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And Ontario Medical Journal

Volume 41

TORONTO, JULY, 1913

Number 1

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Dominion Medical Monthly

And Ontario Medical Journal

VOL. XLI.

TORONTO, JULY, 1913.

No. 1

Original Articles

RADIUM IN DERMATOLOGY

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Radiation in some form or other has formed a branch of therapeutics for some considerable time, X-ray treatment representing the earliest variety. The radio-active rays are now chiefly used, usually proceeding from radium itself, but occasionally from synthetic radio-active products, and the recent improvements in technique, both in simplicity and adaptability, have resulted in increased facility of application, and thus greatly added to the value and scope of this form of treatment. In estimating the value of radium treatment it should always be remembered that each case should be judged on its own merits, and careful consideration given to the variety of lesion present, its site, extent, and the greater or less susceptibility of the tissues to the action of the rays.

The employment of this method of treatment in dermatology dates from 1906, when the *Laboratoire Biologique du Radium* was established in Paris with the object of developing radium treatment, from a scientific, educative and philanthropic point of view. From this date onwards Wickham and Degrais carried on extensive inves-

*Read at a meeting of Ottawa Medical Society, January 10, 1913.

tigations, the results of which demonstrate conclusively its value in the treatment of many diseases of the skin, and indicate the possibility of its occupying a still more prominent position in this connection in the future.

For convenience one may roughly classify the various conditions of the skin in which the use of radium is of service into:

1. What the French call "Dermatoses," a term which includes the eczemas, psoriasis, pruritus, etc.
2. Inflammatory and parasitic conditions such as acne vulgaris, ringworm, sycosis, lupus vulgaris.
3. The vascular new growths—nevi and angiomata.
4. The new growths, benign and malignant, such as warts, moles, rodent ulcer, epithelioma, sarcoma.

Analgesic Action of Radium.—Owing to the analgesic and decongestive properties of the radium its beneficial effect is very marked in pruritus ani, and considerable relief is also given in pruritus vulva and pruritus of the scrotum. The obstinate resistance of many cases of pruritus to all ordinary methods of treatment is well known, but radium has given extraordinary results, the improvement in some instances being apparently permanent. The intolerable itching ceases within one or two days after irradiation, and Wickham and Degrais report two cases in which cure has persisted twelve and fifteen months respectively, Barcat, one which has been without recurrence for three years, and two which have remained cured for one year and eight months respectively. We can also report good results from the use of radiferous pomade in pruritus ani.

The analgesic action of radium also influences the severe pain which is often associated with herpes zoster. In such cases heavily screened plaques, applied for many hours in succession, are used to influence the deep branches of the nerve, whilst slightly screened plaques, applied for shorter periods, produce the desired effect on the superficial terminations of the nerve. Many cases are reported in which great relief was experienced within a few days after this treatment.

Eczema.—It has been demonstrated that radium has an action on the sensory, motor and trophic functions of the nervous system, and it is therefore obvious that it ought to exert a beneficial influence in eczema, which is characterized by trophic and sensory disturbances. It has naturally only been employed in obstinate forms of this condition, with the result that they have often been relieved when all other measures have failed. In chronic dry eczema great success has followed the applications for short periods at a time of

plaques of a low degree of radio-activity, the intolerable itching, which is such a troublesome symptom in this disease, being usually relieved within a short time after the commencement of the applications. If there is not manifest and definite improvement within three weeks it is advisable to give another course of treatment, increasing the duration of the exposures. Wickham and Degrais, in their latest publication, state that they have treated about two hundred cases of chronic eczema, associated with lichenification, in this manner, and that the results have almost invariably been favorable. Bayet also reports 42 cases, 41 of which were successful. The decongestive and analgesic properties of radium are of special service in relieving the symptoms in this condition. Repeated applications of an unscreened plaque for five minutes at a time, are sometimes very useful in cases of acute eczema, with a tendency to recurrence. In chronic weeping eczema irradiation cannot be performed with equal facility, but in spite of this many successful cases have been reported, in some of which the eruption has not reappeared for a year or more after the cessation of the treatment. The prognosis is most favorable in the localized forms. Toiles of a low degree of radio-activity may give as good results as the stronger apparatus, but they cannot be applied with equal facility in the irritable and weeping form of eczema as in the dry variety. In all cases of eczema in which radium treatment is employed it is advisable to combine with it the ordinary local and constitutional treatment of the condition.

Radium has also been utilized in a few cases of eczema in the form of a pomade, which is applied with the object of relieving the inflammation and pruritus.

As an example of the favorable action of radium in this condition we may cite the following case which we have had under observation:

A gentleman, age 51, had suffered for years from eczema of the exposed parts of the body, and the skin on the face and hands was quite thickened and caused him constant irritation. He had employed all manner of local and internal medications. Twenty minute exposures of a radium plaque were given over the affected area. He was seen again in three weeks. The irritation was much less, but the thickening of the skin was still present. The same exposure was repeated. About two weeks later he had an acute exacerbation, and the skin was very red, irritable and formed vesicles at several points. During this acute attack he received three minute exposures to a placque. When the acute inflammatory process had subsided the skin gradually lost its chronic thickness and in a short

time was quite normal in appearance, and has occasioned him no discomfort since.

Psoriasis.—Psoriasis has been very successfully treated by radium, either alone or in combination with other methods of treatment, and in some cases it may succeed where the X-rays have proved ineffectual. In dealing with obstinate patches the most suitable form of apparatus is the naked plaque, applied for short periods at a time. The scales are generally loosened, and fall off in from eight to ten days, the slight residual stain rapidly disappearing. When the eruption is on the face a thin aluminum screen should be used in order to prevent pigmentation. As a rule radium therapy is indicated in the forms of psoriasis associated with pruritus. In some cases very weak doses may relieve this symptom, and anti-pruriginous treatment may therefore be beneficial even in the most extensive cases. Retrogression and finally complete disappearance of the eruption may be expected in from six to eight weeks after the commencement of the applications, but unfortunately with this, as with all known methods of treatment of psoriasis, recurrence is very likely to take place. In spite of this, however, the great relief afforded by even a temporary cessation of the intolerable pruritus and irritation render the treatment justifiable in every case of psoriasis.

Lupus Erythematosus.—Radium therapy constitutes a comparatively new departure in the treatment of this obstinate skin affection, and it frequently proves successful when other methods have failed. In this condition, as in lupus vulgaris, Wickham and Degrais recommend fairly large doses, and that in all cases the applications should include from two to three millimetres of tissue outside the apparent limit of the lesions, in order to obviate as far as possible the possibility of recurrence. A combination of irradiation with other forms of treatment usually gives the best results, although several cases are reported which were cured by radium alone. Wickham and Degrais have had good results from the injection of radium bromide in one case, but this appears to be an isolated instance.

Barcat recommends (*Precis de Radiumtherapie*, Paris, 1912, 148) that in cases with but slight infiltration the doses should not be sufficiently large to entail any ulcerative reaction, whilst in those associated with extensive infiltration much stronger doses should be employed. In his experience irradiation has resulted in improvement in all instances, and in complete success in many cases.

Granulosis Rubra Nasi.—This condition, which is characterized by diffuse congestion of the extremity of the nose, is extremely refractory to treatment, but Barcat reports excellent results in two cases from the employment of radium. In both cases after the first application of the rays, which lasted for half an hour, there was a temporary reaction, but the favorable results were very obvious in six weeks and two weeks respectively, subsequent treatment producing a complete cure.

Hypertrichosis.—Owing to the facility with which they can be applied and the slight degree of inconvenience experienced by the patient, the radium rays, when applied with suitable precautions, afford a convenient method of destroying the superfluous hair which is sometimes such a disfigurement to a woman. A light lead screen covered with paper should be used, the exposures lasting from two to three hours, with intervals of twelve to fourteen days between each exposure. By this method the hair follicles will be destroyed without the drawback of the excessive irritation, in some cases pigmentation, which may result from exposures of shorter duration to unscreened plaques.

Acne Rosacea.—This condition, which causes great disfigurement, usually affects the nose, chin and cheeks, and in dealing with it radium therapy is very often efficacious and gives permanent results, these results being evidently and pre-eminently due to the decongestive action of radium. It is not infrequent for obstinate cases of the disease, which have proved refractory to all other measures, to be cured after exposure to the radium rays for a short period. Owing to the fact that the eruption usually appears on the face, the greatest care should be taken to avoid residual disfigurement. With this object the plaque should be covered with a light aluminum screen and from five to ten sheets of black paper; the exposures should be of short duration, and the applications should not be given too frequently. It is well to employ in some cases doses of sufficient strength to produce an erythematous or erythematopityriasic reaction. In spite of the temporary accentuation of the redness, due to this reaction, the acneiform eruption rapidly retrogresses, and on the cessation of the reaction the area appears decongested and normal. It is only in rare cases that the result is not successful, and in the majority of instances the beneficial effects are fairly permanent.

Hypertrophic rosacea or rhinophyma which may be found unassociated with acne of the rest of the face, is a permanent hypertrophy, the nose is bulbous and the affected parts are irregularly mammillated and covered with blood vessels. This condition, which

hitherto was only amenable to mechanical measures, can now be treated successfully with radium.

Acne Vulgaris and Acne Keloid.—Chronic cases of acne vulgaris, particularly those associated with considerable scarring, may be treated in a similar manner with good results.

Acne keloid is usually situated on the nape of the neck, and the difficulty of permanent cure of these tumors by surgical operations is recognized by all surgeons. As a rule, recurrence takes place, the tumor frequently being more voluminous than that removed by the operation. Electrolysis and scarification are successful in a few cases, but very prolonged and painful treatment is invariably required. Radium applied by means of plaques appears to be particularly appropriate to the treatment of obstinate cases of keloid acne. This fact is attributed by Wickham and Degrais to the special receptivity of the keloid tissue and to the influence of radium on the pilo-sebaceous glands. It produces immediate destruction of the hair and glands, and thus prevents recurrence of the keloid tumor. In their latest publication they stated that they have treated some hundreds of cases in this way, with more or less marked improvement in every instance, and in the majority of cases complete disappearance of the tumor. Recent keloids sometimes disappear in from six weeks to two months. Although some of these cases are of long standing, there has not been a single recurrence, which is the more remarkable when one takes into consideration the fact that such tumors almost invariably recur when treated in any other manner. In a few cases they have combined radiation with surgical extirpation, and they report one case in which a tumor had recurred four times after operation, but after the fifth operation, which was followed by radiation, there has been no recurrence, although the case is of several years' standing. We have had also a most excellent result in a case of acne keloid on the neck of a young man who had suffered from the affection for six years.

Parasitic Diseases of the Skin.—These include sycosis of the beard and ringworm of the scalp. Sycosis represents a localized folliculitis affecting the beard or moustache, and due to the presence of staphylococci in the pilous follicles. Both the X-rays and radium are beneficial in this condition, as well as in ringworm of the scalp, the lesions disappearing within two or three weeks after the commencement of radiation. Only short applications of unscreened plaques are required. If sycosis has reached the stage of deep involvement of the cutis, together with hypertrophic dermatitis,

it is necessary to obtain depilation by means of the ultra-penetrating rays, care being taken not to destroy the hair follicles permanently or to produce sclerosis of the skin.

Lupus Vulgaris.—Radium was first employed in the treatment of lupus by Dr. Danlos. Wickham and Degrais report two cases in which excellent results were obtained from the use of radium alone (*Le Radium dans le Traitement du Cancer*, 1913, p. 82).

Experience indicates that the rays have no selective action in this class of case. They recommend the employment of sufficiently large doses of radium to produce a certain amount of destruction, with protection of the neighboring healthy tissue, and believe that when used in this way radium represents a most important adjunct in the treatment of lupus, although it cannot be depended upon to definitely and permanently cure all cases, or to invariably prevent recurrence.

The advantages of radium as compared with other methods of treatment, are that the treatment is not so prolonged, does not



Fig. 1—Lupus.
Appearance before Treatment.



Fig. 2—Lupus.
Appearance following Treatment.

entail so much inconvenience to the patient, and that it is effectual in cases in which the lesion is inaccessible to other methods. It is also of importance that the residual scar is much less disfiguring from a cosmetic point of view.

Lupus.—One of the most satisfactory cases healed has been that of a lady referred, in May, 1911, by Dr. James Third, of Kingston, for lupus of the nose and cheek, altogether of ten years' duration. The condition first began on the mucous membrane of the left nostril, and gradually spread. Various local treatments were used, as cauterization, electrolysis, X-rays, curettage. In 1905 her general health was very poor and the condition extended, and perforated the septum. Since then the skin at the alar mar-

gins had become involved, and shortly before we saw her nodules had appeared on the left cheek. The nose, when first seen, presented a most distressing appearance, the margins of the nostrils being covered with large unhealthy granulations. (Fig. 1.) There was a free foul discharge from the nostrils. Very heavy destructive doses of radium were employed, and as a result the diseased tissue has been removed and the nostrils now present a healed margin. The disease present inside the nasal cavity was treated by radium tubes, which were inserted into the nostrils. On the cheek the nodules present have cicatrized. This patient's general health is not very good, and close watch has to be kept over the condition for fear of a recurrence of the disease. The present local appearance is regarded as very satisfactory. (Fig. 2.)

Angiomata and Nevi.—Until within the last few years radium therapy has not been regarded as a routine procedure in the treatment of these conditions. Electrolysis was sometimes successful in removing small port wine marks, but this procedure was painful, and repeated seances were required. Good results were obtained from radium by Danlos, Rehns, Hartigan and others, and in 1907 Wickham and Degrais published a communication, in which they stated that they had treated successfully a very large number of cases of this nature, namely, port wine marks and angiomatous tumors. The duration of the applications and the strength of the dose should be regulated in accordance with the nature of the lesion, and in the case of superficial port wine stains the object aimed at should be to produce gradual obliteration of the stain by repeated applications, each individual case being judged on its own merits in regard to the length of time during which radiation can be tolerated and the frequency with which it is advisable to repeat the seances. The doses should be regulated so as to produce practically no perceptible reaction, and the best results are obtained with plaques or toiles of 50,000 to 100,000 radio-activity, screened with lead, the latter being covered with 8 or 10 sheets of black paper, in order to cut off the secondary rays of Sagnac. All writers on the subject are agreed in emphasizing the importance of avoiding, if possible, inflammatory reaction, and of protecting the normal skin surrounding the lesion. In the majority of cases slight superficial desquamation will occur in the course of four or five weeks after three sittings of one hour each. In estimating the dosage in repeated applications, it should be borne in mind that after radiation the tissues become more susceptible to the action of the rays, and the length of the sittings should therefore be reduced.

In cases of fairly large vascular angiomas, associated with the development of a moderate amount of fibrous tissue, a more destructive action is advisable, and this may be obtained by exposure to the unfiltered rays for three or four hours at a sitting; or a similar result may be obtained without so severe a reaction by using filtered rays and increasing the duration of the applications. In the case of very voluminous tumors, the "cross-fire" method may be employed with advantage, the apparatus being placed on the opposite sides of the tumor, which is then saturated with the rays. Wickham and Degrais were the first to demonstrate the beneficial effects of radium in this class of tumor, and their results have since been confirmed by many writers. Individual idiosyncrasies are, however, an important factor in determining the success or otherwise of the treatment, and the prognosis of radium therapy is not so good if the lesion has been previously treated by electrolysis.

In the vascular and pulsatile angiomas of softer consistency, the destructive action which is indicated in the variety referred to above, must be avoided, owing to the risk of hemorrhage. In cases in which the lesion represents a combination of all three forms of angiomas, we have had most success with the "cross-fire" method, of Wickham, using fairly strong plaques screened, applied in series consisting of five or six applications, and repetition being dependent upon its results.

The advantages of radium in this connection, as compared with other methods of treatment that have been recommended, are the facility of application and the fact that the treatment causes practically no pain, which is of special importance in view of the fact that a large proportion of the patients are young children. The cosmetic results also compare favorably with those of surgery, the X-ray or electrolysis, the scar being scarcely distinguishable from the surrounding skin.

NEW GROWTHS—BENIGN AND MALIGNANT.

Senile Keratosis.—This condition is very common in people above the age of fifty, and is liable in many cases to degenerate into cancer. Radium rays can be applied with facility, and have been found very efficacious, the pigmentation gradually disappearing, and the surface becoming completely normal in color and consistency in about five or six weeks after the application. If cure is not complete, a second application may be made a month later. In some cases, in which there is a scab of very hard consistency, it is

advisable to remove this with the curette, and to subsequently apply the rays.

Papillomata.—The common wart and other papillomatous growths which so frequently, either through irritation or advancing years, take on a malignant growth, respond most readily and conveniently to short exposures of radium rays. When so much stress is being laid, as it is at present, on the proper treatment of many pre-malignant conditions, one can see what a field radium-therapy has in this connection.

Keloids and Cicatrices.—It is necessary to make a distinction in this connection between the cicatrices which are associated with keloids and those due to other causes, in view of the fact that Wickham and Degrais are of opinion that keloid tissue reacts in a selective manner to the radium rays, whilst the normal cell does not do so. Keloid cicatrices may be dealt with either by the destructive or the non-destructive method, the former consisting of treatment by unscreened plaques, with the object of producing a severe superficial reaction. If the non-destructive method is selected, screened plaques are used, with exposures of longer duration, the result being a gradual absorption and disappearance of the cicatrix without any visible signs of reaction. Wickham's so-called "cross-fire" method is often useful in dealing with large keloids, and it is advisable that the peripheral portions of the affected area should be thoroughly irradiated, in order to influence possible extensions of the growth beyond its apparent superficial limits.

Although radium may be regarded almost as a specific in regard to keloid tissue, it does not appear to have a similar affinity for non-keloid cicatrices, such as those following cervical adenitis, and therefore, although these may yield to a certain extent when treated by doses sufficiently large to cause a very destructive action, such favorable results cannot be anticipated as those which regularly occur in the case of keloid tissue.

Keloid.—In this connection we would report a case which was referred by Dr. Chas. Noecker, of Waterloo, with the following history, as furnished by Dr. Noecker:

"Miss M. R., *aet.* 26 years, had had the ovaries, which were enlarged and cystic, removed by Dr. Edmund E. King, Toronto, Ont., on June 25th, 1908, and the recovery was uninterrupted. About a year after the operation, the cicatrix became sensitive and developed into a characteristic cicatricial keloid. On several occasions subsequently small vesicles developed, which, however, healed readily. About July, 1911, a small inflamed area became infected and caused a great amount of suffering, to relieve which

morphia was administered. The infection was of the virulent type. Soon the wound became gangrenous, and the greater part of the cicatrix sloughed away, exposing the deep fascia over an area 3x3 inches. Local treatment was of no avail, and as a last resort the edges were excised, the remaining parts thoroughly curetted, and the wound closed with silk-worm gut sutures. The operated field had an angry appearance for some days, but we had primary union rather unexpectedly.

“Several months after the operation the cicatrix hypertrophied as before, and the sloughing process, apparently without external infection, began again. At this stage Thoremadin paste was used, and for a time with good prospects of complete success. The streptococci, however, won out, and the wound was 4 x 4 inches in extent when the case was referred for radium treatment.”

When first seen there was an ulcer irregularly oval in shape, situated in the middle line of the abdomen, about one inch above the pubis. The ulcerated area was 4 inches in diameter, and presented hard, thickened edges, particularly on the left side, where it was one-half inch in depth. The base was covered with a dirty-brownish colored slough, and there was a free purulent discharge. The patient complained of a great deal of pain in the wound, and refused to have a section removed for microscopic examination. Heavy doses of radium were given around the margins and over the base of the ulcer, and within a month great improvement was noticed. Healthy granulations had sprung up, the discharge was less, and the area of ulceration had been reduced to two and one-half inches in diameter. Following this, however, the healing process was for a time arrested, and another slough formed on the base of the ulcer. She was given further heavy doses of radium, with the result that the base became clean, the hard edges softened down, and healing has steadily progressed since.

Epithelioma of the Skin.—This condition may be considered under the headings of rodent ulcer and fungating epithelioma of the skin.

Rodent Ulcer.—This is a lesion where radium gives us perhaps the most gratifying results, for we know how difficult a process it is to treat in many cases. To the action of radium on these cases Wickham has applied the term “selective” on account of the almost specific effect exercised by the rays in destroying the pathological cells and stimulating the healing process. The duration of exposure to the action of the rays should be varied to suit individual conditions, and should be chiefly dependent upon the man-

ner in which the tissues respond to the treatment. It is advisable to employ unscreened plaques of 100,000 radio-activity, containing 4 milligrammes of radium, and in the first place to give applications of an hour's duration on four successive days. In many cases one such series of applications will suffice, a scab forming in from ten days to two weeks, which gradually loosens and falls off, leaving a smooth, non-depressed scar, scarcely distinguishable from the surrounding skin. It is important that, if possible, the scab should not be interfered with, but allowed to detach itself naturally. If there should be suppuration beneath it, mild antiseptics may be applied. It is also advisable that the plaque should be rather larger than the ulcer, in order to include any foci which may be in the course of development outside the visible limits of the lesion. In the case of very small ulcers, practically no inflammatory reaction is necessary, but if the ulcer is larger and deeply situated, and if time is an important consideration, it is advisable to employ sufficiently strong doses to result in a certain amount of destruction. If there appears to be thickening of the subcutaneous tissues after the removal of the crust, applications of larger duration may be given, light lead screens of one or two-tenths of a millimetre in thickness being used to screen the plaque.

In an experience of between sixty and seventy cases, not one has failed to be benefited by radium treatment. Where the ulcer has extended deeply and involved bone or cartilage complete healing is not always to be obtained, but the advance of the process can be controlled. When confined to the soft parts, one can almost guarantee results.

Fungating Cutaneous Epithelioma.—Of this condition a very small proportion of cases do not yield to radium treatment, and Barcat and Balzer report 160 cases, nine only of which were unsuccessful. The failures are usually those cases in which radium therapy has not been resorted to until they are in a very advanced stage. As regards the method of treatment, radium may be used alone, or the growth may be treated surgically by curettage and subsequent applications of radium, the latter procedure being advisable if it is necessary to economize time.

As a rule, the operation can be performed under local anesthesia, radium plaques being applied forty-eight hours later, the dose being sufficiently large to destroy all peripheral cancer cells. In cases in which it is impossible or inconvenient to give fairly frequent applications, it is necessary to induce a more severe reaction than in those which can be kept constantly under observation.

After cicatrization careful watch should be kept for the slightest sign of recurrence in the scar or the surrounding tissue, and the applications repeated if any thickening is observed. Owing to the fact that the lesions are rather deeply situated in these cases, the ultra-penetrating rays sometimes give excellent results, and the same may be said of the "cross-fire" method. The deeper tissues may be influenced without excessive superficial destruction by applying the harder penetrating Gamma rays for fifty to one



Fig. 3—Fungating Epithelioma, before Treatment.

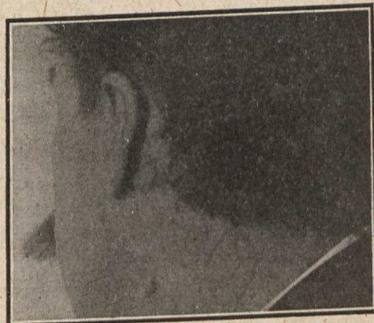


Fig. 4—Same patient as in Fig. 3, after Treatment.

hundred or more hours at a time. According to the statistics, the cured cases amount to 90 per cent., and in some of them cure has already persisted for seven or eight years.

The way in which these lesions respond to treatment is so striking that one may venture to instance two cases: T. F. T., *act.* 54, referred by Dr. Bowman, of Penetanguishene, Ont., presented on October 29th, 1910, a fungating mass, as large as a fifty-cent piece, below and behind the left ear. There had been a small ulcer for about five years, but latterly the growth had been very rapid. The growth was covered with cauliflower excrescences, and projected $\frac{3}{4}$ of an inch above the surrounding skin. The edges were hard and everted, and the tissues about were quite hard, as though the growth extended to some depth. There were no enlarged glands to be felt. Under local anesthetic the vegetations were removed, and the next day radium applications were made. These were repeated for four days, and then the patient returned home. He was seen again in three weeks, at which time all that was observed was a small, healthy ulcer, one-half inch in diameter. The epithelium was growing over it, and it looked as though it should be

healed completely in another two weeks. The edges were quite soft, as were all the surrounding tissues. A few more applications were made to stimulate the healing, and he again returned home. On December 15th he reported it "practically healed, with only a small crust to be detached."

This patient has been seen since and there is absolutely no ulceration or sign of recurrence.

Another patient, referred by Dr. H. L. Anderson, of Niagara-on-the-Lake, Ont., was first seen in September, 1911. The condition had started four years before behind the left ear. At the date mentioned the area was as large as a fifty-cent piece, with raised, hard, everted edges. (Fig. 3.) The part was curetted under cocaine, and a radium plaque, with one lead screen, left in position subsequently for 12 hours. When seen a month later there was still a small area three-eighths of an inch in diameter, which had not yet healed, but was quite healthy-looking. The healing process continued, and the condition has remained satisfactory since then. (Fig. 4.)

Appendix Stump Treatment.—J. H. Outland, Kansas City, (*Missouri State Med. Assn. Jour.*) has used successfully the self-invaginating hemostatic stitch for appendix stump in 539 cases. He ligates the meso-appendix as usual. Then the junction of caput coli and appendix is caught in a curved clamp, the convexity toward the bowel. Another curved clamp he fastens just above, and then cuts the appendix close to the lower clamp, the stump being cut as closely as possible to the cecum. A Lembert suture of linen thread is carried across the clamp. A stitch is taken parallel with the clamp. It is then carried across the clamp again and another suture taken on the opposite side. The last stitch he passes beneath the clamp. The handle of the clamp is now taken in the right hand, and the needle, with the end of the suture in the left. The assistant pulls on the other end of the suture, the clamp being gently released and the jaws withdrawn from under the loops. By pulling on the meso-appendix end of the thread, invagination is accomplished more perfectly. With the use of a curved clamp it is easier to keep the loops of the thread over the clamp. The use of a rather heavy clamp prevents bowel contents from escaping. After the two ends of the thread are brought over and tied, and before cutting, a loop is made under the artery of the appendix and again tied. This suture is hemostatic, and it is seldom necessary to reinforce the stump with other superimposed stitches.

THERAPEUTIC NOTES

Whooping Cough.—Sill (*Am. Jour. Diseases of Children*) has treated thirty-three cases of whooping cough with the pertussis vaccine. The effect of the vaccine was to diminish the number and severity of the paroxysms, as well as the amount of the vomiting. There were no untoward effects, nor any complications. The average length of time of cough was four and one-half weeks. The injections were given every two or three days until the symptoms were relieved, and produced no swellings or abscess formation at the site of injection, and no general constitutional symptoms. In milder cases it is not necessary to give so much nor so often. The youngest child treated was one month, and the oldest six years, most being between six months and three years. The doses varied from twenty million bacteria, in the mild cases, to sixty million in the severe cases. The cases did better when the vaccine was given in moderately large doses every other day or two. Prophylactic treatment was administered in families where one child was affected, and none of these contracted the disease.

Epidemic Meningitis.—S. Flexner (*Jour of Exp. Med.*) has gathered his data from wide sources, and for a period extending over several years. Antimeningitis serum was first used in 1906, and the figures include 1912. The serum has been now established as *the* treatment, and still further diminution in mortality may be looked for. In his report, 1,300 cases are studied, although there were far more treated with the serum supplied by the Rockefeller Institute. Of 1,294 serum-treated patients, whose cases are subjected to analysis, 894 recovered, and 400 died—a mortality of 30.9 per cent. Fifty-six cases showed relapses at different intervals. In 30 per cent. of 830 recoveries permitting judgment as to termination of the disease, the termination was by crisis; of the 56 relapses, 40 recovered and 16 died. The number of permanently injured among the serum-treated is small, and of all sequels, deafness remains least influenced. The injury to the internal ear takes place early, sometimes before the diagnosis is established. The arthropathies have been reduced, and the tendency to hydrocephalus in the young diminished.

Tonsillectomy.—R. Schreiber (*Ther. der Gegenwart*) describes R. Klapp's instrument, by which any general practitioner in his office can remove a tonsil with ease. In the sixty cases he has used

it, there has never been any after hemorrhage. This instrument is a Luer gouge-forceps modified. The deep spoons take up the tonsil without it being crushed, and the only cutting surface is where the blades sever the root of the tonsil. The forceps are so held that one blade is above and the other below the tonsil. The instrument is pressed against the side wall of the throat; the tonsil glides into the cup of the upper and lower blades, or spoons. There is no crushing or loss of substance; and the removed tonsil only shows the small cut surface at the rear.

Tapeworm.—*Medical Press and Circular* gives the following treatment for tapeworm: The patient is put on a milk diet in the evening. The next morning he is given, every hour, one cachet of thymol 15 grains, for three doses. One hour after the last cachet, a dose of sulphate of soda (not castor oil) is administered, and in two hours after, or in the course of the afternoon, the worm will be ejected entire. During the day of the treatment care should be taken that the patient should not take castor oil or alcohol in any form. It is claimed for this treatment that it is the most effectual, the cheapest and least dangerous of all anthelmintics.

Undescended Testicle.—Gorse and Swynghedanw (*Lyon Chir.*) have treated nine cases of undescended testicle with excellent results. In this radical method they first incise the scrotum. Then a large glass marble is introduced in case of children, or a china egg in the case of adults. The skin is then sutured over it. The foreign body is worn for two months, which, by this time, prepares the scrotum with a normal bed, and the testicle, when brought down, has no tendency to slide upward. The patients do not have to stay in bed, but have to keep quieter than usual while the foreign body is being worn.

Obesity.—Galisch (*Sem. Med.*) treats a patient with obesity by ordering in the morning a cup of tea with buttered bread. If too hungry to await luncheon, an egg with a small piece of bread and butter at 10. At 1, luncheon consists of meat, vegetables, salad, and preserved fruit. In the afternoon, coffee, with biscuit or white bread and butter. In the evening, nothing but a small piece of bread and butter. For the first few days the patient will feel quite hungry in the evening, but this quickly passes away, and he soon

gets into the habit of eating more at the first two meals, the excess being counteracted by exercise and work in the afternoon. One can readily see this régime is founded on the idea that the food taken in the evening contributes to the adipose formation. Galisch's patients have all lost one to two pounds a week. When the normal weight is attained, some increase may be allowed to the evening meal. The patients should be weighed regularly.

Granulating Wounds.—G. B. Massey (*N. Y. M. J.*) has found two ointments most useful for the small and large wounds remaining after the destruction of malignant growths. He has also used them in other wounds, which has established their general value. The most important one is zinc oxide ointment, diluted with four times its weight of semi-fluid petrolatum. He uses this on the wounds freely, so that it alone comes in contact with the granulations. No water or irritating substance is allowed to come in contact with the wounds. If this ointment overstimulates and overreddens the granulations, the other ointment is used. This is the boric acid ointment of the pharmacopeia.

Puerperal Eclampsia.—R. A. Gibbons (*B.M.J.*) considers the best results in treatment of puerperal eclampsia will come when this condition is understood to be a poison in the blood acting on the nerve centres. The treatment of all poisoning cases, when the poison is known, is by an antidote and elimination. When the poison is unknown, then by dilution. If a patient suffering from puerperal eclampsia is regarded as one suddenly poisoned, then she should be treated accordingly. Gibbons believes anything which will strengthen the defensive forces will do good, and that venesection offers the best service, combined with elimination and dilution with saline transfusion. Recent statistics show that in the hands of some obstetricians the maternal mortality is under 5 per cent., where the uterus has been rapidly emptied.

Pneumonia.—H. Leo (*Deut. med. Wochen.*) reports excellent results in experimental pneumococcus infection in rabbits with a saturated aqueous solution of camphor by the intravenous method. It is better given in this way than subcutaneously in oil. Thirty-eight rabbits were inoculated and then given an injection of 20 c.c. every hour. They lived much longer than the controls.

Reviews

Blood Pressure. Technique simplified. By W. H. COWING, M.D. Price \$1.00. Rochester, N.Y., Taylor Instrument Companies. In Canada, J. Stevens Company, 145 Wellington St. W., Toronto.

The need for a practical handbook on Blood Pressure and Sphygmomanometry has in recent years become an ever-increasing one. Especially in life insurance work has this need been emphasized. Whilst this book makes no claim to meet the full requirements of the specialist, it does satisfy a certain requirement for the general practitioner, in that it is concise, practical and up-to-date, which makes it a desirable acquisition in modern diagnosis. It can, therefore, be heartily recommended.

A Treatise on the Mineral Waters of Vichy. For the use of practitioners. By CHARLES CATAR, M.D. (Paris), Consulting Physician at Vichy. London: H. K. Lewis.

Vaughan Harley, M.D., Professor of Pathologic Chemistry, University College, London, England, who writes a foreword to this small book, says it will be found of value to medical men, as it gives a complete resumé of the whole treatment of disease by mineral waters in general, but Vichy in particular.

Vaccine Therapy.—Dr. R. W. Allen's book on "Vaccine Therapy," which was noticed in our issue for May, may be obtained from the Macmillan Company of Canada, 70 Bond St., Toronto, who publish this book in Canada for the English publishers, H. K. Lewis, London.

Leukemia.—Jerome Meyers and T. Jenkins, Albany, N.Y., consider benzol valuable in the treatment of any kind of leukemia. Clinical experience of its use is still scanty. It reduces the white cells, but not to normal. There is greatly diminished or normal spleen, a gain in weight and strength, and loss of fever. Usually the red corpuscles and the hemoglobin are influenced favorably. With Roentgen rays combined, even better results may be obtained.

Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

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Pathology and Public Health: John
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Physiologic Therapeutics:
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Psychiatry: Ernest Jones, W. C. Herr-
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Ophthalmology: D. N. MacLennan, W.
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Gynecology: F. W. Marlow, W. B.
Hendry.

Genito-Urinary Surgery: T. B.
Richardson, W. Warner Jones.

Anesthetics: Samuel Johnston.

VOL. XLI.

TORONTO, JULY, 1913.

No. 1

COMMENT FROM MONTH TO MONTH

Itemized Accounts and Medical Service are the subjects of two editorial notes in this issue. One may be read with much profit by the laity, while it will appeal more strongly to the profession. The other will appeal strongly to the public, but may be considered, with much profit, by the profession. There is no getting over the compelling force of a sane, sober public opinion.

As Dr. Powell well says, the medical man can never apportion the fee to represent the services rendered. A person who, by mistake, takes poison, and has his life saved by the prompt action of the physician, may be indebted to that physician for his earning capacity for the balance of his life, but often a five-dollar bill, or nothing at all, is the physician's remuneration. Truly, human life is sometimes cheap.

A man whose wife is conducted safely and easily through her confinement pays less than where chloroform, version, instruments, stitching are required; yet all had rather the former course prevailed. Could he be assured of a normal accouchement, would he be willing to pay more?

The medical man must consider the position in society of the patient, and the value of that patient's services and life to the community. From the physician's own viewpoint, there are many factors to be taken into account, time consumed, hour (day or night), office or house call, work done, advice, etc.

As in Ontario the representatives of the people long ago wiped off the statutes the tariff of medical charges, so the compelling force of a sane, sober public opinion should now leave it to the medical

man to decide what his services are worth to the individual. As a class, they are not mercenary. It will not do to make comparisons with conditions in other walks of life, where supply and demand fix the price. The physician is in a class by himself.

There are times where "professional services rendered" must need be the sum total of information conveyed in the physician's account; but this has now become somewhat archaic, and often serves only for a butt or a gibe. Certainly, when a bill covers several calls over a period of time, and different members of the family are treated, an itemized account would best meet the wishes of the people, and by doing so the profession would place themselves in a better light before the public. The profession should at all times be over-careful in combating public opinion.

THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION

The Annual Meeting will be held on the morning of Thursday, June 26th, at London, at the close of the symposium on the diseases of the stomach, on the programme of the Canadian Medical Association. R. W. Powell, President; J. Fenton Argue, Sec.-Treas.

Trichinosis.—T. F. Leen (*Bost. Med. and Surg. Jour.*) thus describes the treatment of trichinosis: If but a short time has elapsed since the patient ate the infected food, the stomach should receive copious washing and free catharsis tried. Santonin, extract of male fern, glycerine, benzol may be given in frequent large doses. The cathartics used may be calomel, compound infusion of senna, castor oil, etc., the object being to keep the intestine thoroughly clean and wash away any worms which have temporarily lost their grip. To kill the embryos in the blood, salvarsan and neosalvarsan are well worthy of trial. Another method of killing or destroying the embryos is the intravenous injection of colloidal silver in doses of 4 to 6 c.c. of a 2 per cent. solution.

Editorial Notes

CANADIAN MEDICAL ASSOCIATION

The Provisional Programme for the London meeting of the Canadian Medical Association, on the 24th, 25th, 26th and 27th of June, is published in this issue, and gives evidence of advanced progress in the preparation for this meeting. A programme containing the names of such men as Dr. Paterson, of London, Eng.; Dr. Billings, of Rush Medical College, Chicago; Dr. Barker, of Johns Hopkins; Dr. Stockton, of the University of Buffalo; Dr. Ochsner, of Chicago; Dr. Angus MacLean, of the Detroit College of Medicine; Dr. Cuklen, of Baltimore; Dr. John B. Murphy, of Chicago, not to mention the large representation of distinguished Canadian physicians, from the Atlantic to the Pacific—such a programme should attract a very large concourse of medical men to the Forest City to this meeting of an Association which has now become one of the largest and most important of the medical associations of the world.

The popularity of London as a convention centre, the recognized hospitality of its citizens, and the attractiveness of the city itself and its surroundings leave nothing to be desired to ensure the medical profession of Canada a delightful holiday outing, as well as a profitable educational treat. The medical fraternity of London are sparing no pains to make this the record-breaking meeting of the Association, and their efforts are deserving of a hearty response on the part of the profession throughout the Dominion.

Elsewhere will be found an intimation of the excursion rates offered by the railways. Special attention is directed to the fact that to ensure single return fare, it will be necessary for everyone buying a ticket to secure a standard certificate at home station, at commencement of journey.

From Fort William and all points East, tickets for the going journey must be purchased between June 20th and June 26th, inclusive; from points West of Fort William, June 18th and June 22nd. Return good until July 1st and 12th, respectively.

The revised programme will be furnished in due time to all who are to take part in the programme, and further copies will be supplied at the time of the meeting.

INFLUENZAL MENINGITIS. ANTI-INFLUENZAL SERUM

Some four years ago Dr. Simon Flexner perfected the anti-meningitis serum which now is the recognized treatment for acute cerebro-spinal meningitis, and has in its use reduced the awful mortality in that disease from 80% to nearly 20%. In his goodness of heart and generosity he was anxious to spread this blessing everywhere. For this purpose he chose various centres from whence the distribution should take place, and amongst these, we are glad to announce, was the Hospital for Sick Children in Toronto.

He has also been working for some years upon the meningitis caused by influenza, and has at last succeeded in perfecting a serum of undoubted value. This discovery he has again, with characteristic kindness, immediately given into the hands of the medical profession, and the only remuneration he demands is a full clinical report of the cases in which it is used. The benefit of this serum also has been given to the Hospital for Sick Children, Toronto, and can be obtained upon application. Moreover, the Board of that institution will, at the request of any physician, send one of its laboratory physicians to make the subdural puncture, give a thorough bacteriological examination of the fluid, and administer the spinal injection in suitable cases. This, we feel sure, will be a boon to any physician not having the necessary time or technique at his disposal.

DR. FRIEDMANN AND MEDICAL SERVICE

Editor Journal,—Your editorial in to-day's issue (*Ottawa Journal*) concerning Dr. Friedmann's alleged discovery for the cure of tuberculosis is illuminating, if not convincing.

From time immemorial it has been held to be quite unethical to convert into money for personal gain or aggrandizement a real scientific discovery that will be a lasting benefit against disease or deformity. Such discoveries by real pioneers have always been held to be the property of the profession to assist them in their daily work against the ills that human flesh is heir to. Indeed, we may go so far as to say that this privilege, whether it be in the nature of cure or prevention, is the living glory of the medical profession, and has done more in the ages past to strengthen the bonds between the profession and their lay brethren than any other

feature of their work. To patent an instrument, or commercialize a so-called cure, or a real cure, has always been frowned down upon by those whose work and whose opinions are best worth having, and rightly so. Long may this ethical view remain untarnished.

Your concluding paragraph is amusing. Your question is that if all this is really true, why do the members of the profession charge anything for their services?

They really don't—that is, anything worth talking about—a certain emolument has been fixed rather by custom than anything else, to indemnify a human being for the wear and tear incidental to his daily and nightly grind in his fight against disease. He is not really paid for his services.

Many times money could not remunerate him. He is supposed to receive a modest pittance for certain services that simply enable him to live.

He can never apportion the fee to represent the services rendered. He tries to live decently and respectably, and endeavors to take his place in the world and do what in him lies to lighten the burden of life for his fellow-men; to ease the path of sickness and distress and smooth the pillow of death when it approaches.

He is only human and rarely, if ever, simulates the Divine. For these daily services, often surrounded with great anxiety and tremendous responsibility, he only asks what is reasonable and fair as amongst men, and oftentimes he is content to go without; yes, is obliged to, and rarely murmurs. He is satisfied if he has done a decent, conscientious day's work, and the pay (when it comes) is accepted thankfully; but if it is withheld (as is not unknown, or unusual) he glosses over the temporary disappointment and is not embittered, but proceeds to the next day's work undaunted and quite cheerful, working for his reward in the consciousness that he has fulfilled his duty.

R. W. POWELL, M.D.

180 Cooper St., Ottawa, May 1, 1913.

PROFESSIONAL BILLS CONDEMNED BY JUDGE

“Can I denounce in sufficiently strong terms that system followed by professional men in submitting accounts to clients? I look askance on all accounts entitled ‘professional services.’ Give us details. The other system is bad, bad, excessively bad.”

This was the substance of a scoring given professional men by Judge Leboeuf in the course of a case in the Circuit Court yesterday afternoon. Continuing his denunciation, Judge Leboeuf cited a personal experience:

“On the communication we receive from professional men, we read, ‘For professional services,’ with no statement as to what the services were, no details, nothing but ‘Professional services.’ Hence the recipient of such an account is often at a loss to know just what the ‘professional services’ were; and I say that they generally remain ignorant. I myself, some time ago, happened to receive a bill from a physician—one of my friends. He billed me for \$85. I was surprised at the amount. I could not make it out. So I finally said to him: ‘See here, my good friend, give me details. You say professional services. I want to know what those professional services were. Tell me the nature of them.’ My good friend complying with my request, sent me a detailed bill. Would you believe me when I say that he had quite a few itemized entries dated a certain month—and the interesting part of it all is that during that month I was away in Europe, and could not have had consultation with him. This system practised by professional men is exceedingly bad.”—*Montreal Star*.

CANADIAN MEDICAL ASSOCIATION PROGRAMME

PROVISIONAL PROGRAMME—FORTY-SIXTH ANNUAL MEETING.

—First Day—Tuesday, June 24th.—

- 9.00 a.m.—Registration fees.
 Meeting of Executive Council.
- 10.00 a.m.—Meeting of Sections.
- 2.00 p.m.—Meeting of Sections.
- 8.30 p.m.—General Meeting:
 Invocation.
 Address of Welcome—His Worship the Mayor of London.
 Election of the Association's Members to the Executive Council.
 Address in Surgery—Dr. J. Alexander Hutchinson, Montreal.
 Address in Gynecology—Dr. T. S. Cullen, Baltimore.

—Second Day—Wednesday, June 25th.—

- 9.00 a.m.—Meeting of Sections.

12.30 a.m.—Luncheon at Victoria Hospital.

2.00 p.m.—Meeting of Sections.

8.30 p.m.—General Meeting.

President's Address—Dr. H. A. McCallum,
London.

Address in Medicine—Dr. Llewellys F. Barker,
Baltimore.

—Third Day—Thursday, June 26th.—

9.00 a.m.—Meeting of Combined Sections.

Symposium on Diseases of the Stomach, Medical and
Surgical Aspects—introduced by Dr. Alexander
McPhedran, Toronto.

Meeting of the Canadian Medical Protective Associ-
ation.

2.00 p.m.—Meeting of Combined Sections.

Symposium on Diseases of the Thyroid, Medical and
Surgical Aspects—introduced by Dr. A. J. Och-
sner, Chicago.

4.00 p.m.—General Meeting for General Business.

Meeting of Executive of Ontario Medical Association.

8.00 p.m.—Public Lecture (with lantern slides) on "National
Health"—Dr. Helen MacMurchy.

8.30 p.m.—Members of the Profession Resident in London will
entertain the Members of the Association at a smok-
ing concert in the New Masonic Hall.

—Fourth Day—Friday, June 27th.—

9.30 a.m.—Dr. Frank Billings, Chicago, will conduct a Medical
clinic before the Association.

Experimental and Clinical Study of the Functional
activity of the Liver, by means of Phenol Tetra
Chloro-phthalein, by Dr. L. G. Rowntree, Johns
Hopkins.

2.00 p.m.—Dr. John B. Murphy, of Chicago, will give a Lantern
Lecture on Surgery of Bones and Joints.

SECTION OF GENERAL SURGERY.

—First Day—Tuesday, June 24th.—

10.00 a.m.—Aneurysm of Posterior Tibial Artery—Drs. Alexander
Primrose and T. D. Archibald, Toronto.

Membranous Pericolitis—Dr. J. P. Kennedy, Wingham.
Dr. Gunn, Clinton—Title later.

- Dr. R. Y. Parry, Hamilton—Title later.
 Dr. G. T. McKeough, Chatham—Title later.
- 2.00 p.m.—Dr. H. A. Bruce, Toronto—Title later.
 Dr. R. E. McKechnie, Vancouver—Congenital Hypertrophic Pyloric Stenosis.
 Dr. I. Olmstead, Hamilton—Title later.
 Dr. J. Halpenny, Winnipeg—Title later.
 Treatment of Cancer by Fulguration—Dr. J. E. Hett, Berlin.
 Dr. A. E. Garrow, Montreal—Title later.
- Second Day—Wednesday, June 25th.—
- 9.00 a.m.—Experimental Study of Regeneration of Bone—Drs. W. E. Gallie and D. E. Robertson, Toronto.
 The Clinical Aspects of Regeneration of Bone as Manifested by a Study of Union of Fractures—Dr. E. S. Ryerson, Toronto.
 A paper Dealing with Fractures—Dr. J. E. Lehman, Winnipeg.
 Dr. Emil Beck, Chicago—Results of Eight Years Treatment of Sinuses and Abscesses with Bismuth Paste.
 Dr. C. E. Starr, Toronto—Title later.
- 2.00 p.m.—Dr. H. R. Casgrain, Windsor—Title later.
 Supra-pubic Prostatectomy—Dr. Angus McLean, Detroit.
 “The Surgical Operation from the Standpoint of Time and Motion Study and Scientific Management”—Lantern Demonstration by Dr. E. V. Frederick, Peterboro.
 The Etiology, Symptoms and Treatment of Gall-Stones—Dr. F. N. G. Starr, Toronto.
 Surgical Problems in a Case of Meningitis—Dr. E. Archibald, Montreal.
 Dr. H. P. H. Galloway, Winnipeg—Title later.

SECTION OF GYNECOLOGY.

- First Day—Tuesday, June 24th.—
- 2.00 p.m.—Dr. F. Fenton, Toronto—Title later.
 Dr. H. M. Little, Montreal—Title later.
 Dr. Adam Wright, Toronto—Anesthesia and the Forceps in Labor.
 Dr. Hendrick, Toronto—Repair of the Lacerated Perineum.

—Second Day—Wednesday, June 25th.—

9.00 a.m.—Symposium on Eclampsia, introduced by Dr. D. J. Evans, Montreal.

2.00 p.m.—Puerperal Sepsis—Dr. J. A. Vineberg, New York.
Improved Operation for Displacements of the Uterus—
Dr. W. Cuthbertson, Chicago.
Professor Watson, Toronto—Title later.

P.S.—There will be a Section for the Eye and Ear and one for X-Ray Workers. The programme for these is not completed as yet.

SECTION OF GENERAL MEDICINE.

—First Day—Tuesday, June 24th.—

10.00 a.m.—Dr. Newell, Watford—Title later.
Infectious Arthritis, Etiology, Pathology and Treatment—Drs. G. W. Ross and C. S. Wright.
Clinical Importance of Some Pathological Interrelationships in Diseases of the Abdomen—Dr. H. B. Anderson.

Diagnosis of Tuberculous Bronchial and Mediastinal Glands—Dr. J. H. Elliott.
2.00 p.m.—Acute Bronchitis and Pneumonia of Infancy and Childhood—Dr. H. McGugan.
Treatment of Congenital Syphilis with Salvarsan—Dr. G. S. Strathy.
Treatment of General Paresis and Tabes with Salvarsan—Drs. Strathy, Bates and McVicar.
Functional Disturbances of The Nervous System, Hysteria and Neurasthenia. Antiquated Diagnoses—
Dr. G. W. Howland.

—Second Day—Wednesday, June 25th.—

9.00 a.m.—Psycho-Therapy—Dr. Glasco.
Action of Some Important Food Stuffs, Illustrated with Lantern Slides—Prof. V. E. Henderson.
Infection of Children in Tuberculosis—Dr. H. C. Parsons.
Some Psychiatric Problems as they Affect the General Practitioner—Dr. C. S. McVicar.
Early Symptoms and Treatment of Psychoses—Dr. E. Ryan.
2.00 p.m.—Dr. Keibel—The Value and Limitation of the Wassermann Reaction.
Gastric Hyperacidity—Dr. F. W. Rolph.

Pituitary Extract as a Cardiac Stimulant in Pneumonia—Dr. A. McPhedran.

Endocarditis in Influenza—Dr. J. H. McPhedran.

Erythema Multiforme and Anaphylaxis—Dr. Sladen.

Occurrence of Fluid Exudate in the Pleural Sac in Croupous Pneumonia—Dr. Goldie.

Hereditary Chorea—Dr. Shannon.

Vago Tonics—Dr. A. H. Caulfeild.

MEETING OF COMBINED SECTIONS.

—Third Day—Thursday, June 26th.—

9.00 a.m.—Symposium on Diseases of the Stomach—Introduced by Dr. Alexander McPhedran.

Drs. Martin, Montreal; Aaron, Detroit; Stockton, Buffalo, and others will discuss the Medical side.

Drs. Paterson, London, England; Ochsner, Chicago; C. E. Starr, Toronto; Angus McLean, Detroit; Archibald, Montreal; McKechnie, Vancouver, and others will speak on the Surgical side.

2.00 p.m.—Symposium on Diseases of the Thyroid—Introduced by Dr. A. J. Ochsner, Chicago.

Drs. Hoover, Cleveland; Lafleur, Montreal; Barker, Baltimore; H. B. Anderson, and others will deal with the Medical side.

Drs. Halpenny, Winnipeg; Bruce, Toronto; Olmstead, Hamilton; Bingham, Toronto, and others will speak on the Surgical side.

LABORATORY SECTION.

Tuesday Afternoon.

Dr. C. G. Imrie, Toronto—"Some Facts with Regard to Fatty Degeneration of the Heart."

Dr. Fletcher McPhedran, Toronto—"Haemolytic Action of the Extracts from Organs in Pernicious Anemia."

Dr. D. G. Revell, Edmonton—"Examining Colonies in Plates."

Dr. F. B. Bowman, Hamilton—Title not settled.

Dr. Fraser B. Gurd, Montreal—"The Toxins of Intestinal Obstruction. A preliminary note."

Dr. E. W. Archibald, Montreal—"Ascending Infection of the Common Bile Duct."

Dr. Geo. Shanks, Montreal—"A Study of a Case of Splenomegaly."

- Dr. F. T. Tooke, Montreal—"Alterations in the Cornea Coincident with the extraction of the senile form of Cataract."
 Dr. Grant Campbell, Montreal, and Dr. W. G. Hepburn, Montreal—"A Case of Cardiac Anomaly."
 Dr. O. C. Gruner, Montreal—"The Spleen in the Light of Recent Histology."
 Dr. E. J. Mullaly, Montreal—A demonstration—title later.

Wednesday Afternoon.

- Prof. D. Fraser Harris, Halifax—"On the Reducing Endo-enzyme of Internal Respiration."
 Dr. F. R. Miller and Dr. H. A. Sims, Montreal—"Methods of Stimulating the Cerebral Cortex."
 Dr. A. H. McCordick, Montreal—"The Protein, Fat, and Carbohydrate Contents of Certain Organs."
 Prof. V. E. Henderson, Toronto—Title later.
 Dr. H. J. Robertson, Toronto—"An Experimental Criticism of the Methods of Uric Acid Analysis from the Clinical Standpoint."
 Dr. F. W. Rôlph, Toronto—"The Indicator Method of Estimating Gastric Acidity."
 Dr. A. H. Caulfeild, Toronto—"The Correlation of Biological Findings and Clinical Progress in Tuberculosis."
 Dr. C. K. Russell and Dr. Jos. Kaufmann—"Examination of the Cerebro-Spinal Fluid in Tabes and the Results of Treatment."
 Dr. R. G. Armour, Toronto—"Syphilis as Encountered by the Neurologist."

PUBLIC HEALTH SECTION.

Tuesday Morning.

- "Immigration and Public Health"—Dr. J. D. Pagé, Medical Superintendent of the Immigration Hospital, Quebec.
 "Chemistry and Public Health"—Prof. C. M. Carson, University of New Brunswick, Fredericton, N.B.

Public Health Legislation:

- Ontario—Dr. J. W. S. McCullough, Chief Health Officer.
 Quebec—Dr. J. A. Hutchinson, M. O. H., Westmount, Que.
 Saskatchewan—Dr. M. M. Seymour, Commissioner of Public Health.
 Alberta—Dr. D. G. Revell, Director Provincial Laboratories, Strathcona, Alta.

British Columbia—Dr. C. J. Fagan, Secretary Provincial Board of Health, Victoria, B. C.

“The Control of a Municipal Milk Supply”—Dr. G. G. Nasmith, Director of the Municipal Laboratory, Toronto, Ont.

Discussion: Dr. T. H. Whitelaw, M. O. H., Edmonton, Alta.
Dr. E. L. Williams, London, Ont.

“The Great Need of the Physician’s Active Co-operation in Public Health Work”—Dr. A. E. Wodehouse, Port Arthur, Ont.

Discussion: Dr. Jas. Halpenny, Winnipeg, Man.

Wednesday Morning.

“Report of the Special Committee on Medical Inspection of Schools”—Dr. John Stewart, Halifax, N.S.

“Modern Public Health Work”—Dr. C. J. O. Hastings, M. O. H., Toronto, Ont.

Symposium on “Venereal Disease as a Practical Public Health Problem.”

Dr. H. W. Hill, Director: Institute of Public Health, London, Ont.

Prof. A. S. Warthin, University of Michigan, Mich.

Dr. F. A. Clarkson, Toronto, Ont.

Discussion: Prof. J. A. Amyot, University of Toronto, Toronto, Ont.; Prof. Watson, University of Toronto, Toronto, Ont.;
Dr. D. H. Arnott, London, Ont.

“Mental Hygiene”—Dr. Llewellys Barker, Johns Hopkins University, Baltimore, Md.

Discussion: Prof. E. H. Young, Queen’s University, Kingston, Ont.

TUBERCULOSIS PREVENTION IN WINNIPEG SINCE 1908

A. J. Douglas, M.D., Medical Officer of Health, City of Winnipeg, in *Medical Officer*, says: “In the year 1908 the fight against tuberculosis was taken up in Winnipeg in a really serious manner, possibly as a result of the International Congress on Tuberculosis held that year in Washington.

In 1908 proper statistics regarding this disease were not available, comparatively few cases were notified, and many deaths from tuberculosis were ascribed to something else. There was no anti-tuberculosis society; there was no sanatorium; there was no dispensary; there was no hospital for advanced cases; there was no anti-spitting by-law; there was no day and night camp; there were no open-air schools; no educational work was being done worthy of

the name; tuberculosis was rife among our dairy cows; our laws regarding buildings and tenements left much to be desired.

In the five years that have elapsed progress has been made as follows: The Provincial Government maintains a sanatorium which accommodates about 60 patients. An active Anti-Tuberculosis Society, aided by the Winnipeg General Hospital and a city grant, maintains a dispensary. The Society provides a nurse, who follows up cases in the home; it furnishes milk, eggs, and clothing; it maintains a night camp for tuberculous men; it publishes and distributes literature and has arranged for a large number of popular lectures on tuberculosis. The City of Winnipeg has constructed and operates a thoroughly modern hospital of 50 beds for advanced cases. The Health Department furnishes free disinfections, sputum cups, napkins, and medicines when required to tubercular patients; it exercises surveillance over all patients who remain at home; distributes literature; exhibits moving pictures; and endeavors to educate the patient, those about him, and the public at large, by these means, on tuberculosis prevention and cure. An anti-spitting by-law has been passed. Tuberculosis is being rapidly eliminated from dairy herds, very much the greater percentage of our milk is now from cows found tuberculosis-free by the tuberculin test, or pasteurized. We hope to see open-air schools in operation before very long.

New building and tenement house by-laws have been passed which make provision for adequate light, ventilation, and the prevention of overcrowding and congestion. The question of town planning and the providing of parks and open spaces is being dealt with. At least 75 per cent. of cases are now notified, and nearly all deaths from tuberculosis are now reported as such.

The result of the above shows in the death-rate, which has decreased from 123.4 per 100,000 of population to 94.4 per 100,000. We expect to reduce steadily the latter figure as time goes on.

FOUNDATION OF THE AMERICAN COLLEGE OF SURGEONS

A meeting of the Organization Committee, authorized and appointed at the Clinical Congress of Surgeons of North America, was held at the Willard Hotel, Washington, D.C., May 5, 1913. Dr. Edward Martin, of Philadelphia, acted as Chairman, and Dr. Franklin H. Martin, of Chicago, as Secretary. The object of the meeting was stated in the language of the following resolution bringing it into existence:

“Resolved, That this largest organization of surgeons on the American continent, the Clinical Congress of Surgeons of North America, shall assume the responsibility of standardizing surgery. This should be accomplished through representative committees and along the following lines: (1) It should formulate a minimum standard of requirements which should be possessed by any authorized graduate in medicine, who is allowed to perform independently surgical operations in general surgery, or any of its specialties. (2) It should consider the desirability of listing the names of those men who desire to practise surgery, and who come under the authorized requirements. (3) It should seek a means of legalizing under national, colonial, state or provincial laws, a distinct degree supplementing the medical degree, which shall be conferred upon physicians possessing the requirements recognized by this law as necessary to be possessed by operating surgeons. (4) It should seek co-operation with the medical schools of the continent which have the right to confer the degree of M.D., under the present recognized standards, and urge these colleges to confer the supplementary degree of surgeon on each of its graduates who have, in addition to their medical course, fulfilled the necessary apprenticeship in surgical hospitals, operative laboratories and actual operative surgery. (5) It should authorize and popularize the use of this title by men upon whom it is conferred, and its use should especially be urged in all directories of physicians, in order that the laity as well as the medical man can distinguish between the men who have been authorized to practise surgery and those who have not.”

This committee decided to commit the decision of the desirability of the method of organization, and the accomplishment of an organization which would fulfill the spirit of instructions of the Congress to the strongest representation of surgeons that could be gotten together. The results of the committee's efforts were that five hundred representative surgeons from all portions of the North American continent have consented to become founders of the organization under contemplation, and of this five hundred fully three hundred were present in Washington to fulfill their obligations. The Chairman stated that the object of the meeting was to formulate further and endorse the work that had been done by the sub-committee in regard to the standardization of surgery, for the benefit of the profession and the protection of the public. Every one was in sympathy with the object. The following resolutions were adopted:

“Resolved, That the surgeons who were invited to become the Founders of this Corporation are hereby declared Fellows of the College of Surgeons, and shall receive their election by the Board of Regents without further formality.

“Resolved, That such other surgeons in the territorial dominion of the College, whose surgeonship can be unquestionably approved by the Committee on Credentials be at once, without the formality of an examination, recommended to and received by the Board of Regents as accredited Fellows of the College of Surgeons.

“Resolved, That members of the societies of surgeons and surgical specialties holding accredited positions in the federation of societies constituting the Congress of American Physicians and Surgeons, shall also be accepted as Fellows of the College of Surgeons without the usual formality required by the Board of Regents.

The following resolutions regarding the selection of Fellows were likewise adopted:

“Resolved, That the prospective Fellows of the College be divided, for the purpose of classification, into four groups, to be designated A, B, C, and D classes, respectively. The A Class shall consist of the Founders of the College. The B Class shall consist of the members of the special surgical societies constituting the Congress of American Physicians and Surgeons, and one hundred each, nominated by an accredited committee, from the Surgical Section of the American Medical Association, from the Section of Obstetrics, Gynecology and Abdominal Surgery of the American Medical Association, from the General Surgical Section of the Clinical Congress of Surgeons of North America, from the Surgical Specialties of the Clinical Congress of North America, from the American Association of Obstetricians and Gynecologists, from the Canadian Medical Association, from the Southern Surgical and Gynecological Association, and from the Western Surgical Association. The C Class shall consist of surgeons of prominence of ten years in the practice of surgery or a surgical specialty, and who, in the opinion of the Committee on Credentials, are eligible for Fellowship in the College without formal examination. The D Class shall consist of surgeons who cannot, in the opinion of the Board of Regents, be classified under A, B, or C divisions, and for whom the college must establish an examination or other evidence of acceptable qualifications.

“Resolved, That the Board of Regents through the Committee on Credentials limit the admission of Fellows to classes A, B, and C until the Board of Regents formulates a standard of requirements for Class D and reports the recommendations back to the Board of

Governors for approval at a meeting to be called by the Board of Regents at the time of the next meeting in Chicago, November, 1913."

The following officers were elected: President, Dr. J. M. T. Finney, Baltimore, Md.; Vice-President, Dr. Rudolph Matas, New Orleans, La.; General Secretary, Dr. Franklin H. Martin, Chicago, Ill.; Treasurer, Dr. A. J. Ochsner, Chicago, Ill.

Board of Regents—Dr. George E. Brewer, New York City; Dr. George E. Armstrong, Montreal, Can.; Dr. John B. Murphy, Chicago, Ill.; Dr. Edward Martin, Philadelphia, Pa.; Dr. F. J. Cotton, Boston, Mass.; Dr. Herbert A. Bruce, Toronto, Ontario; Surgeon-General W. K. Stokes, of the Navy; Dr. William D. Haggard, Nashville, Tenn.; Dr. Geo. W. Crile, Cleveland, Ohio; Dr. McKechnie, Vancouver; Dr. Charles H. Mayo, Rochester, Minn., and Dr. Harry Sherman, San Francisco, Cal.—*Medical Record*.

THE COUNTRY DOCTOR

'Twas a cold and blustering morning,
The doctor's sleep was sound;
His work the previous day was hard,
And he was tired, he found.

Alas! at five o'clock the bell,
Foreboding all things ill,
Rang loud enough to wake the dead;
The doctor's power was will.

The man was big and rough and brown,
His anxious eyes were kind;
"Our little girl's took bad," he said,
"She's wandering in her mind."

The doctor went, and glad was he,
Although it cost his rest;
He soothed the little, suffering child,
He always did his best.

He plodded home through drifting snow,
His day's work was begun;
"There's no work half so fine," he said,
"No work under the sun."

Then Dr. Reid was called away,
The drive was ten miles long,
The snow was deep, the horse was tired,
And he was six hours gone.

When he got home a list of woes
He heard from Billy Smith;
The day before, unloading hay,
He fell and broke his wrist.

His wife had had diphtheria,
The children had the mumps,
The hired boy slipped and broke his leg,
And he was in the dumps.

"But, doctor, do you know," he said,
"I've sold a pig to-day?
And since I have a little cash
It's you I'm going to pay."

His purse was thin in the extreme,
But happy went he hence;
He'd started on his doctor's bill,
And paid him fifty cents!

This piece of poetry is well worthy of our admiration in every sense. It is the work of the young daughter of my old friend, Dr. W. M. Mather, Tweed, and I feel satisfied the experiences named therein are those with which we have, very often, had to contend.

JAMES S. SPRAGUE, M.D.,

Perth, Ont.

ONTARIO MEDICAL ASSOCIATION

Owing to the fact that the Canadian Medical Association is meeting in this Province, the Ontario Medical Association will hold only a Business Session. This will take place on Thursday, June 26th, at 4 p.m., at London, Ont., in connection with the annual meeting of the Canadian Medical Association.

C. F. MCGILLIVRAY,
President.

F. ARNOLD CLARKSON,
Secretary.

News Items

Dr. J. A. Grant has been transferred from Toronto to Halifax. The Manitoba Medical Society met in Brandon on the 5th and 6th of June.

Dr. Robert H. Craig, Montreal, has resumed practice after several months abroad.

Dr. W. P. Caven, Toronto, has resumed practice after an operation for appendicitis.

Dr. Grace Ritchie England, Montreal, has been re-elected President of the Local Council of Women.

Dr. Charles O'Reilly, Toronto, has returned from a visit of several months' duration in Ireland.

Dr. R. A. Stevenson has returned to Toronto from England, much improved in health.

Dr. D. A. Shirres, who has been abroad for some months, has returned to Montreal.

The Canadian Public Health Association will meet in its third annual conference in Regina, Sask., on the 18th, 19th and 20th of September.

Dr. Herbert J. Hamilton, President of the Toronto Academy of Medicine, represented that body at the banquet tendered Sir Wm. Osler by the Montreal Medico-Chirurgical Society in May.

Academy of Medicine Toronto.—The following are the officers elected: President, Dr. Herbert J. Hamilton; Vice-President, Dr. H. B. Anderson; Secretary, Dr. W. Harley Smith; Treasurer, Dr. W. A. Young.

Dr. J. Bryce McMurrich wishes to announce to the medical profession that he is devoting his time to the treatment and care of cases of alcoholism, drug addictions, and that he has hospital accommodation for same at 622 Spadina Avenue, Toronto. Phone College 186.

A retired physician, a Toronto graduate, would like to get a position with a city practitioner to take charge of his books and do collecting. Would not object to assist in office occasionally. For further information address "Doctor," care of Dr. A. T. MacNamara, 2052 Davenport Road, Toronto.

HAMILTON WATCH.—The attention of our readers is called to the announcement of the Hamilton Watch Company, Lancaster, Pa., on page i of this issue. Canadian experts have informed us this is the best watch movement manufactured in America.