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THE RADICAL MASTOID OPERATION AND ITS TECHNIQUE*

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I prefer to have my patient enter the hospital at least twenty-four hours prior to the operation, to allow time for a thorough bacteriological investigation of the discharges, which is made as far as possible in every case, and frequently throws light upon complications that may arise. The condition of the blood is also investigated, the eyes are examined, the physical condition is fully ascertained, and a four-hourly chart of the temperature kept by the nurse.

The evening previous the side of the head is shaved sufficiently to allow of the most extensive operative procedures, the hair at the edge of the field of operation is fixed upwards by a thick layer of collodion so that wandering hairs may not fall upon the disinfected field, the external canal is thoroughly cleansed, and a drain of gauze saturated in bichloride solution inserted. The skin of the entire side of the neck, mastoid, temporal region, ear, forehead, face, and nose is washed, scrubbed

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and treated with gasoline and alcohol and covered with aseptic dressing and bandage, which are not removed until the operation is about to commence.

Upon entering the operating room the patient must be so placed upon the table that the field of operation, even if the jugular required to be dissected, is convenient to the operator. For this purpose a sand pillow is placed under the shoulders, so that the head, which is turned to the side, may drop a little downwards and the chin be elevated.

When the dressings are removed the head is covered by a cap, or, as I prefer, by a damp towel placed underneath it, the loose ends being brought up and snugly pinned across the forehead, so as to thoroughly cover every hair and leave the field completely exposed. The use of the towel has this advantage, that if the head be required to be moved it can be firmly grasped without danger of everything slipping.

Moist towels are also laid across the posterior and inferior borders, but the face and nose are kept uncovered, so that no contraction of the facial muscles may escape attention.

After trial of several methods of illumination, I have adopted with entire satisfaction, for the past year, Alexander's modification of the Klar Electric Head Light. This has several distinct advantages over all others, namely, that it has little weight, gives absolutely no heat, is so adapted to the eyes that the operator looks directly down the path of light, and admits of being focussed to the distance which suits the vision of the operator. I cannot be too emphatic in acknowledging the great assistance that this light has been to me. A perfect illumination of the field is an essential, if one is to avoid the dangers which surround the exploration of the eaditus and the middle ear.

In all my operations I prefer the assistance of a trained anesthetist. This is not always possible, but I believe that we are doing better for our patient, better for ourselves, and better for the family physician, if we insist upon this point, and I am convinced that the day is coming when this will be generally realized. The operator should be able to focus his attention entirely upon the work directly before him, and where he has any doubt of the capacity of his anesthetist this is impossible

and accidents must supervene. To the trained anesthetist you may safely leave the choice of anesthetic and bear an easy mind. One may digress here to remark that the public are apt to place too slight an estimate upon the dangers of anesthesia, and this leads to the difficulty which the anesthetic specialist meets with in securing competent fees.

For removing the blood I employ sponges made of gauze folded to a size about two inches square, which are used in the larger incisions. For the deeper parts cotton wipes about the size of a stone marble and tips are used; an abundance of these should be of ready access, and a nurse detailed to handle these only.

I am not wedded to any particular set of instruments, but I use chiefly the Alexander gouge, the McEwen chisel, and McKernon's and Richard's curettes. The hammer I employ is the heavy lead filled and faced, short and solid handled mallet, for which I have long discarded all others of lighter make, because it enables me to remove the bone with a very light stroke. I have never used the burr with any confidence, because it appears to conceal the field at the very point where absolute clearness is needful. Two probes are necessary, one of which may be usually found in a surgical dressing case, but the other must be a fine malleable ear probe capable of entering the smallest fenestræ.

In the earlier stages of the operation retraction may be obtained by the use of two (Allport's) retractors, but a variety should be on hand, and the trained hands of an assistant will always be found most effectual. In a radical operation a piece of gauze tape may be inserted through the flap incision, or through the auditory canal backwards under the free edge of the lining of the external auditory canal, after this has been well freed from the bone at the tympanic ring. Two or three fine Barth's curettes, forceps, and periosteal elevators should be on hand, for the investigation of the inner wall of the middle ear and the eustachian tube. Two angular ear dressing forceps are required for the application of the wipes to the deeper parts of the wound.

It is a matter of indifference to me whether I stand above or below the wound, but my chief assistant must be opposite, and the instrument table within reach of the operator and in

charge of a special assistant or nurse, who must clean each tool as it is laid down, and replace it in the position as originally arranged by the operator.

The anesthetist sits opposite to the face, and must be trained to detail accurately the finest facial vibrations.

One nurse must handle the sponges and dressings. All of the above must be sterile and wear caps; gloves may or may not be used. An unwashed nurse must be in attendance to pick up fallen instruments and attend to other duties that may arise.

My usual incision is in a curved line, three-sixteenths of an inch behind and parallel with the furrow between the auricle and the side of the head, beginning just above the front part of the external auditory canal and extending right down to the tip of the mastoid. All tissues down to the temporal muscle are incised with one cut, and with a second everything superficial to the bone below the border of that muscle. I prefer to leave the temporal muscle uncut wherever possible, and instead to push it upwards. If the incision be long enough it will seldom be necessary to make a horizontal cut to gain more space. I have also used an incision with a one-half curve, leaving a large flap posterior to the auricle, but for cosmetic purposes I prefer the other. Again, in doing a Heath I have made the incision directly in the furrow, and have uniformly been satisfied with the result. Lake's incision with the blade placed in the external auditory canal parallel with and close to the tragus, cutting upwards through the cartilage and then sweeping outwards and backwards, I have used with success in children; it affords an excellent view of the parts and leaves a practically inappreciable scar.

The bone is now thoroughly denuded of periosteum to an extent which embraces the roof and posterior wall of the external auditory canal, and below the posterior zygomatic root, backwards as far as the posterior border of the mastoid and downwards over the tip, and the bone is then carefully searched with the probe for any opening through the cortex, and if one is found it is enlarged, but if absent the antrum is sought through the supra-meatal triangle. The antrum must be searched for diligently, and in all my experience it was not until a few days ago that I met with a case where it was con-

clusively absent. No variety show is comparable in its frequent surprises with the exploration of a mastoid bone. The antrum is high or low, anterior or posterior, deep or superficial, outside, in front of, and interior to, the knee of the sinus, without presenting any indication externally.

The absolute absence of blood from the field, the constant use of the probe, vigilant watchfulness, and careful direction of the instruments are absolutely essential in every step of this search. When once the antrum is found, however, the way is clear. All suspicious bone may be removed freely. I never hesitate to expose either the sinus or the middle fossa to the freest extent, and have never found this interfere with the progress of healing. Sometimes one has to follow cellular structures away behind the sinus or in to the zygomatic process and outer plate of the middle fossa to a surprising extent, but I have always found the reward of diligence in this direction satisfactory.

It is not difficult to deal with the tip; no accident to the nerve need be feared where care is exercised to remove the fibres of the adhering muscles as close to the bone as possible. In doing this I once had a severe hemorrhage, for which, through lack of proper assistance, I was compelled to tie the carotid.

The removal of the bridge and the outer wall of the attic is next effected with the use of the chisel, and I have abandoned the use of the Stacke protector, because of its liability to dislocate the stapes, nor have I ever injured the facial nerve during this procedure. I always, however, accurately ascertain the direction of the aditus by the use of the fine ear probe curved at the tip, which I employ as a searcher, and which, being much smaller than the passage, can do no harm.

The aditus, the projection of the semi-circular canal, and the entire inner wall of the ear with the eustachian tube, can now be examined if all the debris and contents thereof be removed. Care must be taken in this removal lest the pyogenic membrane, polypi, etc., be connected with the facial nerve through some hiatus in the wall of the fallopian canal. Frequent use of the probe in the region of the horizontal portion of the nerve is necessary until the operator is convinced that the inflammatory products are entirely removed, and here again

the attention of the anesthetist to the facial movements must be alert.

The mouth of the eustachian tube should be carefully cleansed, and I employ a raspatory, with the intention of securing sufficient reaction in the tube to secure its closing. The wall of the inner ear may then be made as smooth as possible, by lightly scraping any projecting ridges, but the region of the stapes should be carefully avoided. The epidermatization of the tympanum will be materially hastened by smoothing away the projections.

The final steps may now be proceeded with, the aim thereof being still further to favor smoothness of surface and rapidity of healing. For this purpose the posterior wall of the canal may be removed to whatever extent will insure the protection of the facial nerve. All overhanging edges of the outer plate are removed and the slopes rendered round and gentle, and all unevennesses in the floor of the cavity smoothed. During the above steps it is the duty of my assistant to keep the most dependent parts of the cavity quite free of blood, and this must be done with care, for the exercise of undue pressure with the forceps may break into the sinus or the facial nerve. It is also his duty to pick out all fragments of bone as fast as they are separated. Adrenalin and peroxide of hydrogen will assist if the oozing be very free, but any delay is preferable to proceeding in a blurred field.

Unless the cavity has been very foul or the bone very porous I do not use any cleansing solution, but where needful I employ a douche of sterile water, hydrogen peroxide, or alcohol, in preference to bichloride or carbolic acid solution.

If the flap has not already been made, this is now done. The Y flap or the T flap I employ indifferently, endeavoring, however, to secure a capacious canal which will allow of the freest access and leave no deformity. If the cartilage be required to be cut, none of it should be left in the flaps, which are cut with a long under or a long lower, according to the exigencies of the case, cleaned of superfluous tissue, and fixed back with a concealed chromicized stitch of catgut. The wound is then moderately tightly packed with a long strip of half-inch wide iodoform gauze, especially prepared with selvage edge,

brought out through the external ear, and the posterior wound is entirely closed by silkworm stitches, the ends of which next the auricle are cut very short so as to avoid irritation.

If the tip has been removed, it is often wise to insert a small gauze drain at the bottom of the incision, and I have at times brought the gauze out into the external auditory canal through a short piece of thick-walled rubber drainage tubing. My colleague and assistant, Dr. Chas. E. Stewart, uses a glass meatal tube for this purpose, with which I have not yet experimented, but which would seem to be highly useful.

The towels are now removed, and all traces of blood removed from the wound, head and neck, the cut sprinkled with bismuth formic iodide, and a thin strip of iodoform gauze laid over the stitches; a dressing of shaken-out gauze is then arranged around the auricle so as to prevent it being squeezed into an uncomfortable position when the bandage is applied, and over this is placed, especially over the lower side, several large pads of gauze folded over absorbent cotton. The bandage is applied firmly, so as to leave the sound ear uncovered and without turning it around the neck; the bandage should be brought downwards over the wound, not upwards, to secure the best adaptation. It is perfectly possible to apply this bandage so firmly that it will withstand the most violent movements of the patient's head, and yet without undue tightness or any complaint of discomfort from the patient. The turning of the bandage around the neck below the chin I always consider as the mark of the untidy surgeon.

As soon as the patient returns to the ward and recovers from the anesthetic, a quarter-grain of morphia is given hypodermically.

The outer pads may be changed daily, but the wound itself not touched for three or four days or longer, provided the patient's temperature is satisfactory. Once the packing is removed, which must be done the first time by the surgeon himself, the wound should be dressed daily, and sterilized gauze used for packing. I am accustomed to adapt the firmness of my packing to suit the conditions of the granulations covering the bone, but in doing this packing, and in examining these granulations, it is necessary to employ the head mirror and good

illumination, otherwise pockets will form in healing and epidermatization be delayed.

Rapidity of healing after an operation depends upon two factors—the recuperative powers of the patient, and the carefulness with which the toilet of the cavity of the ear is attended to. In this connection, although apart from the question of operation, this carefulness of dressing will prevent undue thickening of the epidermis over the foramen rotundum, and around the stapes, if that be in place, and greatly increase the possibility of improved hearing, which the operator should seek.

47 Grosvenor St., August 10th, 1909.

MEDICINE VERSUS A CRIMINAL ACT.

BY JOHN HUNTER. M.B., TORONTO.

Many thoughts, some of which need not be recorded, must have passed through the minds of medical men as they read the recent articles in the lay press concerning the attitude of the Medical Council toward those guilty of the act known as criminal abortion. The attitude of medicine toward this act can be discussed under the following heads:

I.—The mission of medicine.

II.—The means by which it has been propagated.

III.—Factors involved in this criminal act.

The mission of medicine can be summed up in a short paragraph. It is the prevention, mitigation of the consequences, and cure of disease. It stands for purity in morals; temperate and cleanly habits. It seeks the enactment of sanitary laws for the protection of private, social, industrial, civic and national life. It has to solve the many complex problems pertaining to heredity, education, climate, vocation, etc.

The propagation of medicine will be, when written, one of the most unique and fascinating stories in the realm of literature. Despotie rulers, military and political adventurers, have sought universal empire by the arbitrament of the sword. The vanquished have been either ruthlessly slain, chained to the chariot wheels, or degraded as slaves. Ecclesiastic authority has not hesitated to resort to the dungeon, executioner's ax, to the faggot, and the savage beast, in order that all men might be compelled to bow at the same altar. Commercial and industrial avarice has violated laws in order to fill its coffers by crushing out legitimate competition. Even literary genius has been known to resort to piracy for mercenary or selfish purposes. Medicine has invoked none of these malevolent influences. It has acquired a kingdom vaster than despotie ruler, military or political adventurer, ever dreamed of. It acknowledges no political boundaries, racial or climatic limitations. Its teachings are accepted with a faith more sublime than that accorded to any ecclesiastic creed or dogma. Christ—the Preacher—was driven to the cross

by sectarian blindness and malice; whereas, Christ—the Physician—was thronged by a multitude, whose faith was so strong that it required but a “touch of the hem of his garment” to restore the hopelessly sick and disabled to the full measure of health and strength again. It exercises an authority superior to that of high court or national parliament. It requests a king to submit to an operation, and without judicial or legislative mandate, the royal body is bared for the surgeon’s blade. It enters private life and says to the individual, “You have a contagious disease and you must be isolated from your fellows,” and without a word of remonstrance, he passes into a secluded chamber, or hospital. It goes into the home and places its restrictions on the life of husband, wife or child. It selects the soldiers and regulates their lives. It places its ensign—the Red Cross—on the battlefield, and that spot becomes neutral ground. The guns of the conflicting hosts are aimed elsewhere.

This world-wide expansion and matchless power and influence have been acquired without a single appeal to the sword or interference with any creed, or resort to cupidity. How has all this been brought about? Ages before the first line of history was written, men began to study the mystery of disease, and throughout all the centuries that have since intervened, there have never been wanting those who were not only willing to study disease, but ever ready to apply their knowledge and experience to alleviate suffering. This attitude on the part of medicine has won for it the respect and confidence of the people of every age, race, and zone. It places, unreservedly, its knowledge, skill and experience at the service of all; even the poorest pauper, or vilest outcast is not turned away. The cry of suffering never pleads at its door in vain. It rules mankind through the benevolent service it renders.

Factors involved in the act of criminal abortion: From the days of Onan down to the present time, men and women have sought, by one excuse or another, to escape the responsibilities of parentage. In married life, the physical suffering and mental anguish associated with child-birth; the disability to engage in social functions caused by pregnancy; the absence of love for children; or the heavy financial burden incident to the rearing of a large family; any one or more of these are to many husbands and wives irresistible temptations to resort only too often to the

act of procuring criminal abortion as a means of escaping from parental obligations.

In single life, they may be the victims of defective moral training, of thoughtlessness, of evil companionship, of poverty, of indolence, of ignorance, or of cruel deception under promise of marriage. If to these be added the sufferings of childbirth, the shame of illegitimacy, and the ominous outlook for both mother and child, the temptation to resort to a criminal act is made many-fold greater in single than in married life.

With the sexual instinct so strong; with temptations thickly strewn in everyone's pathway; with defective home and school training; with, only too often, a very meagre supply of moral ballast, is it to be wondered at that the victims of the criminal abortionist are so numerous?

In regard to this criminal act, two problems confront every physician, viz.: (1) the attitude of reputable scientific medicine towards this act, and (2) what can be done to prevent medical men from resorting to it? The answer to the first does not admit of any two opinions. The attitude of scientific medicine is now, and always has been, this, viz., that foetal life is never to be interfered with unless morbid physical conditions imperatively demand such interference. The destruction of the human embryo for selfish or mercenary purposes takes rank with the most cowardly and debasing of murders. Murder is usually committed, under abnormal conditions. The perpetrator is frenzied by passion, or drunk. But criminal abortion by a physician is a deliberate plot, concocted by at least two, and often with others accessory to the crime. Few acts, if indeed there be any others, have a more debasing effect on social life than this one. If the victim escapes with her life she can never blot out the stain of the crime from her conscience. As for the professional abortionists, they may be able, for a time at least, to escape the gallows or the penitentiary; but so long as they possess a particle of self-respect or regard for the honor of their profession, they cannot escape the gruelling remorse of conscience that ever haunts them. They are the lepers of the medical profession. These wretched parasites are denounced and despised by every reputable medical man.

REMEDIAL MEASURES.

It is a very difficult task to condense into a few sentences what would easily make a long article. The means that have been suggested are about as varied as are the opinions on any debatable subject. From what has already been said in regard to the mission of medicine, and the method of its propagation, it is very evident that it is against the very genius of medicine to exercise punitive functions. Whether a man breaks his arm in the act of murder or in trying to save another's life, the mission of the surgeon is exactly the same. The physician cannot even appeal to the "*lex talionis*," for no matter how unjustly the patient may have acted, if the physician undertake to treat him, he is in honor bound to give the best service within his power. The prosecution of the blatant quack by the Medical Council is not in the interest of medicine itself. Its true purport is to protect the public from gross imposition. The abortionist, in his dastardly work, violates a legal statute and becomes amenable to the court of retributive justice. The mission of medicine is not the pursuit of the professional abortionist, but to educate its members so that every one of them will know that the act is one of the most infamous and detestable of crimes. If every young man and woman entering the ranks of the profession during the coming quarter century would take his and her stand on the side of reputable medicine, its escutcheon would be saved many a vile stain. A stern attitude against the crime, by our colleges, our medical press, and by the rank and file, would soon make the criminal abortionists so disreputable that they would either have to give up their fiendish work, or become ready subjects for the prison. The leniency shown by the profession toward this crime is a potent factor in its perpetuation. The abortionist performs the act, and then tells his victim: "Now, if anything goes wrong, call in your family physician. If he does suspect anything he won't say much about it, as you can tell him what a disgrace it would be to your family, etc., etc." Let the criminal abortionist find that his acts are altogether outside the bounds of professional sympathy, and he will soon recognize that his work is of an extremely dangerous character. Older physicians should strive to have this fact indelibly stamped on the consciences of their more youthful confreres,

viz., that the act of criminal abortion is never the "dernier resort" for even unmarried persons. Any physician who has been in practice for a number of years can easily multiply instances where sympathy, tact and wise instructions—in the case of the married—have sent these women to endure their pregnant state bravely, and to give birth to children for whom in after years they would gladly lay down their own lives. In the case of the unmarried, the counsel of the physician has brought about many a happy marriage, or the girls have met their fate heroically, and have made homes for themselves and their children. Of all the influences that can come into any community for good, none excels that of the cultured young physicians, who reverence Christianity, character, race and profession. Young people who are reticent toward the minister, or others capable of giving good advice, are almost invariably willing to give their confidence to the young physician. This very fact places a tremendous power in his hands, and a very stern responsibility on his shoulders. What the race is to be morally and physically depends very largely on the character and attainments of the medical profession. The intemperate, immoral, foul-tongued, unscrupulous physician is as deadly a poison to the moral and physical well-being of society as septic matter is to the structures of the body. What is there in the life of the criminal abortionist to entice any reputable young physician to it! The crime is a cowardly, heinous, dangerous one. The pay is no compensation for such a crime and for such risks. He implicates others in a crime, the stain of which they can never wash away. The end of the abortionist's life is usually closed in poverty, disgrace and imprisonment. How very different the end of the life of unsullied rectitude is, as seen so beautifully portrayed in the case of each of two of the immortals in Biblical and secular literature—Paul, "I have fought the good fight, I have finished the course, I have kept the faith; henceforth there is laid up for me the crown of righteousness, which the Lord, the righteous Judge, shall give me at that day," and Tennyson,

"Sunset and evening star and one clear call for me,
And may there be no moaning of the bar when I put out to sea."

THE STIMULANT GROUP.

BY WILLIAM F. WAUGH, M.D., CHICAGO.

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Stimulation is justly regarded as the first principle of therapeutics. What is there more natural than the conviction that as the vital powers fail, the ability to work and to enjoy the fruits of labor decline, and the continuation of life itself becomes questionable, we should seek for the means of sustaining the vigor of our bodily forces? No matter how uninviting the circumstances or how dreary the prospects, sane man clings to life and shrinks from the plunge into the unknown Beyond.

But what is the stimulant, that wonderful weapon that parries the thrust of Azrael's sword, revivifies the fainting forces and sends the vital stream rushing through the nutritive channels with renewed vigor? A century ago the answer would have been prompt and unanimous—it is alcohol—that potent spirit to which the French still apply the term—water of life—*eau de vie*.

The thorough and precise investigations of modern science have shown that alcohol is not a stimulant in any sense, not a food, not an eliminant; in a word, not an agent that is capable of sustaining life or increasing any one of the essentially vital functions. It is a sedative, from first to last, physically, mentally and morally. It is the most potent agency in existence of all that tends to shorten life by inducing early decay, opening the door to infectious disease, and weakening the vital resistance to all noxious influences. It is the Captain of Death before whom all others bow. To what, then, are we to attribute the well nigh universal belief in its stimulant powers? What *does* alcohol that it should have acquired such repute?

Firstly, we may attribute its vogue to ignorance of what constitutes stimulation. Alcohol abolishes the sense of fatigue, and the actual loss of physical force is overlooked; it inhibits judgment and self-consciousness, releasing imagination from the restraint that confines it to proper limits; it blunts the sense of wrong and frees the sinner from the control of conscience. It is curious how uniformly this paralyzing effect may be traced throughout the body, in all cases giving an apparent

stimulation while the real depression is masked. Alcohol increases the appetite while it inhibits the digestive enzymes; sooner or later replacing food, the quantity consumed declining as the patient substitutes alcohol. It apparently increases the elimination of nitrogenous toxins by the kidneys, but these are now known to be derived from the food having slipped by the liver while this organ is fully occupied in the task of intercepting the alcohol and excreting it. Meanwhile the food toxins traverse the body, to its detriment, and appear in the urine.

The conception of alcohol stimulation is enhanced by its local irritative qualities, as when applied in strength to the skin or the mucosa. Irritation is not stimulation; it is not an increase of a vital function so much as a protest of outraged nature at a physiologic insult. Nevertheless, if alcohol is ever correctly to be described as a stimulant, it is when thus applied.

The most potent factor in winning this undeserved reputation is the paralyzing influence of alcohol upon the vascular tension. By this the vessels are unlocked, the circulation is relaxed and more blood admitted into areas where the supply had been previously scanty. Local stimulation also by reflex action accelerates the heart-action, and for a time it *looks* like stimulation. But this quickly subsides, and the depression is unmistakable.

In addition we have the curious inhibition of self-consciousness, paralysis of apprehension, by which the subject is endowed with a "Dutch courage," which also looks like stimulation but is not; and we begin to see why this undeserved reputation has clung to alcohol. The professional view is at last coming to the point occupied first by N. S. Davis, that there is no legitimate place in therapeutics for alcohol, that its benefits are temporary and illusory, its evils decided and disastrous.

Ammonia is not much employed as a stimulant in America, though in English journals it is mentioned frequently. The stimulation is, I believe, mainly reflex from irritation; it is evanescent, and while not accompanied by the depression directly induced by alcohol, ammonia, if pushed, exerts an injurious influence by hemolysis.

The stimulant *par excellence* to-day is strychnine. Here we come upon a real stimulant; one that enhances every vital function of the body. The pulse gains in tension under its influence.

the respiration is deepened and strengthened, the metabolic changes are accelerated, secretion is increased, peristalsis hastened, the user sees, hears, tastes, smells, feels and thinks with increased power. Indeed, the universality of its action is one of the greatest objections to strychnine; since all men are lazy, even doctors, and it is easy to drop into the habit of stimulating one hundred functions of the body needlessly for the sake of enhancing one that really needs the whip. Besides, under some circumstances strychnine does not act as a stimulant. Crile called attention to the danger of excessive doses in shock. Returning home at midnight one excessively cold winter night—thermometer about 20 deg. below zero, when very much fatigued. I took gr. 1-30 of strychnine. In a few minutes a sense of overpowering muscular weakness assailed me, my legs buckled under me, and it was only by a strenuous effort of the will that I commanded my muscular forces sufficiently to get to my home. Possibly the vascular tension induced by the drug increased the contraction of the vessels caused by cold, until the blood was forced out of the muscular and cutaneous circulation, and there was a serious disturbance of vascular equilibrium.

But strychnine is not an ideal stimulant for all forms of depression. When this is due to toxemia the best remedy is that which stimulates the eliminants to carry the toxins out of the body. While evacuants are essentially debilitating, if they relieve the circulation of depressant toxins, their use is followed by a vital reaction far more enlivening than could be secured by any dose of strychnine. Thus we find with veratrine, the type of the sedative class, a direct and pronounced strengthening action secured by its powerful eliminative stimulation. We may likewise obtain a decided impetus toward a higher plane of bodily health and strength by sedating pain with morphine, or quieting restlessness or muscular jactitation by means of gelseminine, both likewise pure sedatives.

This leads us to what might well have opened our subject, the question of what is a stimulant and why we should seek to stimulate?

Perfect health consists in the perfect and harmonious operation of all the vital functions. If any one of these acts in excess of the rest, it is not health. If any one of them falls behind

in its work, it is not health. Health, then, is the state of equipoise, or equilibrium in the operation of all the vital functions. If any one of these functions fails, the ideal stimulant is that which restores the deficient function without affecting any other. The ideal *materia medica* should comprise a specific stimulant and a specific depressor for every vital function; and the ideal physician shall be he who knows his physiology so completely that he shall be able to recognize every deviation from the normal operations of the body, and have at hand the remedy exactly calculated to restore the aberrant function to equilibrium.

We have not progressed far on this road. Our knowledge of physiologic function has many gaps, some wide and deep; but it suffices for most of our needs. Our *materia medica* contains many useful agents with whose powers we are familiar; and when the habit of precision in prescribing becomes general, we will have calls for specific functional stimulants and sedatives. Many of these will undoubtedly be found among the hundreds of alkaloids and other active principles not yet subjected to exhaustive study. Who knows the exact powers of the thirty active principles of the cinchonas? One we know—quinine—and three others resemble it, but with differences we fail to utilize. Yet I have just found in quinidine all the tonic values of quinine without the disagreeable effect of quinine on the ears, or of cinchonidine on the eyes, that rendered these alkaloids unavailing in my case.

There is a charm about the nice application of single drugs to meet precise indications, that makes one regret he is at the end instead of the beginning of his active medical life.

THE INDETERMINATE SENTENCE AND PAROLE SYSTEM.

BY DR. J. T. GILMOUR, WARDEN CENTRAL PRISON.

*Who will render to every man according to his deeds?—
Rom. 2: 6.*

IN sentencing men to prison the three chief considerations in the mind of the judge are the protection of society, punishment for the offence, and reformation of the delinquent. There are two methods of attaining this end, the definite sentence and the indefinite sentence; the latter being commonly known as the Indeterminate Sentence and Parole System. Let us analyze the two methods and ascertain, as far as possible, their usefulness in attaining our object. The definite sentence attempts to measure off so much penalty for so much crime, which means that it deals with the past, which is irrevocable, and not with the future, which contains a possibility, often a splendid possibility. The State should not be an avenger, but a repairer of bad moral conditions. A man should be imprisoned not so much for doing a wrong act, but because he is a wrongdoer. The definite sentence asks the question, How and when can we make him better? What judge can give a time limit to the latter question? When a judge is elevated to the bench is he simultaneously endowed with a superhuman wisdom, giving him a prophetic vision that enables him to read the future and tell how many years hence a criminal will be reformed and fit to mingle with society? If so all judges would impose the same sentence for similar offences. Do they? Most assuredly not. Then, which sentences are right and which are wrong? Who will answer? If the definite sentence deals out even-handed justice to all, why do we see so much jockeying among criminal lawyers to get a certain kind of cases before certain judges, and their great anxiety to avoid other judges? How is it that the criminal codes of no two countries agree on the extent of imprisonment meted out for similar crimes? Every prison register where the definite sentence prevails reveals the greatest inequalities in prison terms for precisely similar offences. How can it be different when the degree of moral indignation against the crime in the mind of the judge is the determining

factor in the length of the sentence? Can all judges have the same degree of indignation, or can any one judge always hold the same opinion? Sentencing a man to prison is always a judicial act, but there the actual relations between the judge and the criminal end, and the judge sees no more of the man whom he has sentenced, and has no further personal knowledge of his conduct or progress. How then can the judge intelligently fix a date for the man to be released? Releasing a man from prison should be an act of administration, but not entirely in the hands of a prison warden. If a man's conduct sends him to prison, should not a man's conduct release him from prison? If a man's conduct makes him a menace to society demanding imprisonment, should not his conduct be tested by conditional liberation before he is granted complete freedom? The definite sentence liberates the criminal at a given time, be he ever so dangerous to society, and be his intentions ever so criminally inclined. It is not uncommon for a man leaving prison after completing a definite term to frankly avow his intention of "getting even with the world." If this class realized that their liberty was contingent on their industry and proper social habits how different would be their attitude toward society and the future.

That the State has an infinitely greater interest in the criminal's future than in his past requires no argument. When we study the heavy handicaps that the great majority of delinquents have been weighted with in early life, in the form of bad parentage, pernicious early environment, and lack of opportunity, we can then clearly realize that the State's self-evident duty is educative and reformatory rather than punitive. A Greek proverb says, "To know all is to forgive all." This is sometimes true and sometimes untrue. A considerable percentage of every prison population is the result of neglected childhood, children who, humanly speaking, were damned into the world. Defenceless childhood is surrounded by fragile walls, which all open into vice or crime. The State has to do for this class, unfortunately, in a prison, what the parents and the home failed to do. Treated by the definite sentence, the great majority become habitual criminals, a menace to society, and permanent wards of the State. The Indeterminate Sentence and Parole System is the only reasonable and humane method of developing this most

promising and deserving class into valuable citizenship. The Indeterminate Sentence places the criminal's future to a very large extent in his own keeping. It stimulates and calls forth all that is best in the man and gives him an opportunity to redeem himself and fix the length of his prison term. The definite sentence holds out no such hope or opportunity, and renders the delinquent powerless to better his condition, be he ever so willing to do so. When the element of hope is taken out of the human life the best part of the man is annihilated. The Indeterminate Sentence gives a reasonable control over the morally weak while out of prison, and serves as a steady and restraining influence while they are regaining an honest foothold in society. The Indeterminate Sentence spells education, hope, reformation and liberty, and places all within the grasp of the delinquent. None of these features mark the definite sentence. The Indeterminate Sentence should never be used as an act of mercy or clemency, but should be based entirely on the criminal's conduct and merits, and extended to him when he has earned it, and simply as his due. The Indeterminate Sentence and Parole System has not been discussed by the American Prison Association for years, for the simple reason that penologists are so thoroughly agreed that it is the basis and essence of every successful prison and reformatory system that to question its merits or doubt its efficiency, would be like criticizing the Lord's Prayer. In Canada we have the Ticket of Leave Act, with some of the most important features so imperfect that we derive but a part of the benefit that accrues from a proper system.

Therefore thou art inexcusable, O man, whosoever thou art that judgest.—Rom. 2: 1.



THE INTERNATIONAL AMERICAN CONGRESS OF MEDICINE AND HYGIENE, BUENOS AYRES, ARGENTINE REPUBLIC, MAY 25th, 1910

THE International American Congress of Medicine and Hygiene of 1910, in commemoration of the first centenary of the May revolution of 1810, under the patronage of His Excellency the President of the Argentine Republic, will be held May 25th in Buenos Ayres. Argentine Republic.

In order to facilitate the contribution of papers and exhibits from the United States, there has been appointed by the President of the Congress, Dr. Eliseo Cantón, and the Minister of the Argentine Republic at Washington, a committee of propaganda, of which Dr. Charles H. Frazier (Philadelphia, Pa.) is Chairman and Dr. Alfred Reginald Allen (Philadelphia, Pa.) is Secretary.

The Congress has been divided into nine sections, each section being represented in the United States by its Chairman in this Committee of Propaganda, as follows:

Section 1—Biological and Fundamental Matters, Dr. W. H. Howell, Chairman, Baltimore, Md.

Section 2—Medicine and Its Clinics, Dr. George Dock, Chairman, New Orleans, La.

Section 3—Surgery and Its Clinics, Dr. John M. T. Finney, Chairman, Baltimore, Md.

Section 4—Public Hygiene, Dr. Alexander C. Abbott, Chairman, Philadelphia, Pa.

Section 5—Pharmacy and Chemistry, Dr. David L. Edsall, Chairman, Philadelphia, Pa.

Section 6—Sanitary Technology, Dr. W. P. Mason, Chairman, Troy, New York.

Section 7—Veterinary Police, Dr. Samuel H. Gilliland, Chairman, Marietta, Pa.

Section 8—Dental Pathology, Dr. George V. I. Brown, Chairman, Milwaukee, Wis.

Section 9—Exhibition of Hygiene, Dr. Alexander C. Abbott, Chairman, Philadelphia, Pa.

It will not be necessary for one contributing a paper or exhibit to the Congress to be present in person. Arrangements will be made to have contributions suitably presented in the absence of the author.

The official languages of the Congress will be Spanish and English.

Members of the following professions are eligible to present papers or exhibits:—Medicine, Pharmacy, Chemistry, Dentistry, Veterinary Medicine, Engineering and Architecture.

Papers may be sent direct to the Chairman of the particular section for which they are intended, or to Dr. Alfred Reginald Ailen, Secretary, 111 South 21st Street, Philadelphia, Pa.

ABSTRACT.

Osteopathy.—M. Clayton Thrush, Philadelphia (*Journal A. M. A.*, December 19), gives a critical discussion of osteopathy, its theory, alleged principles, its practice, and its pretended and true relations to general medicine. He shows, from the testimony of osteopaths themselves, its inconsistencies and its comprehensive claims. The objections to recognition of osteopathy and the legal recognition of the practice by the appointment of State boards of examiners and licensing of practitioners of the alleged school of medicine, are given at length, including their lack of educational requirements, their secret methods of drug using while pretending to be opposed to the use of drugs, their opposition to vaccination and other sanitary methods and requirements, etc. The remedy he sees would be in having one board of examiners for all medical practitioners, the examinations being the same for all subjects except therapeutics, the standard to be the same in every State of the Union, so that proper reciprocal relations would be established between the different States. The revocation of the license for intemperance, drug habits, or criminality, and this to be effective through all the States alike. A common standard of preliminary education to be exacted of every person desiring to enter a medical school anywhere in the United States. Every student should be required to pass the examination, no matter what his credentials may be, not excepting a degree in arts or science; said examination to be about equal to the present medical standard of the New York Board of Regents. This would keep out a large number of imperfectly educated persons who do not at present especially honor the medical profession. Lastly, he would have every applicant be of sound mind and body and of good moral character.

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

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THE COLON TUBE

WHETHER the colon tube, after introduction by the attendant, coils up in the ampulla of the patient's rectum, or ascends into the colon is a moot point. Dr. H. W. Soper, *Journal of the American Medical Association*, August 7, 1909, p. 426) gives the literature of the subject, and the results of experiments made by himself, in order to determine the depth to which a long, soft colon tube can be made to penetrate into the colon. He examined sixty persons, using the lateral knee-chest and other positions and trying to introduce long, soft, rubber, blunt-end tubes with side openings into the colon. In some of the cases, a mixture of oil and bismuth, in others a mixture of bismuth and water was allowed to flow through the colon tube at the time it was introduced; in other cases only a well-oiled tube was passed. The positions taken by the tube were verified by means of a fluoroscopic apparatus. These experiments showed that a soft rubber tube could not be made to go any higher than six or seven inches—into the rectal ampulla—without bending or coiling on itself. Only in rare cases of dilatation or hypertrophy of the sigmoid flexure of the colon could a soft rubber tube be made to penetrate into the colon. The X-ray pictures also showed that the mixture of bismuth and oil injected through the colon tube had filled the descending transverse

and ascending colon, though the tube through which it had been injected lay in the rectal ampulla. Evidently, therefore, a short rectal tube, such as is supplied with the ordinary fountain syringe, is long enough for the introduction of fluids into the colon.

J. J. C.

LAYMEN RIVAL DOCTORS IN THE CAMPAIGN AGAINST TUBERCULOSIS

THE American National Association for the study and prevention of Tuberculosis has issued a statement, which shows that over 45 per cent. of the individuals enlisted in the campaign against the white plague are not members of the medical profession. That Association has 2,500 members, representing every State in the Union and divided as follows: 54.6 per cent. physicians and 45.4 per cent. individuals who are not physicians. In the local and State associations, however, over 50 per cent. of the members are not physicians. These figures show that the anti-tuberculosis campaign is popular in the United States; that persons who are not members of the medical profession are bearing their share of the burden. Somewhat similar conditions have also been observed in Canada. Thus we see by the last annual report of the Canadian Association for the Prevention of Tuberculosis, held at Hamilton, Ont., May 19th, 1909, that the lay membership at that meeting preponderated. Nineteen physicians were present,

and twenty-five persons who were not physicians. Of the latter, three-fifths, 15 persons, were women. In local leagues established in the Provinces of Canada, similar conditions prevail.

There is nothing extraordinary in the devotion of the lay element in the United States and Canada to the prevention of the white plague. It is a very common disease, and a very fatal one, though not abruptly so.

The published statistics of Ontario show that the mortality from tuberculosis in this Province does not diminish. Thus we read in the Report of the Registrar-General for 1907, that in 38 years (1870-1907, inclusive) there were 87,654 deaths from tuberculosis in Ontario. Running through those statistics, year by year, there is a sameness in the proportion which the deaths from tuberculosis bear to deaths from all causes. Thus in 1881, when the total deaths from all causes were 22,821, the deaths from tuberculosis were 2,446, or 10 per cent. In 1891, ten years later, when the total deaths from all causes were 21,558, the deaths from tuberculosis were 2,379, or 11 per cent. Ten years later still, in 1901, when the total deaths from all causes were 29,608, the deaths from tuberculosis were 3,284, or 11 per cent. We wonder if this same proportion will be noted in 1911, the year of the next decennial census.

Owing to the lingering illness caused by tuberculosis, the earning power of a family may be disabled, and their little savings swallowed up. Hence the call for aid and assistance, even when life cannot be

saved. But if the hand of the destroyer is to be stayed, if the work of repressing tuberculosis in town or country is to show results, it must be largely by the voluntary work, and financial aid of individuals determined to do all in their power to circumscribe and lessen the ravages of this plague. Of wealthy patients it is unnecessary to speak; they can remain at home or can venture abroad in search of health, but with the poor, and tuberculosis is largely a disease of the poor, the battle has to be lost or won at home. As Dr Adami put it at Hamilton, "It must be by voluntary effort, also, that the expenses of home treatment of curable cases are met. It is for the municipality to afford the co-operation of its Board of Health and the inspection of the same; for the municipality and the State to assume the segregation and treatment of cases so helpless that they become dangerous sources of infection."

Though numerically stronger the lay element in the anti-tuberculosis associations must look to the professional man for guidance, and it is pleasing to see that the work of establishing anti-tuberculosis leagues and of giving needed instruction to the public in Canada has been well carried out by Dr. G. D. Porter, of Toronto. Similar instruction has also been imparted, in French, to large audiences in different parts of the Province of Quebec by Dr. Valin, Professor of Hygiene of the University of Laval, Montreal.

J. J. C.

COPPER IN VEGETABLES

In Taylor's *Medical Jurisprudence* the use of salts of copper (blue vitriol) for the purpose of giving a rich green color to fruits and pickles is mentioned. That author says "If the fruit or pickle is placed in a solution of ammonia and copper is contained in it, the substance is speedily turned blue. The iron test is, however, more delicate. A bright needle immersed in the pickle or plunged into the solid will be speedily covered with copper. The quantity of copper contained in such articles may not be sufficient to cause fatal effects, but serious symptoms of gastric irritation are sometimes produced, and in young persons these may assume an alarming character."

In Bulletin, No. 192 (Copper in Vegetables), issued by the Inland Revenue Department, Ottawa, A. McGill, Chief Analyst, reports the results of the analysis of 69 specimens of French peas imported into Canada. Only about 10 per cent. of these goods contained less than 55 parts per million of copper. A maximum of 55 parts of copper per million is fixed in two European countries, Austria and Germany. Belgium and Russia forbid the use of copper. In Italy and Switzerland, only such vegetables are prohibited as contain more than 100 parts of copper per million. In France, the prohibition of copper in coloring vegetables was rescinded in 1889. England has no legislation on the subject. By a decision of the United States Department of Agriculture, dated

May 1, 1908, it was ordered that, on and after January 1, 1909, no foods greened with copper salts will be allowed entry into the United States. Logically, the effect of this decision should be made to apply to green peas canned in the United States; but of this we have no information.

Dr. G. Stein, (whose paper in *Zeitschrift für Untersuchung der Nahrungs und Genussmittel*, November, 1909, is abstracted by A. McGill), throws some light on the question of coppering vegetables. "It is particularly important to the keeping of tinned vegetables that they should be thoroughly sterilized. Sterilization under pressure at 120° C. destroys the chlorophyll and the vegetables become yellow-brown, unless previously treated with copper. Copper was formerly introduced by boiling in copper vessels, which yielded copper to solution in the acids naturally present in the vegetables. It is now introduced as salts of copper, mainly as the sulphate. The coppering of vegetables was first practiced in France, but popular appreciation of the product has caused the innovation to be adopted by other countries. No other method of giving a desirable green to the preserved vegetables has proved a success, and, although it is possible, by using selected material and working with special care, to retain much of the natural green of peas in the preserved article, the process would be too costly to be worked profitably on the large scale."

With regard to the maximum of copper per million parts, fixed by the law in Germany and Austria, it may be said that the work of Graf and others in-

dicates that it is for the most part impossible to give a uniform and satisfactory greening to vegetables, with so small an amount of copper as 55 parts per million. This opinion seems to be verified by the analyses of imported green peas, as sold in the Canadian market, 90 per cent. of which contain larger amounts of copper than 55 parts per million. Whether the revelations of Bulletin 192 shall prove to be a chemical curiosity, or a matter of interest in regard to the public health, we cannot say, but feel inclined to the former opinion. Cases of poisoning arising from the ingestion of imported canned green peas must be rare in this country. The occasional use of this article of food is probably harmless. It might cause vomiting and diarrhea, when eaten in quantities containing one-sixth to one-third of a grain of sulphate of copper, daily, for a period of several weeks. The astringent dose of sulphate of copper is from a quarter of a grain to two grains.

J. J. C.

"CALL IT SIX DAYS"

E. E. K.

WITH so much sheet lightning flying across the sky of the Medical horizon, caused by an excess of electricity among the members of The Ontario Medical Council lately, we have dared to insulate ourselves, and, still touching wood, have opened the oracle of the Council (the report of its proceedings, 1907 and 1908) and

fearfully perused many of its pages to see what has been causing some of these highly "charged" gentlemen to touch noses and "draw" so many sparks. We think we have discovered a part of it. "The Daylight Bill" has passed! Think of it, what used to be four days is now called six days! Who did it? This great act of putting on the clock? Why, the best fed, best slept man among our Councillors. His little joke is too fine not to sing itself into rhyme—

Who lengthened the day?
 I, said Edmund K.,
 I lengthened the day.
 I'm proud of my work.
 I'll never it shirk.
 Bravo, say we all;
 E'en the Comet may call
 And leave cards, ere it fall,
 In the gay Doctors' Hall.

It's hard to leave the flights of imagination and joy jingling, and come down to quoting plain prose copied verbatim from the Tome familiarly called "The Announcement of the College of Physicians and Surgeons of Ontario." Quote we must, the finality of the subject is compelling—pp. 233, Report of the Finance Committee, 1907-1908. (*En passant* it may be noted that the session held at Kingston began at 2 p.m. on July 2nd and ended at noon on Saturday, July 6th—*four days* in all.) :—

"Dr. Hillier—I would like to ask you about this six days. Does that include the travelling time as well?"

"Dr. Henderson—No, the six days in session."

“ Dr. King—The session is called six days. Instead of making a sessional allowance, it is said the session is six days, and the travelling days are extra ”

Tempus fugit. Couldn't some one make an amendment at the next meeting of the Council and call the session seven days, and allow for keepin' the Sabbath?

W. A. Y.

	Editorial Notes	
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The Book Oath in the United Kingdom.

By legislation passed in the last British Parliament the form of taking the oath in the United Kingdom has been changed. The Oaths Bill, as passed by the House of Commons, provided that the witness was merely required to take the oath with uplifted hand; but, as amended by the House of Lords, the bill provides that the person taking the oath shall hold the New Testament in his uplifted hand. The change advocated by the House of Commons was already permitted, according to Section 5 of the Oaths Act of 1888, to wit: "If any witness desires to swear with uplifted hand in the form and manner in which an oath is usually administered in Scotland, he shall be permitted to do so, and the oath shall be administered to him in such form and manner, without further question." The House of Commons wished to do away with the permissive feature of the Scotch oath, which was provided for in the Oaths Act of 1888, and to make the Scotch oath the only legal form of administering an oath to a witness according to the Oaths Bill of 1909. The House of Lords did not coincide with the action of the House of Commons on this matter, but insisted that the place which the Bible has occupied for so long a time in the ceremony of taking the oath should be preserved, and this last view of the case was crystallized in the new Oaths Act of 1909.

Looking at the disputed question from the standpoint of hygiene, and that was the sole cause of dispute, the House of Commons was in the right in eliminating the Bible from the ceremony of administering the oath. Bibles, which are rarely, if ever, disinfected, and which pass through the hands of thousands of persons, may prove to be sources of infection, whether

touched with the lips or hands of witnesses, and are certainly not clean.

The custom of swearing with the uplifted hand (not a hand grasping a Bible) is an old one, and reference is made to it in several passages of the Holy Scripture. Thus, Abram said to the King of Sodom, "I lift up my hand to the Lord God, the Most High, the possessor of heaven and earth" (Genesis xiv., 22). Adjuration with the uplifted hand is also mentioned in other parts of the Bible—(Daniel xii., 7); The Apocalypse x., 5, 6).

On the other hand, the practice of kissing venerated objects is at least as old as Christianity. Kissing the crucifix is in many Christian countries considered a particularly holy act. It is not, surprising, therefore, that the kiss reverential should have been extended to the Gospels and made obligatory in the administration of judicial oaths. The patriarchal form of taking an oath seems to be as solemn a form of adjuration as one can wish for, and it is free from hygienic or æsthetic defects, which exist in the kissing or handling of undisinfected or soiled objects.

Prison Doctors in England and the Home Office.

Carrying to an extreme degree the right of passive resistance to enforced criminal law, some of the suffragettes imprisoned in British prisons refused to take food. Placed in a dilemma, Mr. Gladstone, the British Home Secretary, ordered the prison doctors to feed these prisoners by means of the nasal tube. He did not shoulder the responsibility for the official acts of the doctors, for, when speaking in the House of Commons in reply to a question by Mr. Arthur Lynch, the Home Secretary said that he "put forward medical officers, because it was a medical question, and as the honorable member knows or might have known, any responsibility rests upon the medical officers." This was a most disingenuous answer, for the prison doctors would not dare to

feed sane political prisoners through a nasal tube, unless they had received orders from the Home Secretary to do so.

A hard choice you will say: To resign a good situation, or to do a cruel act at the bidding of a superior. When Napoleon Bonaparte asked Larrey, his chief surgeon, to put the French wounded, lying in camp at Acre, out of pain rather than leave them to be murdered by the Turks, Larrey told him that a surgeon's business was to save life, not to take it. Larrey did not lose his post, but stuck by his chief for fifteen years longer, and joined him in the *saue qui peut* at Waterloo. But you may say: Forced feeding is not taking life, but saving it. In the case of an insane person, forced feeding is a legitimate operation; the case is different when the tube is passed down the esophagus of a sane political prisoner, who refuses to take food, that she may regain her liberty. The British Minister who ordered his subordinates to do such an operation is a tyrant. The doctors who did his bidding are shabby fellows. A few more performances of that quality on the medical stage, and the charm of Weelum McLure's unselfish kindness will seem rather exaggerated.

Legitimate Dairy Methods Should Not Raise the Price of Milk.

In a letter, which appears at page — of the present issue, Mr. C. E. Potter, general manager of the City Dairy Co., Toronto, comments on an editorial note entitled "The Cost of Milk Production," which appeared at page 50 of our January issue, and shows that the Toronto milk dealers sell an imperial pint of milk at a lower price than the price charged by New York milk dealers for a wine pint of milk. In writing that note our chief intention was to eulogize proper and necessary procedures in dairies, which serve to lessen the cost of milk-production, while, at the same time, improving the quality of the milk, and we so stated the case. We quoted from a lecture delivered in December last by Professor Dean, O. A. C., to an audience of

farmers, who heard him at the Guelph Fair, on the subject of lessening the cost of milk production. It will not be necessary to repeat here what the lecturer said, but we may repeat the comment we made on his lecture: Given a good type of dairy cattle, there does not seem to be anything in Professor Dean's recommendations calling for that increase in the cost of milk production, of which one hears so much nowadays."

It is possible to exercise human ingenuity to an extreme degree in safeguarding a milk supply. Some cranks might even imitate the programme suggested, in a laughing vein, by the editor of the *New York Medical Journal*, December 4th, 1909, so as to see "that each cow is to have a chambermaid, who will brush her charge's teeth after each meal, spray her with cologne, and put up her tail in blue ribbons."

Such elaborate hygiene would be expensive and would raise the price of milk. Nothing advocated by Professor Dean is of this character; on the contrary he advocated methods intended to ensure pure milk at a lessened cost of production. As a physician and hygienist, we wish to promote the consumption of pure milk in Canada, in preference to other less nourishing and more expensive foods—a large sale and small profit—and we shall always try to help dairymen and middlemen to accomplish that purpose. The prices of milk sold here: 15c per imperial quart of certified milk, and 23 imperial pints of uncertified milk for a dollar, are not excessive.

Neuropathic Wards in a General Hospital.

In the Annual Report of the Canadian Hospital Association, 1909, appears a paper entitled "Neuropathic Wards in a General Hospital," by Dr. Campbell Meyers. This address referred more particularly to the work that is being done in the treatment of functional neuroses in the special wards devoted to that purpose in the General Hospital, Toronto. Dr. Meyers pointed out that work in his department was not for the prevention of

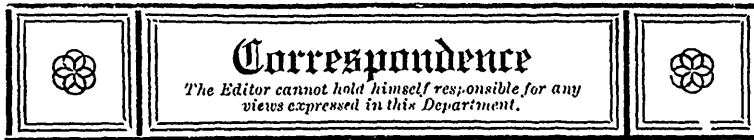
insanity in such cases as showed brain degeneration, or where the heredity was bad—*dementia praecox* for instance. In such cases he held that it was useless to talk about prevention. On the other hand, there were people, who have a good heredity, who have accomplished a great part of life's work, and done it well, who, as a result of strain, worry, anxiety, excessive household duties, break down and become nervous invalids. If these people are not treated, the depression from which they suffer becomes more marked, as time goes on, with the result that the case develops into acute insanity. It was to this type of case that Dr. Meyers wished to direct the attention of the Association. The term *neurasthenia* had fallen into bad odor in many cases, because no proper distinction had been made between the two classes of cases referred to.

Many people of the latter class, with defective nervous systems, are not insane, and might not be insane in one year, or in five years; but in ten years, probably, they would be committed to an asylum for the rest of their lives. Up to that time, they had been described as *neurasthenic*. They are really *psychopaths*.

Dr. Meyers went on to say that, in nervous as well as mental diseases, the nomenclature was obscure. While we spoke of these cases as types of nervous disease, we were really referring to mental disease, before it reached the state of insanity. A case was presented illustrating the views of the speaker—the patient had been cured.

From Dr. Meyers' description it appears that *neurasthenic* patients are on the down grade, and are really suffering from mental disease. The friends of *neurasthenic* patients should place them betimes in *neuropathic* wards, where efforts may be made to rescue them from the pre-insane rut. In *neuropathic* cases the necessity of an early diagnosis and appropriate treatment, while there is yet time, is apparent.

J. J. C.



THE STATUTORY MEMBERSHIP OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Toronto, January 11th, 1910.

The Editor THE CANADIAN JOURNAL OF MEDICINE AND SURGERY:

SIR,—Referring to your editorial, "The Statutory Membership of the College of Physicians and Surgeons of Ontario," I wish to say that I appreciate greatly your courtesy in submitting it to me before publication. You will remember that in conversation I warned you that it contained several inaccuracies. These I declined at the time to point out, because I was speaking from memory. You will also remember that I advised you to consult the stenographic report of the proceedings in order that your facts might be correct in every detail. This, I am afraid, you neglected to do, for the editorial as it appears is misleading, though I am quite sure unintentionally so. You say that the Legislative Committee advised the change in the wording of Section 6 (1) (a) of the Ontario Medical Act. *It didn't*, if the stenographer's report of the proceedings is correct. It merely said: "Your Committee believe that Section 6 (1) (a) should be interpreted," etc.

You also say that after the recommendation had been discussed in Council it was referred back to the Legislative Committee for their consideration. *It was not!* The *belief* of the Committee was struck out of the Committee's report on motion of the President, seconded by one member of the Legislative Committee. You state that the representative of the University of Toronto is Dr. Britton. *He is not!* The representative of the University of Toronto is Dr. J. M. MacCallum. These are a few of the inaccuracies that have crept into the editorial by not getting your information firsthand from the stenographic report, rather than by taking it from someone with an axe—well, that perhaps needs sharpening.

Further, when this matter was brought up on the moving of

the first session of the special meeting of the Council in December last, one member of the Council moved that copies of the correspondence in connection with it be typewritten and placed in the hands of each member of the Council, in order that each member might vote intelligently on the question. This was refused. Why? Possibly the animus beneath the proceeding might then have appeared upon the surface.

Then from the personal standpoint I wish to say that when I was asked to represent Victoria on the Ontario Medical Council I submitted the Ontario Medical Act to my solicitor. He could see nothing in the Act to prevent my taking a seat, because I, a graduate of Victoria College, and a member of its Senate, represent Victoria College, to which I belong. The Credentials Committee of the Council, consisting of Drs. Johnson, King and Hardy, reported that I had a right to a seat on the Council. The Council accepted the report of the Credentials Committee, and until the Legislature of this Province decides that Victoria University is not entitled to a representative, it does not matter much what the Legislative Committee of the Council *believes*, nor even, my dear Sir, what the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY thinks—strange as this may seem to you.

Yours faithfully,

F. N. G. STARR.

Dr. Starr's claim to membership in the Ontario Medical Council as representative of Victoria University is untenable, because he is a professor in the medical faculty of the University of Toronto, and is thereby debarred from representing Victoria University. (See Ontario Medical Act, Sec. 6, sub-sec. 2.) A well-informed member of the Ontario Medical Council assures us that every statement in the editorial of which Dr. Starr complains is correct, except the use of the name of Dr. Britton for that of Dr. MacCallum. The 1907 edition of the Ontario Medical Register was our authority for that statement.

J. J. C.

REFORMING POLICE COURT INEBRIATES.

The Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY:

DEAR SIR,—The Society for the Reformation of Inebriates aims at two things:

1st. For some years, in a quiet way, it has been trying to reclaim the unfortunates charged in the Police Court with drunkenness. Daily at the City Hall the Society has in attendance a physician and two other officers, who go among these prisoners, and try to reach those ready to be aided by the Society.

The drink habit is accompanied by a diseased nervous system, and what many of these people need is medical treatment. The physician in attendance gives this to those found willing to accept it, and in some cases the Society bears the expense of keeping in hospital, for a time, inebriates who must receive such treatment if they are to have any chance in life. The results from such methods have been most encouraging.

2nd. The second great aim of the Society is to reform completely the present mode of dealing with inebriates committed to jail. Toronto needs badly, what a good many cities both in Great Britain and the United States now have—a farm outside the city, to which inebriates charged with drunkenness can be sent to be kept at wholesome labor, if possible out of doors, for a time long enough—a good many months in some cases, no doubt—to permit their whole system to get into healthy condition. To send such persons repeatedly for short terms to jail is to give them no real chance. They should be treated as diseased persons, and kept long enough to become healthy in mind and body.

It is obvious that the Society has an extensive work on hand. It has further aims, among others the securing of a Hospital where inebriety may be treated under favorable conditions; existing hospitals make but slight provision for such a class of patients. But the two aims outlined above are the chief ones before the Society for the moment.

To carry on its work, it requires funds, and your readers are urged to aid efforts that, if pressed forward, will bring new

hope and self-respect to many lives. Any sums will be welcomed. If only one dollar can be sent, it will be gladly received. It is hoped that some donors, able to do so, will aid this hard-pressed work generously.

Contributions may be sent to the Treasurer, Hon. S. C. Biggs, Confederation Life Building; the Secretary, Dr. A. M. Rosebrugh, Relief Office, City Hall, or to my address, 467 Jarvis Street.

Yours truly,

GEORGE M. WRONG,
President.

Toronto, January 10, 1910.

PERSONAL.

Dr. D. King Smith was the guest of the Chicago Dermatological Society at the clinic held by the American Dermatological Association in Chicago, Dec. 29th, 1909.

Dr. F. N. G. STARR, of Toronto, has been elected one of the Vice-Presidents of the Section of Surgery in connection with the 1910 meeting of The British Medical Association. Sir Victor Horsley is President. We congratulate Dr. Starr upon this honor, but feel that it is a well deserved recognition not only of his ability but of his services to The British Medical Association when it met in Toronto a few years ago.

	<h2>Obituary</h2>	
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THE DEATH OF DR. JAMES H. RICHARDSON.

"Live, I, so live I,
To my Lord heartily,
To my Prince faithfully,
To my neighbor honestly,
Die I, so die I."

RESPECTED by all, beloved by his students and mourned by his confreres in the medical profession, Dr. James H. Richardson, full of good deeds and after a long life of great activity, and lived sternly, strongly and to good purpose, the splendid old man entered into his rest on January 15th.

Dr. Richardson had the distinction of being the first graduate in medicine at the University of Toronto. He was Professor of Anatomy at Queen's University for a short time, and also held a similar position at Toronto University for some 50 years. Hundreds of his old students, scattered all over the country, and some of them occupying high positions in the profession, always held him in the highest respect.

Born eighty-six years ago, at Presquile Point, Northumberland County, his death was due to old age.

In 1826, when he was but three years of age, his father, Bishop Richardson, moved to Toronto, the old homestead being at the northeast corner of King and Yonge Streets, where he had a splendid orchard. The father, who belonged to the Methodist Episcopal Church, was a patriot, who lost an arm in the attack on Oswego in the war of 1812.

Dr. Richardson, though only a boy at the time of the rebellion of 1837, retained a clear recollection of the exciting times in those days, and the memoranda, which he made then, were of the greatest interest to his later friends.

He began the study of medicine in 1841, with Dr. Rolph, in Rochester, and attended the first course of lectures in King's College here. There was only one other student at that time. After receiving his diploma, he spent several years at Guy's Hospital, London, England, where he witnessed the first use of

ether as an anesthetic in London. In 1847 he returned to practice in Toronto.

In 1850 he was appointed Professor of Anatomy in the newly-constituted Faculty of Medicine at the University of Toronto. Later he held a similar chair at the Toronto School of Medicine. On the restoration of the Faculty of Medicine at the University, he was reappointed, and resigned only in 1902, when he was made emeritus professor.

In 1859 he was appointed surgeon at the jail, and held the position for exactly half a century, resigning only last year.

On April 15th, 1903, a number of his old students tendered him a dinner as a token of their esteem, and his portrait was presented to the University of Toronto.

Dr. Richardson was an enthusiastic military man, and was the first to receive a prize in Canada in the long-distance rifle competition.

He was surgeon of the old "Merchants' Company," before that organization was merged in the Grenadiers in 1862. He held Fenian raid and long-service medals. He was surgeon also of the Garrison Artillery, the Queen's Own, and the 10th Royals.

His chief recreations in the earlier days were shooting and fishing, and his friends have claimed that he had fished every stream from Lake Superior to Cape Breton. In later years he became an enthusiastic curler and bowler.

Dr. Richardson is survived by four sons, Robert and Charles, Winnipeg; George, an engineer working on the construction of the Grand Trunk Pacific, and Dr. W. A. Richardson, who has charge of the medical work of the same railroad at the Yellowhead Pass. Three daughters, Mrs. Ross Sutherland, and the widow of the late Dr. Sutherland, both of Winnipeg, and Mrs. W. Freeland, of St. Joseph Street, this city, also survive.

The funeral was on Tuesday afternoon, January 18th, the interment being at the Necropolis.

Dr. Richardson, after his retirement from the jail, told many interesting stories of his connection with that institution.

"The system of confinement was not like it is now," the Doctor once said. "In the old jail the cells were large, and the prisoners were never taken out to work, but any work that was done was inside work, such as pulling oakum for the numerous sailing vessels which were fitted up in Toronto in those days,

or the manufacture of shoes for children and workingmen. Whatever exercise was given the prisoners was in the form of walks, but these were never allowed to extend past a number of painted poles which were put up all over the city, and if, on any occasion, the walks were carried past these points, the prisoner lost all privileges for a long time to come. In spite of all that is said about it, the confinement of prisoners in those early days was in no way unduly severe, and, although my earliest recollection of the old jail in Toronto Street was seeing the old oaken stocks which used to stand out in front of the building, I never in my life heard of them being used.

“A queer case was that of the coachman of the late Hon. John Hilliard Cameron. This man was charged with a double murder of members of his employer's household, and, after a fair trial, was sentenced to be hanged. The morning that he was to die the man hanged himself in his cell, and the people, when it was announced, positively refused to hear that the man was dead, but insisted that influence had been brought to bear, and he had been allowed to escape. However, this theory was soon broken, but not before it had gained so much ground that Governor Allan had to have the body placed in the square where all the people could see it. This was done, and the agitation, which had been growing strong against the authorities, was broken up. That was in the early sixties, if I remember aright.”

In Toronto itself there have been many changes in Dr. Richardson's lifetime. “You might think I was joking if I told you as a boy of thirteen I used to help in the orchard around my grandfather's house, just where the Janes building now stands, and that when the town began to grow up he sold this place and bought three acres, where the T. Eaton Company has the factory now, that he might get out of town.”

The Toronto of yesterday, and the larger Toronto of to-day, can boast of few more interesting personages than dear old Dr. James H. Richardson, and many will miss the hearty welcome and the ever youthful gleam in the smiling eyes of the master of the quaint old home, with its ghosts of memories, on “Clover Hill.”

W. A. Y.

DEATH OF DR. UZZIEL OGDEN.

To have begun one's medical studies in a school with but one lecturer, held in a room over a driving shed, and to have ended them fifty-seven years later as Dean and Professor of a Medical School with 60 teachers and five hundred students, is an experience which most physicians would envy. To have for over fifty years taken an active part in the teaching of medicine is given to but few. Such was the happy experience of Uzziel Ogden, in whose death the medical profession loses one of its oldest and brightest ornaments, one identified most intimately with its history and progress.

Born in 1828, on the lake front of Toronto Township, he commenced the study of medicine in 1845, having been apprenticed to Dr. Crew, of Cooksville, at the School of Medicine conducted by the Hon. John Rolph, M.D., admitted to practice by the Medical Board of Upper Canada in 1849, he first settled in Aylmer, where he rapidly acquired a large practice, and is still remembered. In 1852, owing to Dr. Rolph's occupation in politics and his inability to agree with his colleagues in the Toronto School of Medicine, it was found necessary to reorganize the teaching staff, and at the suggestion of the late Dr. Joseph Workman, who is reported to have said to his colleagues, "If you can get Ogden to come in it will be a success." Uzziel Ogden was recalled to Toronto, and began the Association in both teaching and practice with H. H. Wright and W. T. Aikins, which lasted throughout their lives, and conferred incalculable benefits upon the profession in this country.

During his career, Dr. Ogden taught at different times the subjects of Physiology, Materia Medica and Therapeutics, and Midwifery and Gynecology. Dean of the Medical Faculty of the University of Victoria College from 1880 until its federation with the University of Toronto in 1892, he was largely responsible for their medical examinations and degrees. For the last seventeen years of his teaching life he was Professor of Gynecology in the University of Toronto, and for three years Dean of its Medical Faculty. He was one of the forerunners in Canadian medical journalism, and at one time was associated with Rolph and Fulton in the conduct of *The Canada Lancet*. He was the founder and for many years editor-in-chief of *The Canadian Journal of Medical Science*, now *The Practitioner*.

He was appointed physician to Jenny Lind's foundation, the Protestant Orphans' Home, in 1853, to the House of Industry in 1861, to the Hospital for Sick Children on its foundation, and to the Home for Incurables at its inception. In 1875 he became attached to the Toronto General Hospital, having twice previously declined appointment in favor of his friends. H. H. Wright and W. T. Aikens.

How one so handicapped by ill-health and frail physique managed to crowd into a busy professional life so much of editorial and scholastic achievement was always a matter of surprise, but his indomitable spirit and determination never failed.

The staunchest of friends, his gentle disposition and kindness endeared him to all who knew him. Abhorring all boasting, striving for effect or self-seeking, he lives in the grateful memory of many generations of students, who recall his clear and painstaking teaching, in which were always to be found the newest theories, facts and methods, but passed before the bar of shrewd common sense and of a judgment almost infallible in determining what would stand the test of time and of practice.

DEATH OF DR. G. F. CLELAND.

One of the best-known and most highly respected medical practitioners in Riverdale, Dr. G. F. Cleland, died on January 2nd at his home, 331 Broadview Ave. For some time the late doctor had been in poor health. With hopes of recuperation he went south to Asheville, N.C., but returned, worse in health, to Toronto on the Sunday preceding Christmas, and slowly sank until he died.

Dr. Cleland was the son of the late Rev. Wm. Cleland, and came to Riverdale twenty-five years ago, while quite a young practitioner.

He was a Past Master of Orient Masonic Lodge. In politics he was a Conservative, and he was a member of St. John's Presbyterian Church.

Deceased is survived by his widow, a daughter of the late ex-Alderman Blong, and by two daughters, living at home.



THE CLIFTON SPRINGS SANITARIUM.

THE attention of our readers is called to the page announcement, appearing in this issue, of Clifton Springs Sanitarium. This institution was founded in 1850 by the late Dr. Henry Foster, "in the spirit of Christian philanthropy." It was at a later date handed over by him to a Board of Trustees, "in order that the philanthropic spirit of the plan might be perpetuated." The medical profession should remember that *Clifton Springs Sanitarium is not a commercial institution*. No profits are paid to anyone, all such being used for the benefit of such classes as Missionaries, Public School Teachers, Physicians and Nurses. Clifton Springs Sanitarium is an ideal place for patients in need of treatment, especial attention being given to cases of *Nervous Troubles* in all forms. *Fatigue* and *Heart Disease*, for which latter condition the Nauheim bath department offers special advantages. The Medical Staff, it will be noticed, is composed of men of the very highest reputation, each one holding titles of no mean order.

The Medical Staff includes:—

Charles P. Emerson, Superintendent, A.B. Amherst. '94, M.D. Johns Hopkins, '99, Former Resident Physician at the Johns Hopkins Hospital, Assistant Professor of Medicine, Cornell University, Ithaca.

Martin B. Tinker. (Ithaca) Surgeon, S.B. Harvard. M.D. Berlin, formerly of the Johns Hopkins Hospital, Assistant Professor of Surgery, Cornell University, Ithaca.

F. W. Spaulding, A.B. Bowdoin, '72, M.D. University of New York City. '75. House Officer City Hospital, '76.

J. A. Sanders, A.B. Amherst. '78, M.D. University of New York City, '81.

C. W. P. Merritt. M.S. Rutgers. '74. M.D. Columbia. '78.

H. M. Imboden, M.B. Lebanon Valley College, '99, Jefferson Medical College, '03. Resident Physician M. E. Hospital of Philadelphia, '03-'05. In charge of the X-ray and Electrical Therapeutic Department.

H. Schoonmaker, M.D. University of New York, '91, Willard State Hospital, '91-'92. In charge of the Nauheim Department.

M. S. Woodbury. A.B. Bowdoin, '03, M.D. Jefferson Medical College, '06. Assistant Surgeon.

Anne A. Heintze, M.D., Woman's Medical College of Pennsylvania, '03, Resident Physician Philadelphia General Hospital, '04-'05.

Isaac Hartshorn, A.B. Amherst, '04. M.D. Harvard, '08.

W. E. Grove, A.B. University of Wisconsin, '04, M.D. Johns Hopkins University, '08, Instructor in Pharmacology; University of Wisconsin, '08-'09.

William H. Higgins, A.B. Central University of Kentucky, '04, M.D. Johns Hopkins University, '08, Interne Allegheny General Hospital and Johns Hopkins Hospital, '08-'09.

C. B. Braman, M.D. University of Buffalo, '98, Ph.G. Chicago University, '88.

THE PETERS' SCHOLARSHIP.

By the opening of Toronto University next term, the medical profession of Canada who are alumni of the Toronto Medical School plan to offer the medical faculty a fund of \$5,000, to be known as the Peters scholarship. It is to be in memory of the late Dr. G. A. Peters, of Toronto, who is regarded by the medical world as one of the surgeons of his time.

Dr. A. Primrose, of the faculty of medicine at the University, is treasurer of the fund. To date \$3,500 have been paid in subscriptions. The prize will be an annual one, and will be for research work in surgery.

"THE BORDERLAND BETWEEN MEDICINE AND SURGERY."

WE must apologize to our readers at not being able to carry out our promise, made in the last issue of *THE JOURNAL*, and publish this month Professor Maurice Richardson's address, entitled "The Borderland Between Medicine and Surgery," which he delivered at The Academy of Medicine, Toronto, a few weeks ago. There was a little unexpected delay in the receipt of the Doctor's manuscript, but it will appear March first without fail.

ITEMS OF INTEREST.

Medical Scholarships.—W. J. Gage has offered five \$100 scholarships and gold and silver medals, with \$50 cash accompanying each, for competition among the fourth and fifth year students in medicine at the University of Toronto. The subject of the competition is the early diagnosis and treatment of tuberculosis, and the conditions include at least a week's attendance at the clinics of the Muskoka Free Hospital for Consumptives.

Messrs. C. J. Hewlett & Sons, Ltd., of London, England, have recently favored us with a copy of "Therapeutical Notes," a booklet "devoted to New Remedies and Special Pharmaceutical Preparations," and wish it understood that a copy may be had by any member of the profession for the asking. Physicians should address the firm at 35 to 42 Charlotte Street, E. C., London.

The Canadian Medical Exchange wishes us to say that this season of the year is probably the best of any for physicians desiring to sell their practices, to offer them, as the Exchange has a great many more bona-fide buyers registered with them, who are looking for a location, than they have practices to offer; and Dr. Hamill, who has conducted this important department of medical affairs for many years, would be glad to have the opportunity of opening up negotiations with physicians desiring to sell. The list of his offers will be found in the advertising columns of this *JOURNAL*, the complexion of which changes each month. The address is 75 Yonge Street, Toronto.



BOOK REVIEWS

Northern Lights. By SIR GILBERT PARKER. Toronto: Copp, Clark Company, Limited.

A few years ago Canadians were under a spell, charmed by Gilbert Parker's tales with their description of character and life in French Canada. Then he left his home and with it much of his fascination as a story teller, for his longer novels of late years have only interested one and have been "closed over" often without a regret. But in *Northern Lights* (short stories) he is coming back to his own again. The great West has breathed upon him and he has thrown its color on his canvas with cold, telling strokes, and life in its everyday bigness has again claimed Canadian Gilbert Parker.

W. A. Y.

Diseases of the Pharynx and Larynx. By DR. E. J. MOURE, Surgeon in charge of the Nose, Ear and Throat in the Department of the Faculty of Medicine, Bordeaux. Translated and adapted by J. Malcolm Farquharson, M.B., F.R.C.P., Edinburgh, Lecturer on Diseases of the Nose, Ear and Throat in the School of Medicine of the Royal College, Edinburgh; Surgeon, Ear and Throat Department, Royal Infirmary; and Senior Surgeon to the Ear, Nose and Throat Department of the Eye and Ear Infirmary, Edinburgh. With 210 illustrations. New York: Rebman Company, 1123 Broadway. Price, \$4.00

Dr. E. J. Moure is very much better known on the continent than in this country, in fact he is one of the leading men in Laryngology, and Rhynology in Europe. If he is not so well known on this side of the water, it is doubtless due to the comparative infrequency with which the medical profession are able to read French literature.

The present volume is really a second edition of the series of

lectures which he has given. It has been a pleasure to read this one, as it is an epitome of the author's own personal experience during the past twenty-five years. He remarks that though his views appear at times contrary in classical works, he has the conscious feeling that they are the result of his own clinical observations. Nowadays when there are so many books written in which scissors and paste play such a large part, it is a pleasure to find one in which the author's own ideas alone are incorporated.

Dr. Farquharson has been able in his translation, to make the book easy and pleasant to read. There is too much in French medical literature out of the English reach, and we hope to see more French works presented in the English language.

P. G.

Hydrotherapy. A Brief Summary of the Practical Value of Water in Disease for Students and Practicians of Medicine. By WILLIAM H. DIEFFENBACH, M.D., United States Delegate and Vice-President of the First International Congress on Radiology and Ionization at Liege, Belgium. Former Professor of Bacteriology, New York Medical College and Hospital for Women; Professor of Hydrotherapy, New York Homeopathic Medical College and Flower Hospital; Physical Therapist to Volunteer St. Gregory's Hospital; Electro-Therapist to Flower and Hahnemann Hospitals; Member of the National Society of Physical Therapeutics, American Electro-Therapeutic Society, New York Physico-Therapeutic Society, American Roentgen Ray Society, American Institute of Homeopathy, Academy of Pathological Science, etc., etc. Pp. xvi. 267. Illustrations, 39. Cloth. \$3.00. New York: Rebman Company, 1123 Broadway.

An increasing amount of attention is being devoted to the consideration of physical measures employed in the treatment of disease, and it is well for the general practitioner to know somewhat about the various physical therapeutic methods, even if he is not able personally to supervise their employment in suitable cases, but must in most instances depend upon the modern hospital or sanitarium for such services.

Hydrotherapy is claiming its share of attention, and deserves a hearing, for it has much to offer and its claim is a just one, old almost as man himself.

The author, having delivered lectures on Hydrotherapy for the past seven years, has his subject well in hand, and presents it clearly, concisely and in very attractive, readable form. Appropriate dietary is frequently outlined, and accessory physical measures alluded to when necessary.

The matter is excellently arranged, much attention is paid to technique and the text further elucidated with a liberal supply of illustrations, the majority of which are full page, and altogether it is a book which will amply repay the most careful perusal.

C. R. D.

Quain's Elements of Anatomy. Editors, EDWARD ALBERT SCHAEFER, LL.D., Sc.D., F.R.S., Professor of Physiology and Histology in the University of Edinburgh; JOHNSON SYMINGTON, M.D., F.R.S., Professor of Anatomy in the Queen's University of Belfast; THOMAS HASTIE BRYCE, M.A., M.D., Professor of Anatomy in the University of Glasgow. In four volumes. Vol. III, "Neurology." By E. A. SCHAEFER and J. SYMINGTON. Part II, containing the descriptive anatomy of the peripheral nerves and of the organs of the special sense. With one plate and numerous illustrations, many of which are colored. Eleventh edition. Longmans, Green & Co., 39 Paternoster Row, London, New York, Bombay and Calcutta. 1909. All rights reserved.

The third volume of Quain's Anatomy (eleventh edition) is devoted to the description of the Structure of the Nervous System, including the organs of special sense. The volume has been divided into two parts, the first having appeared just about a year ago, and the second quite recently. A considerable part of the work has been rewritten with a large number of illustrations added. Quain's Anatomy is perhaps one of the most complete works on this subject in print.

W. A. Y.

Practical Microscopy. By F. SHILLINGTON SCALES, M.A., B.C. (Cantab.) London: Bailliere, Tindall & Cox. 5s. net.

This is a second edition of *Elementary Microscopy*, published in 1905. The new material is a chapter on Photo-Micrography, and a section on Microscopical Technique which replaces the elementary chapter on Mounting which appeared in the former edition. Both are complete and practical without attempting to

explain more than the general principles involved. Details are left to the writers of special works on technique, a full list of whom appears as an addendum. Much of the confusing terminology of the catalogues is explained, and the reader is left with a feeling that he understands his microscope, its care and possibilities very much better than he did before studying the book. The work is evidently done for an English constituency, as it is quite local in its tone, although a good word is said for a couple of American microscopes that are favorites in this country. The whole impression given by the chapter on the choice of instruments is that "made in Germany" is not the guarantee of quality it might be and that optical goods of the very best quality are British in manufacture or in model. This is a new idea for our local laboratory workers.

M. H. V. C.

Formulaire des Medications Nouvelles pour 1909. Par le Dr. H. GILLET, Ancien Interne des Hopitaux de Paris, Chef de Service à la Polyclinique de Paris. Preface par H. PUCHARD, Membre de l'Academie de Médecine. Quatrième édition, entièrement refondue. Paris: Librairie, J. B. Bailliere et Fils, 19 rue Hautefeuille, près du Boulevard Saint Germain. 1909. Tous droits réservés.

This little book is a veritable multum in parvo. To facilitate research the matters treated in it are arranged alphabetically, and in this order appear new treatments, the diseases in which they are employed and the drugs or preparations indicated in the text or in formulas. This formulary might be aptly defined an "up-to-date clinical index."

In the text the name of each disease is followed by the names of new treatments adopted for it, with references to the page where an article is devoted to each of these treatments.

After the name of each drug, the new methods in which they are utilised are given, together with the page, where the drug is mentioned. Each new treatment is described identically as follows: (1) Principle of the method, (2) nature of the drugs or therapeutic agents employed, (3) mode of administration, (4) doses, (5) mode of action, (6) effects. Among the new treatments described may be mentioned the following: Radiotherapy, photo-therapy, enterokinasis, anti-plague serum, Mar-

moreck's serum, zomo-therapy, etc. To any physician who reads French it would be a valuable vade mecum. J. J. C.

The Relation of Medicine to Philosophy. By DR. R. O. MOON.
London: Longmans, Green & Co., 39 Paternoster Row. New York, Bombay and Calcutta. 1909. All rights reserved.

This interesting little book covers in all nearly 250 pages, and is full of the most useful information on the subject of early medicine. It is divided into twelve chapters, and deals with such subjects as the "Relation of Early Greek Philosophy to Early Greek Medicine," "The Influence of Early Christianity on Medicine," "Arab Medicine and Arab Philosophy," "Medicine of the Renaissance," "The Effect of Philosophy on Medicine in the Seventeenth Century."

To anyone desiring to acquaint himself with the history of medicine dating from the early centuries we confidently recommend Dr. Moon's book. As stated in the preface, the object of the author in publishing his volume was to show "by taking various important epochs in the history of the world how intimately medicine has been bound up with the greatest thought and philosophy of the age."

W. A. Y.

Manual of the Diseases of the Eye. For Students and General Practitioners. By CHARLES H. MAY, M.D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University, New York. Sixth edition, revised, with 362 original illustrations. New York: William Wood & Co. 1909.

There have been six editions of this manual since 1900—a sufficient proof of its popularity. It has been translated into French, German, Italian, Spanish, Dutch and Japanese. Such a record is sufficient proof of merit. In this edition paragraphs have been added on transillumination, conjunctival tuberculosis test, cerebral decompression, etc. In the external examination of the eye directions are given for exposing the retrotarsal fold—if done as directed the results will not be very satisfactory. To get good results the patient must look down. On pp. 5 and 6 the eyeball of young children is inspected by "rolling in the eyelid somewhat," but the illustration shows the eyelids rolled not in, but

out. The thumbs are directed to be used. The first fingers are more satisfactory. In direct examination—at a distance and in the indirect method—with the ophthalmoscope we are told that the examined sits directly in front of the examiner. This may be “de rigneur” in New York; another position might possibly be more pleasing to well bred patients.

“When the chalazion is of large size and more accessible externally it may be advisable to operate through the skin,” p. 39. This is the very thing ought not to be done. A most lively imagination is needed to see any protrusion of the eyeball in the illustration of exophthalmus, p. 70. In an operation done so frequently by the general practitioner as enucleation of the eyeball it might have been well to give explicit directions as to which side of the eye the enucleation scissors are entered, but perhaps the figure is deemed sufficient information. Subconjunctival hemorrhage “is of no importance,” p. 79. Perhaps not, but an examination of the arterial tension of a few such cases might cause Dr. May to be of another opinion. These are a few points open to difference of opinion. A word of praise must be given to the colored plates. No other manual is known to us with the same abundance of plates of the same excellence. The illustrations of the external diseases of the eye are surprisingly life-like and free from the usual garish coloring. Many an elaborate atlas is inferior in this respect.

J. M.

Outlines of Bacteriology (Technical and Agricultural.) By DAVID ELLIS, Ph.D., D.Sc., F.R.S.E., Lecturer in Bacteriology and Botany to the Glasgow and West of Scotland Technical College. London and New York: Longmans, Green & Company.

This interesting volume of 260 pages is well described by its title. The whole field of Bacteriology is outlined, and laboratory work of a special kind is quite unnoticed. The chapter on Sterilization is practical from the surgeon's standpoint, and a table of antiseptic and germicidal values is given with authority from a long series of established experiments. This chapter also contains matter interesting from the point of view of the medical health officers as does the section on the treatment of Sewage. The part played by bacteria in various industrial pro-

cesses is succinctly described, and the comparative values of various methods of preserving foodstuffs is at least instructive. The book is not designed as a necessity to the practitioner or student of medicine. The fuller consideration given to the nitrifying bacteria in contrast with the twelve pages given to organisms pathogenic to animals is sufficient indication of its character.

M. H. V. C.

Clinical Studies for Nurses. For Second and Third Year Pupil Nurses. By CHARLOTTE A. AIKENS, formerly Superintendent of Columbia Hospital, Pittsburg, and of Iowa Methodist Hospital, Des Moines. 12mo. of 510 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1909. Cloth. \$2.00 net. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

This volume "is designed to assist in securing graded instruction for nurses; to simplify and systematize the problem of teaching; to promote uniformity; to save time for teachers and pupils, and also to serve in some measure as a handbook for the nurse who is already trained and at work away from a school or hospital." Thus does the authoress describe *Clinical Studies for Nurses*, and, after looking through her book, we can say in all candor that her description is a true one and her volume one to be recommended to nurses, both graduates and probationers.

The Practical Medicine Series. Under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-graduate Medical School. Volume V. Obstetrics. Edited by JOSEPH B. DE LEE, A.M., M.D., Professor of Obstetrics, Northwestern University Medical School, with the collaboration of HERBERT M. STOWE, M.D. Series 1909. Chicago: The Year Book Publishers, 40 Dearborn Street.

There are ten volumes in this series, and while they are published primarily for the general practitioner, at the same time the arrangement in several volumes enables those interested in special subjects to buy only the parts they desire.

The volume on Obstetrics is very entertaining, and the chapters so nicely indexed form a very ready reference for a physician whose time is limited. The chapters on The Pathology of Preg-

nancy, The Obstetric Hemorrhages, The Toxemia of Pregnancy, Anesthesia in Labor and the management of Labor and Puerperal Sepsis are of especial interest, giving a most lucid treatise with the present-day opinion of the most successful methods of treatment. The book commends itself to the physician, as it is one of the best on the subject of obstetrics and should receive a large subscription sale.

C. F. M.

A System of Ophthalmic Therapeutics. Edited and chiefly written by CASEY A. WOOD, M.D., C.M., late Professor of Ophthalmology and Head of the Department, Northwestern University Medical School; ex-President of the American Academy of Medicine. Chicago: Cleveland Press. 1909.

This work, which deals solely with the non-operative treatment and prophylaxis of diseases of the eye, will fill a gap long present in English ophthalmological literature. It is indeed a complete work on the subject. If any criticism is to be offered it is that the editor has been too generous in the allowance of space to his contributors, for many of the histories of illustrative cases might advantageously have been cut out. In addition to accounts of the drugs used in ophthalmic practice there are chapters on electricity, electro-therapy, serum and bacterial therapy, examination of the eyes of school children and of corporation and railroad employees. anesthesia in eye operations, systemic and nervous diseases affecting the eye, ocular hygiene. An unusually full index gives immediate access to any desired information.

J. M.

A Text-Book of Physiological Chemistry, for Students of Medicine.

By JOHN H. LONG, M.S., Sc.D., Professor of Chemistry in Northwestern University Medical School, Chicago. Second edition, revised, with forty-two illustrations. Philadelphia: P. Blakiston's Son & Co. 1909. \$2.50 net.

The author presents in this book the fundamental facts and theories of physiological chemistry in the simplest possible manner and in a form suitable to the needs of medical students. The work is divided into four general parts. The first part is devoted to the "Nutrients and Related Substances"; the second covers the "Ferments and Digestive Processes" the third "Chemistry

of the Tissues and Secretions of the Body," and the fourth and last "The End Products of Metabolism, Excretions," etc.

A considerable number of important changes have been made in the preparation of this new edition. In the third section there is a very interesting discussion on the self-preservation of the blood, in which the various theories of immunization are explained in detail. A much fuller discussion has been given to the subject of the urine, and a new chapter has been added on the methods of urine analysis. These methods embrace not only the clinical tests, but the most important quantitative processes as well. This is a very attractive and useful book for medical students.

A. B.

High Frequency Currents; Their Production, Physical Properties, Physiological Effects and Therapeutical Uses. By H. EVELYN CROOK, M.D., B.S. Lond., F.R.C.S. Eng. Of the Middle Temple; Barrister-at-Law; Member of the Rontgen Society, etc.; Formerly Assistant in the Electro-Therapeutical Department, West London Hospital, etc. Second Edition. Demy 8vo. Pp. xiii, 232. Illustrations, 49. Price, 7s. 6d. net. London: Bailliere, Tindall and Cox, 8 Henrietta Street, Covent Garden. 1909. (All rights reserved.)

The book has been thoroughly revised, largely rewritten, brought more up-to-date, and new material added. Other authorities are frequently alluded to and freely quoted. The author has no unreasonable claims to make, but presents his subject in a very conservative manner, not in the slightest degree highly colored. His work should be productive of much good and deserves a place on the shelves of those who are interested in the therapeutics of High Frequency Currents.

C. R. D.

Legal Medicine and Toxicology. By R. L. EMERSON, A.B., M.D. (Harvard), Member of the Massachusetts Medico-Legal Society; formerly Instructor in Physiological Chemistry, Harvard University Medical School, and Assistant in Clinical Pathology, Boston City Hospital. New York and London: D. Appleton & Co. 1909.

This volume is divided into three parts. The first 206 pages are devoted to legal medicine, the next 185 to toxicology, with the examination of the blood and stains, and the next 190 to

extracts from various United States laws affecting the practice of medicine. This latter one-third of the book doesn't concern many of those interested in this subject in Canada.

The portion devoted to toxicology is nicely illustrated, and covers the subject pretty thoroughly.

The part devoted to legal medicine contains many suggestions that are of undoubted value; and many accounts, such as the determination of the interval between death and the recovery of a body, have been carefully worked out.

There is, however, very little that is new in this subject, but what there is of that character is very well and conveniently arranged for the use of the general practitioner. A. J. J.

The Morphia Habit and its Voluntary Renunciation (a personal relation of a suppression after twenty-five years addiction), with notes and additional cases by OSCAR JENNINGS, M.D. (Paris), Fellow of the Royal Society of Medicine. London: Bailliere, Tindall & Cox, 8 Henrietta Street. Paris: Bren-tano, 37 Avenue de l'Opera. 1909.

Dr. Jennings' book on this subject, which nowadays is attract-ing so much attention, not only among the medical profession but the laity as well, is one of nearly five hundred pages. It is divided into twenty-eight chapters and deals with the subject in a thorough manner.

It is nothing short of alarming to read the author's preface wherein he states that one medical man out of every four is a drug *habitué*, and that the proportion of medical addicts to the total of cases is, in some statistics, as high as 90 per cent. The author goes still further and states that one-fifth of the mortality in the profession is said to be caused by morphinism. This is undoubtedly, if true, a most alarming state of affairs, and we are in hopes that the author is entirely wrong in his statements. There is, however, no doubt that there is far too great a prevalence of morphinism amongst members of our profession, and we would heartily recommend our readers to purchase Dr. Jennings' book, and read it for themselves. One of the most interesting chapters in the book is entitled, "The Sanitarium Treatment of Morphinism," and another one which attracted our attention was that of "Hypnotism and Suggestive Influence." The entire

book is worthy of the most careful perusal and we wish for it a good sale, if for no other reason than to call attention to this important subject.

W. A. Y.

The Practical Medicine Series, comprising ten volumes on the year's progress in medicine and surgery, under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume VI.—General Medicine. Edited by Frank Billings, M.S., M.D., Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago; and J. H. Salisbury, M.D., Professor of Medicine, Illinois Post-Graduate Medical School. Series 1909. Chicago: The Year Book Publishers, 40 Dearborn Street.

This sixth volume contains some very good articles on the acute infections, diseases of the mouth and throat, diseases of the stomach and intestines, diseases of the liver, pancreas and peritoneum.

The articles are taken from the latest writings on these subjects and bring our knowledge of the various questions up-to-date. The chapters on diagnosis, particularly with regard to diseases of the stomach, contain a number of diagrams and a large quantity of new matter.

Like some of the others of this series, the perusal of this book should place the reader in the best possible position with regard to his knowledge of the subjects therein contained.

A. J. J.

Medical Libraries. II. 1909. Reprinted from the Medical Record, September 25, 1909. New York, U.S.A.

The New York Academy of Medicine publishes, in pamphlet form, a list of the medical libraries of the world, which are conducted in the interest of the medical profession and also those owned by medical societies. The list is arranged alphabetically, the name of the library being followed by the post office address, the name of the librarian, and the number of bound volumes. Corrections and communications concerning libraries and applications for copies of the list (with stamp enclosed) may be addressed to the Librarian of the New York Academy of Medicine. An unpretentious, but very commendable enterprise.

J. J. C.

Clinical Examination of the Urine and Urinary Diagnosis. By J. BERGEN OGDEN, M.D., Medical Chemist to the Metropolitan Life Insurance Company, New York. Third Edition, revised, Octavo of 427 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1909. Cloth, \$3.00 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

Unlike many works upon this and similar topics, Dr. Ogden's book is not a mere compilation of tests surrounding some favorite theory or research of the author, but is equally and lucidly written throughout. The arrangement of the text is excellent. The first portion of the book deals with the various urinary tests and the writer has shown discrimination in giving prominence to those which, while accurate, yet can be simply and inexpensively carried out. In the second part we find an exposition of the ailments in which urinary changes occur, with a very complete enumeration of those changes; and also a chapter on the examination of urine for Life Insurance. Altogether this, the third edition of Dr. Ogden's book, is thorough, painstaking and accurate and can be heartily recommended.

F. W. R.

Surgical Diagnosis, By DANIEL EISENDRATH, A. B., M. D., Professor of Surgery in the Medical Department of the University of Illinois, (College of Physicians and Surgeons); Attending surgeon to the Michael Reese and Cook County Hospitals, Chicago. Second Edition, thoroughly revised and enlarged, with 574 original illustrations, 25 of them in colors. Philadelphia and London: W. B. Saunders Company, 1909.

The last word has not been written nor said upon Surgical Diagnosis, and yet reams have been written. To our mind most authors miss the mark sadly by a neglect of method, and the present is no exception to the rule. At the same time the author, with a belief in the advantage of training the eye, has his book profusely illustrated, and thus helps to make up for some of the other defects. Photographs of some of the methods do something toward making up for lack of description.

On the whole, however, we feel confident that practitioners will find much that is useful in the work, and with a working

knowledge of methods of examination, will find in many of the chapters much that will assist in arriving at a correct diagnosis.

F. N. G. S.

Dietetics for Nurses. By JULIUS FRIEDENWALD, M.D., Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Second revised edition. 12 mo. volume of 393 pages. Philadelphia and London: W. B. Saunders Company, 1909. Canadian Agents: The J. F. Hartz Company, Limited. Cloth, \$1.50 net.

Ostensibly written for nurses this book will be found useful by practitioners, as dietics forms a considerable part of the modern treatment of the disease. Cultivated ladies, especially mothers of families should read it.

To nurses it should be quite a treasure. Infant feeding and the feeding of the sick are discussed and an outline is given of the principles involved in the nourishment of patients affected with the various diseases, in the management of which diet plays an important part. Rectal alimentation and the nourishment of operative cases are described. Full diet lists with instructions are given enabling a nurse to carry out the instructions of the physician. It is written in clear, simple language.

J. J. O.

Congenital Dislocation of the Hip Joint. By J. JACKSON CLARKE. Published by Bailliere, Tyn dall & Cox, 8 Henrietta Street, Covent Garden, London.

This little book of less than one hundred pages gives a succinct, yet lucid, account of this deformity, concerning which so much has been accomplished by orthopedic surgeons in the last fifteen years.

When Lorenz, Paci, Hoffa and other continental surgeons toward the close of the last century, brought the subject prominently before the surgical world, it was thought that all cases could be cured. Naturally, this overstated view caused a violent reaction, and some American surgeons of repute declared that not more than 20 per cent. could be cured.

After opportunity for observation, so as to be able to form a matured judgment, and after a considerable personal experience, Dr. Clarke says: "The true and permanent repositions amount to about 75 per cent., and thus greatly outnumber the cases of stable anteversion."

Chapter two gives a concise but satisfactory account of the pathological anatomy. Then follows a clinical description which should enable the general practitioner to recognize these cases.

His treatment is, first, such manipulation and dressing as recommended by Lorenz, followed after the removal of the dressings by physical training to effect improved function.

In cases where manipulative measures and post-operative treatment have not succeeded in retaining the femur in its correct relationship, the author employs a very simple operation devised by himself, which promises well and should be looked upon with favor because of its simplicity.

This brochure should prove an instructive and trustworthy guide to the general practitioner. Its clearness, brevity and good illustrations make it a thoroughly practicable guide to the man who is doing general practice.

B. E. M'K.

Insomnia and Nerve Strain. By HENRY S. UPSON, M.D. Published by G. P. Putnam's Sons, New York and London, The Knickerbocker Press.

This small work is disappointing from its title, since one naturally expects that it would discuss fully the relations between insomnia and nerve strain. Had the title been Dental Disease and Nerve Strain the object for which it was written would have been much clearer to the reader.

The author has endeavored to demonstrate that the removal or correction of disorders of the teeth will often cure both mental and nervous diseases of the most varied types from dementia praecox to neurasthenia. The same result has been claimed by other authors in regard to the eye, ovary, floating kidney, etc., etc. The rationale of such treatment is difficult to understand. Perhaps if a dentist were in constant attendance on every family mental and nervous disease would soon be eradicated! By all means let morbid conditions of the viscera be relieved as

rapidly as possible in mental and nervous diseases, just as should be done if these diseases were not present. The psychical effect on the patient of the operation, and not the physical result of the operation itself, is the cause of such improvement as may take place, and this view is quite in accord with our knowledge that the primary disturbance in these diseases is in the brain. A better grasp of the subject of psycho-therapeutics will undoubtedly do more to relieve mental and nervous disease than either the dentist or the surgeon can ever hope to do by the physical results of operation.

The only illustrations in the book are those of dental skiagraphy, the technique of which is clearly given in the appendix.

C. M.

A Manual of Venereal Diseases. By OFFICERS OF ROYAL ARMY MEDICAL CORPS.. London: Henry Frowde, Oxford University Press. 1907. This book can be obtained from the Canada Law Book Co., 32-4 Toronto St., Toronto. at 40 per cent. discount.

This book is based on the reports of the members of the committee appointed to enquire into Venereal Diseases in the British Army.

Its contents are essentially practical and it will be found a most useful manual for the general practitioner. Venereal diseases are discussed from four points, viz., Prevention, Pathology, Diagnosis and Treatment. Useful therapeutical appendices are added. The section on Pathology is especially interesting and well written. In discussing the specific action of mercury it is surprising to find no mention of its action on the Spirochetæ Pallida.

Diseases of the Male Generative Organs. By EDRED M. CORNER, M.B., B.Sc., M.C., F.R.C.S. London: Henry Frowde, Oxford University Press. 1907. This book can be obtained from the Canada Law Book Co., 32-4 Toronto St., Toronto. at 40 per cent. discount.

Diseases of the prostate and venereal diseases are not included in this useful manual. Hydrocele, varicocele, misplacements of testicle and allied conditions are fully dealt with from the

standpoint of etiology, symptomatology and diagnosis. While the indications for treatment are clearly discussed, operations are not described in detail.

In contrast to the author's disapproval of operative treatment as a routine for varicocele is his advocacy of operation for all cases of phimosis and for slight pathological changes in the testicle. G. S. S.

Auscultation and Percussion, together with other Methods of Physical Examination of the Chest. By SAMUEL GEE, F.R.C.P. Pp. 325. Fifth edition. The Oxford Medical Publications. London: Henry Frowde. \$1.50. For sale by Canada Law Book Co., Toronto St., Toronto, at 40 per cent. discount.

Every physician should be acquainted with this little gem on Physical Diagnosis. It is compact, concise, and withal most readable. There is no attempt to introduce additions to the nomenclature, but rather, a strong desire shown to retain original terms in their original meanings. Though of special value to the teacher and student, it should be in every physician's library. J. H. E.

The Open-Air or Sanatorium Treatment of Pulmonary Tuberculosis. By F. RUFENACHT WALTERS, M.D., B.S., Lond., M.R.C.P., F.R.C.S.; Physician to the Crooksbury Sanatorium; formerly Physician to the Mount Vernon Hospital for Consumption and Diseases of the Chest. Pp. 323. Crown 800. London: Baillière, Tindall & Cox. 1909. Price not stated.

"An attempt has been made in this little book to give a complete description of the methods of treatment employed in a good open-air sanatorium, for the use of physicians in charge of consumptives, whether in such a place or elsewhere. In an attempt to make it available for use of patients as well as physicians, it is written in two parts, numbers in the first part referring to paragraphs in the second part when the more technical matters are discussed.

The book is written for English readers, and should be a fair guide for such. The chapters on "treatment abroad" deals

only with European resorts and Egypt, and the whole of the numerous chapters on home treatment, verandahs, tents and shutters, ventilation, heating and lighting are written from the English viewpoint. These should be entirely rewritten to be useful for patients in Canada.

Other chapters leave much to be desired. In that devoted to body temperature, though there is a good general discussion on oral and rectal temperature, the normal mouth temperature is not stated, and the patient is left quite in the dark as to normal limits. The instructions for disinfection of a room with sulphur and formaldehyde are very carelessly given and are not reliable. In the discussion of milk as a cause of disease, pasteurization is used as synonymous with sterilization—a gross mistake.

The sections on tuberculin, therapeutically, must be entirely rewritten to be in any measure correct. For example, he says of Deny's tuberculin: "It is stated that smaller doses will cause reaction than is the case with Koch's T.A. The usual initial dose is 1 milligramme in afebrile cases." Yet his diagnostic dose of old tuberculin is 1.5 milligramme, increased to 1.2 milligramme. The instructions for use of B. E. are also vague.

The book has many good points, but must be carefully revised before it is a safe guide. Until this is done, it is not a book we can recommend for Canadian readers.

J. H. E.

The Practical Medicine Series. Comprising ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume VIII. *Materia Medica and Therapeutics, Preventive Medicine, Climatology.* Edited by GEORGE F. BUTLER, Ph.G., M.D.; HENRY B. FAVELL, A.B., M.D.; NORMAN BRIDGE, A.M., M.D. Series 1909. Chicago: The Year Book Publishers, 40 Dearborn Street. Price of the series of ten volumes, \$10. Price of this volume separately, \$1.50.

The present volume, No. VIII., well sustains the reputation of this popular series. The articles are judiciously selected and conveniently arranged for reference. The book is of the usual size (348 pages). In the *Materia Medica* section, the drugs and other therapeutic agents are arranged in alphabetic order.

A considerable section is devoted to the different vaccines, serotherapy and X-ray treatment. Preventive Medicine and Climatology are well represented.

This series will be found very useful for reference, covering as it does the whole field of medical literature for the year.

J. J. W.

Aids to Microscopic Diagnosis. (Bacterial and Parasitic Diseases). Student's Aid Series. By E. BLAKE KNOX. London: Bailliere, Tindall & Cox. 1909.

This handbook will probably serve the purpose for which it has been written: "to supply those preparing for examinations with a work for revision purposes of a convenient size," etc., as the author states in the preface. It is concise, and contains a great deal of useful information succinctly compiled in one hundred and fifty pages. The ground covered is indicated in the title. The statement on page 87 that "Post-typhoid thrombosis may be prevented by giving either citric acid or fresh lemonade, which precipitates the excess of lime salts in the blood and makes it more fluid," is hardly likely to find general acceptance. On the whole, however, it is an admirably prepared compend and will doubtless be found very useful for many who prefer a concise and convenient aid.

J. G. F.

The December number of the *Annals of Surgery* (Philadelphia), which completes the fiftieth volume of that journal, is worthy of more than passing notice. It is a jubilee number, and, by its size and the character of its contents, fitly marks so important an event in its history. The cosmopolitan character of the journal is seen from the list of contributors, which comprises the leaders in surgery of England, Scotland, Denmark, France, Italy, Hawaii, Canada, and the United States.

Twenty-two articles form a number of more than four hundred pages. The illustrations, some of which are colored, are profuse, making a volume which merits the term of a jubilee number. Such an event in the history of any medical journal is worthy of note.