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THE FUTURE OF MEDICAL JOURNALISM.

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THE fourth estate in the profession of medicine is of importance equal, if not superior, to any of the other elements whose combination welds it into the most important factor in modern life. On the one hand, original research is at the basis of all knowledge, but of what value is original research if its results be not made known to the public? On the other hand, the intelligent practice of the art of healing is the chief object of the medical man, but how can he practice intelligently if the methods of doing so are not placed at his disposal? In the centre between these extremes lies the medical press, in touch, not only with these main professional factors, but with every other element, small or large, which contributes to professional success—in touch with all, strengthening all, supporting all, binding all into one mighty progressive whole, and lending to all the qualities indispensable to success.

In our own country this department of professional endeavor has attained especial development. Few realize how many physicians are engaged in medical journalism. I admit that while my own estimate of the number was high, it was not until I entered upon the duties of the important office, with which this Association honored me at its last meeting, that I began to gain a definite knowledge of it. And it was entirely without a full appreciation of the magnitude of the task I was assuming that I entered last year upon the work of constructing a catalogue of all the medical

editors in the United States and Canada, including in my plan all participants in medical editorship, whether editors-in-chief, assistants editors, associate editors or department editors. In order to render later indexing easy I entered each person with his journal upon a separate slip of paper, and it was wonderful how these slips multiplied, pile on pile, until finally no less than 1,150 exponents of the medical phase of the art preservative were represented, and doubtless there were still some whose names had escaped my search.

It was then among a considerable population that the American Medical Editors' Association found the field for the recruitment of its membership. There was no doubt but that every one of the eleven hundred and fifty eligibles should be gathered into the Association, and, acting upon this theory, I wrote a personal letter to each one of them, and to some of them several, inviting attention to the Association, and suggesting co-operation in its objects. The correspondence involved in this campaign then was rather considerable, the formation of the catalogue itself requiring the despatching of some three hundred, and the further campaign for members among the eligibles, whose names had been listed, made necessary the preparation of over twelve hundred letters, the whole mounting up to a total of more than one thousand five hundred letters involved in one phase of the work of the president's office this year, in addition to the correspondence demanded by other features of the work.

Of some of the results of this work you have already learned from the report of the Executive Committee; other results in the way of increasing the efficiency, extending the authority, and widening the influence of the organization, will, it is hoped, manifest themselves with the progress of time.

Much depends upon united effort. The days of sociological individualism have in all phases of human life been supplanted by aggregation. The progress from the human unit—with every man's hand against him, and his own hand against the world—to the family, the tribe, the nation and the imperial aggregation of states, is the history of the growth of humanity from savagery to civilization. Collective action, so long recognized in the realm of higher politics, has pushed into the region of economics. The wastefulness of scattered and individual labor has become so apparent as to make consolidation the watchword of the day, even in some instances to a dangerous degree.

Collective professional study has long been an ideal of the advanced exponents of medicine, but never hitherto has it attained the importance which it has reached to-day. Association for professional advancement has irradiated into every department of the healing science, and who can deny its imperative necessity?

How can the sanitarian, the gynecologist, the ophthalmologist, the general surgeon, or the military surgeon obtain the professional facility essential to scientific success without the hints, suggestions, and information to be obtained from the practice of his fellows? So essential is this that the specialist who fails to avail himself of such opportunities had better lay aside his special pretensions at once—discard his speculum, lay down his scalpel, resign his commission—for he writes himself down clearly as one who fails to read the fundamental signs which spell success. The absurd position of the aspirant to recognition as a specialist who abstains from joining with his fellow-specialists in the collective development of the branch of the art, to special proficiency in which he pretends, because, forsooth, he "already belongs to so many societies that he cannot do justice to them," is a spectacle for gods and men! And yet a spectacle which not infrequently obtrudes itself upon the attention of the profession.

More specialized than any other medical specialty, the field of medical journalism has for nearly two score years been held together with varying degrees of firmness by the American Medical Editors' Association. Much of the time inadequate to its opportunities, it has, nevertheless, during the passage of years, been a fair reflection of prevalent sentiment as to the desirability of combined conduct. And with the crystalization of opinion, and the materialization of the necessity for organized action in other directions, it has stood well abreast of the other participants in the great procession of progress. Participation in the work of the organization is to-day more necessary than ever to him who proposes to practice the specialty of medical editorship.

During the past year the Association has fixed its feet more firmly than ever before upon the rock of endurance, and in the highway of usefulness. The adoption of a well-considered system of government in its new constitution and by-laws has contributed to it a permanent and definite foundation. The increase of its annual dues to a fairly reasonable figure has provided an assurance of sincerity to its aspect, and a promise of productivity to its soil. The publication of the handsome booklet in which the proceedings and papers of the last meeting are perpetuated, gives it a definite position, a personal literature and a manifest reason for existence.

Under the guidance and inspiration of an Association such as this the future of medical journalism insures a brilliant career for the medical journalist of the future.

The field of medical journalism is broad—wide as the lapse of the ages during which man shall be born, live out his brief day and pass into eternity. The possibilities of medical journalism are only limited by the boundaries of human endeavor. It may not be said of the medical press that—

> "There is a tide in the affairs of men
> Which, taken at the flood, leads on to fortune;
> Omitted, all the voyage of their life
> Is bound in shallows and in miseries."

but rather that there is an ever-present opportunity who loudly advertises that—

> "They do me wrong who say I come no more
> When once I knock and fail to find you in,
> For every day I stand outside your door
> And bid you wake and rise and fight and win."

The prospects of medicine are brilliant. This wonderful century, with its tremendous forward strides, is but the borderland of the boundless field of medical endeavor—but the title page of the mighty book of medical knowledge, whose pages posterity will turn one by one, and whose teachings will not only illumine the dark spots in the medical work of the day, but furnish material in vast amounts for the greater periodicals, and even for the most highly technical publications. The professional teacher, the original investigator, the aspiring specialist, the earnest practitioner will as before abound in thoughts appropriate for expression in current journalism.

It has been said that man is a talking animal, and if that be true the physician is a reading animal. And this is essential. For his education is never complete. Before half a score years have followed the period of his pupilage in lecture-room, clinic and laboratory, the face of his science is so transformed by the protean mutations of medicine that, without constant following of the progress of science, he would be impotent either to cope with his fellow-practitioners or to meet the demands of his clientele. The medical journal is the text-book of the practitioner, and this fact is the key to the most important function of the medical journalism of the future. To meet it, medical periodical literature must cast aside the opportunism which has so largely characterized it in the past, and become more of a creator of literature that shall be well-balanced and comprehensive.

The great general medical journals already in the field will continue to grow apace with their enormous editions and their broad fields, and judicious and intelligent management will hold them secure in the point of vantage which their precedence in establishment has insured for them.

But along with these, a continual outcrop of new general journals—weeklies, bi-weeklies, monthlies and semi-monthlies—will appear, a fortunate circumstance, for anything like monopoly of the journalistic field would savor too much of suppression to be for the good of the profession. A free course and a fair field

for the journalistic aspirant whom new ideas or exceptional ability may have inspired to enter the contest for the favor of his compeers, will continue to be assured by a generous, just and high-minded profession.

With the widening of the field of medical knowledge the demand for restricted special medical journalism will increase in the future as it has during the past. The further subdivision of specialties, foreshadowed by all the auguries of the age, will necessitate additional exponents for each new phase of medical science, culminating in an extension of special journalistic work as noteworthy as it will be encouraging. Each new discovery will have its special spokesman, and, as the number of practitioners grows, they will increase in number as well as in circulation.

It is hardly to be supposed too that new medical sects will fail to arise hereafter as hitherto and with each of these a new crop of medical journals will spring up.

There will continue to be a field also for the weaker grade of journals whose function is to provide an outlet for the energy of the ambitious young man both in the editorial and the authorial capacity. Man will continue to write *for* practice as well as *from* practice. Nor can we expect that this class of publications will improve to any great extent in character, although they may well have a fuller table of contents.

The greater the number of journals, then, with their voracious call for pabulum to nourish the mental appetites of their readers the greater will be the productivity of the profession. The quantity of medical literature published is enormous, but the amount which never escapes from the trammels of the author's manuscript is, perhaps, still greater—certainly equally great. At a meeting of a medical society with membership in two states, of which I am a member, and which holds regular annual meetings, there were presented last year ten set papers and fifteen clinical reports, not one of which has been offered for publication in a medical journal. In the medical society of my county, which meets quarterly, about a dozen papers are presented each year, and some of them followed with active and interesting discussions, and I recall but one of the papers which has emerged into the light of publicity through medical journalism. I can hardly conceive of a very different situation prevailing in other parts of the country. So that it is evident that there is an abundance of material available for publication, much of it not in suitable shape for the printer, it is true, but all of it, nevertheless, available for the pruning, shaping and revising hand of the editor. But little of this material is without value. Occasionally it is true a paper is but a rehash of or possibly a wholesale steal from a text-book or a journal, but more frequently they represent the opinions and

practice of the average physician, whose work does not get beyond the audience of his society or neighborhood. This is often due to modesty upon the part of the author; frequently it arises from a lack of knowledge of the mechanics of literary construction, and in many instances it is because of the busy life with its absorbing cares which prevents the final preparation for publication. It is evident then that the journalism of the future, judging by the criterion of the present, need not lack for material upon which to feed its public.

I differ quite fundamentally from many of my colleagues upon the question of restricting the work of many more or less inefficient contributors to medical periodical literature. I favor the writer who makes one case the text upon which to found a discussion of the literature of an affection. The study which he has devoted to the preparation of his paper cannot but be of advantage to him, and if, perchance, the publicity which it gives to its author should bring to him other cases in consultation and otherwise, the resulting intelligent experience will enable him to produce still more, and possibly more original material upon his subject.

On the other hand, the readers of the paper cannot fail to derive some benefit from the effort—whether it be from the consideration alone of the case upon which it is founded, or from the review of the literature with which it is accompanied. Few men are so erudite that they cannot be benefited by a refreshment of memory. Man is so frail that it is a never-ending "line upon line, and precept upon precept," by which the mental machinery must be kept constantly rubbed-up and polished, or the rust of forgetfulness and intellectual lethargy will clog his practice and obscure his judgment. The personal touch of acquaintance with the author, perhaps even the habit of referring to familiar pages, may incite the perusal of a paper—whatever be the cause, the act cannot but reflect beneficially upon the reader even though it accomplish nothing but the extraction of forgotten facts, theories or methods from his own subconsciousness.

But the medical journalism of the future will be characterized particularly by certain outgrowths of the present situation, each a development of existent conditions, an elaboration of contemporary circumstances. The evolution will occur along lines resulting in the production of two ideals of medical journalism—the recorders and the creators—both of the greatest necessity and both of the highest value.

To the former class will pertain the majority of the Association and Society journals, which have already attained so high a degree of efficiency, and whose important function will chiefly be to record the work of the members of the organizations for

which they are mouthpieces, and thereby to inspire them to renewed and combined activity along the lines of their profession. No man can foresee the tremendous consequences that may arise from the influence of this factor in medical journalism in unifying the profession, stimulating thought, and extending the influence and authority of the medical man in the community.

The other chief factor in the medical journalism of the future may be the product either of a private publisher or a public endowment—in any case it must have no obligation to publish any material that may be submitted to it by agreement with medical societies or individuals. Its editor will be autocratic in his action upon all matter published in its pages. It will contain few voluntary contributions, for its space will be largely taken up by well-proportioned studies, undertaken at the suggestion of the management by experts selected for the purpose. Its editor will have at his disposal funds for commanding original research by members of his staff. He will have assistants in every department of medicine, whose duty it will be to keep a careful lookout for new theories, original discoveries and promising advances in the art of healing and the allied sciences. He will be able to attach to his journal writers of facile expression, authors of attractive diction, students of untrammeled originality, and observers of unvarying accuracy. He will furnish to his readers the complete facts concerning every advance in medicine, and avoid the loose threads and unconcluded topics, which are so common in the general press. His journal will never be an organ for the exploitation of any special line of thought, any medical fad, feature, or sect, but it will be catholic in its views, comprehensive and conclusive in its text, well-balanced and well-proportioned in its contents, a leader and guide to the practitioner, an inspiration and stimulant to the student, and an instrument of real value to the world.

Is this an ideal? It may be so, but it is an ideal that may readily be transmuted into a reality, a reality which the future medical journalist will beyond peradventure behold.

The medical journalism of the future then, with these two great divisions and the numerous intermediate phases in which it will appear, will not fail to be an advance upon that of to-day, an advance along all lines, an advance significant, not only of a progressive profession, but an advance inspired by a fuller appreciation of the duties, responsibilities and opportunities of the medical editor. In this the American Medical Editors' Association will be a governing and guiding factor. Its face will always be set toward higher and better things, and its attitude will be characterized by the glorious persistence which marked the conduct of the famous Genoese mariner, when—

Behind him lay the gray Azores,
Behind the gates of Hercules;
Before him not the ghost of shores,
Before him only shoreless seas.
The good mate said: "Now must we pray,
For lo! the very stars are gone.
Brave Admiral, speak—what shall I say?"
"Why, say, 'Sail on, sail on, and on.'"

"My men grow mutinous day by day;
My men grow ghastly wan and weak."
The stout mate thought of home; a spray
Of salt wave washed his swarthy cheek.
"What shall I say, brave Admiral, say,
If naught we sight but seas at dawn?"
"Why you shall say at break of day,
'Sail on, sail on, sail on and on.'"

And so shall we, too, in the high vocation of cultivating and perpetuating the knowledge which shall diminish suffering, alleviate pain and lengthen life, press on and on and on. The future of medical journalism will continue to brighten and its activities never cease to expand throughout the ages, during all of which it shall ever crown the mighty archway of medical practice as the great keystone of knowledge, which shall time without end unite theory with application and learning with practice, in the ever-glorious aims of deferring disease, delaying death and maintaining health.

HIGHER STANDARD FOR MATRICULATION IN MEDICINE. IS A DEGREE IN ARTS TOO HIGH?

BY JOHN HUNTER, M.B., TORONTO.

At a recent meeting in Broadway Hall for West Toronto Medical Territorial District, the following motion was submitted:

"That in the opinion of this meeting it would be to the interests of the public, to those now engaged in the practice of medicine, and to all who may in the future enter upon the study of medicine, to have the standard for matriculation a degree in Arts."

There were technical objections raised—as to the purport for which the meeting was called—and this question, with others, was left over for future consideration.

The problem involving the character and extent of the education and literary culture students receive before entering on their medical course is one of very great importance to the individual, to the profession, and to the public.

This subject could be discussed from many standpoints, but the following division of it best answers the purpose of the writer: (1) The past and present status of the matriculation examination; (2) the Arts course; (3) the advantages to be derived from the Arts course.

1. Past and Present Status.

The earliest standard established by the Council called for a fair knowledge of the usual English subjects taught in our schools and some Latin. Later it was raised to junior matriculation in Arts, and in 1902-3 a motion was carried by 16 to 11 to make it honor matriculation. Opposition—in which the representatives of the schools (Toronto and Trinity) figured ominously—was raised, and the standard again lowered to simply pass work in junior matriculation, as it is at present. The subjects for junior matriculation are as follows: Latin, English, history, mathematics, and any two of the following: Greek, German, French, experimental science. The pass standard (there are two sets of papers, pass and honor) is 33 per cent. for University matriculation, and it is claimed 50 per cent. for Medical Council. It is on the "pass" paper the marks are assigned. The first class honor standard (honor paper) is 75 per cent., the second class 66 per cent., and the third class 50 per cent. The present standard of matriculation in medicine is looked upon as being about on a par with the lowest class of teachers' certificates in so far at least as the English subjects are concerned. On the discussion in the Council (1902-3) several members said the standard was so low as to be a disgrace to the status of the profession. The excuse the school

representatives gave for reverting from the honor to pass work was that the Government thought the honor standard too high. Whether this excuse was or was not a valid one for the retrograde step then taken, is it not a disgrace to our profession, now that such widespread interest is being taken in educational matters, to tolerate a standard of matriculation lower than it was some years ago? Every member of the Council should be interviewed by his constituents at once, and if opposed to raising the standard he should be summarily dealt with at the next election.

2. The Arts Course.

The following quotation from the University Calendar, 1906-7, puts this section very tersely:

"The special attention of students entering medicine is directed to the recent enactment of the University Senate instituting a new curriculum in science leading to the degree of Bachelor of Arts. This course, entitled the honor department of Biological and Physical Sciences, is specially adapted for students who intend entering eventually upon medicine, and embraces the purely science subjects which are demanded of students in the primary years of medicine. . . ll therefore be possible in the future for a candidate who has obtained his Arts degree in this course to enter immediately the third year of medicine, and he will be qualified to present himself for the degree of Bachelor of Medicine two years after graduating in Arts. In other words, it is possible for one to obtain the degree of Bachelor of Arts and Bachelor of Medicine after six years' study at the University.

"The very great advantages of this course to a student entering medicine are obvious. The preliminary science subjects of the course in medicine are taught in much greater detail in the Arts course, as in the latter is included advanced laboratory and experimental work, such as is not required in the purely medical course of studies. Further, the student is required to become proficient in modern languages, an acquirement which is of great value to the student of modern scientific medicine. This new course not only affords opportunity for wider culture and greater scientific attainments than is possible in the more limited four years' course in Medicine, but it fits one for a much wider field of usefulness after graduation. The graduate who has taken the science course in Arts, and susbequently that of medicine, is qualified to devote his life to the purely scientific side of medicine if he should so elect, after leaving the University, and, moreover, he is undoubtedly better fitted to practice his profession should he desire to prepare himself for that alone.

"Students may also combine the course in Arts and Medicine to a less extent by proceeding to graduation in Arts through any

one of the honor departments of biology, chemistry, geology and mineralogy and physics, certain courses and examinations in these departments being accepted as equivalent to similar courses and examinations in the faculty of medicine. The student who takes the biological and physical science course, which includes an advanced course in human anatomy, including dissection, may graduate in Medicine in two years after graduation in Arts."

3. Advantages to be Derived from the Arts Course.

History and experience teach us that every forward movement is not only confronted by sincere differences of opinion, but also menaced by ignorance, indolence, apathy and prejudice. The only one of these baneful influences that affect medical men seriously is apathy. Why we have tolerated an educational standard so low, and for so long, is very discreditable to us. We cannot remove the reproach too soon. In regard to sincere differences of opinion, space will only permit a brief reference to two or three of these. We are assured by the opponents of this movement that the art and science of medicine have become such vast and complex subjects that they practically demand of their devotees their whole time, energy and mind. Such men are laboring under the same delusions that governed the ascetics of the early church, whose morbid piety shut them up from all contact with the world. The Saviour himself gave a death blow to all such delusions when he told the Jews that "Man was not made for the Sabbath, but the Sabbath for man." If an institution so beneficent as the Sabbath, and the observance of which, ordained by divine command, is made subservient to man's physical and social needs, why should a man's practice have despotic sway over every other relationship of life? These medical ascetics would isolate themselves and colleagues from their social environments and make of them, not good citizens, husbands, fathers or companions, but simply medical machines for eradicating disease, and nothing else. The life of medical and other ascetics is ridiculed thus by one of the poets:

> "Forenoon, and afternoon, and night; Forenoon,
> And afternoon, and night; Forenoon, and—What?
> The empty song repeats itself. No more?"

Is it necessary for a man to put such limitations on himself in order to be proficient and eminent in his calling? Moses was one of the greatest scientists of his own or any other age, judged by his sanitary regulations, and also the greatest of moral and political leaders; Gladstone, one of Britain's most erudite scholars, and most renowned of her statesmen; Dr. Weir Mitchell and the deeply lamented Dr. Drummond, as accomplished in medicine as in literature, illustrate this. Medical asceticism may be loudly preached,

but the mass of medical men refuse to isolate themselves or be isolated from their environments. To use a slang, but very apt, expression, " they are in the world for all that is in it," and deliberately assume the obligations of social life as well as those of their calling. Is it not just as great a disgrace to be a poor type of citizen as it is to be a poor type of doctor? Why be either of these?.

This brings up for discussion the character, extent and utility of the physician's education and mental culture. There need be no discussion in regard to his scientific education. This should be the broadest and most efficient his means, time, ability and colleges can provide for him. In regard to education and mental culture, all will agree that there are no more potent factors in acquiring these than clearness and definiteness of memory, imagination and thinking. Even the most industrious student is badly handicapped if these be defective. What can surpass the study of languages for cultivating clearness and definiteness of memory? The omission of a letter, prefix or affix, changes the whole meaning of a sentence. No one can become even fairly proficient in a language, much less an accomplished linguist, who has a defective memory. For clearness and definiteness of imagination, what in scientific literature has stirred so many youthful minds as vividly as " Robinson Crusoe " or Bunyan's " Pilgrim's Progress "? and for clear and definite thinking what can equal the problems in mathematics? Let the mind wobble ever so little and what will the result be? It is claimed, and perhaps not unreasonably, that the medical course furnishes just as good a mental training as the Arts course, but does it furnish as good an equipment for social duties? Let us compare the value of the two kinds of education as to their usefulness for the needs of every-day life. For cultivating " tact " in business methods, David Harum's logic in horse trading, etc., have the teachings of Gray's " Anatomy " and Osler's " Practice "—in sporting parlance—" beaten to a standstill." For suggestions to the doctor who would be an exemplary husband, Sunday School teacher, and leader in class and prayer-meetings, the " Bonnie Briar Bush " is a gold mine compared with a work on physiology. For revealing morbid conditions in politics the " opposition press " can out-herod the most profound pathologist in the odors it finds, and for the needs of courtship, Shakespeare, Tennyson and Burns have given us love elixirs far excelling in deliciousness the decoctions of pharmacology.

Another quibble exploited by those opposed to a B.A. standard is that there are good men in medicine who are not also graduates in Arts. But would not the training acquired in taking the latter course have broadened the culture of these men? One thing it would most assuredly have done, viz., made them conscious that

they were the peers of the vast hosts pouring out every year from our universities. The possessor of the two degrees presents the credentials of a broader culture than he who has only one. Another objection dragged into service by our opponents, viz., that the extra expense, will prove an insuperable barrier to many a poor boy. No law, even in nature, can be equally beneficent under all circumstances, *e.g.*, the bride prays for sunshine, the farmer for rain. The best that can be expected of any law is that it confers the greatest good on the greatest number. Some years ago it was pretty hard for the boy to make enough money for both courses, but in this rushing age of commercial and industrial energy, the task of earning the necessary funds is by no means insuperable, and, more than that, the experience he gets in earning this money will prove one of his most valuable assets in future life. Are not national prosperity, civil and religious liberties, blessings directly derived from the resistless energy and rugged experience of pioneer life in overcoming natural conditions, and breaking down the malevolent prejudices of class and creed? In like manner the sick are helped or injured, and medical literature elevated or debased, by the rigid or effeminate discipline the medical student passes through before admission to sick-bed or medical journal.

In conclsuion, the present standard of matriculation is disgracefully low, and in the highest interests of the public, the profession, and the future students, the standard should be raised to that of a degree in Arts. Let students sing:

> "Yea, this is life; make this forenoon sublime,
> This afternoon a psalm, this night a prayer,
> And time is conquered, and thy crown is won."

ANESTHESIA IN LABOR.

BY FREDERICK FENTON, M.D.,
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Mr. Chairman, Ladies and Gentlemen,—There are few physicians to-day who do not systematically adopt measures for the relief of pain during the latter part of the second stage of labor, but there is not, I think, a general recognition of the advisability and value of the routine use of anesthetics, during the first stage of labor.

I am satisfied that the lessening of pain, *per se,* is a thing to be desired. In any condition other than labor the same amount of pain would not be tolerated, by patient or physician, for one moment longer than was necessary to get effective means into operation for its relief.

That the birth of children has always been attended with more or less suffering is no reason why it should continue to be so, when we have the means at our disposal to remove, or at least very materially lessen, that suffering.

Perhaps what has stood in the way of improvements of the condition of the parturient woman more than anything else is the fact that pregnancy and parturition are natural processes, and one hesitates to interfere with Dame Nature.

But pain is not a necessary accompaniment of muscular contraction, while in certain pathological processes, for example, membraneous dysmennorrhea, we have similar painful uterine contractions which we do not hesitate to relieve.

The pain of the first stage of labor is largely confined to the uterus, and is due to the tension of its own fibres and stretching of its own lower segment.

If we succeed in administering something which will simply remove or lessen the pain attendant upon the contraction of the muscle without stopping the contraction itself, I am sure you will all agree with me that such a procedure is justifiable and advisable.

However beneficial pain may be in the development of the moral nature, I think I can say without fear of contradiction, that one's physical condition is never improved thereby, while, on the other hand, long continued or oft repeated great pain invariably results in more or less shock and exhaustion.

For the last eighteen months I have followed, as a routine, a plan for the relief or lessening of pain throughout labor, commencing treatment, in the first stage, just so soon as my patient begins to suffer pain of moderate severity, and I am satisfied that such a course is not only humane, but of great value in conserving the strength of the woman, thereby making her ultimate recovery more rapid and complete. Many times patients have

expressed themselves as having little recollection of the labor and consequently are without dread of the possibility or probability of succeeding ones.

My first experiments were made with hydrobromate of scopolomine and morphia, which, as you are all aware, has been used more or less extensively in various parts of the world for the production of general anesthesia with varying success.

There were objections to this combination which led me to abandon it after some half-dozen trials.

There was no question as to its power to control pain, and that without any delay in the progress of labor, but it had an unpleasant effect upon the patients, producing marked vertigo and at times delirium, while one infant was still-born and another only lived about twenty-four hours after birth.

There was no direct evidence that the deaths of the infants were due to scopolomine, but as the second one was delivered after a labor of only four hours' duration, I hesitated to use the drug again.

I could find no record up to that time, nor have I seen any since, of the use of this anesthetic in labor, and abandoned it as unsafe, pending the reports of others who might possibly be using it.

Even though this was not a complete success in all respects, one thing was amply demonstrated, and that was that suffering could be very greatly lessened, and at times completely abolished, without affecting the uterine contractions or the progress of labor.

It is unnecessary for me to waste time with a detailed account of these cases, but on two occasions the baby was delivered by the natural forces without the patient's knowledge, consciousness not being regained till two or three hours after delivery. Next day these patients said that they remembered nothing since shortly after the first hypodermic injection. Unfortunately, the danger to the child appeared to be too evident, and the experiments were dropped forthwith.

After abandoning scopolomine I tried morphia for a short time with some success, but the dose of the drug required was so much greater than when used in combination with scopolomine that it appeared at times to interfere with uterine contractions, thereby simply delaying labor and effecting no real good.

I finally adopted the morphia and hyoscine combination which one sees so much of in literature of late.

This has been given hypodermically, in doses varying from a sixth to a third of a grain of morphia and one one-hundredth to one-fiftieth of a grain of hyoscine, according to what seemed necessary from the severity of the pain, due regard being given to the age and weight of the patient.

The injection is repeated as required in from one to four hours, the patient being kept in a dozing condition so that she is roused by the pains but lapses again into sleep immediately after and usually without realizing just what has happened.

Even where the pains are severe enough to wake the patient she frequently does not remember anything about it after finally regaining consciousness.

Some patients have slight delirium, but it is not troublesome. They appear to dream, and talk incoherently, but are not in any way unmanageable.

It is best that no injection be given within two hours of delivery or some difficulty may be met with in getting the baby to breathe satisfactorily at once. In a few instances I have met with some trouble in this respect, but in every case have been ultimately successful.

In order that I may be reasonably certain that there will be no trouble through the baby being born with too much of the anesthetic in its blood, I withhold or materially lessen the dose where the cervix is almost or completely dilated, and if the membranes have ruptured, do not, as a rule, give any.

The plan I am advocating thus far is for the control of suffering during the first stage, and is not applicable to the second stage, just as chloroform is unsuited for the first, but a veritable God-send in the second, stage of labor.

The use of the hypodermic and control of suffering does not seem to affect the duration of labor, to any extent. I have not sufficient cases as yet from which to frame reliable statistics, as there are so many factors that enter into an obstetrical case that one would require a great mass of cases to be able to draw reliable deductions from them, but I have gone over the cases I have on record, picking out only primiparæ with apparently normal pelves and with the child presenting in the first position of the vertex, and I find that the duration of labor has averaged eleven and three-fifth hours, while the average duration of L.O.A. cases, multiparæ and primiparæ taken together, in the Toronto General Hospital during the last eighteen months, in which no morphia and hyoscine were given, has been ten and three-quarter hours.

I give these figures for what they may be worth, but do not consider them sufficiently comprehensive to admit of much weight being put upon them alone.

My distinct impression is, and I know that the house-surgeons at the hospital have a similar impression, that the first stage of labor is shortened in duration, while at the same time being shorn of many of its discomforts.

As to anesthesia in the second stage I have little to say. Chloroform, as you all know, is the anesthetic, *par excellence,* in this stage, but you will find that after the use of first stage anesthesia the amount of chloroform necessary is very materially lessened. In the early part of the second stage the anesthetics administered in the first stage are still active, so that it is only toward the end chloroform is required.

We have a very powerful instrument at our disposal in these drugs to which I have been referring, but to get satisfactory results they must be properly used, and therefore, at the risk of

repetition, I would formulate a few rules, for my own and others' guidance, *pro tempore,* in the further investigation of this matter. I do not consider that all is yet known of the possibilities or limitations of this treatment.

1. The dose should vary in proportion to the severity of the pain and the weight of the patient.

2. It should be used in diminished dose, if at all, after the second stage has begun.

3. It seems better to begin with a moderate or full dose, repeating small doses from time to time, than the reverse.

4. A small second dose following shortly after the first, where pain continues severe, is usually more satisfactory than a larger one at a longer interval.

A question which suggests itself to one in connection with this matter is:—To what extent is the limitation of families due to the apprehension and realization of the sufferings of labor? You have all, doubtless, been besought by women to terminate a pregnancy for no other reason than her fear of a repetition of a terrible ordeal still fresh in her memory. Might not the assurance of even a moderate degree of relief do much to eliminate "race suicide"?

75 Bloor Street East, Toronto.

ACUTE INFECTIOUS SUPPURATIVE CHOLECYSTITIS FOLLOWING INFLUENZA—OPERATION AND RECOVERY.*

BY W. H. PEPLER, M.D., L.R.C.P. (LOND.),
Assistant Physician, Toronto General Hospital, Toronto.

R. J., male, aged 63 years, a tailor, with an unimportant family history, and absolutely without any history of previous disease, was taken suddenly ill on February 25th, 1907, with a typical acute attack of influenza, suffering from severe pains in the lumbar muscles, thighs and calves, violent headache, accompanied by fever, loss of appetite, and general malaise. About the second week in March he complained of pain in the epigastrium which became continuous and quite acute at times. The bowels were costive, motions showed presence of bile, no discoloration of skin nor mucous membranes. He vomited some mucous and foodstuffs on two or three occasions, which was accompanied by considerable retching.

The patient was first seen by me on March 13th, 1907. A healthy looking and well nourished man; height 5 feet, 9 inches, weight 170 lbs., complexion rather pale, skin moist, tongue furred, white and moist. Pulse about 80 to the minute, regular, of good force and volume, no sclerosis, temperature 100 deg. F. Patient depressed and despondent. Examination of thoracic cavity was negative; liver area not increased; no enlargement of spleen nor stomach. There was considerable tenderness over the epigastrium and right hypochondrium, no thickening nor swelling could be felt anywhere over abdomen, no jaundice, urine opaque, yellow, acid reaction, sp. gr. 10.30, no albumen, no sugar, no bile, urates abundant. Blood not examined. He was ordered absolute rest in bed, hot fomentation over upper part of abdomen, liquid diet, calomel followed by a saline, to be repeated if necessary.

I visited patient next day, March 14th. No change in symptoms and the physical examination simply confirmed the previous findings.

March 15th, found pain and distress considerably increased, the least movement or jolting causing a sharp pain in the region of gall-bladder. Nausea and retching on taking any nourishment. Expression somewhat anxious, face pallid, but no yellow discoloration of skin nor mucous membrane. Pulse remained about 80, rather poorer in volume; temperature 102 deg. F.

The tenderness seemed more localized to the left of right vertical nipple line at costal margin; the remainder of abdomen could be palpated without causing pain, except when deep enough to cause dragging on upper quadrant. By careful palpation and with

*Read before Toronto Clinical Society, March, 1907.

co-operation of patient in bearing pain, the fundus of gall-bladder could be readily felt as an elastic tumor, calculated to be about the size of an English walnut. This tumor was exquisitely tender. The fæces were of healthy color and consistence, the urine free from bile; there were no rigors, but considerable sweating; temperature was of continuous character, not septic.

Concluding that I had a cholecystitis (probably suppurative) to deal with, which required immediate operation, I called in the assistance of a surgeon, who concurred in my opinion, and on March 17th, under an anesthetic, an oblique incision along the free border of the ribs was made, which revealed a considerable mass of fresh adhesions involving omentum and parietal peritoneum, and which hid the gall-bladder. On breaking through these adhesions the distended gall-bladder came into view, which was first aspirated and later incised. Eight or nine ounces of an odorless, sero-purulent fluid was removed. No bile and no gall-stones were found in bladder. Cystic duct was patent. The walls of the gall-bladder were somewhat thickened and distended, the mucous lining congested and roughened.

The cavity of the gall-bladder was thoroughly drained and a tube left in: the bladder was stitched to peritoneum. The patient made an uninterrupted recovery and left the hospital in two weeks after operation.

Appendix was found normal.

Dr. Graham, of the Toronto General Hospital Pathological Department, took charge of the fluid from the gall-bladder and reported the finding of bacillus coli communis. No search was made for the bacillus of influenza.

There have been a number of cases reported where influenza has been followed by a train of symptoms pointing to cholecystitis, without any history of gall-stones, typhoid or appendicitis, but these cases all recovered without operation, thereby not substantiating the diagnosis.

Influenza is responsible for many cases of septic peritonitis, mastoiditis, suppurative endocarditis, meningitis, orchitis and nephritis, etc. Why not add acute suppurative cholecystitis to this lengthy list?

Fütterer has demonstrated that in a few minutes after the injection of micro-organisms into the circulation these organisms appear in the bile, and he has reported 13 cases of acute inflammatory lesions of gall-bladder in 19 typhoids without gross obstruction in biliary passages.

Carnac reports a case of acute suppurative cholecystitis with operation in the first few days of typhoid.

Robson considers that infection by pyogenic organisms is probably in every case of suppurative cholecystitis the true cause.

In fifty-five cases of suppurative cholecystitis reported by Courvoisier, forty-four were associated with calculi, but calculi are no more necessary to these cases than enteroliths to appendicitis.

Dr. Alexander McPhedran, in his excellent article on diseases of the liver and gall-bladder, which appeared in Sajous' "Annual of Practical Medicine," of 1899, speaks of acute infectious cholecystitis as a rare condition, about 75 per cent. of which are associated with gall-stones.

The course of infection in the influenzal cases is no doubt similar to that of typhoid, viz., either by portal vein, hepatic artery, direct extension up common bile duct, or even through bowel wall.

In the case reported above the inflammation appears to have been limited to the gall-bladder, not involving the ducts, as is usually the case in typhoid infection. No definite disposing cause was found, if sedentary occupation, three glasses of ale each day, and constipation be excluded.

All the authorities are agreed that the condition of acute suppurative cholecystitis is often very obscure, the symptoms and signs being only those of a general peritonitis or intestinal obstruction. It also simulates subphrenic abscess, appendicitis and duodenal ulcer. Therefore the greatest care should be taken in the diagnosis of these suppurative cases as success depends upon an early operation.

INGROWING NAIL AND HAMMER TOE.

BY B. E. McKENZIE, B. A., M.D., TORONTO.

Two common and very troublesome affections of the toes can be treated and cured effectively by very simple means.

Hammer Toe.

This affection consists of hyper-extension of the first phalanx, and acute flexion of the second, causing the joint at the junction of these phalanges to press upward against the boot, producing a painful corn. The distal end of the ungual phalanx is sometimes pressed so hard against the sole of the boot as to form another corn at the extremity of the toe. It is commonly the second toe which is thus affected. The deformity is due chiefly to the contraction of the lateral ligaments and of the fibrous plate which strengthens the capsule at its plantar aspect. While boots which are too short may have some influence in producing the deformity, especially when the second is longer than the great toe, yet it is not generally due to that cause. Heredity is found to be a marked pre-disposing factor.

Treatment.—Within the limits of my observation amputation has been recommended. Section of the flexor tendon fails because the deformity is not due to contraction of the flexor muscles. Removal of the toe by amputation is quite unnecessary, as excision is followed uniformly by success. An incision should be made over the inner side of the joint, the lateral ligaments divided and the joint surface removed with bone forceps. It is better thus to remove the articular surface from both phalanges in order to secure a synostosis. This effectually cures the deformity, while by any other means except amputation it is liable to recur. The tendons need not be interfered with if the operation be performed as described. After closing the wound a splint may be applied to keep the toe in place, but a plaster of paris bandage is more effective and less liable to slip out of position. The end result of this treatment is uniformly successful.

Ingrowing Toe Nail.

Ingrowing toe nail is seldom seen except in the great toe. Here ill-fitting boots are a prolific cause of the trouble, but certainly not the only one. The outer border of the nail is the part which most commonly seems to grow down into the soft tissues, but frequently both borders of the toe are affected. It is the flesh which is pushed upwards toward the nail and the median line of the toe which gives

the appearance of the nail growing into the flesh. Where the soft tissues come into contact with the nail the skin becomes eroded, granulations spring up, and suppuration occurs. The condition is a very painful one and has generally proved intractable.

Treatment.—Perhaps the treatment most commonly adopted is that of pulling the nail, or a portion of it, away, but this is unavailing, as the new one which forms gives more trouble usually than the former. Better success attends the removal of the matrix, thus getting rid of the nail entirely. A considerable section of the soft tissue can be removed, thus narrowing the toe, and stitching the skin flap well under the edge of the nail. This is generally attended with a good measure of success.

A much simpler and more effective plan than either of the foregoing is to pack absorbent cotton between the nail and the flesh, using some mild antiseptic powder. So soon as the edge of the nail and the flesh are thus separated healing commences and tenderness and pain soon pass away. This may be continued for days or weeks, the cotton being packed further in as the tenderness subsides. At first the packing should be removed and fresh cotton applied three times a day. As the discharge becomes less the dressing may remain for a longer time. The patient may be instructed how to do this, and the treatment is so simple that recurrence need not take place. After following this plan of treatment for a number of years I have never known it fail, even in the worse cases.

Selections, Abstracts, Etc.

THE TREATMENT OF INOPERABLE MALIGNANT TUMORS —CARCINOMA.*

BY J. M. G. CARTER, M.D., Sc.D., PH.D., WAUKEGAN,
Emeritus Professor of Clinical Medicine, University of Illinois; Fellow of the American Academy of Medicine; Ex-President of the Illinois State Medical Society, etc.

CASE 1.—Mrs. S., aged 50. She had suffered no serious illness prior to the beginning of her present ailment, about one year before my first visit. Her first symptoms were indigestion, flatulence, heartburn, eructation of gas and similar disturbances of the stomach. The symptoms had gradually grown worse until pain and vomiting had supervened some weeks before. She had lost flesh and grown weak. At the time of my first visit, the patient was lying on a couch, in pain, pale and cachectic. She had been vomiting and apparently had suffered much. The ejecta having been destroyed, no opportunity offered to analyze the vomited material at that time. The temperature was normal. Temporizing treatment was adopted and the patient was not seen again for a week. Then I was summoned hastily to see her and found her vomiting and in great pain. She had not been free from these symptoms since my former visit. This time, following my directions, the vomited material had been reserved for examination. The patient had not improved. The ejecta were typical and abundant and contained dark grumous material, mucus and remnants of food. The occurrences of vomiting were periodical. A distinct tumor could be outlined at or near the pylorus. The bowel evacuations also contained a dark material. Chemical examination showed increase of lactic and absence of hydrochloric acid. The microscope showed cell-nests and bacteria. Diagnosis, carcinoma of the stomach.

Treatment.—The local treatment consisted of the use, by mouth, of a 2 per cent. solution of hydrozone. The patient was told to drink half a pint of this solution half an hour before mealtime, lie on the back for five minutes, then turn on the right side and remain in that position or twenty-five minutes. This remedy was given for its antiseptic effect. The internal treatment was

*Read before the Section of Medicine of the Illinois State Medical Society, at Springfield, May 15-17, 1906.

nuclein. The particular preparation was Reed and Carnrick's protonuclein. The dose was 24 grains a day. This time the patient was kept under observation for a month, until the symptoms were not quite so severe. The treatment was continued, however, and after several weeks I called to see the patient in another exacerbation of her symptoms; but this time they were not so severe. After a few days I dismissed her again, with advice to continue the nuclein, but to omit the hydrozone. Some five months later I called to see the patient and found her at work about the house. The symptoms and tumor had disappeared and the cachectic look had given place to a more healthful appearance. I did not see her again, but three years later I was informed that she was well and had had no return of the old symptoms.

CASE 2.—Mrs. E. C., aged 45. She was a very active woman and had become overtired in the spring and early summer of 1898, caused by unusual demands upon her strength. Upon my recommendation, she took a vacation in the month of August for rest and recuperation. After her return home, about September 1, she entered into the rush of social and other duties as before. In about three weeks pain in the region of the appendix led the patient to make pressure there to see if she could discover the cause of her distress. She could distinctly feel a tumor, and my attention was immediately called to the growth. Fearing appendicitis, she was ordered to go to bed, and a system of expectant treatment was adopted and results awaited. The symptoms did not change as time passed on, except to grow more severe. The tumor was painful, tender upon pressure; there was indigestion, nausea at times, constipation, flatulence, loss of flesh and, finally, difficulty in using the right leg because of the pain and soreness in the cecal region. The pulse and temperature were normal. After the patient had suffered for six weeks, I called Dr. H. P. Newman in consultation. Upon his recommendation, the patient was taken to Marion Sims Sanitarium for operation. The operation was done Nov. 14, 1898. When the abdomen was opened, a tumor, the size of a child's head, was found located at the cecum. Infiltration was extensive, involving the adjacent intestinal, peritoneal and parietal structures. No microscopic examination was made, but the macroscopic appearances were those of carcinoma, and that was the diagnosis. The adhesions were so great that no attempt was made to remove the growth. The friends were told that the patient could not live more than three or six months. I undertook the almost hopeless task of medical treatment. Remembering the success of the treatment in Case 1, with Dr. Newman's permission, I began the administration of nuclein. For about two weeks after the operation the symptoms of obstruction grew worse. In a month she was taken home. I was very anxious

to do something more, if possible, to help the patient to recover, and so consulted Dr. J. B. Murphy. At his suggestion I used Arsenauro, a preparation of bromides of gold and arsenic. These two agents, nuclein and the bromide of gold and arsenic, constituted the treatment I used with this patient for the next five months. After returning home, the patient was kept in bed for some time. The entire time of keeping the reclining position was six weeks. This was a part of the treatment. One of the most annoying symptoms while in the hospital and for a while afterward was sciatica; this was on the right side and at times was excruciating. Three months after the operation the symptoms were less severe and the tumor had not increased in size. From this time the patient was out of bed and exercising as her strength would allow. Her symptoms continued to grow less severe and the tumor to diminish in size. The first of May the bromide was dropped, chiefly because the patient did not wish to take it any longer. The symptoms had subsided and the tumor was quite small. The nuclein was continued. On the first of May I went to Europe, returning about the first of July. At that time the patient was attending to her usual duties. Examination revealed the satisfactory but astonishing fact that the tumor was gone—had enirely disappeared—and there was complete absence of all symptoms or distress. It has now been seven years since the cure, the patient is very well, and there has never been any indication of returning trouble.

ABSTRACTS.

A Case of External and Internal Anthrax.—Lengfellner gives the history of a case in which the primary lesion was an anthrax pustule on the side of the neck, with secondary anthrax lesions in the lungs and intestines.—*N. Y. Medical Journal.*

Calcium Salts in Pneumonia.—Brunton calls attention to the tendency to cardiac failure in the epidemic of post-influenzal pneumonia now prevalent in England. Such cardiac failure may, he thinks, be to some extent averted by the free use of calcium salts, which have a tonic action on the heart. The only harm it is likely to do is to increase the coagulability of the blood, but this is small, compared to the risk from cardiac failure. It is given in five to ten grain doses every four hours, simply dissolved in water. As it is very deliquescent, it can only be kept in solution. It has a very disagreeable saline taste, but this can be very well covered by saccharine, one-twentieth of a grain of which is sufficient for every ten grains of the calcium chloride. Encourag-

ing results have also been obtained in cases of cardiac disease, where the ventricular wall appeared to be losing power. It is quite possible that the great benefit frequently observed from the use of milk diet in cases of heart disease may be due, in part at least, to the large quantity of calcium salts the milk contains.—*N. Y. Medical Journal.*

Delayed Chloroform Poisoning.—Renton reports two cases of delayed chloroform poisoning in adults. The first case was that of a woman, aged twenty-six years, who was operated on for appendicitis. Vomiting persisted after the operation, and the patient died five days afterward. The second case was also that of a woman, who was aged twenty-eight years, and was operated upon for pyloric stenosis. She died four days after the operation. Post-mortem the changes noted corresponded with those seen in other cases of late chloroform poisoning, which point to the action of some toxic substance on the heart, liver, kidneys, etc. —*N. Y. Medical Journal.*

Diet and the Thyreoid Gland.—Fordyce has studied the effects of various diets on the thyreoid glands of rats, and finds that the variations in structure are constant within narrow limits and corresponding to the diet employed. In milk-fed rats the vesicles are large and well filled with colloid material. The gland of a rat fed on bread and milk shows the vesicles to be markedly smaller and to contain less colloid. The glands of wild rats occupy a median position.—*N. Y. Medical Journal.*

Thoracic Aneurysm.—Oliver tells us that thoracic aneurysm is much more common among men than among women, those affected being commonly in the early part of the prime of life. It is during the strenuous part of a man's life that the diseased aortic wall yields before the strain. In at least one-half the cases syphilis is the principal cause; add to these the ones due to muscular strain and alcohol, and you have the origin of almost all the cases. In nearly all cases there has been some pre-existing disease of the walls of the aorta, of the middle coat in particular. Mediastinal tumors and malignant disease of the lungs and spine are the conditions most frequently mistaken for thoracic aneurysm. One of the earliest symptoms is pain in the chest, not always well defined or localized, usually worst at night, and aggravated by exertion. Added to this are accentuated ringing cardiac second sound and absence of albuminuria, in a healthy-looking man, and the existence of thoracic aneurysm is very probable. Among the physical signs dulness on percussion and pulsation over a limited area are very important. When to these are added vascular bruits the diagnosis is complete. When the aneurysm arises just above the aortic valves, it may escape detection until it causes

death by rupturing into the pericardium. Most frequently thoracic aneurysms spring from the convex side of the first part of the arch of the aorta. Aneurysms of the transverse portion of the arch arising from the posterior wall give rise to serious symptoms, as they press upon the trachea and esophagus and interfere with respiration and deglutition. "Tracheal tugging" is most marked in such cases. Aneurysms of the descending portion of the thoracic aorta often cause erosion of the vertebræ, with excruciating pain. As regards treatment, rest in bed and quietude are essential, accompanied by a restricted diet. Cases where there is also aortic regurgitation are less amenable to treatment than the ones where that complication exists. Potassium iodide gives the best results of any drug, and it frequently relieves pain and paroxysmal dyspnea. There is nothing to be gained by administering very large doses. But there are few real cures recorded.—*N. Y. Medical Journal.*

The Assumed Etiological Significance of Sarcolactic Acid in Eclampsia of Pregnancy.—Donath considers this acid to be harmless, to have no pathogenic significance in eclampsia of pregnancy, but to be a secondary symptom, the product of the muscular spasm.—*N. Y. Medical Journal.*

Erroneous Interpretation of a physical Condition of the Chest in Children.—Neumann describes a condition of dulness and bronchial breathing at the apex of the right lung, very rarely of the left, with prolonged expiration, but without râles, which has often led to a diagnosis of pulmonary trouble. He ascribes these physical signs rather to an enlargement of the bronchial lymphatic glands, particularly those which extend from the hilus of the lung to the bifurcation of the trachea, and when there is also mediastinal dulness, to swollen mediastinal lymphatic glands. The condition of healed tuberculous processes in the lungs which may produce the physical signs of dulness and bronchial breathing without râles, may be said not to exist in children. The swelling of the bronchial glands is usually tuberculous in its nature.—*N. Y. Medical Journal.*

Quinine Amaurosis.—Seeligsohn reports a case in which a woman, 36 years old, took six grammes (92.12 grains) of quinine within three days, and then suddenly became deaf and blind. Hearing returned within twenty-four hours, but the first trace of light perception returned ten days later, and it was about two months before her vision completely returned. The fundus exhibited a picture similar to that seen in embolism of the central artery of the retina followed by that of atrophy of the optic nerve. The visual field, when it could first be taken, was concentrically contracted, then gradually enlarged until in the course of two months it was normal for white. A marked and perma-

nent injury of color perception remained. The reaction of the pupil to light and accommodation which was at first completely lost gradually became normal, but somewhat decreased again during the following year.—*N. Y. Medical Journal.*

Cerebrospinal Meningitis.—Vorschutz reports five cases of this disease treated by means of Bier's stasis and lumbar puncture with only one death.—*N. Y. Medical Journal.*

Cysticerci in the Fourth Ventricle as the Cause of Sudden Death.—Verse reports two cases of sudden death, in each of which a cysticercus was found in the fourth ventricle on autopsy.—*N. Y. Medical Journal.*

One Hundred and Seven Labors in Half Narcosis from Scopolamine and Morphine.—Bass states that the pains of labor may be assuaged in the great majority of cases by injections of scopolamine and morphine. In many cases the labor is protracted by this means, but usually without detriment to mother or child. He met with no injurious after effects upon the mother. —*N. Y. Medical Journal.*

The Stringed Electrometer.—Cremer finds the stringed electrometer more useful in electrophysiology than the quadrant electrometer or the capillary electrometer for the investigation of the origin of the demarcation current in muscles and nerves, of the electro-tonic current in nerves, and of the polarization current in animal organs. Furthermore, he says that sounds may be analyzed by it with the aid of a microphone and transformer.—*N. Y. Medical Journal.*

The Physical Treatment of Tabes Dorsalis.—Tobias and Kindler consider in this, their first paper in a series, the effects which may be obtained by diet, massage, and gymnastics. They say that there is no special diet for tabetics, but by attention to the diet of the individual patients certain benefit can be obtained. Massage is of benefit in the first place in the general disturbance of the organism, and in the second place to some symptoms of the disease. General gymnastic treatment is indicated only in initial cases.—*N. Y. Medical Journal.*

Microscopic Worms in the Stomach of a Person Suffering from Ozena.—Frese reports the case of a girl sixteen years old who was under treatment for ozena and also gastric trouble. On account of the latter her stomach was washed out and numerous microscopic worms were found in its contents. These disappeared after two months of systematic washing of the stomach. No worms were found at any time in the nasal secretion. No parasites or eggs and no Charcot's crystals were found in the stools. He gives a very full description of the parasites. They were

always found mixed with the pus cells and mucus from the nose. —*N. Y. Medical Journal.*

Hemophilia.—Groves reports three cases of hemophilia which exhibit some of the surgical aspects of the disease, especially the rare condition known as Volkmann's contracture. This contracture of the fingers is caused by pressure on the muscles of the forearm, depriving them of blood. Some of the fibres of the delicate and highly organized striated muscle then die or undergo rigor mortis, and are replaced by fibrous tissue or, rarely, by bone (myositis ossificans). This causes contracture, wasting, and pseudoparalysis. There is also some actual shortening of the bones which is difficult to account for; it may be due to lessening of the blood supply to the bone. From a surgical point of view the treatment of hemophilia may be summarized as rest and pressure. When the joints become swollen they should be firmly bandaged and kept at rest until the effusion subsides. It is by neglect of this treatment that the ligaments become stretched and weakened, and the changes of osteoarthritis. For the external bleeding do nothing but keep the patient in bed. No remedies, local or general, have any effect upon the hemorrhage, and therefore it should be left alone and attention turned solely to treating the patient's general condition. If this rule was always followed from the commencement of the bleeding, probably many lives would be saved.—*N. Y. Medical Journal.*

Cancer.—Heron's studies of cancer show that the cancer rate is highest among both men and women where (1) the birth rate is lowest, (2) where the proportion of professional men in the population is highest, and (3) where most domestic servants are kept. In other words, cancer appears to be always correlated with higher social status.—*N. Y. Medical Journal.*

Acute Infection of the Nervous System.—Buzzard, in the first of his Goulstonian lectures, deals with certain acute infective diseases of the nervous system, the leading characteristic of which is acute paralysis. A rapidly developed motor paralysis, involving the whole, or nearly the whole, of the voluntary musculature, is the important and conspicuous feature. Cases answering to this description may be classified under the following titles: (1) Acute anterior poliomyelitis; (2) Landry's paralysis; (3) acute toxic polyneuritis; and (4) acute ascending or diffuse or disseminated myelitis. As regards the acute toxic changes in the cells, the histological appearances are not different from those produced by other influences, and no poison can be said to evoke an anatomical cell change which is different from that evoked by other poisons. There are two definite channels or paths by which bacteria or their toxines may reach the central nervous system and be disseminated within it. These are the blood and the lymph.

The blood supply of the central nervous system is so arranged that the richest vascularization is associated with the presence of the most active elements or ganglion cells, whereas the more passive conducting paths are content with a somewhat poorer portion. The gray matter of the cord, with its rich capillary network, and especially that of the cervical and lumbosacral enlargements, is more exposed to circulating toxines than the white matter. Emboli in the cord are rare, owing to the tortuosity and small calibre of the arteries. When embolic infarcts do occur in the cord they are found both white and gray matter, perhaps with a little preference for the latter, owing to the larger calibre of the anterior spinal artery. As regards the lymphatics, the writer makes the following deductions: 1. That organic and inorganic substances when present in the lymph spaces of nerves tend to be carried centralwards towards the spinal cord and meninges, and especially through the posterior spinal roots. 2. Entry into the spinal cord is made chiefly along the various septa within the lymph channels of the radial vessels and along the anterior, but more particularly the posterior roots. 3. That the same substances within the spinal cord and its membrane appear to travel upwards mainly between the meninges and along the central canal. 4. The changes within the cord resulting from its bacterial or toxic infection through these lymph channels are somewhat patchy and irregular, affecting the gray and white matter alike, with a special incidence on the posterior columns. 6. The morbid histological processes consist of toxic changes in ganglion cells, blood extravasations, small round cell infiltration of the tissues and perivascular sheaths, and parenchymatous degeneration of the nerve strands.—*N. Y. Medical Journal.*

The Magnet Operation —Hirschberg sucessfully removed a piece of iron from within the eye twenty-seven years ago, and has since then performed the operation 347 times. The most interesting part of his statistics is that of the eight years between 1896 and 1903, during which he performed the operation 64 times, and secured good and permanent vision of the injured eye in 36 cases, or 56 per cent. In 23 patients of these 36 cases the vision secured was very good, from one-half to one. In nine the fragment of iron was removed from the vitreous, in 27 from the retina; 22 were fresh cases, 14 were old. In 6 of the 64 cases, 9 per cent., the form of the injured eye was preserved, but the sight was lost. In 22 of the 64 cases, 34.5 per cent., the injured eye had to be enucleated. In the great majority of these 22 cases the fragment was very large, or the eye was lost from cyclitis or sepsis. In four of the 64 cases the magnet failed to remove the foreign body. He reports two interesting cases operated on in 1906 and 1907.—*N. Y. Medical Journal.*

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Gynecology and Obstetrics—GEO. T. MCKEOUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Toronto

Medical Jurisprudence and Toxicology—ARTHUR JUKES JOHNSON, M.B., M.R.C.S. Eng.; Coroner for the City of Toronto; Surgeon Toronto Railway Co., Toronto; W. A. YOUNG, M.D., L.R.C.P. Lond.; Associate Coroner, City of Toronto.

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Pharmacology and Therapeutics—A. J. HARRINGTON, M.D., M.R.C.S.Eng., Toronto.

Pediatrics—ALLEN BAINES, M.D., Toronto; A. R. GORDON M.D. Toronto; HELEN MACMURCHY, M.D., Toronto.

Medicine—J. J. CASSIDY, M.D., Toronto, ex-Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

Oral Surgery—R. H. ADAMS, M.D., D.D.S., Toronto.

Clinical Medicine—ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine Toronto University; Physician Toronto General Hospital, St. Michael's Hospital, and Victoria Hospital for Sick Children.

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Pathology—W. H. PEPLER, M.D., C.M., Trinity University; Pathologist Hospital for Sick Children, Toronto, Associate Demonstrator of Pathology Toronto University; Physician to Outdoor Department Toronto General Hospital; Surgeon Canadian Pacific R.R., Toronto; and J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology—J. M. MACCALLUM, M.D., Toronto, Professor of Materia Medica Toronto University; Assistant Physician Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Nose, Throat and Ear—PERRY G. GOLDSMITH, M.D., 24 Carlton St., Toronto, Laryngolo ist and Aurist, Provincial Institution for the Deaf and Dumb; Laryngologist, National Sanitorium Association, Gravenhurst.

Dermatology—D. KING SMITH, M.B. Tor., Toronto

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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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Editorials.

THE MEDICAL TREATMENT OF APPENDICITIS.

OUR correspondent, Thos. M. Johnson, M.D., Buffalo, N.Y., wishes to have our opinion as to the medical treatment of appendicitis, "a matter of great importance, especially to country practitioners." This would mean, doubtless, a reference to the remedies suitable in any case of appendicitis until the services of a surgeon can be obtained, or the treatment which suffices for cases

in which an operation is not required. From the standpoint of the surgeon, every case of appendicitis belongs to the domain of surgery. It does not follow, however, that a surgeon, called to see a case of appendicitis, should operate immediately. According to his convictions, or his appreciation of the case at the moment he sees it, he may decide in favor of an intervention, or he may temporize. The medical treatment of appendicitis recommended by high authorities in Europe and America—Reynar, Howard Kelly—consists in rest in bed in the dorsal position, abstinence from food, an ice-poultice over the abdomen, and opium. In his book, "The Vermiform Appendix, with Its Diseases," Dr. Howard Kelly writes: "If the patient is constantly watched by a nurse and the surgeon makes his visit at first from two to four times a day, any increase in the symptoms denoting an undue extension of the disease will at once be noted, and the surgeon will be in readiness to abandon the medical treatment, without a moment's delay, in order to attack the disease by the more direct measures of surgery." No food should be given, in order to secure freedom from peristalsis and to unload the bowel of materials which might escape into the peritoneum. Appetite for food is generally absent; thirst may be satisfied with sips of iced water, lemonade, cold tea, or, if preferred, hot water to rinse the mouth. A light-weight ice-poultice contained in a rubber bag should be applied over the abdomen, a piece of flannel being interposed between the ice-bag and the skin. The ice should be renewed, night and day, at least every three hours. Neither a blister nor any preparation likely to irritate the skin should be applied to the seat of pain.

Morphine should be given in sufficient doses to procure relief from pain, to keep the intestines in a state of rest, and, by checking peristalsis, to favor the formation of adhesions, which will wall off the affected area and prevent a general peritonitis. Morphine may be given hypodermically, or by the mouth, for several days, until all symptoms of disease have subsided and a general improvement is noted. Large doses of this drug should not be given—only enough to keep the patient free from pain. The patient's urinary functions will require watching to see that the urine does not become too much diminished in quantity. A nurse should be in constant attendance, for, owing to the freedom from pain which results from the continued use of morphine, the patient may try to get out of bed and do himself a serious injury.

The use of enemas or laxatives calls for caution. Before giving an enema the patient's rectum should be examined, digitally, by the surgeon, who will then be able to decide on the propriety of the procedure. If dry, impacted feces are found in the rectum, small enemas of oil will be useful. Some authorities advise the use of calomel, or castor oil, by the mouth after the acute symptoms have subsided. The use of strong saline cathartics is not recommended. If this medical treatment is adopted by a physician he will be in a position to judge of the complications which necessitate a surgical intervention, and, should it be necessary, he may call in a surgeon and prevent a tragical ending of the case.

In an article entitled "The Non-Surgical Treatment of Appendicitis," published by Dr. Marrs in the *South-Western Medical Gazette*, three successful cases of appendicitis, treated without surgical operation, are recorded. The treatment in these cases consisted of rest in bed, fluid diet, an enema at the start, mild salines on the fourth day, morphine for a few days in some of the cases. Instead of morphine Trask's ointment was painted over the patient's abdomen, the ointment being afterwards covered with oiled silk. "This ointment is a preparation of several vegetable sedatives and depressants; it contains no opium, cocaine, or other of the commonly used analgesics; its most active ingredient is tobacco."

As appears in Dr. Marrs' paper, the general plan of treating appendicitis medically was conducted in accordance with the recognized rules of practice. The substitution of Trask's ointment for morphine calls for some explanation. Dr. Marrs does not offer any theory to show how or why the tobacco ointment proved curative in his three cases. Sedatives applied to the abdomen in appendicitis may relieve pain, but do not cure the appendicitis. At all events, a physician who confines his treatment of appendicitis to the use of certain internal and external medicines should not deceive himself or mislead his patients as to the legitimate scope of such therapeutic efforts. In some cases they will prove efficacious, in others they will fail. The intelligent physician should be prepared to make way for the surgeon as soon as the indications point towards an operation. J. J. C.

DR. PYNE'S RETIREMENT FROM THE POSITION OF REGISTRAR.

At the annual meeting of the Council of the Ontario College of Physicians and Surgeons, held last month in Kingston, Ont., Hon. Dr. Pyne was again nominated as Registrar, a position which he has retained for twenty-seven years. Dr. Pyne announced that he could not again accept the position. His resignation was accepted with many regrets. By a tasteful gift of silver and the unanimous adoption of the following resolution, the Medical Council of the Ontario College of Physicians and Surgeons showed their appreciation of Dr. Pyne:

"Members of the Ontario Medical Council, with sincere regret, part with their esteemed Registrar, Hon. Dr. Pyne, after a faithful and continuous service of well nigh thirty years. These years have witnessed the formative period of medical education in the Province of Ontario and in the Dominion of Canada. The high standard of medical education in the country, its exemplary ethical life, its culture and its history of noble and philanthropi deeds, may fairly be attributed in no small degree to his unremitting energy and vigilance. He has always been a thoughtful and considerate friend of the student body. With great tact and never-failing courtesy, kindness of heart, his rare experience has directed the Council in many trying situations. Ontario has had a faithful servant in Hon. Dr. Pye during these years, and we who know him best and the high value in faithful labor he has rendered to the State, have pleasure in acknowledging our indebtedness for his efforts in the cause of humanity and for the public weal."

Hon. Dr. Pyne thanked the members of the Council for their kind words of appreciation and referred to the work of the Council during the twenty-eight years he has been identified with it. It was a work that he enjoyed, and he regretted very much to have to give it up. The progress of the Council, he said, might be compared with the progress of the Dominion of Canada, which had just celebrated its fortieth birthday. There had been marked progress, and while retiring from the position of Registrar, he would have fond recollections of the times spent in the service of the Council.

In Toronto, his home city, Dr. Pyne has been popular with

college men, physicians and citizens alike. As Registrar his work has been given careful attention, and his unfailing courtesy has won for him the respect and golden opinions of all with whom he has come in contact, and all are genuinely sorry to part with his services as Medical Registrar. W. A. Y.

DR. LUCAS-CHAMPIONNIERE'S EXPLANATION OF THE ROLE OF NEPHROPEXY.

The neurasthenic and even mental disorders noted in cases of floating kidney, and their cure by nephropexy, formed the subject of a paper read by Dr. Lucas-Championnière at the Academy of Medicine, Paris, June 11th, 1907. After mentioning that this condition was more common than was generally supposed, he said that the ailments, complained of by patients who had it, did not arise from a derangement of the urinary function, such as might arise from the kinking of one of the ureters, or from a falling of the intestines (enteroptosis). They appear to be due, rather, to a dragging, or an excitation, of the suprarenal gland, which remains in its place with its nervous plexuses, the functional importance of which has been revealed by modern physiology. This new explanation, he said, enables one to understand the great frequency with which disorders of the nervous system occur in persons suffering from floating kidney. Even in the simplest cases of that disease, the nervous phenomena are out of proportion to the apparently slight importance of the dislocation of the kidney. All forms of ailment, ranging from the most serious disturbances of nutrition (vomiting, weakness, emaciation, pains in different parts of the body), up to the severest forms of neurasthenia, have been observed in this disease. Some cases of floating kidney are accompanied by disorders of the brain. The frequency with which floating kidney has been discovered to exist among the insane is remarkable. Lucas-Championnière thinks that nephropexy is an experiment, showing that the shocks produced by the dragging of a movable kidney are the cause of the ailments from which the patient has suffered, and the reason for his opinion is because nephropexy has no effect whatever on the accompanying enteroptosis. Nephropexy appears to prove curative by anchoring the floating kidney and

thus preventing pathological excitation of the suprarenal gland. His operations have been uniformly successful in relieving the nervous manifestations, failure to do so being uncommon when fixation of the floating kidney has been accomplished in a solid manner. Out of sixty operations, only two have failed to yield satisfactory results.

The new theory of the origin of the ailments arising from mobile kidney explains, he said, why so simple and limited an operation as nephropexy yields satisfactory results. The operation has been especially criticized, because its critics have not taken into consideration the reason why so limited an operation could remedy so grave a lesion as enteroptosis. Dr. Lucas-Championnière thinks that nephropexy is indicated in grave nutritive disorders and in nervous conditions. The interesting observations of Dr. Suckling, of Birmingham, showing that in twenty cases of insanity the disorder of the brain was cured after nephropexy had been done, are quite remarkable. It had occurred to Dr. Suckling that it would be proper to advise this operation in certain cases of insanity after he had observed an extraordinary frequency of mobile kidney among the insane patients whom he had examined.

Dr. Lucas-Championnière has not noted insanity among his own patients, but he has successfully performed nephropexy on two patients who had made suicidal attempts.

In his "Manual of Operative Surgery," Philadelphia, 1905, Dr. Binnie explains the evil results of movable kidney in another way, in keeping, we take it, with the ordinary view entertained by surgeons. He says: "Mobile kidney is exceedingly common, and in the majority of cases presents no symptoms. When symptoms are present they may be those of neurasthenia, in which case fixation of the kidney can scarcely be expected to do more than give mental relief. Of course, cases do occur in which the mobility of the kidney is the causative factor, where tension exerted on the structures of the hilus of the kidney gives rise to trouble, and where kinking or displacements of the ureter occasion distressing symptoms and conditions. It is in this comparatively small class of cases that nephrorraphy gives gratifying results."

In this statement Dr. Binnie does not attempt to explain the nutritive, nervous and mental disorders observed in cases of floating kidney. He ascribes the favorable results noted after nephropexy has been done to the fact that kinking of the ureter and twist-

ing of the nerves and blood vessels of the mobile kidney are prevented by the fixation of the kidney, but says nothing of the *restitutio ad integrum* of the suprarenal gland of the same side.

Dr. Lucas-Championnière considers that these accidents to the movable kidney itself are of minor importance, the grave evils to the organism arising from the violent stretching of the nerves of the suprarenal gland. "These nerves," as we read in Gray's Anatomy, "are exceedingly numerous, are derived from the solar and renal plexuses, and, according to Bergmann, from the phrenic and pneumogastric nerves. They enter the lower and inner part of the capsule, traverse the cortex and terminate about the cells of the medulla. They have numerous small ganglia developed upon them, from which circumstance the organ has been conjectured to have some function in connection with the sympathetic nervous system." According to Sajous, the adrenal body, thyroid gland and anterior pituitary body are the active agents in all oxidation processes within the organism.

Violent stretching of the nerves of a suprarenal gland would, therefore, be likely to cause disorder in associate nervous plexuses. Again, violent stretching of the arteries and veins entering at the hilus of a suprarenal gland might cause hemorrhages into its cortical or medullary tissue. In view of the important offices in nutrition ascribed by physiologists to the suprarenal glands, injuries to their nerves and vessels are certain to produce evil results in the organism. Hence the force of the arguments of Dr. Lucas-Championnière—that the real object sought in anchoring a floating kidney is to protect from mechanical injury the nerves and blood vessels of the suprarenal gland of the same side.

J. J. C.

THE KELLER HOSPITAL, IRONTON, OHIO.

It is with pleasure we offer our congratulations to Dr. Lester Keller upon the realization of his dream of the private hospital—good in construction, handsome in outline and equipped perfectly, a small world of comfort and cheer to those who enter its doors for treatment. Associated with Dr. Keller are several other physicians who are well-known throughout Ohio and Kentucky. May the name and fame of the new hospital spread far and wide and the gold buried be soon dug up again.

W. A. Y.

EDITORIAL NOTES

Some Reflections on Euthanasia.—As a matter of fact, a good many nominal Christians do not believe in the creeds of their Church. They pretend to believe in a future state of rewards or punishments, but they live, and leave this life, as though there was to be no accounting for actions done here, in the life beyond the grave. Others confess to their friends, and admit to themselves, that there may be an after-state, but profess inability to solve so inscrutable a question, and pass outside the bar with a large note of interrogation in the mind. To both of these classes an easy, calm death is a seeming blessing—a painful state of the body, an anxious condition of the mind before death, regrettable circumstances, to be prevented at all hazards. The sick man, who has the Christian's faith, prefers to endure some pain of body and a searching recollection of his past, rather than have his brain clouded with narcotics during the hours which precede dissolution. We have felt it a duty to write this note, because, more and more, the office of a physician, in the impossibility of averting a fatal issue to a disease, seems to be concerned in procuring euthanasia. Two principal reasons seem to account for this exercise of the medical art, one that it is the most merciful way of treating a doomed fellow-creature, the other, that it prevents the appearance of rival practitioners at the bedside. However, in a great many instances, the effort of a physician to keep his patient ignorant of a bad prognosis is a kindly but transparent attempt at humbug, and does not succeed, unless, indeed, the patient be that truest of optimists, a case of pulmonary consumption.

To Remove From the Skin Brown Stains of Permanganate of Potassium.—The brown stains on the skin caused by solutions of permanganate of potassium are promptly removed on bathing the parts with peroxide of hydrogen, H_2O_2. The latter preparation, which is a good antiseptic, does not injure the epidermis like a solution of oxalic acid. Unlike the bisulphites it is odorless.

Cough of Nasal Origin.—Cough of nasal origin according to Dr. Lermoyez, Société Médicale des Hopiteaux, June 7, 1907) is: (1) dry, (2) convulsive, (3) progressive, (4) irresistible. Patients with this kind of cough experience a slight tickling in the larynx but none in the nose. Examination with the rhinoscope

sometimes reveals floating polypi, which constantly titillate the pituitary membrane; at other times a mucous membrane, normal in all respects except that it contains cough-producing areas, revealing their presence by: (1) production of cough on irritating these areas; (2) suppression of cough by cocainization of these areas. The diagnosis of the nasal origin of a chronic cough considerably lessens the gravity of the prognosis. If misunderstood, it may continue indefinitely; if recognized it yields almost always to local treatment, in some cases disappearing with surprising rapidity. Dr. Lermoyez holds that cough of nasal origin is far from being uncommon; it often goes by the name of nervous cough, which indicates an error in diagnosis, and leads to insufficient treatment. He thinks that students of medicine should, in addition to the study of thoracic auscultation, make themselves practically conversant with the technic of the exploration of the rhino-larynx. This recommendation is quite true; but what would then be the fate of our medical confreres who devote their energies to the exclusive therapy of diseases of the nose and throat?

To Remove From the Skin Black Stains Caused by the Nitrate of Silver.—Black stains on the skin caused by the Nitrate of silver, in stick or solution, may be whitened, and their removal much expedited, by the application of a solution made according to the following formula:

℞ Bichloride of Mercury ..... } aa gr. x
Chloride of Ammonium..... }
Water..... fl ℥iss

M. Sig. Apply to stains on skin with friction.

Contagiousness of Consumption.—In the *British Medical Journal*, June 15, 1907, p. 1451, an account is given of the ravages of consumption in the family of a Highland crofter. The family, consisting of the father, mother, five daughters and seven sons, until the spring of 1906 had been healthy. In April, 1906, the eldest girl, aged 21, who had been in service, came home suffering from a suppurating finger. Symptoms of phthisis appeared, and she died of tuberculous meningitis on May 26th, 1906. Since then the father, mother, four sisters and a brother have been attacked, with four deaths out of seven cases. According to recent information the mother has died of tuberculous peritonitis in Glasgow. The family is in danger of extermination. The crofter's house consisted of two apartments, with stone walls, thatched roof,

clay floors, and was very damp. The people were very clean and tidy, and kept their house in an excellent condition.

To Test the Quality of the Air.—In an article devoted to the advantages of pure air (*La Presse Médicale,* June 8, 1907), Dr. Laignel-Levastine gives two rules for testing the purity of the air of a place. He advises the use of white paper, containing iodine and starch, which gives a blue reaction to ozone, and also a bottle of Nessler's solution. Pour a few drops of the Nessler solution into a saucer and expose the fluid to the air. Likewise expose a strip of ozone paper. If, as the wind blows over it, the paper becomes blue, thus indicating the formation of iodide of starch, while the other reagent, Nessler's solution, remains clear and unchanged, you may feel sure that the air of the place is pure—it contains ozone and does not contain reducing salts. If, when the wind blows from another quarter, you get the same results, you may be sure that the air of that place is quite pure. If, on the contrary, the Nessler's solution darkens, and shows black spots of metallic mercury, while the ozone paper remains white, change your abode, for the air of the place has reducing properties and, chemically, is no better than city air.

Arbovin in Gonorrhea.—P. W. Frank *(Berl. Klin. Woch.,* July 30th, 1906) after making experiments to test the bactericidal effects of urine charged with arbovin on gonococci, found that arbovin urine inhibits the growth of gonococci, but normal urine does the same. He therefore comes to the conclusion that the use of arbovin does not render local treatment unnecessary in gonorrhea. Arbovin allays irritation, relieves pain, does not disturb digestion, is quite harmless, and, in Frank's opinion, can be recommended as an auxiliary means of treatment in inflammatory and especially gonorrheal affections of the urinary passages. Arbovin is not a balsam; it is an addition product of diphenylamin and esterified thymil-benzoic acid. It is an aromatically-smelling fluid, having a specific gravity of 1,055, and a mild, burning taste. Frank, in his experiments, used arbovin capsules (six to eight a day, each containing 0.25 gramme).

Treatment of Intestinal Hemorrhage in New-Born Children.—A freshly-prepared 1-1000 solution of adrenalin has been used successfully in arresting intestinal hemorrhage in new-born infants. It was used hypodermically in doses of from five to six

drops. Three cases were reported by Drs. Champetier and Daversin at a meeting of La Société D'Obstetrique de Gynecologie et de Pédiatrie, 15 Avril, 1907. The authors were positive that this treatment should be superadded to the usual treatment: cold drinks, lemonade, artificial serum and weaning. A diagnosis of syphilis could not be made in any of the three cases. Dr. Champetier said that some cases of intestinal hemorrhage in new-born infants happen about the third day, at the time when the digestion of the mother's milk begins, when the protective plug of meconium is removed. The influence of digestion in the etiology of this intestinal hemorrhage appears to him of the first importance. In discussing the paper, Dr. Wallich said that he doubted that the good results claimed by Dr. Champetier from the hypodermic use of adrenalin were really due to that agent. Systematic avoidance of any kind of active treatment in cases of this kind had yielded results superior to any obtained from the employment of medicines called hemostatics.

Sulphate of Magnesium in a New Role.—Our trusty friend, sulphate of magnesium, is about to appear in a new role, if we are to credit the clinical results obtained by Dr. Henry Tucker, Genito-Urinary Surgeon, Philadelphia General Hospital, who contributes an article on "The Local Use of Magnesium Sulphate Solution in Inflammation," to Merck's *Archives,* June, 1907. The application consists of a saturated solution of magnesium sulphate in water, 1 to 1½, which is applied on from 15 to 20 thicknesses of ordinary gauze. These are saturated with the solution at least every half hour, or as often as necessary to prevent drying, depending on the time of the year and the temperature of the room. The gauze is not removed until the end of twenty-four hours; the parts are then washed with water, and the dressing reapplied if indicated. There is then found to be a marked blanching of the surface which is, however, not followed by any deleterious effects. Dr. Tucker claims to have obtained remarkable results in the relief of pain and the abatement of inflammation from the use of this solution. Sixteen cases of gonorrheal epididymitis were relieved; three cases of gonorrheal rheumatism were treated with good local results. In two cases of facial erysipelas one responded in forty-eight hours, the other in three days. In both the local pain was relieved in a few hours. The solution was also employed with

benefit in alcoholic neuritis, traumatic neuritis, sprained ankle, and simple contusion. Partial loss of sensation, accompanied by tingling of the hands and arms, which persisted from twelve to twenty-four hours, was obesrved by the attendants, who made the applications of this solution. In the treatment of inflamed testicle, elevation was not used, other than to prevent wetting of the bedclothes. Some cases were kept in bed, others were allowed the freedom of the ward. In many cases no internal medicine was given. J. J. C.

PERSONALS.

Dr. H. J. Hamilton is building a new house on Bloor Street West, and expects to move in shortly.

Dr. and Mrs. W. H. B. Aikins returned from England last month, after spending three months abroad.

Dr. Don Armour, of Toronto, has been appointed Lecturer on Surgery at the Royal College of Surgeons, London.

Dr. D. J. Gibb Wishart, of Grosvenor Street, has recovered from his recent illness, and is now recuperating in Muskoka.

Dr. Allen Baines and Mrs. Baines, accompanied by Dr. and Mrs. J. A. Temple, left for the Old Country last month, and expect to be gone six weeks.

We are pleased to announce that Dr. Alex. Primrose is now almost convalescent from his recent illness and hopes to be up and around almost at once.

Dr. Arthur Hitchens, Director of the Antitoxin and Vaccine Laboratories of the H. K. Mulford Company, is in London engaged with Prof. E. A. Wright in the study of opsonins and vaccine therapy.

Dr. and Mrs. F. N. G. Starr left for England on the 10th of July. Dr. Starr hopes to attend the meeting of the British Medical Association. After Dr. Starr returns from England, about September 1st, he will confine his practice to surgery and consultations in surgery.

Drs. Harry James and J. S. Pritchard have been added to the medical staff of the National Sanitarium Association. The former will be assistant at the Muskoka Cottage Sanatorium, and the latter at the Muskoka Free Hospital for Consumptives. The resident medical staff of the Muskoka institutions now consists of C. D. Parfitt, M.D., W. B. Kendall, M.D., J. K. M. Gordon, M.D., and Drs. James and Pritchard.

Obituary

DR. J. W. LESSLIE DIES SUDDENLY.

Dr. Joseph Walter Lesslie died suddenly on July 17th at his home, 1 St. Patrick Street, corner of McCaul Street. The cause of death was paralysis following cerebral hemorrhage.

Dr. Lesslie, who was in his fifty-fourth year, had lived practically all his life in the city. His father was the late Joseph Lesslie, who was for many years Postmaster of Toronto

During the North-West Rebellion, in 1885, Dr. Lesslie was surgeon of the Queen's Own Rifles, and served a long time with that regiment. He was an active member of the Royal Canadian Yacht Club and of the Toronto Club, and was generally known about town. He was connected with the Western Hospital and with the Free Dispensary on Simcoe Street.

He is survived by his wife, who is a daughter of the late W. W. Baldwin, of Toronto, also by two sisters, Mrs. T. D. Bell, of Montreal, and Mrs. Andrew Bell, of Toronto.

Death of Mrs. Orr.—The sympathy of the profession is extended to Dr. J. O. Orr, of Jarvis Street, on his great bereavement last month. His loss in the death of Mrs. Orr was cruelly sudden and therefore all the more difficult to bear, and his brother practitioners feel keenly for him.

King's Physician Dies in England.—Sir William Henry Broadbent, Physician-in-Ordinary to King Edward and the Prince of Wales, and who for a long time attended the late Queen Victoria and others of the Royal Family, died on July 10. He was born in 1835. Sir William was in Toronto just a year ago attending the meeting here of the British Medical Association. During his visit he received from Toronto University the degree of LL.D., and replied on behalf of himself and other members of the profession similarly honored at the same time. He was also honored with a degree from McGill University.

News of the Month.

CAUSES OF DEGENERACY

At the annual meeting of the New Brunswick Medical Society, St. John, N.B., Dr. A. B. Atherton, of Fredericton, President of the Society, read a paper of interest to the medical fraternity and the public at large. He said, in part:

"An inquiry into causes of degeneracy, which seems to be taking place among the more highly civilized branches of the human race, should be both interesting and profitable at this stage. I think it is too obvious for dispute that the civilized nations are undergoing some deterioration in their general physique, and, as well, perhaps, in their mental powers. The deterioration causes are those arising from our manner of life and those which are the result of bad breeding. In other words, we might say, we have the acquired and the hereditary influences which tend to degeneration. The frequency with which we medical men find cases of break-down of children of a nervous temperament or delicate constitution, due to hard study, shows the care with which the child should be watched, the girls in particular. Indeed, we have for some time been of the opinion that the public schools should be closed to girls for one or even two years, at the critical age, when an important physiological change is taking place in their constitution, on account of which they should not be placed in competition with boys of the same age. The proportion of defective eyes at the present time of school entrance is only 5 per cent., but by the time of college entrance it reaches 50 per cent. To the great evils of the abuse of stimulants and sexual immorality it seems impossible to put an entire stop. We must rather strive to regulate than to check them completely. In the matter of the better breeding of the race, we should at least take as much care as with the stock on our farms. Every child has the right to be born healthy and fit to fight the battle of life. We think the community has a right to demand that the diseased and defective ones should not transmit these characteristics to the rising generation. Marriage between such people should be discouraged or prevented. Have we not a right to demand that those who have been rescued from tuberculosis should not be the means of bringing children into the world who inherit a tendency to the same disease? Persons who have been relieved of tubercular

tendencies should submit to being sterilized. Again, the marriage of near relatives is a source of danger to their progeny, who are apt to be born idiotic, weak-minded or chronic epileptics. I think it would be wise to prohibit such unions as those of first cousins. There are said to be over one thousand two hundred feeble-minded unmarried women in the Dominion. The danger of these women producing children affected in the same manner is great. These menaces should be segregated into public institutions, or, better, perhaps, should be sterilized. It is monstrous to allow these unfortunates to hand down their mental defects to the coming generation. The chronic criminal might also be very well subjected to similar procedure."

CANADIAN MEDICAL ASSOCIATION—ANNUAL MEETING.

ARRANGEMENTS have been completed for the annual meeting of the Canadian Medical Association in Montreal on September 11th, 12th and 13th, 1907. The authorities of McGill University have placed the University Buildings at the disposal of the Local Committee of Arrangements, and it has been decided to hold the General Meetings of the Association in Molson Hall, the Medical Section in the lecture room of the Redpath Museum, and the Surgical and Pathological Sections in the lecture rooms of the Arts Building.

The President's address, for which the first evening, September 11th, is reserved, will be delivered in the large hall of the Students' Union, and will be followed by a reception to the visiting members of the Association and their friends. The Students' Union is situated on Sherbrooke Street, opposite the University grounds, and is admirably suited for such a function. On the evening of September 12th there will be a smoking concert in the Victoria Rifles Armoury. A garden party, golf match, and drives to fill in the afternoons after the business of the sections has been concluded, have also been planned.

The staffs of the various city hospitals have arranged to give clinics in the hospital theatres each morning at 8.30, at which members will have an opportunity of seeing rare and interesting cases in the service of the hospitals.

The Standard Convention Certificate plan will prevail for this meeting, and all delegates when purchasing first-class single transportation to Montreal for themselves, their wives or daughters (no others), must get from the ticket agent at the same time a Standard Convention Certificate, which, when vised at Montreal, will entitle holders to return free if three hundred are present holding these; one-third if fifty or over. Every one should, therefore, en-

deavor to make one of these three hundred, so as to provide for free return transportation.

British Columbia points.—The Canadian Pacific Railway will apply rate of single fare on certificate plan to Montreal and return, tickets to be sold and certificates issued on Sept. 1 and 2, and validated certificates honored for tickets for the return journey up to and including October 9th. Tickets good for continuous passage only in each direction.

Manitoba, Saskatchewan and Alberta.—On Canadian Pacific and Canadian Northern, tickets to be on sale 5th, 6th, 7th and 8th September, west of Port Arthur, and to be honored at Montreal up to and including the 11th of October. If Lake Route used in one direction, $4.25; both directions, $8.50 extra.

Ontario, east of Port Arthur, and Quebec and Maritime Provinces.—Tickets for sale on the 7th and 8th September; final purchase at Montreal, September 18th. Passengers going rail and returning R. & O. Navigation Co., or *vice versa,* rate to be one and one-half fare—Toronto or Kingston to Montreal. Tickets will also be honored via R. & O. Navigation Co. on presentation of rail excursion tickets to the ticket agent at Toronto, or to the purser on board steamer, and payment of the following arbitraries, viz., $6.65 Toronto to Montreal; $3.50 Kingston to Montreal.

The General Secretary will issue his annual circular of information to members early in August.

Between Port Arthur and Halifax, the C.P.R., G.T.R., C.N.R., Intercolonial and R. & O. Navigation Co. are included in the arrangements.

THE FORMAL OPENING OF HIGH PARK SANITARIUM.

EQUIPPED with all the modern appliances for the relief of nervous diseases is the High Park Sanitarium at 144 Gothic Avenue, Toronto Junction, dedicated with special ceremonies on the afternoon of June 29th. Mayor Baird, of Toronto Junction, occupied the chair, and addresses were made by Dr. J. H. Kellogg, Superintendent of the Battle Creek Sanitarium; Prof. A. T. Jones, Battle Creek, Mich.; Dr. Forbes Godfrey, M.P.P., Mimico; Rev. V. H. Cowsert, Toronto; Rev. Beverley Smith, of Toronto Junction, and Dr. McCormick, the founder of the institution.

Dr. Kellogg, Superintendent of the Battle Creek Sanitarium, with which the newly-dedicated institution is affiliated, dwelt at some length regarding what has become popularly known as the Battle Creek idea. Dr. Kellogg said that disease could be largely prevented by adhering to natural conditions, which gives the curative powers of the body power to act.

After the addresses those present were shown through the institution, and the uses of the various appliances were demonstrated. The equipment is most thorough and modern, all of the most approved methods of treatment of the sick being utilized.

Special attention is given to the Battle Creek system of physiological therapeutics, which embraces hydrotherapy, electrotherapy, thermotherapy, mechanotherapy, phototherapy and dietotherapy.

The resident staff of the institution consists of Drs. W. J. and F. D. McCormick, of Battle Creek, assisted by a corps of trained nurses from Battle Creek.

Although the institution has been in operation but a short time, the managers are already compelled to arrange for the erection of a commodious addition to accommodate the new applicants for admission. Tents will be used in the meantime.

THE NEW REGISTRAR OF THE COLLEGE OF PHYSICIANS AND SURGEONS.

DR. JAS. L. BRAY, of Chatham, Ont., has been appointed as Dr. R. A. Pyne's successor as Registrar of the College of Physicians and Surgeons. Dr. Bray is not by any means a stranger to the profession, being not only well known through Western Ontario, where he has practiced most successfully for many years, but has served several terms as member of the Council, and is therefore well acquainted with the general business of that body. We welcome Dr. Bray to Toronto, and feel that he will be not only an acquisition to the profession in our city, but carry out his new duties as Registrar of the College in an eminently satisfactory manner. Dr. Bray graduated at Queen's in 1863, and received not long ago his LL.D. in recognition of his long services to the profession.

THE COMING SESSION AT McGILL.

FROM inquiries received from intending students there seems to be some danger of the idea getting abroad that McGill University has been so badly crippled by the recent fires that teaching in some of the departments is likely to be discontinued for a time. Nothing could be further from the truth. Both in the Medical and Applied Science Faculties arrangements are in progress for overtaking completely the usual programme of teaching without any curtailment of work in any department. The rear part of the Medical Building which survived the recent fire lends itself admirably to the needs of the first two years of the curriculum, and it is being

rapidly adapted for the purposes of this teaching. In addition to the large lecture room, with a capacity of seating 400, this building will continue to provide accommodation in the departments of Medical Chemistry, Pharmacology, Hygiene, and Physiology. The Pathological and Bacteriological class-room is being transformed into a dissecting room, which will be as large as the old room destroyed by the fire. The Medical Faculty is fortunate in being able to supplement this accommodation by the laboratories both at the Montreal General Hospital and the Royal Victoria Hospital. It will be seen from this statement that the work of teaching can be carried on without difficulty during the period in which the new school will be under construction.

THE ACADEMY OF MEDICINE, TORONTO.

THE following are the officers recently elected:

President, Dr. J. F. W. Ross; Vice-President, Dr. Alex. McPhedran; Secretary, Dr. H. J. Hamilton; Treasurer, Dr. D. J. Gibb Wishart.

Members of Council: Mr. I. H. Cameron, Dr. J. T. Fotheringham, Dr. Herbert Bruce, Dr. F. N. G. Starr, Dr. E. E. King, Dr. R. A. Reeve, Dr. W. P. Caven, Dr. H. B. Anderson, Dr. John Amyot, Dr. A. A. Macdonald, Dr. R. J. Dwyer, and Dr. R. D. Rudolf.

Section on Surgery: Dr. N. A. Powell, Chairman; Dr. Shuttleworth, Editor; Dr. H. A. Beatty, Secretary.

Section on Medicine: Dr. W. J. Wilson, Chairman; Dr. John Ferguson, Editor; Dr. Harley Smith, Secretary.

Section on Pathology: Dr. W. Goldie, Chairman; Dr. Stanley Ryerson, Secretary; Dr. Hutchison, Editor.

ISOLATION HOSPITAL FOR LONDON.

APPROVAL of the site of the new isolation hospital at London was given by the Provincial Board of Health at a recent special meeting. The site to be expropriated by the city is virtually an extension of the present Victoria Hospital site. Special legislation was required from the Legislature to permit the erection of the isolation hospital at a less distance than 150 yards from other buildings, and the Board, in accordance with this, granted approval on condition that Waterloo Street, which is 132 feet wide, would be divided, the half next to the hospital to be fenced off.

The plans for the hospital show accommodation for 120

patients, with ample private wards. The administration building is flanked with two wards, one for diphtheria and one for scarlet fever. Separate entrances will be provided. The wards will be two-storey buildings, one flat for males and one for females. The administration building will have three storeys and an attic. The kitchen will be situated on the third story, and every modern convenience will be adopted in the equipment of the entire hospital The total cost of site, buildings and equipment is estimated at about $50,000.

It is intended to place the hygienic building on a portion of the new site, facing Ottaway Avenue.

ITEMS OF INTEREST.

A Splendid Chance for a Young Doctor.—By applying to Box 10, CANADIAN JOURNAL OF MEDICINE AND SURGERY, at once, a young graduate in medicine will hear of an exceptional opportunity of starting in practice in a thriving Ontario town, where, after November 1st next, if a suitable man, he will be appointed physician to a large factory, and be guaranteed a minimum of $600 a year salary.

Portrait of Dr. Geikie.—A meeting of the committee of the graduates of Old Trinity Medical College was held on July 9th, to arrange to have a portrait of their old dean, Dr. W. B. Geikie, painted and hung in the Academy of Medicine. Every graduate, of which there are about 2,500 throughout the world, will be given an opportunity to contribute toward the fund. The following committee have the work in hand, viz., Drs. Temple, McMurrich, Marlow, Pepler, Richardson, Hayden, Crux and Worthington.

West Toronto Divisional Association.—On June 28th, a well attended meeting of the city profession, especially those identified with West Toronto, was held in Broadway Hall, called by Dr. J. S. Hart, the Council representative. Matters of interest to the profession were discussed, the following resolutions being passed: (1) That the fee of each member shall be $1.00; (2) that the fee for insurance examination for fraternal societies shall be $2.00; (3) that in the opinion of the Association all lodge practice should be discouraged; (4) that nurses, ministers, and members of doctors' households, not his own family, should be charged the usual fees. The consideration of a uniform tariff was left over till the autumn. Dr. J. S. Hart presided at the meeting, and Dr. F. A. Clarkson appointed Secretary-Treasurer.

The New Site for the Ontario College of Physicians and Surgeons.—The Ontario Medical Association have lost no time in carrying out the promise made at the annual meeting at Kingston a few weeks ago, when the Executive stated that a site for a new home for the Association would soon be purchased and a new building erected thereon. It is now announced that the site purchased is part of the property of Mr. R. J. Score, on University Avenue. The site is 110 by 130 feet, and the house is a fine brick building, but it is understood that the Association will erect a new building suitable in every way for the business of the Association. Mr. H. S. Mara, of Toronto Street, negotiated the purchase, and the price paid was $18,150.

The "Interstate Medical Journal" (St. Louis) announces the purchase of the *St. Louis Courier of Medicine*, one of the oldest medical journals in the West, and its consolidation with the *Interstate* on July 1st. The *St. Louis Courier of Medicine* was established in 1879 by an association of prominent St. Louis physicians. It has always commanded a large following throughout the West and South, and held the respect and esteem of the entire profession of this country. This merger removes from the field an old and highly esteemed contemporary, and its consolidation with the *Interstate* adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the *Interstate* during the past few years.

A Government Commission to Investigate the Care of the Insane in Europe.—The Provincial Government has appointed Hon. Dr. Willoughby, Minister without portfolio, Dr. C. K. Clarke and Dr. Edward Ryan, the medical superintendents, respectively, of Toronto and Kingston Asylums, a commission to examine into a report upon the systems followed in Germany and France in the treatment of the insane. Drs. Clarke and Ryan have already started for Europe, and Hon. Dr. Willoughby followed two weeks ago. This move is in accordance with the intention of the Government, as stated during the last session of the Legislature, to adopt a more modern system than that now prevailing in this country in respect to the treatment of mental diseases.

A Canadian for Johns Hopkins.—The recent appointment of Dr. Wilfred P. Mustard to a professorship in the Johns Hopkins University is one that is of especial interest to Canadian classical scholars. Prof. Mustard graduated at the University of Toronto, with the McCaul gold medal in classics, in 1886. For three years he was a fellow of University College, and for a like period he served as examiner in classics to this University. Passing to Johns

Hopkins, he pursued the study of Latin, Greek and Sanskrit, taking a high stand in these departments from the beginning. He won a graduate scholarship, and a fellowship, and was advanced to the degree of doctor of philosophy in the remarkably short time of two years. For the next two years he served as Professor of Latin in Colorado College, and since 1893 he has held a similar position in Haverford College, Pennsylvania. In 1902-3 he was a member of the American School of Classical Studies in Rome. He is the author of "Classical Echoes in Tennyson," and a frequent contributor to *The American Journal of Philology* and other periodicals. After eighteen years in the United States, he still remains a British subject.

The Association of American Teachers of Diseases of Children.—A meeting of professors of Pediatrics and Hospital Clinicians was held at the Marlborough-Blenheim, Atlantic City, June 3rd. Many of the best known pediatricians of this country were present. A very successful meeting was held, and a permanent organization was effected which bears the name, "The Association of American Teachers of the Diseases of Children." Professors, associate professors and lecturers in medical colleges of the U.S., Canada and Mexico are eligible. Also hospital and dispensary staff members actively engaged in treating children. The principal objects of the organization are to advance the study of children and their diseases and raise the standard of the teaching of pediatrics in medical colleges and its practice in hospitals, dispensaries and private practice. The Association elected the following officers: President, Dr. Samuel W. Kelly, Professor Diseases of Children, Cleveland College of Physicians and Surgeons, Medical Department of Ohio Wesleyan University; Vice-President, Dr. Charles Douglas, Professor Diseases of Children and Clinical Medicine, Detroit College of Medicine; Secretary, Dr. John C. Cook, Professor Diseases of Children, Post-Graduate Medical School and Hospital of Chicago; Treasurer, Dr. George H. Cattermole, Professor Diseases of Children, Colorado School of Medicine. Senators: Dr. W. C. Hollopeter, Professor Diseases of Children, Medico-Chirurgical College of Philadelphia, Dr. H. M. McClanahan, Professor Diseases of Children, University of Nebraska College of Medicine, Omaha; Dr. R. B. Gilbert, Professor Diseases of Children, Louisville University, Medical Department.

The Physician's Library.

BOOK REVIEWS.

Modern Surgery—General and Operative. By J. CHALMERS DACOSTA, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Fifth Revised Edition, Enlarged and Reset. Octavo volume of 1283 pages, with 872 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company. 1907. Cloth, $5.50 net; half morocco, $7.00 net. Canadian Agents: J. A. Carveth & Co., Toronto, Ont.

Our old friend, DaCosta's "Modern Surgery," is to hand in its fifth edition. Although a great deal of new material has been added to it, yet we can see that there are plenty of opportunities for further additions; for instance, in the application of the plaster jacket the suspension apparatus of Syre is the only one illustrated, whereas it is seldom employed now in modern hospitals; the iron frame and the hammock seeming to have the preference. We note in the preface to the fifth edition that the article on Cleft Palate has been rewritten, and we might suggest that in future editions the article on Hare Lip might receive similar attention. It is about time that the use of large sutures, such as silk-worm gut, in a delicate structure like the lip, should be abandoned and horse-hair used in its place. It seems to us wiser that no dressing should be applied, for it acts only as a resting-place for any discharge that may take place from the nose.

Naturally the subject of Exstrophy of the Bladder receives very little attention, but we think that reference should be made to the operation devised by Peters (*British Medical Journal*, June 22nd, 1901), because of its simplicity and safety.

The article on Appendicitis is a useful one and the author does not fly off at a tangent on the subject like so many of his countrymen, but when in recounting the symptoms he says that "in appendicitis there is always some elevation of temperature," we feel we must cross swords with him, for in our experience in some of the gravest cases we have seen, there has been neither elevation of temperature nor increase of pulse rate.

The Peters' method of auscultating the abdomen might well be added as a useful aid in determining the presence of peritonitis. ("The Telephonic Properties of the Inflamed Abdo-

men." *Canadian Journal of Medicine and Surgery,* December, 1902). In the diagnosis of this condition the author calls attention to the danger of confusing the referred pain of pneumonia and of pleurisy for appendicitis, and we would suggest that he would add pericarditis.

Both the author and the publishers are to be congratulated on the production of the fifth edition of this magnificent work.

F. N. G. S.

Anesthetics and Their Administration. A Text-Book for Medical and Dental Practitioners and Students. By FREDERICK W. HEWITT, M.V.O., M.A., M.D. Cantab., Physician-Anesthetist to St. George's Hospital; Consulting Anesthetist and Emeritus Lecturer in Anesthetics at the London Hospital, etc. Third edition. Octavo, 627 pages, 72 illustrations. Toronto: The Macmillan Company of Canada, Limited, 27 Richmond Street West. 1907.

Owing to the number and variety of the surgical procedures done nowadays, the employment of anesthetics has greatly increased, hence the necessity of a full and accurate knowledge of anesthesia and anesthetics by all physicians. In hospitals the duties of an anesthetist may be allowed to devolve on one or several persons, who thus acquire a working knowledge of the art of employing different anesthetics. Physicians are rarely so happily circumstanced during their medical pupilage and acquire their experience in the use of anesthetics from their private practice. By both of these classes of medical men, Dr. Hewitt's book will be found apt, suggestive and instructive, because he draws on his own experience and illustrates his teachings as to the rationale of the accidents or phenomena caused by different anesthetic agents by the carefully made records of 72 cases.

In Canada, as far as we have observed, simplicity rather than complexity prevails in the choice of preliminary anesthetics, both in hospital and in private practice. Ethe. or chloroform is most used. Mixtures of these agents, such as the A.C.E. mixture, or C.E. mixture, are not in vogue; nitrous oxide gas or chloride of ethyl is but rarely used. Much that is given in detail in Dr. Hewitt's book would, therefore, be new to Canadian readers. The subject of anesthesia is, however, a very complex one, and the experience of the author with the different anesthetics is well described, and is of great value.

Dr. Hewitt favors the appointment of anesthetists in hospitals, a view which has been supported by Canadian medical men. The skill of the anesthetist should be equal to the demands made on it, and training in a general or special hospital is the readiest way of acquiring that skill.

Reposing, as it does, on a solid clinical basis, Dr. Hewitt's

book deserves to receive a wide and favorable recognition from physicians. The text is clear and well expressed; the illustrations are good. J. J. C.

Rational and Effective Treatment of Hip-Disease. By P. Bruce Bennie, M.A., M.D., B.S. London: Published by Bailliere, Tindall & Cox. Canadian agents: J. A. Carveth & Co., Ltd., Toronto.

Dr. Bennie in this little book follows closely the principles laid down by H. Owen Thomas, of Liverpool, a quarter of a century ago. These principles were sound and will never be antiquated, but advances have been made since the time of Thomas which receive but scant attention in this work. The book is clear and concise and will be found a useful guide to men in general practice who feel obliged to devise means for treating their cases at home.

B. E. M.

Progressive Medicine, Vol. 1, March 1907. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 280 pages, with illustrations. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Philadelphia and New York: Lea Brothers & Co.

The March issue of *Progressive Medicine* is quite up to the usual standard of this excellent magazine. In the first section Dr. Chas. H. Frazier reviews the current literature of the surgery of the head, neck and thorax. He deals exhaustively with various forms of intracranial injuries, with which are associated edema of the brain, hemorrhage, abscess of the brain and fractures of the base of the skull. The discussion on the surgical treatment of epilepsy is extremely interesting, but the results of such treatment are not encouraging, as there appears to be no sharp and well-defined lines dividing the operable from the inoperable cases.

In the second division Dr. Robert B. Preble discusses many infectious diseases, including diphtheria, scarlet fever, measles, smallpox, typhoid fever, epidemic meningitis, and croupous pneumonia. The literature of meningitis and pneumonia is most carefully considered. Unfortunately the clinical investigations into the causation and treatment of these diseases have not accomplished much in the way of prevention and cure.

The literature on diseases of children was reviewed by Dr. Floyd M. Crandall. Two very important parts of this subject are devoted to infant feeding, and the management of infants during hot weather.

Dr. D. Brayden Kyle has provided ample reviews on various topics in rhinology and laryngology, septal deflections, treatment of hay fever, primary syphilitic infection in the nose, bacteriology of a common cold, and the use of chloride of sodium in the treatment of chronic pharyngitis are among the more important of these subjects.

The final section on Otology was written by Dr. B. Alex. Randall, and deals largely with the mastoid and the work which has been done during the last year on the labyrinth and its diseases.

The first section of the June issue, "Progressive Medicine," 1907, contains a review of the recent literature on the radical cure of femoral hernia, and includes methods of treatment by Ochsner. The operative treatment of inguinal hernia in children is also discussed. The writer does not approve of operations for hernia in infants and very young children, and thinks there is little to be lost by using a truss during the period of infancy.

In the second section Dr. Foote gives an exhaustive review of the abdomen in general, many of the topics being extremely interesting and instructive. Methods of treatment are given for diffuse suppurative peritonitis, abdominal hemorrhage, and many other conditions requiring surgical relief. The stomach occupies a prominent place in the discussion. Gastric ulcer and its diagnosis, when does gastric ulcer become surgical, the value of gastro-enterostomy, and the treatment of gastric hemorrhage, are some of the leading topics. Other subjects relate to the small intestine, the large intestine, the liver and biliary tract, the spleen, and the pancreas.

In the next section Dr. John G. Clark reviews gynecology very fully. About forty pages are devoted to cancer of the uterus, and this important subject is very thoroughly dealt with. Other topics are fibroid tumors of the uterus, enteroptosis, menstruation and gynecological operations.

Dr. Stengel reviews the literature relating to diseases of the blood, spleen, thyroid gland and lymphatic system. Among the interesting topics discussed by him are anemia, leukemia, purpura hemorrhagica, hemophilia, scurvy, diabetes and gout, exophthalmic goitre and Addison's disease.

The next section deals with ophthalmology. It contains much useful and interesting material and completes the volume, which is full of interest from beginning to end. A. E.

Precis de Medicine.—Technique Orthopedique. By P. Redard. Paris: Published by F. R. Rudeval. Canadian agents: J. A. Carveth & Co., Toronto.

This is a useful book for the surgeon who sees many cases requiring orthopedic treatment and who must rely upon a general

instrument maker for his appliances. The work is very fully illustrated, and the accompanying descriptions are such as to aid greatly in making the required instruments. An effort is made to describe only such appliances and such operative procedures as have been found effective and useful. Simplicity in design is advocated and the employment of complicated attachments is discouraged. The various operative procedures employed in orthopedic surgery have become so numerous and so varied that a separate setting forth of technique is fully justified and the book will constitute a useful one for reference. B. E. M.

Chemical Pathology. Being a Discussion of General Pathology from the Standpoint of the Chemical Processes Involved. By H. Gideon Wells, Ph.D., M.D., Assistant Professor of Pathology in the University of Chicago and in Rush Medical College, Chicago. Octavo of 549 pages. Philadelphia and London: W. B. Saunders Company. 1907. Cloth, $3.25 net.

Here the pathologist views his problems in a new light: as the fields of pathological chemistry lie almost unexplored a work along these lines must be exceptionally exhilarating. It should supply information to a variety of readers. If studied collaterally with general pathology, which is chiefly considered from a morphological standpoint, it will interest the graduate in medicine, as it exploits the advances that are being made along lines that are of importance to clinical medicine. It will serve for the investigator in biological chemistry or in pathology as a source of information concerning the ground upon which the two subjects overlap.

The subject opens with an epitome of modern views concerning the chemistry of the proteid molecule, the composition of the animal cell, and the principles of physical chemistry as they apply to biological problems. In Chapter II. we find a general consideration of "enzymes."

By a complete system of footnotes the reader is kept in touch with all the recent important literature on the topics covered.

The subject is handled in a scholarly and lucid manner. The scientific points are clearly expressed, and the work should enjoy a considerable popularity. W. H. P.

A Dictionary of Medical Diagnosis. A treatise on the signs and symptoms observed in diseased conditions, for the use of medical practitioners and students. By Henry Lawrence McKisack, M.D., M.R.C.P. London; Physician to the Royal Victoria Hospital, Belfast. London: Balliere, Tindall & Cox. 1907. Canadian agents: J. A. Carveth & Co., Ltd., Toronto.

Dr. McKisack's book may be, perhaps, most correctly styled a study of the signs and symptoms of disease. The author very

properly holds the view that, without a careful examination of the patient and the symptoms of illness from which he suffers, a correct diagnosis cannot be reached. This is, of course, nothing new, but the author's method of study and logical deduction that because the patient suffers from such and such symptoms, the diseased condition is centred in a certain organ, makes the book readable and instructive. Dr. McKisack very modestly describes his book, not a substitute for the text-book, but merely "a complement." The work is arranged alphabetically and therefore exceedingly handy for reference.

Principles and Application of Local Treatment in Diseases of the Skin. By L. DUNCAN BULKLEY, A.M., M.D., New York. New York: Rebman Company, publishers, 1123 Broadway

This is a most useful book, as the indications for local treatment and applications used are made clear and concise.

The remarks on the high frequency currents and X-rays, though brief, give a good idea when to expect benefit from them.

The reader of this small work cannot help but receive benefit from it. D. K. S.

American Practice of Surgery. A Complete System of the Science and Art of Surgery, by Representative Surgeons of the United States and Canada. Editors: Jos. D. BRYANT, M.D., LL.D., and ALBERT H. BUCK, M.D., of New York City. Complete in eight volumes. Profusely illustrated. Volume III. New York: Wm. Wood & Company. 1907.

The good opinion already expressed by this Journal as to Vols. I. and II. of "American Practice of Surgery" is certainly justified after glancing over Vol. III., just to hand a month or so ago. In fact, Vol. III. is the best issued so far. We are much pleased to find a contribution from the pen of our collaborateur, Professor Alexander Primrose. The volume also includes a lengthy article from the late Professor George A. Peters, whose reputation as a surgeon and whose originality in operating will live for many years to come. Prof. Primrose contributes a most scientific article on "Tuberculous Disease of the Bones and Joints," covering in all 164 pages. The article is profusely illustrated with half-tones of original photographs, and undoubtedly is one of the most valuable papers on the subject contributed for many years past. We have not seen as fine an illustration anywhere as Fig. 247, showing a "frozen section through the body of a child one year old." The section of Vol. III. from the pen of the late Professor Geo. A. Peters, of Toronto, deals with "Inflammatory Affections of Bone," and covers in all sixty-eight pages. It, too, is splendidly illustrated, and is written in our late friend's usual bright and suc-

cinct style, making a chapter that not only elucidates his subject extremely well, but gives the profession the benefit of all original matter.

Other contributors to Vol. III. are Duncan Eve, of Nashville, Tenn.; J. S. Horsley, of Richmond, Va.; C. F. Mason, of Washington; J. C. Oliver, of Cincinnati; C. F. Painter, of Boston; Roswell Park, of Buffalo; G. G. Rambaud, of New York; C. C. Simmons, of Boston, and T. T. Thomas, of Philadelphia. Over and above the subjects dealt with by Professors Primrose and Peters, the other authors named contribute papers on poisoned wounds, rabies, fractures, pseudarthrosis, non-inflammatory affections of bones, syphilitic disease of bones, tumors originating in bone, chronic non-tuberculous and non-traumatic inflammations of joints and wounds of joints. W. A. Y.

Aids to Medical Diagnosis. By Arthur Whiting, Physician to the Tottenham Hospital. London: Wm. Wood & Co. Price, $1.00.

This little book is a handy size for the coat pocket, and would prove a useful and instructive companion. It does not discuss technical laboratory methods, but it purely a bedside book.

E. A. M.

Post-Operative Treatment. An epitome of the general management of post-operative care and treatment of surgical cases as practised by prominent American and European surgeons, together with suggestions concerning the technic of certain operations with a view to securing better post-operative results. By Nathan Clark Morse, A.B., M.D., Surgeon-in-Chief to Emergency Hospital, Eldora, Iowa; District Surgeon, Chicago & Northwestern and Iowa Central Railways; ex-President Iowa State Association of R.R. Surgeons; Member of the American Medical Association, Pan-American Medical Congress, International Association of R.R. Surgeons, etc. Second edition, revised and enlarged, containing 5 plates and 175 other illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1907.

This work proves that first impressions are not always correct, for, on looking through it, one was prone to think at the beginning that it was merely a re-hash of a lot of material already published, but on further examination it proves to be a most useful book in that the compilation has been very carefully made, and the ideas of a great many different men are given in a very concise form. Of course we cannot always agree with everything that is written, but then the author is not responsible, as he is merely quoting others.

With reference to cleft palate, there has been a good deal of

new material published of late, and it would be well to re-write this chapter in a future edition.

Then, as to after treatment of hare lip, no one who has had any considerable experience with these cases would think of applying a dressing where it may so readily become soiled and infect the wound, and nowadays people who are working at that sort of thing and getting success do not use silkworm as a suture.

The illustrations are excellent and the book-making is good, for which the publishers are to be congratulated. F. N. G. S.

Aids to Diseases of Children. By JOHN MCCAW, Physician to Belfast Hospital for Sick Children. Third edition. New York: Wm. Wood & Co., publishers. Price, $1.25.

Though small in size this admirable book contains an enormous amount of valuable material. It is not a quiz compends, nor an exhaustive treatise, but is a well written and concise account of the differential diagnosis, course and treatment of all the ills of childhood. E. A. M.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by A. O. J. KELLY, A.M., M.D., Philadelphia, U.S.A., with the collaboration of Wm. Osler, M.D., Oxford; John H. Musser, M.D., Philadelphia; Jas. Stewart, M.D., Montreal; J. B. Murphy, Chicago, A. McPhedran, M.D., Toronto; Thos. M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; Jas. G. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund Landolt, M.D., Paris; Richard Kretz, M.D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume II., Seventeenth Series, 1907. Philadelphia and London: J. B. Lippincott Co. 1907.

The list of contributors to Vol. II. of this series of clinics includes a number of important names. Among them we find such names as John Madison Taylor, of Philadelphia; Thos. M. Rotch, of Harvard; Francis H. A. Marshall, of Edinburgh; Cuthbert Lockyer, of the Samaritan Free Hospital for Women; Smith Ely Jelliffe, of Columbia University; W. E. Carnegie Dickson, of the University of Edinburgh; Joseph De Lee, of Chicago, and T. D. Crothers, of Hartford, Conn.

A lecture that attracted our attention as being quite worthy of

careful reading is that covering fourteen pages, and written by J. Madison Taylor, of Philadelphia, entitled, "Management of Exhaustion States in Men." It is instructive and practical, though some might criticise it as being more suitable for the report of a Y.M.C.A. than a medical book. Dr. Jos. B. DeLee writes an excellent article on "Post-Partum Hemorrhage and Its Treatment." It is as well written as anything we have recently read on the subject.

The lecture by our friend, Dr. T. D. Crothers, of Hartford, on "The Clinical Study of Inebriety," shows that the author is liberal minded and an enthusiast in his particular specialty.

Practical Gynecology. A Comprehensive Text-Book, for Students and Physicians. By E. E. Montgomery, M.D., LL.D., Professor of Gynecology, Jefferson Medical College; Gynecologist to the Jefferson Medical College and St. Joseph's Hospitals; Consulting Gynecologist to the Philadelphia Lying-in Charity, and the Kensington Hospital for Women. Third revised edition. With five hundred and seventy-four illustrations, the greater number of which have been engraved specially for this work, for the most part from original sources. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1907.

It is but four years since the last or second edition of Dr. Montgomery's book appeared, so that it speaks well for the quality of his writings that a complete revision should be in demand in so short a time. Not only has the book been carefully revised, but it is larger by well on to one hundred pages than was its predecessor. The author has added chapters on etiology and blood examinations. We must take this opportunity of congratulating Dr. Montgomery on the excellence of many of the illustrations which elucidate the text and add to the value of the book very materially.

The Care of the Baby. By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Fourth Revised Edition. 12mo of 455 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1907. Cloth, $1.50 net. Canadian Agents: J. A. Carveth, Limited, Toronto.

It is quite flattering to any author that the various editions of his book should so soon become exhausted; but such has been the case with Dr. Griffith's "Care of the Baby." That, perhaps, is the best way of judging as to the value of any man's writings—public, or as in this instance, medical opinion.

The fourth edition has been carefully gone over by the author and corrections made, as necessitated by the advancement of

knowledge. Dr. Griffith has for years made a special study of infant feeding, so that, in a second appendix to his book, he has gone fully into this subject, and dealt at length with the principles that should always govern medical men in the selection made of an infant's diet in illness and in health.

On the Relations of Diseases of the Skin to Internal Disorders. By L. DUNCAN BULKLEY, A.M., M.D., New York. New York: Rebman Company, 1123 Broadway.

Dr. Bulkley discusses this important subject in a most practical manner and shows the relationship of many diseases of the skin to internal disorders, so that there can be no doubt of the connection. This work still increases the evidence that diseases of the skin are not entirely local, but in many cases associated with internal disorders. D. K. S.

The Medical Era's Special Editions.—The *Medical Era* of St. Louis, Missouri, will conform to its usual custom and issue its yearly series of special gastro-intestinal numbers embracing July and August. The August issue will be given over entirely to the consideration of every phase of typhoid fever. The series will contain about 35 or 40 practical papers, and will contain a large amount of valuable information.

Physical Diagnosis. With Case Examples of the Inductive Method. By HOWARD S. ANDERS, A.M., M.D., Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia; Physician to the Philadelphia General Hospital, Tuberculous Department; late President of the Pennsylvania Society for the Prevention of Tuberculosis; member American Medical Association, American Climatological Association, American Association for the Advancement of Science, etc. With eighty-eight illustrations in the text and thirty-two plates. New York and London: D. Appleton and Company. 1907.

In the 425 pages the author presents the most important facts in connection with physical diagnosis. This is generally a difficult and dry subject, but in this book it is made both attractive and interesting.

The style is very pleasing and plain, and students and practitioners will find much to admire by a careful reading. Modern ideals, modern standards, and the rapidly advancing requirements of modern training are well met by this little book.

The illustrations show well the objects aimed at, and are of unusual value.

Part I. takes up more than half of the book, and treats of the organs of the chest. It is the most valuable part of the work, and is well worth the price asked for the whole volume.

Part II. takes up the organs of the abdomen, and while containing only fifty pages, yet is packed full of just the material required.

Part III. well illustrates the uses of the Roentgen ray in medical diagnosis.

Part IV.—These plates go far to make a fine finish, and are a very great addition. They are very useful and of much value to illustrate the subject matter of this valuable little book.

It deserves much praise, and should be in the hands of every student and general practitioner. P. G. G.

Annals of Surgery.—The annual special illustrated number of the *Annals of Surgery* came recently to hand, and, as is usual with this special number, it is a credit to the editor and the publishers. The present number contains articles by J. Collins Warren, M.D., William J. Mayo, M.D., John C. Munro, M.D., Robt. C. Coffey, M.D., George Chandler, M.D., Leon K. Baldauf, M.D., Max W. Myer, M.D., Clarence A. McWilliams, M.D., John A. Bodine, M.D., Andrew J. McCosh, M.D., Nathan Jacobson, M.D., Alfred T. Osgood, M.D., Edward J. Keyes, Jr., M.D., William W. Keen, M.D., and Charles H. Frazier, M.D. The article by William J. Mayo is especially interesting, and is the one read at the Congress of American Physicians and Surgeons at Washington on "Gastric and and Duodenal Ulcer." The illustration of Dr. Coffey's article on the "Closure of Persistent Fecal Fistulæ" is a most artistic production. We congratulate the management of the *Annals of Surgery* on their recent achievement. F. N. G. S.

A Text-Book of Embryology. By John C. Heisler, M.D., Professor of Anatomy in the Medico-Chirurgical College of Philadelphia. Third revised edition. Octavo volume of 432 pages, with 212 illustrations, 32 of them in colors. Philadelphia and London: W. B. Saunders Company. 1907. Cloth, $3.00 net; half morocco, $4.25 net. Canadian agents: J. A. Carveth & Co., Toronto, Ont.

The recent great activity along the lines of embryological research has hastened the advent of the third revision of this book, so that it should keep pace with the many new facts and modified views. The editor has endeavored, as far as possible, to harmonize with the results of these investigators.

The sections on ovum, spermatozoon, the blastodermic vesicle, the amnion, the vascular system, the pancreas, the spleen, thymus, thyroid, parathyroid, spinal cord and vertebral column, have especially fallen under the pen of revision.

The original aim in presenting this book was to supply to the student of human anatomy a concise yet sufficiently full text-book

on embryology. It is needless to say that the author, who is a man of extensive experience as a teacher of anatomy, has "hit the bull's-eye," as the previous editions have met a ready sale and filled a long-felt want.

This fascinating subject is here presented as a connected story of human development; at the same time each chapter is as complete in itself as possible.

The illustrations have been selected with the utmost care, employing only those of the greatest teaching value. The publisher's work is most creditable. W. H. P.

Surgical Diagnosis. By DANIEL N. EISENDRATH, M.D., Adjunct Professor of Surgery in the Medical Department of the University of Illinois (College of Physicians and Surgeons). Octavo of 775 pages, with 482 original illustration, 15 in colors. Philadelphia and London: W. B. Saunders Company. 1907. Cloth, $6.50 net; half morocco, $8.00 net. Canadian Agents: J. A. Carveth Co., Toronto.

Upon a correct diagnosis of a case, whether medical or surgical, depends, of course, the success or otherwise of the treatment adopted. Any book, therefore, that will materially assist along this line is welcome.

Dr. Eisendrath's book should be a good "seller," as it is full of practical material. He has so arranged his subjects and has tried "to group injuries and diseases in the manner in which the surgeon or general practitioner must consider them when he examines a patient for the purpose of making a diagnosis." The author has also borne in mind throughout the differentiation of diseases that in symptomatology are very much alike, so that each chapter is helpful and in every sense an aid to diagnosis. Dr. Eisendrath impresses, too, upon his reader the great importance of an early diagnosis, in order to institute prompt surgical intervention. A good deal of attention is also devoted to the description of the methods of examination. W. A. Y.

Medical Jurisprudence, Forensic Medicine and Toxicology. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry, Physics and Toxicology in Cornell University, and Tracy C. Becker, A.B., LL.B., Counsellor at Law, Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo; with the collaboration of August Becker, Esq., A. L. Becker, Esq., Chas. A. Boston, Esq., Hon Goodwin Brown, W. N. Ballard, M.D., J. C. Cameron, M.D., J. Clifton Edgar, M.D., Jas. Ewing, M.D., E. D. Fisher, M.D., J. C. Johnson, M.D., D. S. Lamb, M.D., H. P. Loomis, M.D., W. B. Outten, M.D., Roswell Park, M.D., J. Parmenter, M.D., Irving C. Rosse, M.D., E. V. Stoddard, M.D., George

Woolsey, M.D., J. H. Woodward, M.D. Second edition. Volume two. New York: William Wood & Co. 1907.

Witthaus and Becker's work on Medical Jurisprudence and Toxicology is now looked upon as one of the first authorities on this subject. The second edition is, in many ways, better than its predecessor, the editors have gone over their original manuscripts and brought each subject up to date.

Volume two covers nearly one thousand pages, dealing with (1) The Medico-Legal Consideration of Wounds, including punctured and incised wounds, and wounds made by blunt instruments other than gunshot wounds; (2) The Medico-Legal Relations of Electricity; (3) Death from Submersion in its Medico-Legal Relations; (4) Abortion and Infanticide; (5) Pregnancy, Labor and the Puerperal State; (6) The Medico-Legal Consideration of Rape; (7) Sexual Incapacity in Its Medico-Legal Relations; (8) Railway Injuries, then Clinical and Medico-Legal Features.

Volume two is full of the most interesting matter, so that not only is Witthaus and Becker a work of interest to the ordinary practitioner, but it is almost the *sine qua non* to the Medical jurist. We can honestly and consistently recommend the work as being worth many times its actual commercial cost.

Atlas and Epitome of Diseases of Children. By Dr. R. Hecker and Dr. J. Trumpp, of Munich. Edited, with additions, by Isaac A. Abt, M.D, Assistant Professor of the Diseases of Children in Rush Medical College, in affiliation with the University of Chicago. With 48 colored plates, 147 black and white illustrations, and 453 pages of text. Philadelphia and London: W. B. Saunders Company. 1907. Cloth, $5 net. Canadian Agents: J. A. Carveth, Limited, Toronto.

It was with a good deal of pleasure that some years ago we reviewed quite a number of Saunders' Medical Hand Atlases, and we felt at that time that they were a distinct addition to medical literature.

The atlas, now under review, is an illustrated manual of pediatrics; a great deal of material, not only compressed into very small space, but illustrated in a manner true to life, and adding immensely to the value of the text. The plates are "life-like" in the extreme and delicate in coloring. The editor, in translating from the German, found it essential to make some changes in certain sections, so that they might accord with the practice in this country. An atlas, such as this, is an important aid to both student and practitioner, especially in those cities where "pediatric education" cannot be provided, owing to a deficiency of clinical material. W. A. Y.