance Association; Honorary Divisional Surgeon of the St. John Ambulance Brigade; Surgeon to the French Hospital and to the Children's Home Hospital. Third and revised edition. 14th thousand. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd. 1903. Price, 1s. net. Pp. xiii.-236. Copiously illustrated.

Great Britain, the home of First Aid, is still easily the chief centre of that humanitarian movement. Nowhere else has it made such progress, perhaps because in no other country has it been more systematically carried on, nor more sympathetically received, hence we have many excellent hand-books on the subject from the Old Country, large and small. Of the latter variety, one of the best, if not, indeed, the best, for advanced classes in First Aid is the Warwick and Tunstall manual. A marked feature of the book is the large number of illustrations, many of which depict various stages of the respective methods under consideration. The necessity for a fourth edition in the space of three years exemplifies the popularity of this little work.

C. R. D.

American Edition of Nothnagel's Practice.—Diseases of the Blood. (Anemia, Chlorosis, Leukemia, Pseudoleukemia.) By Dr. P. EHRLICH, of Frankfort-on-the-Main; Dr. A. LAZARUS, of Charlottenburg; Dr. K. VON NOORDEN, of Frankfort-on-the-Main; and Dr. FELIX PINKUS, of Berlin. Entire volume edited, with additions, by ALFRED STENGEL, M.D., Professor of Clinical Medicine, University of Pennsylvania. Octavo volume of 714 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company. J. A. Carveth & Co., 434 Yonge Street, Toronto. 1905. Cloth, \$5.00 net; half Morocco, \$6.00 net.

This is the ninth volume of the series published in English. We are assured by the publishers that the three remaining volumes will be issued shortly. Dr. Stengel, the general editor of the work, edits this volume, which is one of the best in the series, both as to matter and form. We had occasion to express disappointment in one or two of the preceding volumes at the poor work of the translator and equally indifferent work of the editor. It is to be hoped that the remaining volumes will receive as careful supervision as the present one.

So far as the reviewer has been able to examine this volume, there is little in it to which to take exception. All the articles are very full, and little, if anything, in the literature on these subjects has been overlooked. The editor has been especially careful in regard to the work of the American and English writers on these subjects, few, if any, of their contributions having been overlooked.

The article on Pernicious Anemia is an admirable one. The author (Lazarus) adheres to Biermer's original title of Progressive Pernicious Anemia. The use of the term *progressive* seems unfortunate because, in the first place, there are occasional cases of recovery, and in the second place, in all cases, even the fatal ones, the disease is rarely progressive, but usually presents a history of periods of marked improvement, and more or less grave relapse. This fact is too often overlooked in estimating the efficacy of treatment, to wit, the high reputation of arsenic.

V. Noorden's article on Chlorosis is much longer (200 pages), and more discursive than one would look for from so able a writer. He finds it difficult to establish the claim of this condition to be considered as a separate disease, and not as simply a secondary anemia. In the definition he says: "The disease apparently develops spontaneously—at all events all the causes which lead to similar extreme anemias are wanting." Then, as determining causes, he admits that the co-operation of such conditions as unfavorable nutritive conditions, home conditions, unsanitary occupations, etc., is not to be denied.

He believes that chlorosis is founded upon a functional weakness of the hematopoietic organs. But do not many of the secondary anemias depend upon the same condition? He says the disease occurs exclusively among females, but typical cases have been met with in males. The theory that a low color-index is diagnostic is abandoned, as such an index is often met with in simple anemias. The pathology of the condition known as chlorosis must be made much more clear before we can unreservedly accept it as a special disease. There are many cases of anemia of a chlorotic type met with in this country in young females, less frequently in males, but very few that can be designated as typical chlorosis.

The volume is excellent, and all doing advanced work in diseases of the blood will find it invaluable.

A. M'P.

Physical Diagnosis. By RICHARD C. CABOT, M.D., Instructor in Medicine in Harvard University. Third edition, revised and enlarged, with five plates and 240 figures in the text. New York: Wm. Wood & Co. 1905.

Dr. Cabot's book comprises a little over 500 pages, and in twenty-five chapters gives the practitioner in digested form "an

account of the diagnostic methods and processes needed by competent practitioners of the present date." The author very wisely has cut out a lot of unnecessary ground covered in most works on this subject, rendering the volume easily handled, and yet containing all the matter necessary in one devoted to "Physical Diagnosis."

Carcinoma of the Rectum: Its Diagnosis and Treatment. By F. SWINFORD EDWARDS, F.R.C.S., Senior Surgeon of St. Mark's Hospital for Diseases of the Rectum, and to St. Peter's Hospital for Urinary Diseases; Surgeon to the West London Hospital, etc. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden, 1905. Canadian agents: J. A. Carveth & Co., Ltd., 434 Yonge Street, Toronto, and Chandler & Massey, Ltd., Toronto.

There has been much advance in the surgical treatment of carcinoma in recent years, and the author presents in a little book of less than fifty pages his experience with the disease, with the results obtained by operations for the removal of the growths by the sacral route, based upon forty consecutive cases. In each of these cases upwards of eighteen months have elapsed since the operation was performed.

E. H. A.

Dispensing Made Easy. With Numerous Formulæ and Practical Hints to Secure Simplicity, Rapidity and Economy. By WM. G. SUTHERLAND, M.B. (Aberd.), formerly House Surgeon Queen's Jubilee Hospital, Earl's Court, London, S.W.; Civil Surgeon-in-Charge, Orange River Military Hospital, Boer War, 1900, etc., etc. Second edition, revised. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd. 1905.

The contents have been thoroughly revised and brought up to date, and is a decided step in advance of the previous edition, which was exhausted in an exceedingly short period. A. J. H.

The Surgical Assistant. By W. M. BUCKNER. New York: International Journal of Surgery Co. Price, \$2.00.

This well-illustrated volume should meet with a hearty welcome from all house surgeons and young practitioners. We have no lack of books with full instructions to the surgeon, but the assistant has so far been left to fit himself in as his experience or his wits suggest that he may be most useful to his chief. The book contains the information necessary to make one a really useful and unobtrusive assistant, and should do much to dispel the surgeon's dread of operating outside the hospital with none but

the family physician to assist. Special attention may be called to the section dealing with individual operations. Practically all modern operations are described briefly and concisely, the duties of the operator and the assistant being pointed out in every step. The illustrations are new and good; a special illustrated section on surgical instruments is appended.

E. A. M'C.

Saunders' Pocket Medical Formulary. With an appendix containing posological table; formulæ and doses for hypodermic medication; poisons and their antidotes; diameters of the female pelvis and fetal head; obstetrical table; diet list for various diseases; materiæ and drugs; treatment of asphyxia from drowning; surgical remembrancer; tables of incompatibles; eruptive fevers; weighs and measures, etc. By Wm. M. POWELL, author of "Essentials of Diseases of Children"; member of the Philadelphia Pathological Society, etc. Sixth edition. Philadelphia: W. B. Saunders & Co. 1900.

The sixth edition of Saunders' "Pocket Medical Formulary" has been revised and some two hundred new formulæ added. Blank pages are left for additional formulæ, and while many would think there were many important portions neglected, as their favorite prescriptions are not noted, still there is much variety and food for thought.

Solomon, the wise, hath said, "In the multitude of counselors wisdom is established," and this certainly applies in medicine, and a pocket book which affords a ready reference to the various combinations of remedial agents employed by our most successful practitioners, fills a want in this direction, and affords suggestions which cannot but prove of value to those most interested.

The National Standard Dispensatory, by HARE, CASPARI, and RUSBY will be ready for sale September 1st, the date when the new U. S. Pharmacopeia goes into effect. By authority of the Convention it will contain every article in the new U. S. P., as well as the explanations and instructions necessary to understand and apply the brief statements to which the official guide is restricted. "The National Standard Dispensatory" is a new work, a distinct improvement upon anything of the kind hitherto published. Its authors, Dr. H. A. Hare, of Philadelphia; Prof. Charles Caspari, Jr., of Baltimore; and Prof. H. H. Rusby, of New York, are all men of the highest eminence in their respective fields, and are all members of the Revision Committee of the U. S. P. They have carefully matured its plan so as to render the maximum service to both professions it interests, namely,

pharmacy and medicine. It not only covers the new U. S. P., as aforesaid (and the chief foreign pharmacopeias as well), but the scarcely less important domain of the unofficial drugs and preparations so largely used. It offers full information regarding the pharmacognosy, the pharmacy, and the medical action and uses of all substances used in pharmacy and medicine at the present day. Pharmaceutical methods and products are covered, with descriptions of the most approved apparatus and tests. Dr. Hare has again justified his reputation for knowing what is wanted by giving a compact and direct presentation of modern therapeutics in the section dealing with that subject in the case of each drug. The appendix contains useful tables, formulas, etc., for practical work. There are two indexes, the general, covering all the names in the text, and so affording a guide to the drugs of the entire globe, and the therapeutic index, where, under each disease, are given all the drugs used in its treatment, with reference to the page where the conditions indicating a choice are found. This work of the maximum utility is alone in the field.

Atlas and Text-Book of Topographic and Applied Anatomy. By PROF. DR. O. SCHULTZE, of Wurzburg. Edited, with additions, by George D. Stewart, M.D., Professor of Anatomy and Clinical Surgery, University and Bellevue Hospital Medical College, New York. Large quarto volume of 187 pages, containing 25 figures on 22 colored lithographic plates, and 89 text-cuts, 60 in colors. Philadelphia and London: W. B. Saunders & Co. 1905. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Cloth, \$5.50, net.

In the preparation of this book Professor Schultze had in mind the need of a work that would combine the features of a text-book with the educational advantages of an atlas. He has produced a work of great merit, and not alone the anatomist, but more particularly the general practitioner, will find it of constant value. Professor Schultze has presented his own methods for the study of anatomy—methods proved to be of value by many years of clinical study. Throughout the work the value of the knowledge of topographic anatomy in bedside diagnosis is emphasized. The many colored lithographic plates and the numerous text-cuts, sixty of which are in colors, are of exceptional excellence. Indeed, both for accuracy of detail and artistic beauty we have never seen their equal. The greater portion of the dissections from which these illustrations have been made are from the author's own preparations. Dr. George D. Stewart, in editing the work, has added many valuable notes.

A Manual of Midwifery. By HENRY JELLETT, M.D., F.R.C.P.I.
New York: William Wood & Co. 1905.

Dr. Johnson's dictum about books you can hold in your hand, being, after all, the most useful, would apply to but few medical books. Perhaps that may be the reason why we are somewhat unwilling to lose one of these few and replace the familiar and favorite hand-book by Dr. Jellett, formerly Assistant Master of the Rotunda Hospital, Dublin, by this volume. However, one can always keep both books. In the present entirely new work of some eleven or twelve hundred pages, with nine plates and four hundred and sixty-seven illustrations, Dr. Jellett has had the assistance of four well-known Dublin physicians, Dr. S. W. R. Dawson, H. C. Drury, I. G. Moorhead and R. J. Rowlette, who have had charge of those parts of the book requiring a special knowledge of anatomy, general medicine, pathology, and mental disease.

This book is, without doubt, a good one, the explanations and statements are full, clear, and satisfactory, and every effort has been made by the author to avail himself of the most approved modern views and methods; *e. g.*, Bossi's Dilater and the use of it is dealt with. Part VI., on "The Pathology of Pregnancy," is, perhaps, somewhat short, intercurrent diseases of pregnancy not occupying very much space. The book is concluded by a section of twenty pages on "The Infant," which, though short, contains much valuable information.

H. MACM.

Dr. Stevens' New Work on the Motor Apparatus of the Eyes.—F. A. Davis Company, of Philadelphia, have the pleasure of announcing the early publication of a work long expected and urgently demanded by the medical profession. It is a treatise on the motor apparatus of the eyes, embracing an exposition of the anomalies of the ocular adjustments and their treatment, with the anatomy and physiology of the eye muscles and their accessories, by Dr. George T. Stevens, of New York. The reputation of the author as one of the most original thinkers and foremost investigators in his profession, and one whose works have exerted a profound influence on the views, not only of oculists, but of practitioners in other branches of medicine, is well known. Dr. Stevens' work is a systematic development of the subject of adjustments of the eyes. He advances the anatomy and the physiology of adjustments to perspective and the psychology of sight, and at length to the classes of anomalies as they arise from variations from normal types. From his unequalled experience he has evolved a rational and philosophic system of treatment. Thus is wrought into a continuous whole one of the most interesting, as it is one of the most important, of subjects in the science of medicine. It is to be

profusely and elegantly illustrated in colors and in black and white, mostly from the author's own drawings. The illustrations in comparative anatomy are of especial interest. The book will be found a necessity to the oculist and the neurologist, while to physicians in all branches of practice, to physiologists and psychologists it will prove a work of much value and interest. It will be complete in one royal octavo volume of about five hundred pages.

Merck's Annual Report for 1904.—

It will repay any practitioner to send to E. Merck, Darmstadt, Germany, for a copy of his annual report for 1904, just off the press. The firm will be pleased to send it to any Canadian practitioner writing for it. It furnishes a brief and impartial review of the advancements of pharmaceutical chemistry and therapeutics during the twelve months of last year, *irrespective of any interest of the firm who publish it*, and need not be regarded as being in any sense an advertisement for Merck & Co., lots of space being devoted to the pharmaceuticals manufactured by other houses. The volume comprises in all 250 pages.

We have received also an advance copy of the second supplement of "Merck's Manual of the Materia Medica," which, besides giving in detail the most important and approved remedies of recent introduction, gives a section on the treatment of cases of poisoning by different drugs. This manual is also obtainable free for the asking.

In connection with the enquiry which was recently instituted by the British Government with reference to industrial alcohol, Sir Henry Primrose and Dr. T. E. Thorpe paid a special visit to Germany to procure information as to the regulations in that country as to the use of alcohol in manufacture. The following is their report of a visit paid to the factory of Mr. E. Merck at Darmstadt:

"The new works, which are still in process of being finished as regards approaches and certain internal arrangements, are among the most complete and best appointed of their kind in the world. They consist of a number of detached and specially planned factories, under individual control and with special staffs of chemists and workmen, together occupying a very large area of ground, with convenient railway access from Arheilgen, on the Main-Neckar line. 1,200 workmen are employed, and 290 clerks and chemists. The firm deals in upwards of 6,000 products, 3,000 of which are made upon these premises. There are branch manufacturing establishments in Moscow and New York. In the latter, no preparation involving the use of alcohol is made."

Natural Science in Hygiene or The Life-History of the Non-Bacterial Parasites Affecting Man. For the use of students of Public Health. By JAMES RODGER WATSON, M.A., B.Sc., M.D., (Edin.), Diplomat in Public Health (Univ. of Camb.) Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd. Price, 1s. 6d. net.

This little work of 58 pages does not deal with Bacteriology, but gives the life histories of the grosser forms of vegetable and animal parasites which affect man. The life-cycle of a parasite, given in a semi-diagrammatic form, is utilized throughout the booklet. The book should be useful and interesting to any student of Public Health.

J. J. O.

Conservative Gynecology and Electro-Therapeutics. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. BETTON MASSEY, M.D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and Ex-President of the American Electro-Therapeutic Association; Member of the Société Française d'Electro-Thérapie, American Medical Association, etc. Fourth edition, revised, re-written and greatly enlarged. Illustrated with twelve original, full-page chromo-lithographic plates; twelve full-page half-tone plates of photographs taken from nature, and 157 half-tone and photo-engravings in the text. Pages xvi.-468. Royal octavo. Extra cloth, bevelled edges. Philadelphia: F. A. Davis Co., 1914-16 Cherry Street. Price, \$4.00 net.

That a fourth edition of this excellent work has been found necessary speaks well for its popularity, which is fully explained upon a careful study of its contents. Not only are instrumentation, technique and all necessary details of treatment by electrical methods of the diseases to which women are subject considered very fully, but much attention is likewise devoted to the rudiments of medical electricity, including the physics, production and control of the various currents employed by this well-known pioneer in electro-therapeutics.

To those unaware of what may be accomplished by an intelligent use of electrical methods in the treatment of female disorders, this book will prove a revelation, and it is but due to their patients that they should familiarize themselves with its teachings, even if unable to carry them out personally.

Nor can the progressive gynecologist longer afford to be unfamiliar with the *role* of electro-therapy in his field of labor, and to him the work will prove a veritable mine of information, and

he will doubtless be greatly surprised at the wide range of diseases in which electricity may be employed with benefit.

To the surgeon in general the chapters on the cataphoric destruction and sterilization of cancer may especially be commended as worthy of the most careful and serious consideration by every thoughtful man.

C. R. D.

A *Text-Book on the Practice of Medicine for Students and Practitioners*. By JAMES MAGOFFEN FRENCH, A.M., M.D., formerly lecturer on the Theory and Practice of Medicine, Medical College of Ohio. Second revised edition. Illustrated by eleven full-page plates and fifty wood engravings. New York: William Wood & Company. 1905.

The first edition of this excellent work appeared in September, 1903, and we had the privilege of reviewing it in this journal in December of the same year. The second edition of the work appeared in May of the current year.

The author says: "Very few of the original statements have had to be modified or retracted, but quite a number of additions have been made in order to bring the subject matter fully up-to-date. As in the original edition, no attempt is made to record all the theories that have been advanced in the literature; but only those that are generally accepted or the truth of which is attested by the best authority."

We heartily approve of the author's laconic style and selective method—a most effective combination of forces in presenting to students the various subjects included in a work on the practice of medicine. An American author may be privileged to use the word "hobo" for tramp, but he is not entitled to write *Pediculus vestimentorum*. (Vide p. 288).

The wrong spelling of *vestimentorum*, which appears in both editions, is mentioned here to assist the author in correcting trifling errata what might otherwise appear in the third edition of his work.

J. J. C.