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WESTERN CANADA MEDICAL JOURNAL

VOL. I. APRIL, 1907 No. 4

SOME OBSERVATIONS ON RAYNAUD'S DISEASE

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OF EDINBURGH

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Although much has been written on this interesting disease, the problems which it offers for solution are still numerous, and the hope of being able to contribute some facts hitherto unobserved, or but little noticed, leads me to place on record some observations made on certain of the cases which have been recently in my clinique. The instances selected for the purpose of this contribution fall into two distinct categories. In one class are cases in which the origin of the symptoms is obviously reflex in character—to these this article will be entirely devoted. To the other group belong cases in which definite structural changes in the vessels are clearly shown during life, and in which after death such lesions are distinctly proved. In these there are also characteristic morbid processes in the peripheral nerves and spinal cord. As these alterations have been most carefully studied by my friend, Dr. R. A. Fleming, who is attached to my wards, it has seemed advisable to me to ask him to describe them, and his paper may, therefore, be regarded as the complement of this. The one deals chiefly with functional, the other mainly with organic alterations in the vessels.

From several instances of reflex origin, the two cases which follow are of especial interest.

T. M. (*) miner, aged eighteen, was sent to my Ward by Dr. Drysdale, of Dunfermline, complaining of pain in the chest, distension after meals, palpitation on exertion and coldness of the extremities. His family history was perfectly satisfactory, his mother and father being both quite healthy, and all his brothers and sisters—eight in number—enjoyed good health, with the exception of one sister who had been under the care of one of my colleagues in the Royal Infirmary on account of persistent vomiting induced by a fright. The patient is a total abstainer, but smokes rather heavily. He commenced work when twelve years old in a coal pit, but had to give up this occupation as he could not endure the confined air underground. He became a baker for a time, but found that the duties he had to perform interfered with his digestive system; and he returned to his original work, which he has since followed with no evil results. As regards any previous illness, he states that he suffered a good deal from neuralgia when a school-boy, and that two years ago he began to have palpitation; about the same time he was also troubled with enuresis.

Twelve months before admission the patient consulted Dr. Drysdale of Dunfermline on account of pain in the chest, accompanied by palpitation, distension of the abdomen and coldness of the hands and feet. He was carefully dieted, but comparatively little benefit followed. He afterwards took a long holiday and underwent hydropathic treatment at Bridge of Allan, from which he states considerable benefit was derived. He returned to his duties in June 1902, and after that date was employed above ground, instead of in the workings below. Since the date just mentioned he has never been absolutely free from uneasiness. Three weeks before admission, he experienced peculiar sensations all over the surface of the body, which he describes as a feeling of heat and flushing.

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*For the report of this case my thanks are due to Dr. H. H. Bullmore, House Physician at the time when the patient was under my care.

At the same time his vision became indistinct, and he felt considerable giddiness. For some days afterwards similar attacks took place, and he had to leave his work in consequence. During the interval which has elapsed since the commencement of these symptoms, he has, in spite of great care as regards dieting, felt very miserable, especially after taking food. The pain from which he has suffered has been accompanied by a condition of much apprehension and sleeplessness.

The patient is an intelligent looking youth, weighing 7st. 11½ lbs. His face has a bluish tinge, his hands are livid and mottled with a few light pink spots. No venous stigmata are to be seen on any part of the surface. The patient presents a decidedly neurotic appearance and is very easily excited. The lips are bright red in hue; the teeth are good; the tongue is large and thickly coated; the secretions of the mouth are scanty. He complains that the appetite has bee excessive, and states that about an hour after eating there is a great deal of pain, weight and distension in the abdomen. These symptoms usually last for a few hours, and are often accompanied by a pain in the back, especially below the left shoulder blade. He has never suffered from heart-burn, nausea or vomiting, but there has been constant constipation.

On examination of the abdomen it presents no abnormal appearances, either on inspection or palpation. There is, however, some tenderness above the umbilicus on both sides of the middle line. The whole of the right kidney can be distinctly grasped on inspiration, and it slides back freely on expiration. The stomach is considerably dilated, the upper border in the left mammary line reaches the fourth intercostal space, and the lower border extends down to within an inch of the umbilicus. The liver and spleen are normal in size. Chemical examination of the stomach contents gives a total acidity of 18per cent. with abundant free hydrochloric acid.

No subjective symptoms have been manifested by the circulatory system since his admission, but examination reveals some most interesting objective appearances. Over the whole of the body, when exposed to the ordinary tem-

perature of the Ward, the superficial veins are seen as thin hard cords, which can be rolled from side to side under the finger. On applying heat in the form of a hot air bath, this appearance completely disappears and the veins present a normal aspect. The arteries are not thicker than they should be, but the arterial pressure is rather high, reaching 140 mm. Hg. during systole; his pulse is reguiar and equal, and the rate moderate. No abnormal appearances can be detected in the praecordia, the apex beat is in the fifth intercostal space, three inches from mid-sternum, the right border of the heart is 1¼ inches, and the left border 3½ inches from mid-sterum.

The blood obtained from the ear contains 5,250,000 erythrocytes, 9,800 leucocytes, and 105 per cent. haemoglobin; that obtained from the finger has 5,400,000 reds, 12,000 whites, and 108 per cent. haemoglobin.

The respiratory system has absolutely no abnormalities, except that the breath sounds are somewhat harsher than usual for the right apex.

The renal secretion is perfectly normal in every respect.

The most striking feature about this case was the existence of such a definite contraction of the veins. In consequence of the variations of the appearances under the influence of heat and cold, it could not be doubted that a spasm of the muscular wall was the cause of the varying size. Barlow (*) has described a moniliform appearance of the veins in cases of Raynaud's Disease, but with that exception no definite venous changes have heretofore been known to me.

The patient was treated by means of absolute rest and careful dieting, along with massage, electricity, thyroid extract, and the nitrites for some weeks. As no benefit accrued in consequence of these means of treatment, it seemed to me that it would be advisable to proceed to some other methods, and as gastric dilatation with Raynaud's Disease might possibly be dependent upon the re-

*A System of Medicine by many Writers, edited by T. Clifford Allbutt, Vol. VI., p. 582, 1899.

flex disturbance produced by renal mobility, it seemed to me advisable to have the kidney fixed by surgical measures. My colleague, Mr. J. M. Cotterill, was kind enough to see the patient, and he concurred with me in these views. The patient was, therefore, transferred to his Ward, and the kidney was fixed by the ordinary operation.

The effect of the operation was remarkable. The patient was kept on his back for a month after its performance, and when he was allowed to get up it was found that all the symptoms of Raynaud's Disease had disappeared. Although the weather was still cold, the discoloration of the disposed parts of the body had disappeared, and the contraction of the veins never recurred. The size of the stomach was very considerably reduced, and the general nutrition greatly improved. The patient came to report himself to me at the Royal Infirmary some months later, and it was found that he had gained two stones in weight. He looked in perfect health and expressed himself as feeling absolutely well.

F. H. A., (*) clerk, aged twenty-three, was sent to see me by Dr. Askew, of Fochabers, complaining of coldness of the hands and feet, and the following notes were taken of his condition. His father died early in life of some liver disorder, the exact nature of which is doubtful. His mother is healthy. His family consists of two brothers and three sisters in addition to himself; all except himself are in robust health. His social surroundings are perfectly satisfactory in every respect, except that his meals are somewhat irregular and have often to be taken hurriedly. He has always been a total abstainer, and only smokes half an ounce of cigarettes per month. He has never suffered from any illness in the course of his life until his present symptoms began, two years before admission.

During the last two years his hands and feet have always been cold, particularly when the weather is chilly. He does not experience any pain in the hands or feet, but

*For the facts of this case, my obligations are due to Dr R. St. C. Stewart, House Physician to my Wards.

a decided feeling of numbness. He finds that the extremities are extremely liable to variations in appearance and sensation with alterations in posture.

The patient is a healthy looking man with a ruddy complexion, but is thin, being only 7 st. 13¾ lbs., which, he says, is considerably below his normal. There is some thickening of the tissues in both ears, and some appearances as though they had suffered from frost-bite. There are no venous stigmata upon the face or anywhere else. The hands usually present a deep livid aspect with pink blotches—the appearances being almost symmetrical in both hands. There is no alteration in the superficial veins, which are neither swollen nor contracted in cold weather. The hands become sometimes pallid and dead; at other times intensely congested with very considerable tingling and numbness. His arteries are perfectly healthy; the pulse pressure is usually moderate, being about 120 mm. Hg. during systole; and the pulsation is regular in rhythm and moderate in rate. On inspection of the praecordia, the apex-beat is not visible, but it can be felt in the 5th intercostal space, 3½ inches from mid-sternum. The borders of the heart are respectively 1½ in. to the right, and 4 in. to the left of the mid-sternal line. The heart sounds are perfectly healthy, but there is a disproportion between the intensity at the base and apex, as the aortic sound second is somewhat accentuated, and the mitral first sound rather faint.

The renal secretion is perfectly normal, and, in particular, there has never been any haemoglobinuria. The right kidney, however, is freely movable; the whole organ can be grasped below the costal margin. There is slight dilatation of the stomach which reaches from the 5th rib to 1½ in. above the umbilicus. The blood obtained from the ear gives 4,500,000 erythrocytes, 6,000 leucocytes and 90 per cent. of haemoglobin. The glands are perfectly healthy.

The numbness in the hands has already been described. There is no objective disturbance of sensibility, and the special senses are intact. The organic and cutaneous reflexes are all perfectly healthy, and the muscle and tendon responses show no departure from normal.

On consideration of the whole facts of this case, especially when read in the light of my experiences with the former case, it seemed to me extremely probable that the symptoms were almost, if not quite entirely, due to reflex disturbances from the renal mobility. My opinion was, therefore, communicated to Dr. Askew with the suggestion that the patient should enter my ward for closer observation, and, if it should seem advisable, for operative intervention. He accordingly returned shortly afterwards and was carefully watched for two or three weeks. Full consideration of the whole condition confirmed me in my opinion, and after consultation with Mr. Cotterill, the patient was transferred to his care and underwent the operation of fixation of the right kidney. In this case the result of the operation was as satisfactorily as in the previous instance: since the date of the operation the patient has manifested none of the Raynaud symptoms, and the gastric condition has very considerably improved. This is all the more gratifying inasmuch as, since being allowed to rise after the operation, the patient has gone through extremely cold weather, such as would previously have caused him very great suffering.

These two cases seem to me excellent illustrations of a variety of Raynaud's Disease having its origin in reflex disturbances, and falling into the same category as the angina pectoris vasomotoria of Landois (*) and Nothnagel (†). It may possibly be objected that mobility of the kidney is, in itself, scarcely sufficient to produce such widespread disturbances, but clinical experience has taught me that movable kidney is a fertile source of palpitation and of tachycardia, and it seems to me that there can be no doubt of its power to bring about all the vasomotor changes which are summed up under the title of Raynaud's Disease.

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*Correspondenz-Blatt der deutschen Gesettchaft fur Psychiatrie, 1866, Bd. XIII., S. 2.

†Deutsches Archy fur klinische Medizin, 1867, Bd. III., S 309.

AN ENQUIRY INTO THE RELATIONSHIP BETWEEN PELVIC DISEASE IN THE FEMALE AND ABNORMAL PSYCHIC ACTION.

BY ERNEST A HALL, M.D., L.R.C.P. Edin.,

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Fellow of British Gynaecological Society

The following is the result of the writer's personal investigation into the question of the physic effects of disease of the pelvic organs in women, and covers a period of seven years, during which time 120 patients have come under this observation. Almost all phases of abnormal mentality were exhibited, from mild alterations of usual habit of thought and demeanor to the most acute mania. Not a few of these cases were examined in asylums, some after they have been under hospital care, but the greater number were recruited from private life, and were examined at their houses or in a private sanitarium. In a few cases an anesthetic was necessary to control the patient sufficiently to make the examination. The results of the examination of the 128 patients were somewhat of a surprise, inasmuch as it revealed well marked pathological conditions in 117, or 92%. When I speak of pathological conditions I refer to such conditions as my honored teachers —Jos. Price, August Martin, and Howard Kelly would consider such as demanded rectification. Superficial tears of cervix without eversion of the mucus membrane, slight perineal tears, or retroversion without adhesions, were not classed as pathological. Of these 128 patients 108 were married and 21 single. Of the single, 17, or 80% showed disease, while in the married the per cent. was somewhat higher, 93%.*

Of these 218 patients, 54 were submitted to operative treatment, with the result that 22, or 40% recovered their normal mentality; 14, or 25%, were improved; while

* See annexed sheet.

Herewith is a brief record of the examination of the cases which have come under my observation to date.

	Age	Married or Single	Children	Miscarriages	Duration of Insanity Years	History of Pelvic Disease	Nature of Pelvic Disease
1	35	M	2	....	3	.....	Cystic Prolapsed and Adherent Ovaries.
2	59	M	5	....	1½	Pelvic Inflammation for six months....	Lacerated Perineum.
3	47	M	....	....	3	Ovaritis fifteen years ago.....	Retroversion with dense Pelvic Adhesions
4	20	S	....	....	2	.....	No abnormality.
5	44	M	....	....	1½	.....	Undeveloped condition.
7	45	M	9	3	¼	Prolapsus uteri several years ago....	Enlarged Uterus, partial descent.
10	38	M	2	....	4	Inflammation after birth of last child.	Cirrhotic and Prolapsed Ovaries.
11	50	M	1	....	1½	Pelvic Inflammation	Salpingitic Adhesions.
15	50	M	1	1	1	Inflammation following Miscarriage...	Lacerated Perineum. Retroversion with Adhesions.
16	25	M	3	....	2	... .	Lacerated Perineum. Enlarged Right Ovary.
17	59	M	4	....	1	.....	Lacerated Perineum, deep.
18	32	M	....	....	6	.....	Cirrhotic Ovaries. Salpingitic Adhesions
19	30	M	2	....	2	.....	Lacerated Cervix. Retroversion with Adhesions.
20	42	M	4	...	4	Pain in side and back..... ...	Retroversion, Adhesions. Perineum lacerated.
21	32	M	1	....	10	Gonorrhœeal Inflammation of Pelvis.	Cystic and Adherent Ovaries and Tubes.
25	30	M	3	1	10	. . ..	Lacerated Perineum and Cervix. Enlarged Ovary with Adhesions.
6	28	M	3	2	¼	Pelvic pain three years.....	Lacerated Perineum. Enlarged and cystic ovaries.
8	25	M	2	1	½	"Blood poison" following miscarriage	Lacerated cervix. Retroversion. Tubo-ovarion adhesions.
9	46	M	4	....	12	"Inflammation" following child-birth	Lacerated Perineum. Tubo-ovarian abscess.
12	39	M	3	4	few weeks	.....	Deep lacerated cervix.
13	45	M	4	....	few weeks	.....	Lacerated cervix. Enlargement of uterus, adhesions.
22	35	M	...	3	½	"Appendicitis" one year ago... ...	Tubo-ovarian adhesions.
23	30	M	3	....	3	.....	Ovaries enlarged and adherent. Retroversion.
24	42	M	6	3	1	.....	Lacerated perineum and cervix. Retroversion and enlarged ovary.
26	18	S	....	....	few weeks	"Appendicitis" one year ago.....	Salpingo-ovarian adhesions. Parovarian cyst.
27	62	M	7	....	1	"Falling of womb" for several years..	Lacerated perineum, enlarged uterus cervical polypus.
28	56	M	7	....	1	History of old pelvic inflammation	Lacerated perineum, bilateral salpingitic adhesions.
29	28	M	4	....	2	.....	Lacerated cervix, enlarged ovaries.

I have grouped the examination of thirty-one inmates of a Canadian asylum made in conjunction with the medical superintendent. Of these, twenty were married and eleven single and all but two showed well marked pelvic disease.

No.	Age	Married or Single	Children	Miscarriages	Duration of Insanity Years	History of Pelvic Disease	Nature of Pelvic Disease
30	50	M	2	?	1½	"Tumor of womb" for several years	Interstitial and also intraligamentous myomata.
31	36	M	4	~	4	....	Cervical laceration, enlarged ovaries.
32	26	S	.....	.....	4	....	Retroversion with adhesions. Cystic ovary.
33	27	M	3	?	4	... .	Deep laceration of cervix.
34	27	M	3	?	4	.. ..	Cervix and perineum lacerated, cystic ovary.
35	28	S	.....	.....	2	.....	Conical cervix, pin-hole os, right ovary enlarged.
36	36	M	1	....	7	.....	Lacerated cervix, salpingitic adhesions.
37	28	S	.....	.....	3	.....	Acute anteflexion, enlarged uterus.
38	25	S	.....	.....	2	.....	Elongated cervix, enlarged left ovary.
39	58	M	4	4	7	....	Lacerated cervix and perineum, erosion of os, left salpingo-ovarian adhesions.
40	30	S	.....	.....	3	.....	Retroversion with adhesions. Right ovary enlarged.
41	28	M	1	....	2	Was very ill after last confinement..	Lacerated perineum, retroversion, fibroid tumor filling up pelvis.
42	54	M	6	....	?	.....	Lacerated cervix and perineum retroversion with adhesions.
43	38	S	.....	.....	?	.....	No abnormality.
44	30	M	?	?	?	.....	Lacerated perineum. Salpingitic ad-

							lesions.
45	28	S	.....	7	.....	Conical cervix enlarged right ovary.
46	35	M	1	2	.....	Laceration of cervix and perineum.
47	45	M	3	7	.....	Laceraton of cervix and perineum. salpingitic adhesions.
48	28	M	1	2	.....	Deep lacerated cervix, salpingo adhesions.
49	20	S	1 ...	2	.....	Lacerated cervix, adhesions on left side of uterus.
50	25	M	1 3	one month	.....	Lacerated cervix and perineum, uterus enlarged and adherent.
51	36	....	1 ?	5	.....	Lacerated perineum and cervix. enlarged uterus.
52	28	M	.. ..	2	.....	No abnormality.
53	34	M	2 ?	,?	.....	Lacerated perineum broad ligaments thickened.
54	33	S	.. ...	6	.....	Uterus drawn to right and fixed.
55	23	S	....	one month	.....	Elongated cervix, adhesions upon left side.
56	32	M	1 ...	3	Epileptic.....	Retroversions with adhesions.
57	36	M	3 ...	1¼	.....	Lacerated perineum and cervix, ovary enlarged and adherent.
58	59	M	6 ?	2	.....	Lacerated cervix. enlarged uterus.
59	21	S	.. ...	5	.....	Left ovary enlarged and cystic.
60	40	M	6 ..	3	.....	Lacerated perineum and cervix, enlarged ovary and retroversion.

From prize essay awarded the author by Trinity Alumni Association, and published in Canada Lancet July 1st, 1890..

Of these twenty were married and eleven single and all but two showed well marked disease of the pelvic organs.

No.	Married or Single	Duration of Insanity	History of Pelvic disease	Nature of Pelvic Disease.
61	S	2	None	Retroversion.
62	S	2	"	Cervical stenosis.
63	M	6	"	Lacerated cervix, retroversion, piles .
64	S	4	"	Adherent clitoris, uterine fungositis, retroversion adhesions.
65	M	3	Pain in side.....	Retroversion, adhesions salpingitis.
66	S	¼	None	Adhesion of clitoris.
67	M	¼	"	Lacerated cervix left salpingitis.
68	M	2	"	Cervical lacerated ovarian cyst.
69	M	1	Pain in side.....	Endometritis.
70	M	3	No.....	Normal
71	S	½	"	Retroversion, adhesions.
72	M	3	"	Lacerated cervix, retroversion.
73	M	3	"	Endometritis. cervical polypus.
74	M	1	"Womb Disease".	Bilateral adhesions.
75	M	1	No	Lacerated cervix, prolapse.
76	M	6	Pelvic pain	Ovarian cyst.
77	M	2	Pelvic pain.....	Cystic adherent ovaries.
78	M	1	No	Salpingitis adhesions.
79	M	2	"	Piles, cystic ovary, ruptured perineum.
80	S	11	"	Normal.
81	S	1	"	Normal.
82	M	3	"	Fibroid uterine.
83	M	1	"	Ruptured perineum,fprolapse.
84	M	1	"	Normal.
85	M	¼	No.....	Retained placenta.
86	M	2	Miscarriage.....	Pyasalpinx.
87	S	1	No.....	Fibroid ovarian
88	M	1	Pain in side	Double pyasalpinx.
89	S	½	No.....	Normal.
90	M	½	No.....	Prolapse
91	M	½	No	Salpingitis adhesions.
92	M	½	No.....	Cervical tear.
93	M	½	No	Normal.
94	M	½	None	Normal
95	M	½	"	Left Salpingitis adhesions.
96	M	½	"	Bilateral salpingitis adhesions.
97	M	3	"	Salpingitis adhesions. Lacerated cervix.
98	M	5	"	Normal.
99	M	½	"	Ruptured Perineum and cystocele.
100	M	1	"	Cystic ovary.
101	M	4	"	Enlarged ovary and salpingitis.
102	M	1	"	Lacerated cervix.
103	M	4	"	Retroversion.
104	M	2	"	Myometritis.
105	S	½	"	Retroversion adherent.
106	M	½	"	Normal.
107	M	½	"	Cervical tear. Retroversion. Myometritis.
108	M	½	"	Lacerated cervix. septic uterine.
109	M	½	"	Ovarian cyst.
110	M	1	Septic uterus	Cystic ovary.
111	M	1	None	Ruptured perineum and cervix.
112	M	2	"	Fibroid uterus.
113	M	2	"	Lacerated perineum salpingitis.
114	M	1	"	Cystic ovary, lacerated cervix and perineum.
115	M	2	Constant pain in side. . .	Omentum adherent to abdominal wall. Cystic ovary adhesion.
116	M	¼	Womb disease.	Myometritis fungositis.
117	M	1	None	Cystic ovary, myometritis.
118	M	¼	"	Retroversion, Lacerated cervix.
119	S	½	"	Cystic ovary, adherent clitoris and fungositis.
120	M	½	"	Ruptured perineum and prolapse.
121	M	2	"	Endometritis, salpingitis adhesions.
122	M	3	"	Ovary cystic and prolapsed.
123	M	1	Pain in Pelvis, falling, miscarriage.....	Cystic ovary, ruptured perineum.
124	M	1	Pain in side.....	Cystic ovary. Chronic appendicitis.
125	M	1	Pain in side	Cystic ovary . Chronic appendicitis.
126	M	½	Pelvic abscess.....	Cystic ovary. Chronic appendicitis.
127	M	1	Abdomen sore.....	Cervical polypus and endometritis.
128	M	½	None	Normal.

I wish to call the attention to absence of any history or knowledge of pelvic disease in the greater number of cases.

15 were not improved. Three deaths followed, one from acute meningitis, one from sepsis (bursting of abscess at site of ligature in palvis, into abdominal cavity), and a third from sepsis and uremia. Both the latter occured after I had transferred the patient to the charge of others.

The recovery rate of 40% is not greater than the gross recovery rate of hospitals for the insane in which there is no direct gyneological treatment given, in fact many hospitals show a higher rate; but their recoveries are principally from the recent arrivals, while many of the cases herein included were over one year and one of ten years' duration. As examples of the work I will give a few very brief histories of cases that have been submitted to operative treatment.

CASE 1. Reported in Canada Practitioner, April 1898:

A former patient, Mrs. McF., aged 35, of excellent family histor · no hereditary taint, had been committed to the Provincial Asylum during my absence in Europe. She was the mother of two children; the elder suffered from asthma, the younger from chronic hydrocephalus. She had enjoyed excellent health until, after attending to her household duties and acting as nurse to both children she became considerably debilitated. This, with the shock of the younger child's sudden death, caused by falling from the veranda where his mother had placed him in a wheel chair, brought on intermittent melancholia from which she suffered for eight months. At this period while visiting a friend, symptoms of pronounced insanity with suicidal tendency were developed. After 3 month's treatment under the care of a nurse she was committed to the asylum on April 1st, 1895, where she remained until January 3rd 1898. During this period she was at times violent, would attempt to scratch and bite her attendants, exhibited a most obstinate disposition, was considered by the late matron as one of the worst cases, and by the authorities as hopeless. The medical superintendent gave the friends no encouragement as to her recovery.

Having obtained permission from the patient's husband, with the assistance of Dr. Boggs, and with the courteous cooperation of the medical superintendent, Dr. Bodington, the

patient was placed under chloroform and a pelvic examination made. The right ligament was thickened, left ovary prolapsed, uterus fixed, and perineum partially ruptured. Upon this data I recommended operative measures, my recommendation was accepted, and the patient was placed under the care of two trained nurses, as admission to the hospital was refused.

Section, January 5th, assisted by Drs. Frank Hall and Hart. Right ovary was found cystic with tubal adhesions, left ovary adherent in cul-de-sac, fimbriated extremity closed The appendages were removed, uterus also curetted. The operation was brief and practically bloodless; post operative history normal; stitches removed on the twelfth day. The mental condition remained unchanged for some days. She persisted in sitting up in bed, tearing the bed clothes, and endeavoring to bite and scratch the nurses. It was necessary to tie her hands on either side of the bed, and place a heavy bandage over the lower part of the body. Upon the fourteenth day after the operation she became calm and recognized her mother. On the following day she conversed a little and appeared to appreciate the kindness of the nurses. Upon the seventeenth day the patient seemed more rational, did a little sewing, and took an interest in her surroundings. The following day I allowed her to see her little daughter, now a bright girl of eleven years, whom she had not seen since entering the asylum. The meeting was one not soon to be forgotten; it was one of those periods in a physician's life when his remuneration is beyond computation, an experience that lives. The patient acted and spoke as only a reasonable mother could. Day after day, as the physical strength increased, the mind became capable of more extended effort. Thirty-five days after the operation the nurse accompanied the patient to her home and remained with her a few days; and to-day, after two months, the patient is managing her own household and attending to her social duties with all the reason and energy of her former self. She is at present in perfect health.

Mrs. M., age 27 years, of excellent family history, two children, youngest two years old. For fifteen years she had suffered from pain in the right side, increased the week

following menstruation. This pain she described to be at times worse than that of childbirth. She had received well-directed "local treatment" from several physicians, with but temporary relief. After the birth of her last child the pelvic distress increased. She became subject to periods of melancholia; would worry a great deal if her husband left the house, even going to his daily work, and could not be left alone; became unable to oversee her domestic duties, and was withal a problem to her physicians and friends. She was pitied and then scolded, in turn, as the symptoms partook of the nature of actual physical suffering or of hysteria.

Examination showed the right ovary enlarged, prolapsed and adherent.

I removed the right appendage, with one-third of left ovary. Recovery was uneventful. The mental condition became normal. A happy home, and a grateful husband are the result.

Mrs. C., age 33, good heridity; mother of three children (youngest four years old). Natural disposition, cheerful, and a good home manager. No history of sepsis. Very nervous and restless during menstruation; suffering from severe bearing-down pains, and frequent headaches. For two years had loss of memory, at times incapacitating her from usual housework; would worry very much; and at times became 'dazed' to such an extent that she apparently did not know how to attend to domestic duties; would not attend to her children properly.

Examination showed ruptured perineum, and enlarged ovary with adhesions. I removed the right, enlarged, cystic ovary with the tube; found left ovary adherent and cystic, resected it, and ligatured varicocele of the pampiniform plexus, in several places. Uninterrupted recovery followed, with rapid return to her normal mental condition.

Many other cases are of intense interest. I will give but one more, a recent case.

CASE 126. Mrs. ——, aged 37. After birth of last child suffered from pelvic abscess which was opened externally. She bec me melancholic, refused to attend to

children and home, was careless of appearance and slovenly in habits. It became a question of removal to an asylum. Examination showed left ovarian syst the size of a naval orange. Operation by Dr. Frank Hall. Left ovary was also cystic and tube occluded. Appendages removed. Upon recovery from the anesthetic the patient appeared all but rational and in a few days, was completely restored.

These are but examples of the many that have been restored to normal mentality, and to their former positions in the home, and to their accustomed social activities; and, may I make bold to say, probably rescued from impending mental shipwreck. I do not mean to be understood as saying that every period of sullenness or outburst of temper necessarily demands a physical examination, nor do I wish the reader to infer that in the pelvis is invariably to be found the physical basis of mental abnormality; but I do wish to impress upon the general practitioner the necessity of a careful and thorough examination of all cases presenting recent alterations of disposition, temper, or action—not forgetting that in a certian proportion of cases in which there is no available history of heredity and without indications of acute disease, or of meningeal or cerebral invasion, he may expect in a large percentage of cases to find in the diseased pelvic organs the origin of the mental disturbance.

The absence of a history of septic invasion in these cases is not significant. The fact that we are at times unable to obtain a history may lend evidence to the probability of an infection of a kind all too frequent. In many cases, large growths, and most severe and complicated inflammatory (septic) conditions have been found which previously had not given the slightest local inconvenience, and were not suspected by either the patient or her attendant. The expression so often heard in connection with this class of cases, "She has no pelvic pain, or she would have complained," is too absurd for a moment's consideration.

Given: a neurotic condition (hereditary or acquired), the psychic conditions resulting from the local disease is primarily the product of a lessening of inhibition. The

ideal life is largely a matter of inhibiting the animal and selfish impulses, and the development of the higher and altruistic activities. These nobler traits become less actively manifest, and the individual becomes, under such physical conditions above described, the sport and prey of concepts and desires, the direct product of a disordered psychic centre which is continually bombarded with irritations from a diseased periphery; and without inhibition give their product in the form of abnormal mentality. In mild cases, with a minimum of structural disease, and with the absence of inhibition, we see "hysteria"—"morbid transformed modes of energy, temporarily bursting the bounds of the patients will:" with a greater alteration from the normal physical structure, with increased irritations, and with lessening inhibitory power, we gradually pass into the region of insanity.

The particular nerves through which the higher centres are affected in chronic disease have been thoroughly outlined by Bryon Robinson. He found that "irritation from diseased pelvic organs goes to the vaso-motor centres of the cord and medulla by two routes. It gives up the ovarian and hypogastric plexus of nerves to the abdominal brain. There it is reorganized and sent up along the pneumogastric to the dominating centre in the medulla, when it is reflected all over the body." "It can also go up the lateral chain from the coccyx, especially by the way of the hypogastric plexus." Robinson found in his dissections, that "Especially in the female the lateral chain of ganglia are strongly and liberally connected with the hypogastric plexus by large, thick nerves." "By carefully studying patients, one can see the immediate and remote effects of pelvic disease. The immediate effect may be observed to be from the localized, tangible, gross pathology. Inflammatory processes may deposit contracting cicatricial tissue which dislocates the genitals, comprising circulation and traumatizing nerve periphery. It may be pressure troubles, septic trouble or otherwise. But the remote effect is through the sympathetic nerve, or rather through malnutrition. A slight, unnoticed irritable focus begins in the pelvis (it may be endometritis.) Months

and years go on. Irritations accumulate in the abdominal brain, and may radiate out on all its various plexuses. Nutrition is insiduously impaired through the months and years: unbalanced reflexes gather in the abdominal brain, which, in turn, disturb the normal functional rhythm of viscera. Accumulated energies, begotten of long continued pelvic disease, are not controlled by the abdominal brain, but irregular, stormy forces are emitted over the plexuses to the viscera, which unbalances their nutrition. The woman with genital disease becomes an object of wretched dispair, and a miserable invalid. The days of her life are passed between pain and sadness. Our amateur operative gynecologist has forgotten that all her troubles started from a lacerated cervix, or endometritis five years ago. He is sure to extirpate her ovaries, which should not be done; and, lo! how dissappointed he is, if she does not get well in a month! Such a woman will not get well from extirpation of normal organs. The only benefit of extirpating the ovaries was that she was compelled to lie still for a month—a dear method of purchasing a few week's rest. The proper method to follow in this numerous class of women is to hunt, for the old cause and remove it, and then gradually nourish the woman back to normal. Such women are called hysterical, but there is generally some pelvic pathology, some provocative agent, that precedes hysteria, before the abdominal brain suffers derangement."

It has been urged that disease of the genital organs in women cannot be a prolific cause of insanity, because the ratio of male and female insane is about equal. Have the causes of insanity among the males been determined, and has it been shown that disease of these parts is not a factor in its production? Are not these organs, as to sex, undistinguishable in their early embryological developments? Are not the nerve and blood supply analogous? Are not the ravages of disease in the parts recognised by well known lesions, and may there not yet be much to be learned in this particular field? Again, who are the men who largely recruit the asylum ranks? Are they not the young men who in the period of functional activity have excelled in abuse of their sexual system? We shut our eyes too often

to the excessive waste of highly vitalised fluids, with its accompanying exhaustion, the inflammatory conditions, acute and chronic, which are the product of the gonococcus, to say nothing of the greater pathological results—abscesses, strictures. Does nature bear all this outrage without revenge? Our asylum reports state self-abuse as a cause of insanity in a certain proportion of cases. An elongated and constricted prepuce, adhesions and retained secretions are a recognized cause of nervous disturbances in male children, and it is but reasonable to suppose that undue irritation and exhaustion may cause the most grave nervous disturbances in adult. When we have added to this condition one of specific infection, with all its train of results, it is within the limits of the probable that one cause of insanity in the male may be analogous to that in the female, and if so, it follows that the treatment should be as direct and radical.

In this connection may I suggest that since the nervous connection between the great centres and the sexual organs is not only most intimate, but unique, inasmuch as change of form and function of the latter can be affected by a purely psychic environment to a much greater extent than with other organs, this being evident more in the male though no less real than the female—is it not reasonable to submit that this intimacy of nerve connection by means of which the imagination alone may stimulate the sexual centres and produce a high degree of functional activity, may afford a possible route for long continued irritation of these organs eventually through disordered cortical mentabolism to stimulate the imagination or even control the will.

Again, the report of our provincial asylum gave the ratio of married women to single women as 2 to 1 and of married men to single 1 to 2. Any physician of experience can read between the lines a possible cause of the ratio. Upon the part of the married women, "the accompaniments of childbirth, the great physiological catalysm itself, the pains of labor, the mental excitement and stress, the maternal evolution, the exhaustion, the loss of blood, sepsis with open blood vessels liable to absorb every septic par-

ticle. The reflex disturbance to the brain from the reproductive organs," (Clouston.) The lacerations so frequent upon delivery and the strain of lactation upon the one hand; and upon the part of the single man, too often the abuse of stimulants, self abuse, and sexual excesses —these no doubt are contributory factors in the production of insanity.

Now so far we have seen—(1) that diseases of the pelvic organs in women is very frequently found associated with psychoses, (2) that there is very close sympathetic nerve connections with the great nerve centres and these organs, (3) that there is in addition a more intimate and unique connection between the sexual organs and normal mental action than is apparent in connection with other abdominal organs, (4) that frequently after removal of the local pelvic disease the mental functions become normal. Therefore we are justified in one conclusion that pelvic disease is frequently contributory to mental abnormality and at times appears to be the exciting cause. But we must also recognize this fact, that since a comparatively small number of women who suffer from physical disease present mental symptoms, there must be a predisposing condition, call it heredity if you will, and call the effect of local disease strain, and we have the essentials for mental abnormality as stated by Clouston—heredity and strain. The causes of the psychosis may be many. The pelvic disease may possibly be but one of the causes, and yet that cause which turns the scale in favor of mental unbalance. In the final analysis, insanity is the psychic sum of physical abnormalities, and the removal of an apparently insignificant irritation may be the means of raising the standard of physical health and the restoration of mental equilibrium.

THE EFFECT OF SUNLIGHT UPON WHITE MEN IN THE WEST.

A Reply to Rev. Dr. Heustis.

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In the February number of the W. C. M. I. is an article entitled 'The effect of sunlight upon white men, by the Rev. Chas. H. Heustis.

It is perhaps as well that we should be made to examine into the foundation of our doctrines sometimes, since by so doing we may eliminate the false and be surer of the sound scientific principles and be more confident in applying them.

The article compares 'sunny Alberta' with the tropics and semi-tropics. I quote the following:—"Think of India as a modern example"; again "but the white race has never yet been able to get dark enough to stand a tropical sunshine"; yet once more "semi-tropical islands of Bermuda," and I was again and again impressed with the similarity of much in the west with what I had experienced in that country."

Two glaring mistakes are evident. They cannot be called logical fallacies because there is no logic. One might as well argue that a frozen pat of butter is hard, a stone is hard, therefore in the tropics, a pat of butter and a stone are both hard. The reasoning would be quite as logical as that used in the paper. The first mistake is in comparing the climate of the north-west of Canada with that of the tropics and semi-tropics. The north-west is neither tropical nor semi-tropical in any sense. The second mistake is in attributing all the ill effects of the tropics to light and not taking the heat and humidity into consideration at all, whereas they are the main cause of the evils.

Let us now go more into details. Sunny Alberta lies between the 49th and 55th degrees of N. latitude (as

do also Manitoba and Saskatchewan, while British Columbia lies between the 48th and 60th degrees). Semi-tropical Bermuda lies between the 32nd and 33rd parallel and is, therefore, in about the same latitude as the Northern Sahara and Northern Egypt. The climate of Bermuda is of course a marine climate and though its heat is to some extent modified by the sea, its relative humidity is much increased thereby—a distinctly unfavourable condition. The N. W. provinces are continental and dry.

The intensity and amount of insolation, i. e. the intensity and amount of heat and light from the sun depend upon the angle of incidence of the sun's rays, i. e. they depend upon the directness of the rays and lessen with their obliquity. They also depend upon the duration of insolation i. e. the length of the day.

Dr. Julius Hann of Vienna gives the annual amount of insolation received at lat. 32.50° N. that of Bermuda as 313; that received at 52.50° N. the central line of the N. W. provinces as 236; and at 10° N. lat., about the middle of the northern as 360. These figures mean that the insolation of the N. W. provinces is only three-quarters of that of Bermuda and two-thirds of that of the northern tropics.

The light and radiant heat of the sun absorbed by the atmosphere and diffused by it play an important part especially when the more chemically active ray (blue, violet and ultra-violet) are concerned. The combined chemical intensities of sunlight and skylight at lat. 30° N. amount to 581, at the 49th parallel to 373. That is more than half as much again at Bermuda as in Alberta. At 10° N. lat. they are 701—nearly twice as much.

Another contrast will make matters clearer. The Arctic circle at 66° N. lat. (which runs between the middle and northern thirds of Scandinavia—the home of the white race) holds about the same relation to the centre of the N. W. provinces that these provinces hold to semi-tropical Bermuda in the amount of annual insolation and the combined chemical intensities of sun and sky-light.

As a result of a long series of very careful determinations of the absorption of different solar rays Langley found that the relative absorption decreases from the blue,

short-waved end of the spectrum towards the red, long-rayed end. Hence the so called "chemical" rays, and also the luminous rays, suffer a greater relative loss in their passage through the earth's atmosphere than do the red or warm rays.

Raleigh has shown that solar radiation made up, as it is, of many different waves, in passing through a turbid medium like our atmosphere, undergoes diffuse reflection and scattering and is thereby weakened in such a way that the short waved rays are most and the long waved rays are least affected by the process. The blue colour of the sky is explained by the fact that the blue rays undergo the greatest amount of scattering.

Consider, for a moment, the tropical year. According to Grant Allen on the equator in December the sun is at its greatest distance away to the south—it is, relatively, winter. In March it is overhead—Midsummer. In June it is at its greatest distance north—a second relative winter. In September it is overhead again—midsummer again. Thus the equatorial year consists of four seasons—two summers and two relative winters

The distance to which the sun travels north or south of the equator is so small, comparatively, that in the tropics very little difference is noted in the amount of heat between one season of the year and another. In equatorial countries the day and night temperature is much the same all the year round. If the country be plain, it is always hot, if mountainous, it is a perpetual spring. Even on the actual tropics (Cancer 23° N. lat. and Capricorn 23° S. lat.) the difference is too slight to make any marked change in the temperature. At the northern tropic at midwinter —Dec. 21st,—the sun is as powerful as at the southern limit of the N. W. provinces in the height of summer. The thermometer in the tropics and at sea-level seldom descends below 75° or 80° even at midnight in the relative winter. In Venice and Milan—about 45° N. lat.—the sun is strong enough to make the ground very hot in July and August though it has been cooled before by a northern winter. In Jamaica and Madagascar, which lie respectively between the northern and southern tropics

and semi-tropics and which have never been cooled, the accumulated heat keeps everything hotwarm. Even when the sun's rays are most oblique in midwinter, the ground is hot, the houses are hot, wood and stone are hot and they have all been hot from time immemorial.

Referring to the statements in the paper that "the natives in the Arctic zone are equally dark with those of the semi-tropics, the former for protection from the reflex sun-glare the latter from the direct rays." The author of the paper attributes these colour conditions to the effect of sun-light alone. This is not at all the conclusion reached by authorities on the subject. According to Prof. Ripley of Columbia University the colour of the skies has been from the earliest times regarded as a primary means of racial identification. The ancient Egyptians were accustomed to distinguish the races known to them by this means. Notwithstanding this long acquaintance the phenomenon of pigmentation remains today among the least understood departments of physical anthropology. Yet this trait is exceedingly persistent even through considerable racial intermixture. Prof. Ripley continues—in respect of the colour of the skies we may roughly divide the human species into four groups.

1. The jet or coal black is not very wide spread.

2. The brownish group shades off from deep chocolate through coffee colour down to olive and light or reddish brown. It includes the main body of the negroes, the aboriginals of Australia and of India, and also the American Indians because, while reddish in tinge, the skin has a strong brown undertone.

3. A third class in which the skin is of a yellow shade covers most of Asia, the northern third of Africa, Brazil and also includes a number of widely scattered peoples such as the Lapps, Eskimos, etc. Among these the skin varies from a dull leather colour, through golden or buff to muddy white.

4. This group forms the so called white race although many of its members are almost brown and often yellow in skin colour. The very light shades of skin are restricted

to Europe including perhaps, part of northern Africa north of the Sahara.

The Chinese are the same colour at Singapore as at Pekin and Kamschatka. The Eskimo live exclusively on animal food, are clothed in thick fur and are exposed to intense cold and prolonged darkness; yet they do not differ in any extreme degrée from the inhabitants of Southern China who live entirely on vegetable food and are exposed almost naked to a hot, glaring climate. It has been attempted to prove that this colour might be due to the influence of the *tropical* sun or perhaps, to oxygenation taking place under the influence of the solar rays. The objection to this hypothesis is that the covered portions of the body are equally dark with the exposed parts and that certain groups of men whose lives are peculiarly sedentary, such as the Jews, who have spent most of their time for centuries within doors are distinctly darker than other races among whom they live and whose occupations keep them continually in the open air. This holds true whether in the tropics or in the northern part of Europe. Local colouration in tanning, moreover, due to the direct influence of the sun is not hereditary. Sailors children are not darker than those of the merchant even after genations of men have followed the same profession. Each of these theories (heat, heat and humidity combined, sun light) seems to fail as a sole explanation. One point is certain, whatever the cause may be, that this characteristic has been very slowly acquired and has today become exceedingly persistent in the several races.

If therefore, as all consistent students of natural history hold to-day, the human race has evolved in the past from some common root type, this predominant dark colour must be regarded as the more primitive. It is highly probable that the Teutonic race is merely a variety of the long headed type of the stone age, both its distinctive blondness and its remarkable stature having been acquired in the relative isolation of Scandinavia. The Scandinavian peninsula is mountainous. Among peoples isolated in mountainous areas some cause is at work which tends to disturb raceal equilibrium in the colour of the hair and

eyes and conduces to blondness. But if Mr. Heustis' theory that dark colour is due to sun-light be true, mountaineers should certainly be dark coloured. The bronzing, sun-burning effect of the sun is due to the shorter rays (blue, violet, ultra-violet) of the spectrum. These rays are largely cut off by the atmosphere at ordinary elevations above sea-level because of its depth and density. But everyone knows the bronzing and sun-burning effect of mountain climbing on the exposed (not the covered) parts of the body. It is due to the lesser density and depth of the atmosphere at higher altitudes allowing more of the short waved rays to penetrate.

Dr. Brinton propounded the theory that northern Africa was the centre of dispersion of the long-headed, blonde invaders of Europe. Boyd Dawkins believes the dolichocephalie Eskimo to be a relic of this early European people. They brought their colour—quite distinct from that of the red men—with them from northern Africa. The colour of the Eskimo is not confined to the exposed parts but occupies the whole body. The severity of the climate in the Arctic regions renders it imperative to cover almost the whole body, even for a great part of the season of sun-light. Organs such as the appendix, which have long become useless still persist. It is not at all unlikely, therefore, that colour should persist although its usefulness may have diminished long ago.

The paper goes on to say "Animal life (including the human species) thrives with very little sunlight or none at all. This is, of course, point blank against popular notions as to the blessings of sunshine." It is also point blank against the accumulated experience and observations of mankind. The paper further states "that most animals are, like the cat, nocturnal in their habits, passing the day in dews and hollows of logs and trees". In the tropics all animals, birds and beasts, retire from the fierce heat of middle day. Very few birds, however, are nocturnal in any latitude. The wild herbword feed in the obscure light of early morning and late evening so as to be less conspicuous to their natural enemies the carnivora. The carnivora have become, to that extent, nocturnal by

the process of evolution in order to find their food. But everyone has seen the cat asleep in the full glare of the sunshine. Wild foxes sleep in the bright sunshine if they feel secure. Wolves prowl round in the day-time on predatory expeditions in search of chickens and young pigs and sheep as many farmers know to their cost. The domestic animals, even if their wild ancestors followed the twilight habit, are now diurnal and certainly thrive and multiply as they never did before. If then the domestic animals have become so much larger and more vigorous under the beneficent light of the sun than their nocturnal progenitors, why should not man correspondingly improve under the same influence. According to Freund young rabbits do not get on at all in the dark. Every farmer knows that it is a universal rule that beasts flourish better in bright, sunny sheds than in dark ones. And the healthy development of young children, as is well known, depends in large measure on light. Not only the general growth, however, is affected by varying supplies of light but also the development of individual organs and parts of organs. So far from sunlight being prejudicial its absence gives rise to lack of vitality. Researches into the subject have shown that women in the far north (Eskimo) are much predisposed to amenorrhae, and are even said to be quite free from menstruation during the long night of winter Whilst at the close of the polar night the only hoeniojlobin bands in the blood of such persons as were examined showed signs of extension.

As to the diseases which are mentioned as being the peculiar effects of sunlight, sunburn and glazier burn are not worth considering. With the exercise of ordinary common sense there is not the slightest danger of any harm following from them in Canada. I have spent two summers and the winter between them in the open sunlight of the Northwest. In the winter we slept in tents. During the summer many of us slept in the open; we were practically in the open all the time exposed to all the sunlight there was. Among the whole number of men—about 95—who followed the same trail nothing, except a good healthy tanning, resulted from the exposure.

Sunstroke—to quote Sir Joseph Fayres is essentially due to heat and the result of direct exposure to the rays of the sun or to a high atmospheric temperature in the shade. The action of heat is much influenced by the hygrometric condition of the atmosphere. A dry hot air is better tolerated than a moist one because it favors perspiration and keeps the body cool. When, from any cause, perspiration fails in the presence of high air temperatures the danger of sunstroke is imminent. That these evil consequences are not due to the direct action of the sun alone is shown by the fact that many of the fatal cases take place in rooms, tents or hospitals at night or in the early hours of the morning before sunrise, especially if the air be vitiated. Sunstroke generally takes place in the hottest months of the year, but whenever the temperature is high enough the same results ensue.

Eye trouble:—The article states that "a great deal of eye trouble which is becoming more and more prevalent among children is due to too great exposure to sunlight." Germany cannot by any stretch of the imagination be said to be even semi-tropical. Its climate is by no means very sunny. Yet the people of the fatherland are the most bespectacled in the world. The New England states are not sunny in the same sense as Alberta yet the amount of eye-strain of the children is so great that the eyes of the children attending the public schools of New York are systematically examined by specialists. Eye-strain is common among the white races all the world over. Nor is it confined to them. Spectacles are not unknown in India among the natives who have attended the schools established by the government. Nor is it unknown in Japan. The eye-strain of children is the result of setting immature organs to work in which they are not fitted. The too early age at which children are put to kindergarten and school, frowning for hours over printed matters and other close work, when they ought to be developing in the open is responsible for the weak eyes of the present generation. It is not due to sunlight of which the more they get in this part of the world the better it will be for them. Children from the country in which facilities for

schooling are poor and who commence school at a more advanced age and who are in the free, fresh sunlit air most of the time do not show an amount of eye-strain at all comparable with that of their less fortunate city fellows.

Nerurasthenia:—is a break down of the nervous system from overstrain. The overstrain may result from excessive mental application as among the presidents of great corporations; or may result from too prolonged work and worry with little or no relaxation. Examples of this latter cause are seen among women who have most of the manual and all the mental work of the household because of the scarcity of servants. Long hours of work and too little sleep and no time for relaxation and recuperation in the fresh air and sunshine. The muscles become fatigued, the stomach and other organs give way and finally the nervous system. In the former case of too feverish, excessive mental endeavour the nervous system may give way first and the other organs secondarily. This is the so called Americanitis. Toil of the impetuous, 'bottled lightning' kind mostly with the object of accumulating riches; thereby to gain a higher (?) social status, to be enabled to be surrounded with more of the comforts—more of the luxury deemed necessary by this generation and which was unknown to and unsought by our forefathers. It is not the result of sunlight but due to the want of relaxation, of fresh air and of sunlight.

In climates of high altitude with much sunshine and low humidity especially where there is a good deal of wind the electric potential of the atmosphere is greatly increased. In England the electric potential is as much as 50 to 100 volts to the square foot. In the dry atmosphere of the high altitudes of Colorado, Denver city for example, the electric potential is considerably higher. The more or less constant winds set up an electric tension by their friction against the earth and what is upon it Dry air being a very poor conductor the negative electrical potential thus set up cannot neutralise itself by meeting a potential of opposite kind in the higher regions of the atmosphere. Consequently all bodies upon the earth in such localities are in a state of high electric tension. The ner-

vous system of animals so charged is constantly keyed up to an exalted degree. More rest, longer holidays are required. But as Dexter says "by this chronic state of nervous I do not mean apathological condition but a slightly increased nervous tension which all but the strongest and most phlegmatic feel". The Canadian Northwest lies in the happy mean between these two extremes. It has the necessary conditions of dryness, sunshine and wind in modified degree; the altitude is not great hence the atmosphere is denser. It is easy to see, then, that the state of electric tension of this region is such as to produce the sense of well being, of fitness, which all who live therein feel. The tension is not sufficiently high to cause neurasthenia or to necessitate long periods of rest.

This country has not been settled long enough by white people for many generations to have been born in it. Notwithstanding I have complete evidence of third and fourth generations of white people born here who are just as healthy and whom there is reason to think will not be less prolific than their ancestors.

It has been established that residence in the Western states, during the years of growth tends to produce increase of stature. Dr. Beddoe believed an authority—believes that wherever a case attains its maximum of physical development it rises higher in energy and moral vigour. The Boers, descendants from the Dutch, who have their origin in the same Low Dutch branch of the Teutonic family as the Anglo-Saxons, have been settled in the semi-tropical sunlit plateaus of South Africa for more than 300 years. They have shown no evidence of deterioration either in fecundity or bodily vigour.

The United States would soon be depopulated of white people were it not for immigration from Europe. At the end of the 17th century the average number of children in one family was six; at the end of the 18th century it had fallen to four; at the end of the 19th century the number dwindled to two. The condition in the States today is worse than in France. It is not due to sunlight or any other climate factor. It is the result of far other causes. History repeats itself. Causes which accomplished the

decline and fall of older civilisations are bringing about the same consequences in the United States, wealth, ease and luxury are producing among the native born white people the same effects as in Rome when at the zenith of her wealth and power. The love of ease and luxury is inducing the husbands and wives of the neighbouring republic to avoid the burden and cares of children for the sake of the ephemeral pleasures and excitements of society, for the sake of being able to live surrounded by luxuries and personal comforts. To indulge these passing excitements and emotions these men and women are preventing fecundation or aborting one embryo ere it has reached maturity by precisely the same means as the men and women of Rome employed centuries ago. But at what awful cost? At the cost sometimes of life itself often of long invalidism to the woman at the expense of natural emotions which children awaken in theirparents; of the sample of the joy of being surrounded in their age by grown sons and daughters; at the cost of patriotism to the imminent danger of their country.

If the time should ever come that the people of Canada follow in the same course as their cousins across the border are pursuing, then the white race in this country is doomed. Until that time may they enjoy to the full the health giving sunlight of this bright, sunny land; may their children revel in the luminous beams of the orb of life; and may their children's children thereby reap abundant health and happiness. They need not fear the beneficent influence of that light sung by the poets of all ages, taught by the wise men of all times, preached as the doctrine of religious theory before our era.

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EDITORIAL

Regarding Reciprocity

We are glad to know that the Council of Physicians and Surgeons of Manitoba are taking a *plebiscite* on the subject of Reciprocity, and we hope in next issue to be able to give results. A time was stated for the return of the paper but as the postal arrangements are so unreliable at present we have no doubt replies would still be received, and we trust that every registered physician in Manitoba will feel it his *duty to his profession* to give his opinion on the subject. Unless in this way each man does his share it is utterly impossible for any council to decide matters in such a way that satisfaction may be given the majority.

One local editor draws our attention to the terrible winter difficulties with which the country doctor has to

contend and one can very readily understand how the answering even of such a communication may be overlooked. We trust that any who may have neglected to reply will do so at once and let us see what Manitoba really desires.

Present Day Prescribing

At the present time medical men seem more and more given to make use of text book prescriptions or made up preparations of pharmaceutical companies. In college we are taught by therapeutics the true use of drugs and their relation to pathological condit ons. This mode of dealing with drugs is most unfair to patients and shows that we do not realize our great responsibility in this respect. It encourages pharmacologists or pharmaceutical companies, druggists or their clerks to dispense to anyone who asks them for remedies. While the special sphere of the druggist is *dispensing* for them to prescribe remed es *at a glance* is utterly harmful to the patient and lowering to the prestige of the medical man and of no use except of course, commercially to the druggist who certainly cannot guarantee that the made up prescription will cure—id osyncrasies, c'imate, life, occupation, etc., etc., having so much bearing upon the various diseases.

The question as to where lies the remedy arises—Two ways present themselves. *First*:
That the medical men in the various districts join together and have a thoroughly up-to-date Drug Store run by competent pharmaceutists to which they will all send their prescriptions and in this way cut off the true source from which druggists and patent medicines companies get their prescriptions for remedies which are patented and made up for special causes. This would also give the medical man a better control over the patients as his prescriptions would not be repeated indiscriminantly. The *Second* method wou d be by legis ation. The enforcing of whch at the present time under present conditions, would be very difficult. For we see so many so called

protective clauses for the medical man are only sources of income to shrewd lawyers. The province of British Columbia has moved actively against patent medicine companies and we feel sure that Dr. Young, the new Provincial Secretary, will do a great deal in the interests of his profession. The Western provinces are also represented in the Senate and the House of Commons. We hope to see these representatives of ours at Ottawa insist on the passing and enforcing of acts for the advancement of medical science. Nothing can be of more importance to the welfare of any country especially one like the "Great West". The influence of so many different nationalities makes so many different conditions which are of interest to Public Health. Anything that pertains to the health of a nation adds to its material advancement. This is easily understood.

Health Cabinet Ministers

We are pleased to see that at last the American International Congress of Public Health has wakened up to the importance of having a Cabinet Minister of Public Health. In the Western Provinces and one may say the Dominion, it seems curious that the duties of the Department of Public Health are alloted to the Minister of Agriculture for this reason it is no wonder that the medical profession is imposed upon by the patent medicine companies and Charlatans, nor that the commercial druggist has a harvest at the expense of the medical profession.

Lack of Dependence in Vital Statistics Returns

We find it hard to obtain true *vital statistics* returns which are of such immense use in judging the health conditions of a country. One of our local editors draws our attention to a comparison of the last seven months of 1906 of the official list of his district and that which can be obtained from th

local newspaper. The following comparison will be of interest to those who know the importance of this matter.

BIRTHS.

	Official Register.		Press Reports.	
	Male	Female	Male	Female
Jan.	3	1		
Feb.	0	1		
Mar.	1	2		
April	1	2		
May	2	1		
June	4	0		
July	3	2	4	6
Aug.	1	1	4	5
Sept.	1	1	3	4
Oct.	4	3	4	7
Nov.	0	0	3	4
Dec.	0	0	5	3
	20	14	30	30

The *deaths, books of undertakers* show 55—*registered*—males 29; females 12; total 41.

This certainly cannot be called anything but unsatisfactory. Our correspondent points out that there *is* an act in his province for enforcing the accurate returns of vital statistics, but there seems to be no provision made for the carrying of it out. He also rightly says there is nothing gained by sending such reports at present to headquarters for two causes: (1) The very unsatisfactory way in which the records of vital statistics are kept; (2) the easily obtained proof of their worthlessness when obtained. We are greatly indebted to this local editor for the trouble he has taken to look so thoroughly into this important matter and hope that the matter has only to be brought to the notice of our representatives at Ottawa to be put right.

TO OUR SUBSCRIBERS.

We are glad to say that our subscription list is steadily increasing. Several to whom the Journal has been sent have written that the January and February numbers have never reached them. This no doubt is partly due to the difficulties caused by the unusually severe winter but now that we have spring and traffic going smoothly this will not occur. We would be glad if any subscribers who have not received the two first numbers will write the *Managing Editor.*

Regarding our contributors we have indeed to be grateful for the very good papers which have arrived to help us along. We are glad also to see that it is not just a spurt but that they are steadily coming in from all sides. The Clinical reports seem to be of special interest, several subscribers have written saying so. May we ask that every man in the West will send us any case which he may have found puzzling or interesting.

Having gone successfully through our first quarter, and that with weather, health conditions, traffic and many things against us we feel confidently we are *here to stay.* And so our "Managing Editor" has decided to make improvements in the mechanical part of the Journal—better paper, type, etc. Every one who has anything to do with publishing in Western Canada knows that the expenses are about double those in the East and the States for printing, paper, etc. Many subscribers and others have suggested that we raise the price to $2 per annum, pointing out that no scientific journal is published under that price. So we are considering the question of doing so in a month. Those who have already subscribed will be of course at the $1 rate, and certainly should be, as they came to us and gave their assistance when we were starting,. However, as this is distinctly a journal for the whole of Western Canada we shall be very glad to have the viewsof the subscribers and others of the profession interested in the success of this enterprise on this matter.—THE EDITOR.

CLINICAL MEMORANDA

Complicated Case of Dysentery.

G. B., a Scotch emigrant—family history negative, has never been ill has always worked as laborer, came to Canada four months before and was employed as a farm laborer.

Present Illness.—In May 1906; during seeding hah a bad attack of diarrhoea accompanied by cramps, later commenced to pass blood in considerable quantities, bowels moving very frequently. Was sent into Dauphin by his physician May 23.

Was admitted to Dauphin Hospital under the care of Dr. White who had charge of my practice at the time and was treated by him for ten days.

On Admission.—Temperature and pulse normal, tenderness over whole of abdomen, tongue heavily coated, marked tenesmus, bowels moving every fifteen minutes. stool varied from pure blood to blood mixed with mucus and undigested food.

I took charge of the case on my return May 31, at this time there was very little change in his condition except that his temperature was now from normal to 101. From this time on for three months I carefully used the usual treatment for Dysentery i. e., attention to diet, drugs by mouth and per rectum, astringent enemata, at the same administering supporting treatment; absolutely without benefit from any treatment, in fact he became gradually and progressively worse.

His condition on Aug. 26, was as follows; temperature 101, pulse 80, very much emaciated, bowels have been moving so frequently that he is either using the bed-pan or has it for a bed-fellow all the time, intense pain and ten-es mus are constant, has to have morphine to get any rest and has got to like it; stool is composed of blood mucus and undigested food as before but now has such a vile

odor that it was necessary to remove him to an emergency ward and to use strong deodorants in the room, general condition—bad.

On examination, abdomen distended but soft, in the left iliac region a sausage shaped mass can be detected on palpation, dipping over the brim of the pelvis and extending upward, this is evidently the lower portion of the colon extending to the sigmoid, it is hard, can be rolled under the fingers and is tender on pressure, dull on percussion. Per rectum, the bowel will scarcely admit the finger, the thickening being continuous beyond the sphincter and the examination causes intense pain, rectal tube cannot be passed more than three inches.

I decided to do an exploratory laparotomy in order to establish a diagnosis in consultation, a diagnosis of chronic thickening producing obstruction of the colon was made; the possibility of malignancy or tuberculosis was also considered.

On August 28, an incision was made in the median line, no adhesions were found, the small bowel was normal, the large bowel was found thickened throughout its whole length, the lumen almost occluded in the sigmoid and lower portion of the descending colon, this thickening becoming less in the transverse and ascending portions of the colon until at the caecum the lumen would be about one half its normal size. The peritoneum covering this thickened bowel was smooth, the vessels in this were injected also in the mesentery giving it a "beefy" appearance, the appendix was inflamed and swollen; I was going to remove the appendix but the patient took the anaesthetic badly and I was compelled to stop.

On Sept. 20, he developed a typical attack of appendicitis which subsided but was repeated on Oct. 25. As there was no improvement in the dysentery decided to remove the appendix and use the stump as a means of irrigating the bowel.

On Oct. 30, I operated, evacuated a small abscess about the appendix and removed it leaving the stump about half an inch long, dilating the lumen of the stump I inserted a nozzle with a double shoulder through it into

the caecum and ligatured the stump around the nozzle, attached the caecum to the edges of the wound and left it open.

He stood the operation well and on the second day I commenced irrigating the colon with large quantities of saline solution, a couple of quarts to pass through and be passed by the patient through the rectum. Later I used a solution of Argyrol grs. 20 to the oz. The wound did well and gradually granulated up finally closing to a small faecal fistula at his discharge in Dec. This has since closed.

Keeping in view the main point in this case namely the dysentery, for six months this resisted all the treatment, Medicinal, rectal irrigations, etc., that could be suggested, got progressively worse, in fact hopeless.

From the first irrigation through the caecum there was marked relief and after a week's treatment, the patient was on the high road to recovery, tenesmus, pain and indigestion ceased, and within three weeks patient was on full diet.

Discharged Dec. 23, came to see me in Jan. was then quite recovered, strong and getting fleshy.

The dysentery was the primary trouble and all other complications were secondary to, and caused directly by it. Absolutely no relief could be got until we got behind the seat of the trouble and used direct topical application with flushing of the bowel. The thickening gradually subsided until at time of discharge from hospital it had almost entirely disappeared.

Dauphin. Dr. Lineham,

Case of Ether Poisoning.

I was called at noon on March 15th, to a hotel to see one of the dining-room girls "who had taken a weak spell". She is a Swede, a strong, healthy, sensible girl of about 24 years. I found her sitting in the kitchen supported by two maids and she seemed to be having feelings of suffocation from some cause. She had not fainted. Her pulse was good so I at once had her taken to her room

where her clothes were loosened and I examined her more thoroughly. Her pulse and temperature were normal and I could find no cause for her symptoms, she seemed delirious, tore her clothes, said she had severe pain about the heart and in general acted before me like an hysterical patient, and on enquiring I could find no other cause for her actions. Her friends said she had been worrying lately over a deserting lover but otherwise she was apparently in perfect health—except that she had not been sleeping well. I gave her hypodermically ¼ morphia and 1-3 strychnia together and left. Two hours later they telephoned that she was wildly delirious. I again tried to give her sleep by Trional 9 pr. xxx as on examination her pulse and temperature were still normal, she quieted some but did not sleep till some hours later when she slept for four hours. In the morning she was still somewhat irrational and I began to think that my diagnosis of hysteria was wrong. Later in the day she began to vomit but as I had given her no food her vomitus was only mucus. She also asked continually for water iced and naturally I decided that for some reason she had an acute gastritis and I began to suspect poisoning. During a rational moment I succeeded in questioning her and she informed me that she had been in the habit of drinking Ether "to make her sleep", and that for two nights previous to this attack she had taken larger doses than usual, the size of the doses I was unable to ascertain. I decided that she had poisoned herself but as she had shown no alarming symptoms I felt sure that she would be well again as soon as the Ether was eliminated from the system. I had given her calomel the first day. I gave her no further drugging, gave her ice to suck and the following day, the third day, I gave her bland fluids. Her mind was practically normal again and on the fourth day she arose from bed a little weak but otherwise quite well. I feel quite sure now that the delirium and gastritis were both caused by the ether drinking. This is the only case I have ever seen, and I do not remember ever hearing of a case of Ether drinking.

Fort William, Ont. R. J. MANION, M.D.

Case for Diagnosis.

In January 1893, *J. M.*, aged 40 years, lumbetman, after eating a hearty meal fell while chopping, alighting on his abdomen. After a short rest he resumed his work. During the night he suffered considerable abdominal pain which he described as "prickly'. The following day he remained in camp and at night had pain similar to that of the night before. Hot applications were used and I was sent for. I reached him on Friday morning about ten o'clock. From the history I expected to find a patient suffering from peritonitis.

I found him dressed, but lying in his bunk upon his back, feet extended, hands interlocked upon the top of the head. Temperature normal, pulse about fifty, full and moderately strong. There was practically no tenderness in any part of the body, respiration was normal. He had little appetite, the tongue was slightly furred, the bowels constipated. Kidneys were acting normally. The conjunctives were slightly tinged with yellow. Said he was feeling better than he was the day before and thought he could return to work the following day.

I decided that he was suffering from an overloaded condition of the bowels, aggravated by the fall.

I prescribed a purgative and ordered turpentine stripes in case the pain returned and told him not to try to work before Monday. I was about four hours at the camp during which time he had no pain. There was no hospital or other place to which he could be removed.

I did not see him again, but from others I learned that during the next three days he remained in much the same condition as during Thursday and Friday. About one p. m. on Monday he asked to have his bed made. While this was being done he sat by the stove and smoked his pipe. He then returned to bed and in a very short time was dead. An autopsy could not be had, and I do not know whether or not the bowels were moved between my visit and the time of death. I registered the death as having occurred from peritanitis.

Nelson, B. C. E. C. ARTHUR, A.M.M.D.

GENERAL MEDICAL NEWS

MEDICAL SOCIETIES

The *Thunder Bay Medical Association* is thriving, the members taking a great interest in the meetings, recognizing the fact that a medical society can further the interest of the profession in many ways. At the last meeting held there were, March 7th, fourteen practitioners out of a membership of twenty-six. Dr. McCullough read a paper on the subject of "Malignant disease of the Eyeball" citing a case of Sarcoma of the Retina and exhibiting under the microscope a section of a specimen enucleated by him. Dr. Manion read a short paper on "Haemoglobinaria".

MEDICAL NEWS

Dr. Clendenning, Provincial Health Officer of Alberta and Dr. Irving, City Health Officer, Edmonton, visited the Clover Bar Mines to make an inspection regarding the recent outbreak of typhoid. The Provincial Health Officer reported the conditions improved as a result of a special effort made to have the bank houses thoroughly cleaned and disinfected. The fever is now reported among the Grand Trunk Pacific bridge workers at Clover Bay due to drinking river water against rules. These laws are to be most stringently enforced in future.

The *Kenora* Board of Health have issued a notice to householders and physicians requiring the prompt report of any case of chickenpox or any similar disease.

The arrangements for a Sanatarium for Tuberculoses have now taken definite form. Dr. Fagan has been instructed by the B. C. Government to get out plans for a building. It has also been decided to build a number of small houses for Tuberculoses patients at Fish Lake, B. C., 8 miles in the mountains, south of Kamloops.

Edward. Rodden, proprietor of the German Pill Co. at Toronto & Buffalo was fined $100 and bound over for $500 for improper use of mails in advertising.

At a meeting recently of the Police Commissioners Vancouver, B C., Dr. Jeff strongly objected to sending persons suffering from *D. T's* to the police station. The Chief and Dr. Jeff considered the hospital the right place. At the same meeting a proposal was made to appoint a police surgeon to attend all cases of sickness reported among members of the force at 75 cents per man per month, also to attend all accidents at cost to city. This was strongly opposed by Dr. Jeff and the matter was not decided.

The Alberta Government proposes to establish a provincial University at Strathcona.

Dr. Pugsley of New Brunswick, has been made Premier of the New Cabinet recently formed.

The Board of Health, Winnipeg, has taken steps to have hotel and restaurant kitchens carefully inspected. This has been very effective in Kansas City, Missouri, where any insanitary condition is found they placard the front door with a yellow card on which is written "condemned". Another step would be the inspection of linen after the fashion of the state of Wisconsin, which orders *fresh* linen to be used for every new arrival in hotels.

A few cases of smallpox are rumored to have occurred in *Kenora* and *Moose Jaw.* The Sask. quarantine law requires 14 days, Manitoban 18 days. It is probable the Sask. Govt. will increase the time for quarantine.

The medical men in the districts of Northern Manitoba report great difficulty in attending to country work this year, owing to the very severe winter storms making the roads impassable and the length of the journeys being so great often, this shows the need of the smaller hospital situated at central points in these districts.

Dr. Frederick G. Finley has been appointed to the chair of medicine in McGill University. Dr. Henri A.

Lafluer, Dr. Chas. F. Martin are to have part charge of the clinical work.

The Alumni of the Manitoba University had a dinner on 1st March at the Royal Alexandra Hotel at which Dr. Westbrook of Minnesota University was the guest of honour.

PERSONALS

Dr. Lineham of Dauphin, who has been a most helpful local editor in starting of our Journal, has disposed of his practice and property to Dr. McKay, B.A.B.S. of Nova Scotia, who has been for some time associated with Dr. Lineham. Dr. Lineham intends taking two years' rest during which time he will visit the Old Country and Europe to make a special study of the Ear and Throat. After that Dr. Lincham intends settling in Victoria, B. C. His departure is much regretted by the residents of Dauphin among whom he has practiced for the last five years.

Dr. William Chambers of Kenora who has been visiting Drs. Stewart & Cook, has returned to his practice.

Dr. F. J. Ewing, surgeon for Foley Bros. & Larson, is spending a short time East on business. Dr. Ewing has established at Fort William a very creditable hospital for the care of the men taken ill or impaired on the line of construction.

Drs. Birdsall, McCartney and Chisholm have been chosen by the hospital staff to constitute a medical board as provided by by-law.

Dr. Young, M. P, P., for Atlin, is now Provincial Secretary for B. C.

In the B. C. house of legislature of 42 members, four are medical men, viz., Dr. H. E. Young, Provincial Secretary; Dr. G. A. B. Hall, *Nelson*; Dr. J. H. King, *Cranbrook*; Dr. W. T. Kergin, *Cassiac*. The three latter are Liberals.

Dr. A. S. White has settled at Togo. His family have arrived from Gillette, Wisconsin.

Dr. and Mrs. Livingstone Winnipegosis, were detained for 10 days in Dauphin, by the recent storms.

Dr. Leach of Togo, is spending the winter at his home in the East.

Dr. Hartington, Dauphin, visited Winnipeg Bonspeil week.

Mr. and Mrs. MacCallum, (formerly Miss Hyde, matron of Dauphin Hospital) have returned from their wedding trip to Ireland, and are living on their ranch on Lake Dauphin.

Dr. and Mrs. Corbett of Winnipeg, are taking a three months' holiday on the continent.

Dr. Mary Magill from Eastern Canada, is at present in Calgary. She is going north and will probably open a maternity hospital in a northern town.

Dr. G. A. Kennedy of Macleod, is visiting Calgary.

Dr. and Mrs. Blow of Calgary, paid a visit to Winnipeg, during March.

Dr. F. E. Watts of Toronto, of the Provincial Board of Health of Ontario, recently visited Kenora on business and then spent several days in the district of Carbery.

Dr. Armstrong of Regina, has gone to Prince Rupert.

Dr. King of Souris, expects shortly to resume practice.

Dr. Crosby will attend to Dr. Davidson's (Manitou) practice while he is away.

Dr. H. R. Nelson and Mrs. Nelson, who have lately returned from spending winter in England spent a few days in Vancouver on their way to Victoria, B. C.

Dr. Hilts of Kennedy, has been appointed Coroner.

Dr. E. D. Hudson, of the House Staff of the General Hospital has formed a partnership with Dr. Lawson of Hamiota.

Dr. Johnstone, Regina, returned the beginning of March with his bride (*nee* Anna Isabelle Atkins of Vancouver).

Dr. J. D. McLean of Edmonton, has gone to Nelson, B. C., where his wedding will take place. He intends taking a honeymoon tour to Australia and returning about end of June.

Dr. and Mrs. Turnbull of Moose Jaw, paid a short visit to Winnipeg last month.

Dr. Carson of Lauder, who has been visiting Indiana is home again.

Dr. Stewart of Rosthern, was at Regina assisting as examiner in the Provincial exams.

Dr. Macadam of Saskatoon, was a visitor to Winnipeg last month.

The Hon. Mrs. Dr. Ella Synge has started in practice in Edmonton.

Dr. Leech of Swan Lake, has settled in Taber, Alta.

Dr. and Mrs. W. Gordon Campbell, will visit Toronto and Brantford and then take up residence in Winnipeg.

We regret to hear that Dr. F. H. Mewburn, Superintendent of the Galt Hospital, Lethbridge, has been suffering from a protracted illness from blood-poisoning. He is now in St. Paul receiving hospital treatment.

Dr. Latimer of Brandon, has gone to Chicago, to take a post graduate course in Eye, Ear, Nose and Throat.

Dr. Moody, Winnipeg, has returned from a two months visit to the coast.

Dr. Stevenson has sold his practice at Ponoka, to Dr. Branden, a graduate of Queen's, Kingston, and has opened in Wetaskiwin.

Dr. Matheson, Brandon, has been ill with gastritis.

Dr. H. Watson, Winnipeg, was successfully operated on by Dr. Bingham of Toronto.

Dr. Harry Morell, M.D., Toronto, M. D. C. M. Trinity, late of Litchfield, Minnesota, Coroner for Meeker county and District Surgeon for the G. N. R. R. is now a resident of Winnipeg. Dr. Morell was U. S. Army Surgeon during the Phillipine Campaign.

Dr. Black of Winnipeg, C. P. R. surgeon has returned from the East.

Dr. Chisholm, Fort William, who was seriously ill on Feb. 4, and compelled to go East to recruit is now back at his practice.

Dr. G. V. Barrow, Provincial Health Officer, paid a short visit to the southern part of the province.

Dr. R. H. Bryce, Medical Health officer of the Interior Dept., Ottawa, is visiting the west.

Dr. Leeming, City Bacteriologist, has been granted 3 month's leave of absence to go to England and pursue special studies. Dr. Pierce will take his place.

Dr. Duddridge of Snowflake, Man., has moved to Carlyle, Sask.

Dr. Halfpenny, Winnipeg, is taking a post graduate course at the John Hopkins University.

Dr. Good, Winnipeg, is visiting Cuba.

Dr. Clingan, Virden, who was successful recently in his lawsuit paid a visit to Winnipeg during March.

Dr. Meek, Health Officer, Regina, is visiting Dr. Douglas, the Health Officer of Winnipeg, to discuss matters of Sanitation.

Dr. DeWolf Smith, Medical Health Officer, New Westminster, B. C., has resigned his post owing to his time being so taken up with practice.

Dr. Jeff has been appointed one of the Police Commissioners, Vancouver, B. C.

BORN

Culbertson—On March 28th, the wife of Dr. R. B. Culbertson of a son.

MARRIED

Campbell—Dennison—At St. Martin's Church, Montreal, Feb. 27th, Dr. W. Gordon Campbell, of Winnipeg, was married to Miss Christina Beatrice Dennison.

ACKNOWLEDGMENTS

This month we have to thank the following for sending in contributions: Professor Ewald, *Berlin*; Dr. Duncan Smith, *Edmonton*; Dr. Schofield, *London*; Dr. Manion, *Fort William*; Dr. Hall, *Victoria*; Dr. Rorke, *Winnipeg*.

OBITUARY

On March 13th, Professor George Peters, M.B. (Tor.) F.R.C.S. (Eng.) passed away. By his death the profession has lost one of its most distinguished members. Professor Peters was born in 1859, 16th July, and the story of his early life is one of great difficulties in the way of acquiring education successfully overcome, entirely by his own efforts as is so often the case of those who are destined to have a brilliant career later. He distinguished himself as a student, graduated with honours and was the Starr Gold Medallest in 1886. After distinguishing himself in Toronto he went to England and there very quickly took the highest degree in surgery possible viz., the F.R.C.S. (Eng.). Returning to Canada after a time he devoted himself especially to surgery and was later appointed to the Chair of Surgery in Toronto. He wrote a number of articles—among them one on "Surgery of the Rectum & Anus" for the International Text-book of Surgery by Gould & Warren and the article on the "Inflammatory affections of Bone" to the forthcoming "System of Surgery"—by Bryant & Bucke. He read a paper recently before the Clinical Society on the "Choice of Operation in the Surgery of the Gall Bladder." He was the organizer of a regiment of Mounted Rifles now "The Toronto Light Horse" to exploit Boer tactics, and was in command of this corps till this year.

His loss is indeed great to the profession and our deepest sympathy goes to those he leaves behind.

The very sad news has arrived of the death on Sunday, April 7th, of Dr. McQueen late of Edinburgh, who as far as is known as yet was coming West to practice. Dr. McQueen while trying to regain his hat fell off the train and was killed. The Medical Profession of Winnipeg, took charge of all funeral arrangements.

HOSPITAL MANEGEMENT

An admirable article dealing with this subject appears in the April number of the *American Journal of the Medical Sciences*, contributed by Dr. S. S. Goldwater, the superintendent of Mt. Sinai Hospital, New York. It is entitled The Medical Staff and Its Functions: A Study in Hospital Organization. Dr. Goldwater emphasizes the fact that the primary object of a hospital is to do as much good as possible to the patients, but he makes it plain that something in addition to their medical and surgical treatment should be the concern of the attending staff. Though he advocates, and properly, we think, the absolutely exclusive vesting of the power of making appointments to the attending staff in the lay governing board, he points out that a professional staff actuated by proper motives and governed by intelligence can always make itself felt in the decision upon such appointments.

The functions of the admitting officer are more important, in Dr. Goldwater's opinion, than they are generally esteemed. Many hospitals have no official so named, but practically some medical officer always decides as to the admissibility of a patient. In cases of emergency, of course, everybody must be admitted, if only temporarily, but there is much room for judgment apart from emergency cases. One might readily fall into the habit of straining a point in favor of applicants able to pay the hospital charges and against those unable to pay, but such a policy, though it might enhance the financial security of the hospital for a time, could not fail in the long run to bring discredit upon it. Whatever may be the policy of the hospital, much discretion should be allowed the admitting officer, who, in the interest of rejected applicants, ought to maintain amicable relations with various relief agencies and cultivate reciprocity with the officers of neighboring hospitals, homes, and asylums. How humane is this as compared with the old admonition given to a homeless sufferer, "Go to No. 1 Bond Street"!

The tenure of office of an attending physician or surgeon should be limited only by his falling into a state of physicial or mental incapacity, and on the occurence of such disability he ought to be placed on the consulting staff, so that he might to the end of his life be rewarded for his devotion to the interests of the hospital. Members of the attending staff and those of the house staff derive great advantages from their hospital connection, so that they are not entitled to pecuniary compensation. Nevertheless, the attending physician or surgeon should be free to collect current fees from the occupants of private rooms. Many other aspects of the hospital management are reviewed by Dr. Goldwater, but the limitations of space forbid our particular mention of them at this time.—*New York Medical Journal, April* 6, 1907, *Vol. LXXXV. No.* 14

BOOKS FOR REVIEW

We have received the following from Messrs. Rebman Company, New York:

PRINCIPLES AND APPLICATION OF LOCAL TREATMENT IN DISEAESS OF THE SKIN' BY L. DUNCAN BULKLEY, A.M.M.D., Physician to the N. Y. Skin and Cancer Hospital, etc.

MENSTRUATION AND SKIN DISEASES, L. DUNCAN BULKLEY, A.M.M.D.

ON THE RELATIONS OF THE DISEASES OF THE SKIN TO INTERNAL DISORDERS, L. DUNCAN BULKLEY, A.M.M D., New York.

THE EFFECTS OF TROPICAL LIGHT ON WHITE MEN, MAJOR CHAS. E. WOODRUFF, A.M., M.D., Surgeon, U. S. Army.

SURGERY OF THE GENITO-URINARY ORGANS, J. W. S. GOURLAY, M.D.

HANDBOOK OF ELECTRICITY IN MEDICINE, BY DR. W. H. GUILLEMINOT, PARIS. Translated by W. DEANE BUTCHER, M.R.C.S., Surgeon to the London Skin Hospital.

PROCEEDINGS OF THE AMERICAN MEDICAL EDITOR'S ASSOCIATION, Published by the Secretary, 92 William St., New York.

Journals received:

AMERICAN MEDICAL JOURNALIST, March 1907.

BULLETIN OF THE TORONTO HOSPITAL FOR THE INSANE.

CANADIAN PRACTITIONER & REVIEW;

CANADA LANCET.

CANADIAN JOURNAL OF MEDICINE AND SURGERY.

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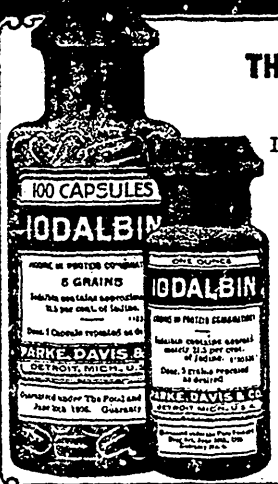
Iodalbin

POWERFUL ALTERATIVE



THE NEW ORGANIC IODINE COMPOUND.

(IODINE IN ORGANIC COMBINATION WITH ALBUMEN.)

It gets the remedial agent into the blood and to the seat of the morbid process without offense to either the palate or the stomach.

Insoluble in water or acid.

Soluble in alkaline secretions.

Iodalbin contains 21.5% of iodine. It produces the therapeutic effects of potassium or sodium iodide, with a minimum of physiological disturbance.

The usual dose is 5 to 10 grains.

Supplied in ounce vials and in 5-grain capsules (bottles of 100).

SEND FOR DESCRIPTIVE CIRCULAR.

PARKE, DAVIS & COMPANY

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