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INDEX TO VOLUME XXI.

JANUARY

ORIGINAL CONTRIBUTIONS.

Intestinal Obstruction with or Following Disease of the Vermiform Appendix. By N. A. Powell, M.D. 1
 The Present Status of Military Medical Arrangements in Canada. By Lieutenant-Colonel J. T. Fotheringham, M.D., A.M.D., Canada 7
 The Treatment of Eczema by the Roentgen Rays. By Charles Lester Leonard, A.M., M.D., Philadelphia 13

SELECTIONS, ABSTRACTS, ETC.

Surgical Anesthesia 16
 How It Strikes a Contemporary 20
 The Khartoum Laboratories 22
 Abstracts 25

EDITORIALS.

1907 31
 The Right to Practise Medicine in Ontario 33
 Dr. Osler's Recent Visit to Toronto 34
 Is Typhoid Fever in Canada Transmitted by Oysters? 36
 Ourselves 39
 Cu. Affly of Cancer in General and of Cancer of the Tongue in Particular by Precocious Operation 39
 Closing Meetings of the British Medical Association Committees 41
 Editorial Notes 42
 Personals 47

OBITUARY.

Death of Dr. Henrotin, Chicago 48
 Death of Dr. W. D. Clement 48

NEWS OF THE MONTH.

The City's New Morgue 49
 Medical Council Elections 49
 The Crichton Case Before Judge Boyd—Judgment Reserved 50
 Divisional Court Allows Appeal of Dr. Crichton 52
 Nurses' Residence, the Hospital for Sick Children, Toronto 53
 The Annual Report of the Local Board of Health of London, Ont., for 1906 54

BOOK REVIEWS.

Elements of Practical Medicine. By Alfred H. Carter, M.D., M.Sc. 57
 Atlas of Typical Operations in Surgery. By Dr. Ph. Bockenheimer and Dr. Fritz Frohse 57
 The Theory and Practice of Medicine. By Frederick T. Roberts, M.D., B.Sc. 58
 The Roentgen Rays in the Diagnosis of Diseases of the Chest. By Hugh Walsham, M.A., M.D., and G. Harrison Orton, M.A., M.D. 59
 The Practical Medicine Series. By Gustavus P. Head, M.D. 59
 Obstetrics for Nurses. By Joseph B. DeLee, M.D. 60
 Golden Rules of Medical Evidence. By Stanley B. Atkinson, M.A., M.B., B.Sc. 61
 A Text-Book of Histology. By Frederick R. Bailey, A.M., M.D. 61
 Atlas and Text-Book of Human Anatomy. By Professor J. Sobotta 61
 A System of Clinical Medicine. By Thomas D. Savill, M.D. 62
 Bob Hampton, of Placer. By Randall Parish 63
 A Guide Book to Diabetic Cookery. By Frederick James, M.P.S. 63
 The Masters of Fate. By Sophia P. Shaler Syphilology and Venereal Disease. By C. F. Marshall, M.D., M.Sc., F.R.C.S. 61
 Toxicology. By Cassius M. Riley, M.D. 64
 The Medical Student's Manual of Chemistry. By R. A. Withaus, A.M., M.D., Professor of Chemistry, Physics and Toxicology in Cornell University 65
 Physicians' Visiting List 65
 A Treatise on the Motor Apparatus of the Eyes. By George T. Stevens, M.D., Ph.D. 66
 Manual of Anatomy. By A. M. Buchanan, M.A., M.D., C.M., F.F.P.S. (Glas.) 66
 Diet in Health and Disease. By Julius Friedenwald, M.D., and John Rulrah, M.D. 67
 A Compend of Genito-Urinary Diseases and Syphilis. By Charles S. Hirsch, M.D. 67
 Retinoscopy. By James Thorington, A.M. 68
 Medical Directory of Toronto 68
 Martindale's Extra Pharmacopoeia 68

FEBRUARY

ORIGINAL CONTRIBUTIONS.

The Medical Inspection of School Children. By Chas. A. Hodgetts, M.D., L.R.C.P. (Lond.) 69
 Medical Inspection of Public Schools. By Charles J. C. O. Hastings, M.D., C.M., L.R.C.P.L. Toronto 73
 The Medical Inspection of Schools in Toronto. By Helen MacMurchy, M.D. 77

LARYNGOLOGY, RHINOLOGY AND OTOTOLOGY.

Partial Turbectomy Followed by Acute Otitis, Mastoiditis, Sigmoid Sinus, Thrombosis, with Extension to the Internal Jugular Vein 79
 The Ethmoidal Sinus 80
 An Operation for the Painless and Bloodless Removal of Submerged and Adult Tonsils 81

SELECTIONS, ABSTRACTS, ETC.

The Influence of American Surgery on Europe. By Carl Beck, M.D. 83
 Abstracts 97

EDITORIALS.

Tuberculosis Suffered to Invade Canada.. 101
 Prof. Schott's Visit to Toronto.. 103

Special Meeting of the Toronto Medical Society.—Perforation in Typhoid Fever.—Dr. Osler's Address on "A Toronto Academy of Medicine" 105
 Medical Inspection of Public Schools a Necessity 107
 Is There to be a Journal of the Canadian Medical Association? 108
 Editorial Notes 112
 Personals 117

OBITUARY.

Very Sad Death of Dr. James Henderson, Cobourg 118

NEWS OF THE MONTH.

Congress of Climatotherapy and Urban Hygiene 119
 Items of Interest 120

BOOK REVIEWS.

Modern Clinical Medicine. Edited by Richard C. Cabot, M.D. 123
 The Undertow. By Robert E. Knowles.. 123
 Sex and Character. By Otto Weininger.. 124
 Chemistry: General, Medical and Pharmaceutical. By John Atfield, F.R.S. 124
 Photoscopy (Skiascopy or Retinoscopy). By Mark D. Stevenson, M.D. 125

Self-Propelled Vehicles. By James E. Homan, A.M. 125
 The Man who Rose Again. By Joseph Hocking. 126
 Modern Clinical Medicine. Edited by Frank Billings, M.D. 126
 Prevalent Diseases of the Eye. By Samuel Theobald, M.D. 127
 The Practice of Gynecology. Edited by J. Wesley Boyce. 127
 Manual of Otology. By Gorham Bacon, A.B., M.D. 128
 The *Thrice-a-Week World*. 129
 Handbook of the Diseases of the Eye, and their Treatment. By Henry R. Swanzy, A.M., M.D. 129
 A Primer of Psychology and Mental Disease. By C. B. Burr, M.D. 130
 The Doctor. By Ralph Connor. 131
 High Frequency Currents. By H. Evelyn Crook, M.D., B.S. (Lond.) 131

A Practical Treatise on Materia Medica and Therapeutics. By John V. Shoemaker, M.D., LL.D. 132
 Lectures on Massage and Electricity in the Treatment of Disease. By Thomas Stretch Dowse, M.D. Abd. 133
 Jane Cable. By George Barr McCutcheon. 134
 The Uses of X-Rays in General Practice. By R. Higham Cowper, L.S.A. 134
 The All-around Specialist. By J. R. McOscar, M.D. 134
 First Aid to the Injured and Sick. By F. J. Warwick, B.A., M.B. (Cantab.), and A. C. Tunstall, M.D., F.R.C.S. (Ed.). 135
 A New Work on Foods and Their Adulterations. 135
 A Syllabus of Materia Medica. By Warren Coleman, M.D. 135
 Medical Electricity. By H. Lewis Jones, M.A., M.D. 136

MARCH

ORIGINAL CONTRIBUTIONS.

A Canadian Academy of Medicine with its Branches vs. Local Ones at Toronto and Elsewhere. By John Hunter, M.B., Toronto. 137
 The Dominance of the Nucleus. By J. George Adami, M.A., M.D., F.R.S. 143

EDITORIALS.

The Warm Infusion of Malt in the Therapy of Gastric Disorders. 163
 The Maria Louisa Robertson Residence for Nurses. 166
 A Hygienic Institute at London, Ontario What is Medical Expert Evidence Worth? Important Questions to be Discussed at the Next Meeting of the Ontario Medical Association. 167
 A Remark over the Telephone. 170
 Pyorrhe Alveolaris and the Duty of the Physician. 171
 Meeting of the American Anti-Tuberculosis League at Atlantic City, N.J., June 1-4, 1907. 173
 Editorial Notes. 174

OBITUARY.

Death of Sir William Hingston. 181

CORRESPONDENCE.

The Hygienic Institute at London. 183

NEWS OF THE MONTH.

Canadian Medical Association, Montreal, September 11th, 12th and 13, 1907. 184
 The Ontario Medical Association. 184
 Societe Internationale de la Tuberculose. Abstracts. 185

BOOK REVIEWS.

The Bacteriological Examination of Water Supplies. By William G. Savage, B.Sc., M.D. (Lond.), D.P.H. 189
 Atlas and Text-Book of Human Anatomy. By Dr. Johannes Sobotta. 189
 A Manual of Normal Histology and Organography. By Charles Hill, Ph.D., M.D. 190
 Syllabus of Lectures on Embryology. By Walter Porter Manton, M.D. 190
 A Text-Book upon the Pathogenic Bacteria. By Joseph McFarland, M.D. 190
 A Text-Book of Pathology. By Alfred Stengel, M.D. 191
 Studies in the Psychology of Sex. By Havelock Ellis. 191
 Minor Maladies and Their Treatment. By Leonard Williams, M.D., M.R.C.P. 192
 The Harvey Lectures. 192
 Progressive Medicine, Vol. IV. Edited by Hobart Amory Hare, M.D. 193
 Food and the Principles of Dietetics. By Robert Hutchinson, M.D. (Edin.), F.R.C.P. 194
 A System of Clinical Medicine. By Thomas D. Savill, M.D. (Lond.). 194
 Abdominal Operations. By B. G. A. Moynihan, M.S. (Lond.), F.R.C.S. 195
 The Technic of Operations upon the Intestines and Stomach. By Alfred H. Gould, M.D. 195
 Operative Gynecology. By Howard Kelly, A.B., M.D., LL.D., F.R.C.S. Edin. 196
 A Text-Book of Elementary Analytical Chemistry, Qualitative and Volumetric. By John H. Long, M.S., Sc.D. 197
 A Text-Book of Diseases of Women. By J. Clarence Webster, M.D. (Edin.). 197
 Surgical Suggestions. By Walter M. Brickner, M.D. 198
 American Practice of Surgery. 199
 International Clinics. By A. O. J. Kelly, A.M., M.D. 200
 Half a Rogue. By Harold MacGrath. 201

APRIL

ORIGINAL CONTRIBUTIONS.

Acute or Spontaneous Hemorrhages in the Newly-Born. By Henry T. Machell, M.D., Toronto. 205
 Dementia Praecox. By C. K. Clarko, M.D., LL.D., Toronto. 219
 Concealed Accidental Hemorrhage. By Adam H. Wright, B.A., M.D., M.R.C.S. Eng. 224

SELECTIONS, ABSTRACTS, ETC.

The Rational Treatment of Fever in the Puerperium. By Samuel M. Brickner, M.D. 229

SCHOOL HYGIENE.

Health Legislation. 235
 The Second International Congress on School Hygiene. 236

EDITORIALS.

Dr. Triboulet's Views of the Causes of Tuberculosis in Canada. 237
 The Elks' Presentation to the Western Hospital, Toronto. 241
 Cold Baths or Precordial Frigotherapy. 242
 Dr. Grenfell's Visit to Toronto. 244
 Editorial Notes. 245
 Personals. 250

OBITUARY.

Professor George A. Peters, M.B. (Tor.), F.R.C.S. (Eng.)	251
Oronhyatekha, M.D. (Tor.)	256

NEWS OF THE MONTH.

Changes at Gravenhurst Sanatorium.....	257
A Night with the Students	258
Ideas to be Obtained from American In- stitutions for the New Hospital.....	258
An Interesting Suit for Malpractice	259
The Work of a Toronto Physician in the Capital of Korea	260
The Ontario Medical Association	261
The Academy of Medicine, Toronto.....	262
Items of Interest	263

BOOK REVIEWS.

Surgery: Its Principles and Practice. By W. W. Keen, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin.....	264
-----------------------------------------------------------------------------------------------------------	-----

A Treatise on Orthopedic Surgery. By Royal Whitman, M.D.....	265
Rhythmotherapy. By Samuel S. Wallian, A.M., M.D.	266
The Treasure of Heaven. By Mario Coralli. A Text-book of the Practice of Medicine. By Hobart Amory Hare, M.D., B.Sc....	267
The University Magazine	268
Green's Encyclopedia and Dictionary of Medicine and Surgery	269
The Practical Medicine Series. By Gus- tavus P. Head, M.D.	269
Text-book of Anatomy for Nurses. By Elizabeth R. Bundy, M.D.	270
A Text-book of Pharmacology. By Torald Sollmann, M.D.	270
Practical Dietetics. By Alida Frances Pattee	271
Women. A Treatise on the Normal and Pathological Emotions of Feminine Love. By B. T. Talmay, M.D.....	271
Stöhr's Histology. By Dr. F. T. Lewis....	272
The Journal of Inebriety	272

MAY**ORIGINAL CONTRIBUTIONS.**

Appendicitis: Some Points in Diagnosis and Treatment Based On Over 600 Operations. By Herbert A. Bruce, M.D., F.R.C.S.	273
Water Conditions in Toronto—A Plea for Filtration. By John A. Amyot, M.B., School Hygiene, by Professor A. P. Knight, Queen's University	287
The Responsibilities of Hospital Superin- tendents. By R. W. Bruce Smith, M.D.	295

SELECTIONS, ABSTRACTS, ETC.

What Can Treatment Do For The Prophyl- axis of The Venereal Diseases. By Hermann G. Klotz, M.D., New York..	301
Abstracts	310

EDITORIALS.

Protection of Infant Life in The Province of Ontario	313
---------------------------------------------------------------	-----

The Late Dr. W. H. Drummond.	316
Professor Friedrich Muller's Views on Nephritis.....	319
Dr. Eadie's Illness	321
Editorial Notes	321

NEWS OF THE MONTH.

McGill University Fires.....	327
Canadian Nurses Organize	332
Reunion of Old Trinity Medical College..	332
Hospital Association	339
Items of Interest	340

BOOK REVIEWS.

A Compend on Bacteriology, including Animal Parasites. By Robert L. Pit-field, M.D.	341
On Retro-Peritoneal Hernia. By B. G. A. Moynihan, M.S., F.R.C.S.	341
The Practice of Obstetrics. By J. Clifton Edgar	342

JUNE**ORIGINAL CONTRIBUTIONS.**

The Detection of Mental Defect in School Children. C. K. Clarke, M.D., LL.D....	343
A New Method of Dealing with C. F. Pal- ate. F. N. G. Starr, M.B. (Tor.).....	349

SELECTIONS, ABSTRACTS, ETC.

Fow Can Prophylaxis by Treatment in the Case of the Venereal Diseases Best Be Obtained. James Pedersen, M.D.	353
The New York Woman's Hospital.	358
Abscess: Drug Therapy. W. C. Abbott, M.D.	359
Wright's Work on Opsonins and Vaccine Therapy	361
Stovaine as a Local Anesthetic.....	362
Abstracts	364

SCHOOL HYGIENE.

Medical Inspection of Schools.....	366
------------------------------------	-----

**LARYNGOLOGY, RHINOLOGY AND
OTOLOGY.**

Operations for Deviation of the Nasal Sep- tum, with Special Reference to the Submucous Resection	370
Influenza As It Affects the Nose and Throat	371
The Diagnosis and Treatment of Infective Throat Conditions	373

EDITORIALS.

A Psychiatric Clinic for Toronto	377
The Physician's Duty in Regard to Con- sumption	380

Contact-Infection as a Means of Propa- gating Typhoid Fever.....	382
Editorial Notes	384
Persosals	390

NEWS OF THE MONTH.

The New President of Toronto University. By Dr. Quill.	391
Queen's University, New Medical Labora- tory	392
A Psychiatric Clinic	396
Dr. Donald Armour Wins the Jacksonian Prize.....	397
Items of Interest	398

BOOK REVIEWS.

Diseases of the Nervous System Resulting from Accident and Injury.....	399
The Disease of the Nose, Throat and Ear. By Charles Prevost Grayson, A.M., M.D. The International Medical Annual	399
Malarial Prophylaxis in Small Isolated Communities in Central Africa. By R. Howard, M.D., B.Ch. (Oxon.).....	401
The Treatment of Disease. A Manual of Practical Medicine. By Irgynold Webb Wilcox, M.A., LL.D., M.D.	402
War With Disease. By Frederick P. McCabe, M.B.	403
Plaster of Paris and How to Use It. By Martin W. Ware, M.D.	403
Paraffin in Surgery. A Critical and Clini- cal Study by Wm. H. Luskoff, M.D....	404
A Manual of Obstetrics. By A. F. A. King, M.D.	405

The Canadian Journal of Medicine and Surgery

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VOL. XXI.

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NO I.

Original Contributions.

INTESTINAL OBSTRUCTION WITH OR FOLLOWING DISEASE OF THE VERMIFORM APPENDIX.*

BY N. A. POWELL, M.D.

Professor of Legal Medicine and Associate Professor of Clinical Surgery, Medical Department of the University of Toronto; Assistant Surgeon, Toronto General Hospital; and Consulting Surgeon, Hospital for Sick Children.

OBSTRUCTION with or following appendix disease must be a condition of comparative rarity. The known frequency of inflammatory conditions in this organ and the enormous number of operations now being done for their relief would supply more frequent examples if such were not the case. The longest series of cases of which I have knowledge is that of McWilliams, in which 31 cases are tabulated occurring during attacks, and 86 following operations.

My personal experience supplies but two cases out of over 350 submitted to operation. The first of these can be dismissed with only a few words, since similar ones have doubtless been seen by most of those present. Under the legal rule that no man is bound to incriminate himself I might decline to supply details regarding it, but with the lodge closely tyled as this is I may say it was that of a young man with an acute attack, his operation being done at night and in a badly lighted room. The peritoneal edges in one part of the wound not having been accurately sutured, adhesion of the bowel took place, with subsequent angulation and obstruction. Prompt reopening of the wound led to its relief, the re-establishment of fecal circulation and free movement of the bowels an

*Read before the Section of Surgery at meeting of the British Medical Association, Toronto, August, 1906.

hour later. Delay under such conditions leads to disaster, but the methods for giving relief are obvious and the results contenting.

Resection of 54 inches of Gangrenous Intestine in the Treatment of Post-operative Ileus. Recovery.

R. Z., aged 17, student, consulted me on January 29, 1906, eight hours after the onset of his third attack of appendicitis. His first experience of the trouble occurred in September, 1905; it was accompanied by pain and vomiting, but under "morphine and poultices" is said to have passed off in twenty-four hours. The second attack came on two weeks later, was accompanied by vomiting and by pain, which on the second day was localized in the right iliac region. He was ill ten days and recovered gradually, but was much troubled with constipation thereafter, and had poor digestion, with loss of weight and sallow skin. In his third attack he had high temperature and pulse, pain, vomiting, and muscular rigidity when first seen, and was very ill.

He was at once sent to the hospital and operation done twenty-six hours after his initial symptoms. The appendix was infiltrated and dusky, in one place being distended and thin almost to the point of rupture. After removal it did rupture while being examined by a colleague, and a greenish, offensive pus was discharged. The progress of the patient for four days was all that we could desire; but on the fifth pain set in—at first spasmodic and general, but soon continuous—located to the left of the umbilicus, and accompanied by rigidity of the left rectus. Distension of the upper half of the abdomen followed, and vomiting was frequent. High enemata failing to afford relief, and the condition becoming hour by hour more grave, I sealed the original operation wound with collodion, and at 9 p.m. made a median section. A greatly distended coil of small intestine protruded. It was almost black, had lost its lustre, and the serous coat had given way in long lines. Withdrawing this coil, a rapid examination of the cecum showed the appendix area in perfect condition and the last two feet of ileum empty and collapsed. On the left side an old dense adhesion bound the gut down, forming an annular band. All the ileum above this for many feet was distended and its vitality clearly compromised beyond repair. Shading upwards from this distended portion the bowel was edematous and so friable as to tear with a touch. The patient's pulse at this time was 140, and bad in character, and his respirations were jerky. Grave fears that he would die upon the table were entertained by all present. Testing the circulation in the bowel by hot gauze, I reached a point where the color changed, and where pulsation, in spite of his weak condition, could be made out in the underlying mesenteric vessels. I then determined to first

empty the bowel, then to resect the damaged portion, and to end the operation by an anastomosis or by enterostomy, as the general condition might make possible. Using the tube and the technique of Moynihan, both of which seem to me about perfect, I withdrew three parts of a basinful of putrid material from the bowel. the tube being fixed in place by a purse-string suture and the bowel brought well over the side, so that there was no soiling.

It then became possible to double clamp and anastomose the



Resection of 4ft. 6in. of Gangrenous bowel.

bowel, to resect its intervening portion, tying the mesentery off in small sections near the bowel. The redundant portion of mesentery was folded upon itself, stitched together, and attached under the junction which had been made by a Murphy button. The abdomen was then filled with normal saline solution, the wound closed, and the patient kept in the Fowler position. Counting from the commencement of the anesthesia, the operation occupied fifty minutes. The rally from shock was gradual, but the patient passed the button in seven days, recovered completely, and has had no digestive disturbance since.

In this operation I had the great advantage of perfect assistance from my friend, Dr. E. E. King, from the anesthetist and from the staff, and in no surgical procedure is such aid of more importance.

May I be permitted to use this case as the text for a few comments on the technique of operation for the relief of intestinal obstruction from whatever cause arising? I have had to deal with a fairly long series of these cases, due to practically all the ordinary causes, excepting embolism of the mesenteric vessels, and have met with the varying degrees of success with which most surgeons are familiar. As a result of this experience and of the clinical impressions it has left, I have reached the conclusion that in acute intestinal obstruction the ordinary mortality of 50 per cent. may, by operation within a thirty-six hour limit, be cut down to 5 or 10 per cent.

I feel equally sure that ileus, unrelieved till after the third day, will have a mortality mounting by leaps and bounds to 75 or 90 per cent.

PREPARATION FOR OPERATION.

This should include a critical review by the surgeon himself of every detail of the equipment sterilized for use. Sending to the instrument room for what should have been got ready, using makeshift substitutes for the devices which facilitate rapid and accurate work, this we still see, and this we should not have to see at all. Who has not watched an operator trying to suture the thin wall of an intestine with a curved needle the eye of which is thicker than the part it penetrates; or who has escaped the sad sight of an assistant wasting the patient's chances of recovery by time-consuming efforts to arm fine needles with wet silk, heedless of the fact that a spirit lamp to char the suture ends would have enabled him to rapidly prepare what all good assistants get ready before any incision is made?

The incision, as a rule, should be median and ample, and if the cause of obstruction is not at once apparent, evisceration upon towels wrung out of hot saline solution should follow. This admits of systematic examination, and will tend to eliminate those regrettable cases where the surgeon, after finding and relieving one cause of obstruction, learns later at the autopsy that a similar condition had existed elsewhere and had been undiscovered. True, evisceration is not without risk; the weight of a distended bowel will, if it be allowed to pull upon the mesentery, notably increase shock, which in acute obstruction is always great and nearly always badly resisted. The remedy is to support the bowel and to empty it promptly and properly. It is humiliating to think how slowly we have come to recognize that the relief of obstruction to fecal onflow is but a small part of a surgeon's duty. The

putrid pools of poison above the obstruction must be, and fortunately can be, rapidly drained without increasing the risk of infection. Believing that the use and value of Moynihan's tube, by which this can best be effected, is not as fully known as it will be later, I submit samples of it and of the Paul or Mixer tubes, which should always be at hand when an operation is undertaken for the relief of ileus.

From the moment of opening the abdomen till it is closed again I like to have a stream of warm normal saline solution flowing over all exposed bowel surfaces. By this, chilling and drying are prevented and tissue vitality is conserved.

Where an anastomosis is to be made, that method with which the surgeon is most familiar is the one of choice. My personal preference is for the Connell suture, slightly modified in application, all knots being tied within the bowel. I reinforce this with a Cushing's right-angled sero-serous suture, which takes but a few moments to apply when one has learned that a fine straight needle is one-third faster than any other and can be used with far less risk of subsequent leakage.

In the cases where moments count for much I still use, as in one of the cases just cited, the Murphy button, and shall never lose my gratitude to the inventor of it, still, thank God! here with us and adding daily to the debt humanity owes to his genius and his industry.

Shall enterectomy or enterostomy be resorted to, or shall these procedures be, in any sequence, associated? The general condition of the patient more than the local damage must, I take it, determine these points. An artificial anus leading into the small intestine is to be made only when surgery more nearly ideal is out of the question.

The higher in the bowel the opening is made, the more irritating will be the discharges and the greater the probabilities of malnutrition. While the general trend is now in favor of complete operation rather than of enterostomy, this latter procedure has a field of usefulness, but the field, let it be emphasized, is not a prairie.

Where primary excision is done, a good margin of safety must be left on the proximal side. In each of seventeen cases collected by Roswell Park, over 200 cm. of bowel was removed, and there were fourteen recoveries. *Per contra*, in a large series of less extensive resections the mortality was over 30 per cent. We can go to great lengths in the removal of bowel, not too near the jejunum, but one suture taken through sodden and poisoned tissue may give way and bring disaster. The appearance of the serous covering is at times misleading. We may rest assured if it is bad the muscular coat beneath it will be worse, and the mucous

surface still more compromised. Better the sacrifice of a few inches of bowel in which repair might have taken place than the giving way of a line of anastomosis with the disaster sure to follow.

With one other point I conclude. The surgeon who knows it all and who has no need to practise intestinal operations upon the inferior animals is the last man to whom cases of obstruction of the bowel should be referred. No one has any moral right to learn intestinal surgery upon those whose lives depend on how rapidly, how gently, and how accurately the abdomen can be opened, treated, and then closed again.

**THE PRESENT STATUS OF MILITARY MEDICAL
ARRANGEMENTS IN CANADA.***

BY LIEUTENANT-COLONEL J. T. FOTHERINGHAM, M.D., A.M.D., CANADA.
P.M.O., Military District No. 2.

It may appear strange to you that the Section of Army, Navy and Ambulance is not arranged for at this meeting. My brief paper is an attempt to show that the subjects germane to the Section named are at least not entirely unthought of in this country, and the relative neglect of what is in all other civilized countries so important a special branch of medical science may appear more reasonable to you after hearing the figures which I briefly bring before you.

Canada has a population which, while martial enough in instincts, both in her French-speaking and in her English-speaking districts, is almost totally unmilitary. It has not been always so, as witness the struggles of the latter half of the eighteenth century, and the years 1812-15. But our population has been, and is still, so sparse, and so inadequate to the natural advantages and industrial possibilities of the country, that our time has been perforce taken up, to the practical exclusion of other topics, with the struggle with Nature, in the mines, the forests, the fisheries, and the fields, our four great primary sources of livelihood; and self-preservation, being the primordial instinct of nations as well as of individuals, has shown itself, paradoxical as it may seem, in attention to these primordial matters, to the neglect of those measures of self-protection which older civilizations are compelled to adopt. The main contributing cause has been the ever-present feeling that the Mother Country stands ready to protect us. The rapidly-rising tide of national self-consciousness and responsibility, to say nothing of considerations of self-respect, will in the near future change all this. The tone of the press is changing. The undertaking of the charge of the fortresses at Halifax and Esquimalt is a beginning in the right direction. And with a population of 6,000,000, and an annual income of about \$80,000,000, an annual military expenditure of about \$5,000,000 is not on the whole uncreditable to a community placed by Providence in a portion of the world so far removed from "war's alarms."

Nothing short of the compulsion of circumstances, such as a serious national and imperial crisis, is likely to divert the energies of the people of Canada from the industrial development of the

* Read at the Meeting of the British Medical Association, Toronto, August, 1906.

country into military channels. The enforced adoption of separate national existence by the United States a century ago is largely responsible for the enormous development of all sides of a nation's life over there, and until we in Canada do the same thing—but not, *not* in Heaven's name, by the same methods or with the same result of separation from the mother—we shall not come to our own as a nation, nor play our part in the partnership of nations known as the British Empire. Pardon, if you please, this digression, and let me return to the beaten track, expressing the confidence that there is stirring in the cosmic consciousness of Canada the hope that as history undergoes her evolution it may be granted to us to hand on the torch, and to be the go-between for the Motherland and her once-estranged daughter to the south of us, to bring her back, if not into full family relationship, at least into full sympathy and alliance with the group of nations which within this century will be found full-grown, but still owing heartfelt and unreserved allegiance to a common head, the Sovereign of the Empire.

The military forces of Canada are militia forces only. The militia is divided into three classes: the permanent force, the active militia, and the reserve militia. The latter body is unorganized and untrained, and really means the able-bodied males of the country of military age, and subject to service only if a *levée en masse* were ordered in time of great danger. The permanent force is enlisted for three years' continuous service only within the confines of Canada, and so corresponds to the standing army of other countries. It embraces all arms of the service, with details of all the administrative and corps troops, and exists mainly for three purposes: (1) To act as instructional troops, (2) to aid the civil power in case of need, (3) to care for the fortifications and military stores of the country. This establishment numbers all told about 5,000 officers and men of all arms, but they are constantly much under strength, the industrial activities of civil life being so many and so tempting that recruiting is very difficult in times of peace.

The active militia, including the corps reserves, composed of those who have had three or more annual trainings, the organization of which has been attempted recently, is a force nominally of about 50,000 men; but only about 42,000 are on the establishment, and only about 40,000 have been trained this year. The higher commands, from the headquarters staff down through divisional and district commands to brigades and units, has come of late years to be pretty well organized, the main trouble hitherto having been that the Militia Act in force till 1905 was framed to meet the needs of the country while it was still occupied by the Imperial forces, from which staffs of all kinds were expected to be provided.

Under the present Act and the establishment of 1905-6 the following branches of the service exist in both permanent corps and active militia: Cavalry, Artillery, Engineers, Infantry, Army Service Corps, and Medical Corps. There are also the Ordnance Stores Corps and the Pay Department in the permanent staff, and in the active militia the Corps of Guides (Intelligence Officers) and the Signalling Corps.

Coming now more particularly to the Army Medical Corps, the establishment is about 1,500 of all ranks, including both permanent detachments and the units of the active militia.

It will be a matter of interest to some of you at least to know that we retain as one of the two main branches of the service the good old regimental medical officer, wearing the uniform of his regiment, a member of his regiment and its mess, with substantive rank, attained by length of service according to regulation, and not eligible for staff or other than regimental duty. The system is one which in a militia force, organized upon county lines, is far too useful to be given up. Each year's experience in annual training as Principal Medical Officer of this District confirms me more strongly in this view.

The other branch of the militia service is the Army Medical Corps, with an establishment, as already stated, of about 1,500 of all ranks; 18 field ambulances are authorized, and 16 have been organized in the leading centres from Halifax to Winnipeg. The commissioned establishment is:

Lieutenant-Colonels	12
Majors	25
Captains	25
Lieutenants	25

The Honorary Colonel of the Corps is the Honorable the Minister of Militia, Sir Frederick Borden, M.D.

As supernumeraries we have:

Dental Surgeons (Lieutenants)	18
Nursing Sisters	25

There is also to each unit one quartermaster, not a medical man, with honorary rank of captain.

The old distinction between bearer companies and field hospitals was done away with a year ago, and the unit of the Army Medical Corps is now the field ambulance, with total establishment for annual training of 90, eight of whom, including the quartermaster, are commissioned officers. This unit is organized in three sections: the bearer section (the old bearer company), the tent section (the old field hospital), and the transport section. Officers of the Royal Army Medical Corps will be interested, if

not envious as well, to learn that our transport is our own, and not, as is still the rule of the War Office, obtained from and maintained by the Army Service Corps.

Into the details of our equipment I shall not enter, as not being of any special interest to this Section. In general the technical equipment is identical with that of the Royal Army Medical Corps, and obtained from the same makers. Our tents are different. The bell tents are of khaki canvas, much darker and more comfortable in sunny weather, and better ventilated, and our ward tents are smaller and we think more convenient than the regulation *marqué*, besides being much better ventilated by wide-meshed netting in the inner roof along the ridge-pole. The low wire beds with ample bedding, tarpaulin flooring, and bright acetylene gas light from an excellent portable apparatus, combine to make the wards remarkably comfortable.

The service is a popular one; the rank and file usually easily recruited on account of the interest that the public in general take in all first-aid matters. The training of men in first aid to cases of fracture, hemorrhage, and conditions of suspended consciousness is very good so far as can be expected in the time at our disposal, twelve days in camp, though the zeal of all ranks induces at least as much extra training at headquarters every year as they get in camp.

The officers are, as a rule, well selected, the brightest and ablest of the younger practitioners being in all the centres very willing to accept commissions if they can afford it. It is not undue self-praise, perhaps, to say that the Army Medical Corps on its organization in May, 1890, at once stepped into favor, and has maintained a grade of efficiency which, according to recent annual militia reports, is rivalled by only one other branch of the service in Canada, the Army Service Corps, and we are invariably treated by other arms of the service with consideration and goodwill. For the further credit of our profession, I may add that no other class contributes in proportion to its numbers in civil life so many enthusiastic and capable officers to other branches of the service. Artillery, Cavalry, and Infantry, all have combatant officers doing excellent work who, in civil life, are busy and public-spirited medical men.

The work of the corps, of course, has been so far confined to the care of the troops in camp for annual training. This is, of course, practically active service, but under specially easy and favorable conditions. The real problems of camp sanitation and control of infectious disease can scarcely be said to come before us at all in so short a time as a fortnight in a standing camp. Still there are invariably a few cases, such as measles, diphtheria, or smallpox, brought to camp in incubation; and it speaks well

for the promptness and discipline of both the regimental and the corps medical officers that in the two years during which I have had the medical charge of the camp at Niagara, of five thousand men or more, not a case has arisen of any contagious disease contracted in camp. The sick parades of the units are held at 6 a.m. By 7 a.m. the field ambulance waggons have made their rounds, and by 8 a.m. at latest the day's sick are comfortably seen to in the tent divisions of the field ambulances; the camp sick reports for the day are dealt with, and orders for stamping out any reported contagion are issued from the Principal Medical Officer's office, and acted upon not later than 9 a.m. And the effectiveness of this supervision is shown in the fact, above stated, that not a case has yet arisen in camp in two years from contagion contracted at camp. Each field ambulance is provided with a steam disinfecting tank, though we have found that the boiling of a few ounces of formalin in a tightly closed bell tent in which infected clothing, etc., have been hung up, is simpler, less troublesome, and quite effective.

As regards qualifications, the requirements for regimental medical officers are slightly less than for Army Medical Corps officers. After one year as lieutenant, the officer if qualified becomes a captain. Four years as a captain entitles him to a majority, on further examination, unless the full Army Medical Corps examination has been taken at the outset. Ten years as major secures the rank of lieutenant-colonel.

The initial qualifying examination for Regimental M.D. includes:

(a) Regimental duties and discipline as per Regulations and Orders, 1904, and King's Regulations.

(b) Infantry drill, Part I.

(c) Regulations for Army Medical Services, certain specified portions.

(d) Manual for Royal Army Medical Corps.

The Army Medical Corps officers may qualify by one of the two following methods:

(a) Those who have served with an army in the field as medical officers may be considered eligible.

(b) Those who hold certificates of proficiency from one of the following training schools:

1. Royal Army Medical Corps Depot, Aldershot, England.
2. Volunteer Ambulance School of Instruction, London, England.
3. Canadian Army Medical Corps courses.

Previous to obtaining such a certificate the candidate must qualify in infantry training, Parts (I) and (II), at one of the Schools of Infantry, and subsequently he must obtain a certificate of equitation at one of the Schools of Cavalry.

Candidates must be also qualified practitioners according to law, and may not be over 45 years of age.

Speaking for my own district (No. 2) I can say that out of more than thirty Army Medical Corps officers not more than three or four have still to qualify, and the same proportion obtains among the regimental medical officers. This is not the time nor the place for detailing the syllabus of training and instruction. Suffice it to say that it covers the essentials, and makes it possible for the young officer by subsequent experience and attention to duty to become thoroughly efficient.

In closing, I must not omit to direct attention to the great value of the services rendered by the dental surgeons, one of whom is attached to each field ambulance for the annual training, and who are daily called upon to treat the commoner dental affections elicited by sleeping on the ground, exposure, or change of food.

THE TREATMENT OF ECZEMA BY THE ROENTGEN RAYS.

BY CHARLES LESTER LEONARD, A.M., M.D., PHILADELPHIA,
Late President of American Roentgen Ray Society.

To understand the variations in technique essential to the successful treatment of eczema by the Roentgen method, the polymorphous expression of this disease must be understood fully. These variations appear frequently in the same individual, but often must be recognized in isolated manifestations. The intensity of the process being responsible for its characteristics, while it is chiefly confined to the epithelium, yet ulcerative processes, in severe cases, may expose the chorium, while secondary infection often complicates and masks the disease.

These varying stages point to variations in the resisting powers of the surrounding normal cells and those involved but not destroyed by the process itself. Variations in treatment are essential to its successful adaptation, and are based on the manifest condition of cellular vitality each stage presents.

Eczema is one of the superficial conditions in which the Roentgen method has been shown to have power to promote the absorption, destroy pathologic cells, increase the vitality of the normal cells and restore the tissues to a normal condition without scarring. Since the disease does not threaten life, and the cure is undertaken for cosmetic reasons in the majority of cases, it is essential that the rays be used with the utmost care in order to avoid any disfiguring after-effects. In the majority of cases the suderiferous glands and hair follicles are but mildly involved, and care must be taken not to injure them.

The etiology of eczema is unknown, and the results of the Roentgen treatment have made it even more indefinite. They have shown that an agent acting in purely a local manner can cure cases of all degrees of severity and in all situations, the acute and the chronic, without systemic medication. These cures have been permanent, and have been accomplished in chronic cases that have defied expert treatment for years. They have thus discredited the plea and theory of systemic deficiency, often advanced in chronic cases as a reason for their rebellious chronicity. They have demonstrated that this agent acting locally, by destroying pathologic cells and stimulating normal cells to renewed vigor, can restore the normal and ensure permanent vitality to the tissues.

These results can only be accomplished by employing the Roentgen rays in due proportion to the conditions present and the results demanded. It is an agent capable of producing effects

varying from the mildest stimulation to the destruction of pathologic cells, absorption by normal processes or total destruction of the healthiest and most highly vitalized tissues.

An agent possessing such a wide variation in physiologic action must be used with circumspection, but if it is not used with sufficient energy, where the lesion demands it, successful results cannot be expected. Those lesions that resist this method of treatment, resist it because the necessary quantity and quality have not been adapted rightly to the particular case in hand. While almost any kind of Roentgen treatment will cure a case of eczema if persisted in long enough, if Roentgen rays of not too high penetrability are developed, the treatment is hastened and the results are best when the dose, in quantity and quality, is adapted to the particular characteristics of the individual lesion and case.

In determining this dose, the character of the lesion, its chronicity, and the vitality of the patient must be taken into consideration. It is impossible to make cells grow and to cause pathologic processes to become absorbed unless there is nutrition to stimulate. Fortunately the theory of systemic deficiency has become widely known, and the majority of cases come to us in good physical condition. When this is not the case, general remedial measures to build up the system if possible in conjunction with the family physician, are to be employed as local stimulation and alterative effects cannot result in a cure unless the cells have something to build on. Increased nutrition is essential to increased vitality.

In mild cases simple stimulation is sufficient to produce healing and mild stimulant doses should be employed. These cases are generally curable by older methods and they are seldom referred before they become chronic.

In the chronic squamous variety, with an absence of ulceration and infection, the local condition of the skin is poor; nutrition is low and there is little vitality. In these cases too severe primary treatment is liable to result in a severe dermatitis. The alterative effect is to be produced and absorption stimulated, but not too rapidly. The tube employed in such cases has an equivalent parallel resistance of about one-fourth of an inch, while the cathode stream is distinctly visible. The platinum is placed six to eight inches distant from the skin, the current being regulated to one and a half to two milliamperes. It is better in these cases to avoid a new tube, or if a new tube is used, an aluminum filter should also be employed. New tubes at such low vacua are particularly active, and unless a milliampere reading is employed to gauge its action serious results to the vitality of the skin may result. Such severity of action is sometimes necessary in obstinate cases, but the clinical experience of the operator must guide him,

and experimental knowledge obtained by milder dosage in the same case must be obtained previously before so severe a dose is employed. In the chronic cases of the squamous variety such mild treatment and dosage should be continued until a mild erythema results, when treatment is suspended until the result of the treatment can be noted. If the lesions do not yield a more severe dose can then be employed at longer intervals, say, twice instead of three times a week and the healing process hastened, for by this time the vitality of the normal cells will have been increased so that they will not be endangered.

In the treatment of lesions on the face, and in particular lesions of the squamous type and the variety known as orbicularis oris, the utmost care must be used not to exceed the erythema, although its production may sometimes be necessary, especially in the cracks at the angles of the mouth. These deeper lesions should be treated separately, through small openings in the protecting lead, and stronger doses should be applied until resolution and absorption take place.

In those forms of eczema where infection is present and secondary glandular infection can be noted, the treatment must be more rapid and severe. These cases generally have been subjected to severe treatment with caustics, cauterants and curetting, until the tissues will withstand all but the most severe treatment. Powerful and massive doses are demanded and can safely be applied if the operator's clinical experience has fitted him to note the necessary reaction immediately as soon as it has been produced. Such treatment is dangerous in the hands of the inexperienced operator but these cases demand such a treatment to effect a cure.

The technique of treatment thus consists in the employment of tubes of very low vacua, their effect to be varied by the distance of the tube and its platinum from the skin, the amount of current passing through the tube, the frequency of the application and the employment of filters, either of aluminum between the patient and the tube, or the coating of an old tube within itself, the variation in dose depending initially on the character and history of the particular lesion and the condition of the patient, and, finally, on the reaction of the pathologic and the normal tissues to the treatment employed.

In no line of therapeutics is the dictum more true than in Roentgen therapy that the best results are obtained by applying the remedy in physiologic dose to the individual patient, making it strong enough to accomplish the results and no stronger. One of the greatest defects in Roentgen treatment to-day is that timidity in dosage, which is bred of ignorance and married to inexperience.

Selections, Abstracts, Etc.

SURGICAL ANESTHESIA.

LOCAL DRUG ANESTHESIA.—The three local anesthetics at present available for topical applications—instillation and injection—are cocaine, B-eucaine, and stovaine. The dangers of cocaine when injected in concentrated solutions have rendered the surgeon very cautious in its use. The risk has been much reduced by the simultaneous employment of extracts of the suprarenal glands. Reclus practically makes use of infiltration anesthesia fortified by addition to the solution of a small amount of cocaine. He employs a 1 per cent. solution for the cutis, and a more dilute solution for the deeper structures. He limits the amount of the salt injected to 0.19 gramme. Schleich's method has to a great extent replaced Reclus'. Schleich employs three solutions: the first, which is fortified by the addition of morphine hydrochlorate, contains 0.1 per cent. of cocaine—this he employs for skin anesthesia; for deeper and less sensitive structures he uses one containing only 0.01 per cent. of cocaine, while into hyperesthetic areas he injects a 0.2 per cent. solution. The first injection is made into a small point rendered analgesic by the ethyl-chloride spray. This raises a wheel, into the border of which the subsequent injections are made, until the whole cutaneous area of operation is rendered anesthetic. The deeper layers are treated in a similar way. One hundred c.c. of the normal solution can safely be injected in the deeper layers, as the major part of the fluid drains out when an incision is made, and the rest is very slowly absorbed. The addition of adrenalin to Schleich's solution for deeper tissue anesthesia is of value, as it limits absorption and prolongs the anesthesia.

Both B-eucaine and stovaine are less dangerous than cocaine, the lethal dose of eucaine being about one-quarter and that of stovaine one-third to one-half that of cocaine. Neither eucaine nor stovaine exhibits the vaso-constrictor effects of cocaine; on the contrary, it must be stated that stovaine produces some dilatation of the capillary vessels, besides exerting a tonic action upon the heart. The sensation in the parts after the use of stovaine is less unpleasant than after the application of cocaine. The analgesic properties of stovaine and B-eucaine are little, if at all, inferior to those of cocaine.

The three questions of moment which concern the use of locally

acting anesthetics are: the duration of the anesthesia, the extent of the area to be dealt with, and the amount of the drug that can with safety be employed.

The duration of cocaine, stovaine, and Eucaine anesthesia may be prolonged by retarding the local circulation. Prolonged insensibility can best be secured by admixture with the local anesthetic of adrenalin, hemisine, or some of the various suprarenal gland extracts. Where these vaso-constrictor glandular products are employed with the local anesthetic analgesia is more slowly developed than when the anesthetic agent is employed alone. The time required to allow local insensibility to become fully developed has an advantage. Where the analgesic agent is employed alone, the edematous condition of the tissues somewhat masks the anatomic details; by allowing time for this artificially produced edema to subside, the field of operation is rendered clearer.

The question is sometimes asked whether it is better to inject the adrenalin in combination with the local analgesia or to allow time for local insensibility to be established before venturing upon its use. In our own practice we have been guided by the following considerations: It is always desirable to rapidly develop cutaneous analgesia, so that, in making the early skin injections, we consider it better practice to use no suprarenal extract. When cutaneous insensibility has been established, we combine the glandular extract with the local anesthetic agent for the deep injections. This limits the time of waiting to about twenty minutes, allows time for the edema to subside, and annuls sensation for a couple of hours.

In order to spread the anesthetic over large areas we require a large enough quantity of the fluid medium at our disposal. A solution of sodium chloride (0.5 gramme to 100 c.c. of distilled water) is the best menstruum. From 100 to 250 c.c. of this solution is sufficient for most cases. Given due consideration to the toxicity of the various substances, we find that it is seldom safe to exceed 0.17 gramme of cocaine used in combination with adrenalin, 0.30 gramme of eucaine, or 0.25 gramme of stovaine. This is the maximum limit which we allow ourselves.

In using any local-acting anesthetic it were well to remember: (1) That sterilization of the syringe is a very necessary precaution. If the sterilizing solution contains any trace of boric acid, the syringe should be thoroughly washed out with boiled distilled water before being used for stovaine. (2) The analgesic solution should be sterile; cocaine solutions must always be freshly made; eucaine and stovaine solutions stand heating to 150 deg. F., as they do not undergo decomposition. (3) Rapid injection is to be avoided; sudden distension causes an unpleasant feeling, if

not actual pain. (4) The fluid used should not be too hot or too cold, for the same reason. And, lastly, all dragging on the parts during operation should be avoided, lest structures beyond the area of infiltration be pulled upon. This last rule requires to be strictly adhered to, as the anesthesia caused by local injections does not extend to the abdominal viscera, and the handling of these organs causes both shock and pain. For abdominal sections, regional or spinal anesthesia should be employed. These operations are utterly unsuited for local anesthesia.

In indicating the sphere of utility of local anesthesia, it were well to insist that whilst all three agents are equally available for operation on the soft parts, B-eucaine is not absolutely satisfactory in operations involving the division of bones and cartilages, and stovaine is open to the same objection, but to a lesser extent. When fortified by the addition of a minimal amount of cocaine and morphine, stovaine solutions answer admirably. Tracheotomy is an operation specially suited for local anesthesia. General narcosis only adds to the difficulties of the operation, whilst under local anesthesia the operation is rendered practically bloodless, and can be carried out with great rapidity, deliberation, and satisfaction. The combined stovaine and adrenalin solution renders it practically painless and bloodless. The area anesthetized should be somewhat larger than that of the operation, to prevent pain from dragging on the parts during blunt dissection. Twenty minutes should be allowed for insensibility to be established before the operation is commenced. In ophthalmic practice all operations upon the cornea and conjunctiva, including cataract extractions, may be performed under instillation of a locally-acting anesthetic. Cocaine is the anesthetic of choice; eucaine and stovaine cause more smarting and less analgesia. Stovaine also causes a slight epithelial desquamation. When used by subconjunctival injection, stovaine appears to be superior to cocaine as far as insensibility goes. The combined use of stovaine and cocaine is, however, preferable to the use of either alone. In dental practice, more particularly tooth extraction, stovaine stands unrivalled. Its instillation causes an inconsiderable amount of pain, and no subsequent indisposition. In work upon the throat, nose, larynx, and ear, stovaine has a great future. In nasal work a 5 per cent. solution of stovaine answers as well as a 10 per cent. solution of cocaine. In operations upon the septum the infiltration method of anesthesia is imperative, as mere painting does not answer. In ear cases instillation of stovaine meets all requirements. In operations upon the larynx the application of a tampon, soaked in 20 per cent. solution of stovaine and powdered over with some of the same substance in its raw state, allows of perfect access. For operations upon the rectum and anus we much prefer regional or

spinal anesthesia; still, in the case of so simple a matter as the division of a fissure or the opening of external fistulæ local injection answers well. In general surgical practice, for the removal of wire sutures, small tumors, etc., stovaine is the anesthetic of choice.

REGIONAL ANESTHESIA.—This method, which owes its introduction to Oberst, essentially consists of the injection of a local anesthetic into the area surrounding the efferent sensory nerve. The local circulation has to be arrested for this purpose, so that Oberst's method is limited to operations upon parts where the circulation can be readily strangled by an elastic bandage. The objection to its use is that the after-pain is troublesome. Hackenbruch's method of circular anesthesia is another variation of the method of regional anesthesia, and Brann's combined procedure the best of the three. For anesthesia by this method we much prefer the combined use of stovaine and cocaine to Hackenbruch's formula. In rectal surgery, injection made in the neighborhood of the four chief nerve trunks allows of free relaxation of the parts and a bloodless field for operation if adrenalin is combined with the injection. The ligation of piles, the removal of polypi, and a very complete examination of the rectum can thus be made without causing either pain or inconvenience.

SPINAL ANESTHESIA.—This last and most promising of the methods of surgical anesthesia resembles great narcosis in the extended field it offers for operations, and exceeds local analgesia in the security it affords from untoward effects of general anesthesia. In traumatic surgery of the lower extremities, in operation upon the testes, rectum, and lower half of the body—say, herniæ—spinal anesthesia eliminates the risk of shock and abolishes pain. In operations upon the hip-joint, where general unconsciousness is needed, a whiff or two of chloroform secures this end, while the spinal injection insures the required analgesia. The anesthesia attained by this method is very complete, and patients can be operated upon within two minutes from the time of making the injection. Where stovaine is the anesthetic employed—indeed, it may be said that stovaine is alone suitable for administration by this method—signs of intoxication are usually absent. We have had, however, reported to us a case in which sickness and poor pulse were noticed. The anesthesia was, however, excellent, and the symptoms did not interfere with the carrying out of the operation—cure of left varicocele. As the general symptoms were marked, and began before the spermatic cord was pulled about, they seem to be due to the anesthetic. The amount used was $\frac{1}{2}$ c.c. In four cases it was noticed that the anesthesia was accompanied by a temporary paralysis of the lower extremities. This effect lasted for two or three hours after

the operation. In none of our cases did hyperesthesia follow the infiltration. In one case—male, aged fifteen, operation left varicocele—no anesthesia was present; after waiting twenty-five minutes, the operation was completed under general anesthesia. Such a result is, however, very rare.

To the general practitioner, who is oftentimes called upon to perform emergency operations without skilled assistance, spinal anesthesia by stovaine injection affords singular advantages. To the specialist, who has to face the danger of major operations upon the abdominal viscera and the hip-joint, it is equally serviceable, as it presents so many points of interest. In fact we may, with Rattner, say "stovaine is a very valuable drug, and one likely to revolutionize the anesthesia question."—*Treatment*, London, Eng., Jan., 1906.

HOW IT 'STRIKES A CONTEMPORARY.

IN an address delivered before the Royal Medical Society of Edinburgh, on October 26th, Sir Dyce Duckworth took a somewhat gloomy view of the present state of things in the commonwealth of medicine. He said its dignity seemed to have declined in recent years. This he attributed partly to the fact that the average modern physician was not, as formerly, a man of general scholarship and wide learning; partly to the inflated pretensions of some members of the profession, and to the inherent inaptitude of not a few of them to adapt themselves to their varied social environment. While we admit that the profession is yet far from being what it should be in an ideal state of society, we venture to think that Sir Dyce Duckworth has drawn too sombre a picture. We would, therefore, ask our readers to compare it with another drawn by an artist who will not be suspected of a wish to flatter us. In his recently-published *Social Silhouettes*, that keen critic of contemporary life, Mr. G. W. E. Russell, gives a place in his portrait gallery to "the doctor." It is always interesting, and sometimes instructive, to see ourselves as others see us, especially when the eyes that look upon us are those of an intelligent observer. Mr. Russell knows English Society, with and without the capital "S." of the present day as few men have the opportunity of learning its various aspects, and, in the words of Hamlet, he shows the age and body of the time its form and pressure. He is equally in his element in portraying the public schoolboy, the schoolmaster, the don, the clergyman of every grade from curate to bishop, the politician, the squire, the soldier, the city man, the professional philanthropist, and the clubman. For some reason he fights shy of lawyers. The doctor he handles

with unexpected tenderness; this may, however, be in the spirit of Izaak Walton's advice to the angler, that he should deal with the worm gently as though he loved him. He points out the vast difference between the doctor who takes our temperature to-day and the doctor whom Dickens drew. The change, he says, is not so noticeable on the higher rungs of the professional ladder. "In Harley Street and Grosvenor Street, and Brook Street, where dwell the medical baronet and the F.R.S., solemn plausibility still holds its own." The oracle of Cavendish Square, having to wean a dyspeptic patient from a breakfast of curried lobster, said in an aphorism "of almost Pauline dignity," "I seek to impose a yoke upon you that you may be truly free." Still, we are told, the great men of the profession maintain the grand manner and impressive devices of the past. Still they recommend a diet at once light and nutritious; still they prescribe change of air, gentle exercise, a complete freedom from anxiety, and a winter in the South of France. Still they assure us that there is no appearance of danger, and when the patient dies, murmur with the most magnificent gravity, "Of course, after what I said at my last visit, this catastrophe has not taken you by surprise." All this, says Mr. Russell, goes on every day as it has gone on from immemorial time, and will go on as long as human nature is subject to illness and amenable to humbug. We hasten to explain that the word "humbug" used in connection with consultants is not ours but Mr. Russell's. It may be pleaded in excuse for him that *rien n'est sacré pour un sapeur*. Sir William Broadbent once said, in a magazine article, that a touch of charlatanism goes far to constitute the fashionable family doctor. If the family doctor cared to retaliate, he might quote Mr. Russell, but the controversy would scarcely be edifying. It is in the lower orders of the professional hierarchy that, according to the author, the greatest changes are seen. Bob Sawyer and Ben Allen and their kind have disappeared. "The young medico of the present day is a pleasant youth of gentlemanlike manners, with a moustache, frock coat, and patent leather boots; or, when he is off duty, a pink shirt, a parti-colored suit, and tan shoes." As likely as not, he is a graduate of Orford or Cambridge, and collects prints or china, paints in water colors, or sings in a choir, and takes his blameless recreation at golf or lawn tennis. Often he is a vigorous athlete; not seldom he is a sportsman. "Not for our budding doctors are the joys of beer and All-Fours, which delighted Dr. Haggage (of 'Little Dorrit'), the pork chops and brandy on which Bob Sawyer feasted, or the 'stunning gin-punch' which Sam Fluxter proffered to Arthur Pendennis." They are smart, well-mannered, and well-educated young men, who know a good glass of champagne—even, we may add, though they

may believe its therapeutic virtue to be *nil*. "They frequent the opera and criticize Mr. G. B. Shaw's plays, and they learn before they are thirty to practice that dignified self-restraint and that mysterious air of knowing a great deal more than they choose to say, which form so important a part of their professional equipment." With these advantages the young doctor can scarcely fail to get on. "His appearance, his voice, his social stamp, his liberal education, all stand him in good stead." In due time he makes his mark. He becomes the friend and adviser of one family after another, and puts the crown on his rising fortunes by marrying the only daughter of Sir Grosvenor Le Draughte, who brings him £30,000 and the reversion of the paternal practice. We welcome this testimony of a writer who can scarcely be regarded as biassed in favor of the medical profession, to the immense improvement which has been brought about, mainly by the larger education and better technical training of modern doctors, but partly, too, by the increasing enlightenment of the public mind, which enables it more and more to understand the aims of scientific medicine and to appreciate the work of those who are striving to enlarge the scope of its usefulness. Mr. Russell has painted only the outside of the modern doctor, but considering the coarse caricatures which are still too common, it is something to be thankful for that he has produced a picture which, on the whole, is pleasing and attractive.—*B. M. J.*

THE KHARTOUM LABORATORIES.

DR. BALFOUR, the Director of the Wellcome Research Laboratories* at the Gordon Memorial College, Khartoum, has just brought out his second report of the work accomplished at that institution during the last year. The growth of this research laboratory has really been phenomenal. Starting in 1903, its first report, which appeared in the autumn of 1904, included an account of the work performed during the first year of the institution's existence, that is to say, down to the end of January, 1904. Since that date quite a large staff has been got together. In addition to the director, the laboratory can now boast of a chemist, a travelling pathologist and naturalist, an economic entomologist, two assistants, and a clerk, while Mr. F. V. Theobald, the author of the well-known book on mosquitoes, has kindly acted as consulting entomologist, and Mr. Austen, of the British

*Second report of the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. Andrew Balfour, M.D., B.Sc., F.R.C.P. (Edin.), D.P.H. (Camb.), Director, Fellow of the Royal Institute of Public Health, Member of the Epidemiological Society, the Incorporated Society of Medical Officers of Health, etc. Khartoum: Department of Education, 1906. (Demy, 4to, pp. 225.)

Museum, always ready to help in subjects dealing with the identification and classification of *Diptera*, has rendered valuable assistance. Such a permanent staff of course means the expenditure of a good deal of money, and to Mr. Wellcome belongs the credit of having supplied this very necessary article. In the state of scientific research in England at the present day, it is extremely gratifying to find a wealthy Englishman expending some of his money on an object such as this, for it is by such institutions for scientific work and observations as this that humanity will benefit in the near future. The report, looked at as a whole, shows throughout its pages the same munificence as has been expended on the founding of the laboratories; no expense has been spared in its production, the best artists have been enlisted to color its pages, the paper on which it has been printed is of the best, the photographs so abundantly interspersed throughout it are excellently reproduced and the binding and general arrangement could not be improved upon. In addition to all this, however, the scientific work and general observations contained in it are good, and this, after all, is the most important factor, that on which the thing judged must stand or fall. Mr. Wellcome has certainly been fortunate in getting the services of Mr. Terzi to delineate the various flies. His work is deservedly becoming well known, owing to his beautiful drawings of the tsetse and other flies for the British Museum, and for Mr. Austen's various monographs on those subjects, and it is not too much to say that they will remain as standards of excellence for many years to come. Such work, we are aware, is often too poorly remunerated, but we are sure that a man of Mr. Wellcome's generosity will have seen to this, and rightly so, as the drawings greatly enhance the value of the report. Mr. Richard Muir, of Edinburgh, has also been fortunately chosen as the artist for the colored representations of the various blood parasites which illustrate some of the different articles; his plates are beautifully drawn, and have been excellently reproduced. In addition to these works of art many photographs of natives, insects, country scenes, etc., give character to the report, which consists of an introduction, fourteen different papers on mosquitos, flies, blood parasites (hemogregarines, leucocytozoa, trypanosomes), routine work, miscellaneous notes, a report by the travelling pathologist, and a report of the chemical laboratory. A list of illustrations and an index are provided. Dr. Balfour contributes the first paper, dealing with mosquito work in Khartoum and the Anglo-Egyptian Soudan generally. It contains nothing new, but is interesting nevertheless, especially as it backs up Professor Ross in his contention as to the value of mosquito destruction. Dr. Balfour writes: "For something considerably under £100 per annum, Khartoum

is kept practically free from malaria, and the inhabitants are secured, to a very great extent, from the persistent and annoying attentions of these winged pests, which, as a rule, add so much discomfort to life in the tropics. I do not think the above is a large sum to pay for such immunity." Such a statement speaks for itself and shows what can be done. Mr. Austen classifies a number of blood-sucking flies and other diptera in his usual care-manner, amongst these being two new species and one subspecies of Tabanidæ; he rightly calls attention to the fact that it is important that material for identification should be sent home in proper condition. Mr. Theobald writes some interesting descriptions of mosquitos and other insects. A paucity of material is evident in some of these—for example, the new species *Culex rubinotus*, is described from two females alone, no males, larvæ, or pupæ having been forwarded, but on the whole perhaps it is better to note their occurrence now and wait for those omissions to be supplemented later. The most important paper in the report from the purely scientific standpoint is that by Dr. Balfour on "A Hemogregarine of Mammals." This may lead to far-reaching results, because before this discovery parasites of this nature were only supposed to exist in cold-blooded vertebrates. The life-history of the parasite in the jerboa, the animal in which it was found, is carefully worked out, and attempts have been made to find its extra corporeal phases in fleas and mites. The experiments, however, are not exhaustive enough, and will have to be worked out in greater detail. The finding of parasites (*Critidia*) of the flea itself is of great value in supporting Ross in his view that Schaudinn's work on the development of *halteridium* in mosquitos requires revision, and the author might well follow this point up. The chapter on trypanosomiasis in the Anglo-Egyptian Soudan consists largely of a long series of animal experiments which do not afford very interesting reading and might have been abridged considerably, especially so as the conclusions are not very far-reaching, the most important being the discovery of what Laveran believes to be a new trypanosome in cattle, to which he has given the name *T. namum*. The travelling pathologist's report contains some useful information on trypanosomes and embryo filariæ; but his time seems to have been rather injudiciously mapped out, 40 days out of 127 for actual scientific work being very small, and a freer hand should have been given him in his work. A memoir by Dr. Bean, the chemist, on the chemical laboratory brings this very interesting report to a conclusion; in it some very useful economical information is given, and all that remains is to congratulate Dr. Balfour and his collaborators on the success of their work.—B. M. J.

ABSTRACTS.

Relapsing Aphthous Stomatitis.—F. Schilling (*Zentrallbl. f. inn. Med.*, May 19th, 1906) describes a form of relapsing aphthous stomatitis which occurs in adults with defective teeth. Aphthous stomatitis in infants consists in circumscribed patches of fibrinous exudation in the mucous membrane of the tongue, cheeks, and gums, and is usually accompanied by malaise, pyrexia, and enlargement of the submaxillary lymphatic glands. It occasionally occurs in small epidemics, and is communicable by the common use of spoons or teats of feeding bottles. Various diplococci, streptococci, and ovoid bacteria have been described as the cause. In adults aphthous stomatitis may accompany diseases of the stomach, the acute exanthemata, and phthisis. But a relapsing form has not been described. This occurs at irregular intervals, usually every four or five weeks, and produces great pain and difficulty in swallowing, masticating, and talking. Patches are frequently situated beneath the tip of the tongue, in which position they are exceedingly irksome. The writer was at first at a loss to explain the origin of this complaint, but eventually found that it was due to oral sepsis from periodontitis and neglected stumps. A lesion of the mucosa, which is usually due to an ill-fitting plate or the sharp edge of a carious tooth, is the exciting cause of a relapse. Possibly this explains also the frequency of aphthous stomatitis in infants during dentition. These aphthæ are often ascribed to a disordered stomach, but they are curable by the dentist, and not by the gastric specialist. In addition to frequent brushing of the teeth, and the use of a disinfectant mouth wash (3 per cent. solution of peroxide of hydrogen), the plate should be nightly placed in a 4 per cent. formaldehyde solution.—*B. M. J.*

Insanity and Tuberculosis.—Marie (*Revue de Médecine*, July 10th, 1906) discusses the intimate relationship between mental disorders and tuberculosis, the chief causes leading to the excessive mortality of asylum patients from tuberculous disease, and the means which may be adopted to prevent spreading of contagion, and to lower the incidence of the disease in asylum patients. Numerous observations have shown the close association existing between mental disease and tuberculosis; thus, of the children of one family some become insane, others die from convulsions or meningitis, others become phthisical. The great causes of the dissemination of tuberculosis in asylums are the unclean habits of the patients, and the neglect to properly dispose of the sputum and other excretions of those suffering from tuberculosis. Infected sputum may be expectorated on to the floor,

bedding, linen, etc., and when dried affords facility for the wide dissemination of tubercle bacilli. Owing to the fact that the insane usually swallow their expectoration, in those affected with pulmonary phthisis a great liability to the development of tuberculous disease of the intestines exists; the dejections of these patients being frequently deposited wherever the patient thinks fit, another source for the dissemination of tubercle bacilli is provided. As a result of inquiries made by scientific societies in England and America it appears that the following are the chief causes for the special frequency of phthisis in asylums: (1) Overcrowding, with resulting insufficient air for the patients, especially at night; (2) insufficient time of patients in open air; (3) defective ventilation and firing; (4) improper habits of the patients and insufficient disinfection of the linen; (5) vices of alimentary régime. In Germany, whilst the death-rate of the whole population from tuberculosis is 0.39 per cent., in an asylum for idiots Dr. Wulff found it to be 1.3 per cent. In the asylum of Hofheim Dr. Oswald found it to be 25.12 per cent. From Dr. Clouston's statistics the death-rate from tuberculosis of lunatics in Scotland is 27 per cent., whilst according to Harrington 60 per cent. of the asylum patients in America die of tubercle. With a view of reducing this great mortality of insane patients from tuberculous disease the following remedies have been advised: (1) Early diagnosis; (2) isolation of all infected patients; (3) construction of smaller asylums; (4) prevention of overcrowding, and an increase of the air space for each patient; (5) diminution of the number of beds in each dormitory; (6) a more complete system of ventilation; (7) suitable measures to prevent the spreading of the disease by the sputum; (8) inspection of alimentary régime; (9) construction of special hospitals and sanatoriums.—*B. M. J.*

New Method of Bone Union.—*R. G. Anderson* (*Journal of the Royal Army Medical Corps*, London, March) describes methods that involve the use of simple contrivances and obviate the necessity for drilling bone and using wire. The contrivances employed are called by him the medullary spike and the bone fracture clamp. They depend for their effect in the one case on the support of the medullary cancellous tissue alone, and, on the other, on the sole support of the compact bone. The medullary spike consists of a double-pointed steel spike, divided by a raised flange into two unequal lengths, each from a quarter to two inches long, and varying according to the necessity of the case, alterations being made, if necessary, during the operation by means of a file or cutters. The fracture clamp is a simple instrument, consisting of two toothed jaws, each formed by the junction of small parallel steel rods, armed at their extremities with sharp spikes,

and joined centrally by a free pivot, so allowing their close adaptation to any inequality of surface or variation of position which may be considered advisable. The jaws grasp the bone on either side of the fracture and are placed, one superficially, the other deeply. They are joined by a tension-screw of fine steel, which pierces the pivots and passes directly through the line of fracture, to the obliquity of which it accommodates itself accurately. The tension wire, some three or four inches long, is finely threaded and provided with a minute nut, which can be screwed down, thus clamping the jaws firmly home to any required position, after which any surplus is filed off and discarded. The medullary spike, used by itself, is admirably suited to most cases of transverse or moderately oblique fracture in shafts with a small central cavity. These include all the long bones with the exception of the femur, humerus and tibia, and also in all packed cancellous extremities and in one of parallel bones in which the sound bone acts as a natural splint to its broken companion. The fracture clamps are suited to almost any break, if not too oblique or spiral in direction, and if, in such oblique cases, no more transverse position can be utilized. The method of application of both spike and clamp are described in detail.

Perforated Ulcer of Duodenum.—S. M. Smith (*The Lancet*, London, December 31st) reports 14 cases. In 9 of these there was a history of preceding digestive disturbance, but in only 3 were the previous symptoms suggestive of duodenal ulceration. Melena did not occur in any case, and hematemesis occurred in only one case. In most instances the perforation took place while the patient was at work—in 2 cases while lifting a heavy weight. The characteristic sudden severe pain in the abdomen was the initial symptom of perforation in every instance. The pulse rate at the time of examination in 10 cases was from 100 to 144, in 7 of these over 120. Smith regards the following as important localizing symptoms: 1, The history may suggest duodenal ulcer; 2, the localization of the original pain of perforation to the right hypochondrium; 3, symptoms referred to the right side of the abdomen and most marked in the appendix region, but with a definite history of onset in the right hypochondrium. In 2 cases the ulcer was excised; in 4 cases it was sutured; omental grafts were made use of in 3 cases. In 7 cases general and profuse irrigation of the peritoneal cavity with hot normal saline solution was employed. Of these 7 patients, 5 recovered. In 4 cases the peritoneal cavity was mopped out with moist swabs. Of these 4 patients all died. In none of the cases was drainage dispensed with; in 4 it was suprapubic and epigastric; in 5 it was suprapubic, epigastric and right lumbar; in 2 it was epigastric only. Of the first set, 2 patients recovered, but one of these had to be

drained in the right lumbar region after a few days. Of the second set 3 patients recovered. Of the last set none recovered.

The Cystoscope.—D. Newman (*British Medical Journal*, March 31st) discusses the cystoscopic appearances in some diseases of the bladder and kidneys, and describes a method of illustrating diseases of the bladder and the appearances in renal disease by the opaque projector. He summarizes his findings as follows: 1. When one orifice is altered and the other normal, the renal lesion is on the side of the abnormal ureter, and the character of the deformity of the orifice may indicate the nature of the renal lesion. 2. Active congestion and swelling of the mucous membrane in the neighborhood of the orifice and along the line of the ureter, also swelling and pouting of the lips, denote acute irritation of the pelvis or parenchyma of the corresponding kidney. 3. A dilated orifice, the lips being sharp and clearly defined, the mucous membrane between the lips acutely congested, while the color of that of the bladder is little changed, denotes recent and acute inflammation or mechanical irritation in the corresponding pelvis. 4. A dilated orifice, the lips being thickened and only slightly rounded, the mucous membrane between the lips of a dark-red color, while the mucous membrane of the bladder is deeply injected and pigmented, especially along the line of the ureter, denotes descending ureteritis with dilatation. 5. An elongated or dilated mouth with hyperemia of the lips indicates acute inflammation of the parenchyma or recent distension of the renal pelvis. 6. A punched-out orifice, marked thickening of the lips, induration and congestion of the surrounding mucous membrane, indicate a dilated ureter with ascending ureteritis, the infective process extending along the surface by continuity. 7. A pinhead opening one well-defined ridge of deeply-pigmented mucous membrane denotes induration of the walls of the ureter from ureteritis, the infective material being conveyed from the primary focus in the kidney or bladder, principally through the lymphatic channels. 8. Pinhead contraction of the mouth without other vesical changes denotes spasm induced by the presence of a rough calculus impacted in an irritable ureter. 9. Inflammation of the mouth and thickening of the lips, with inflammatory changes limited to the mucous membrane immediately surrounding the ureter orifice, denotes mechanical irritation of old standing. 10. Simple dilatation of the mouth, without much thickening of the lips, and with congestion limited to the orifice and neighboring parts, suggests mechanical irritation of recent origin.

Thyroid Treatment of Obesity.—Rheinboldt (*Zeitschrift f. klinische Medizin*, Berlin) describes experiments with dogs showing the remarkable efficacy of thyroid extracts in reducing weight.

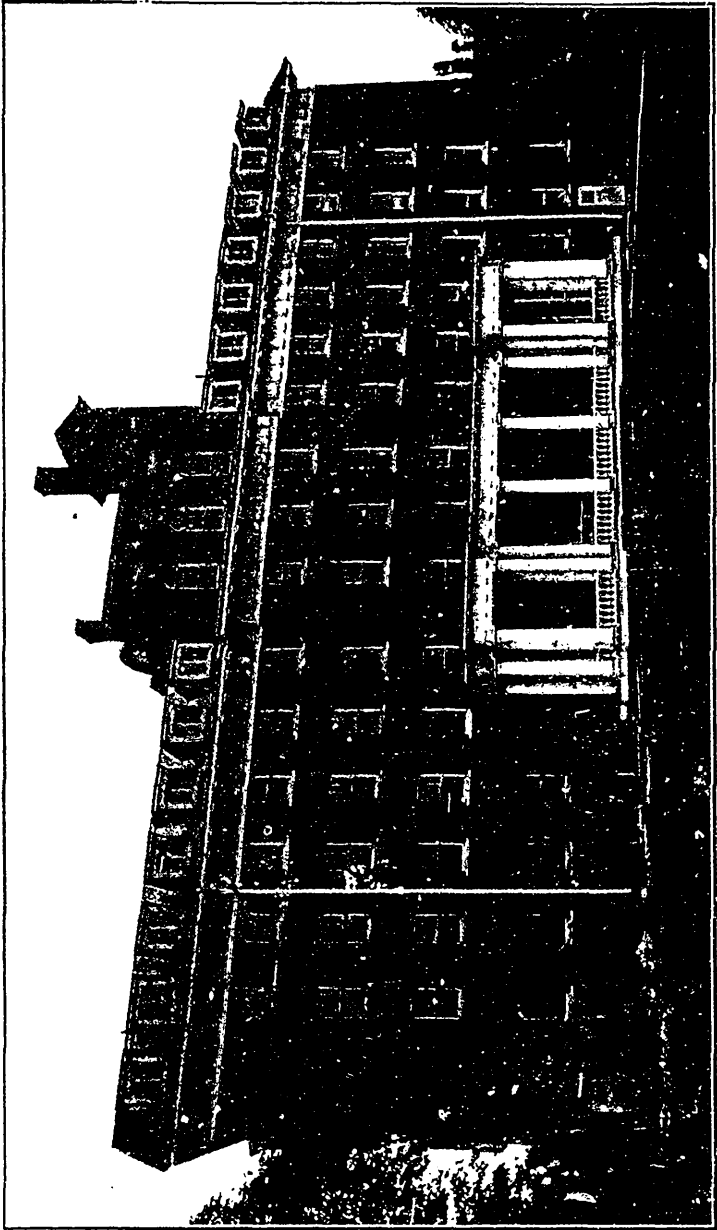
The by-effects of thyroid treatment have been most numerous in the past when it was applied in obesity, as it is in this, that abuse of the preparation is most common. Some of the symptoms observed have evidently been the result of damaged goods, the syndrome suggesting that of sausage poisoning. These mishaps are growing constantly rarer, as the thyroid is not being used so much in its natural form. Under thyroid treatment, he continues, efforts must be made to insure abundant feeding, especially with copious amounts of albumin. The treatment of obesity is favored by undertaking it during a period when the organism, on account of preceding under-feeding, is inclined to take up more albumin than usual. He will report later his experiences with patients treated on these principles.

Mercurial Inunctions and their Action on Urinary Organs.—

C. Klieneberger (*Zeitschrift f. klinische Medizin*, Berlin) describes the findings in 37 cases after mercurial inunctions. They prove that this method of treatment is not so harmless as generally supposed. Changes in the urine develop almost constantly and are due to the action of the mercury on the secreting parenchyma of the kidneys. As this effect occurs early and after small doses, when manifest albuminuria develops the kidneys are already severely affected and general mercurial intoxication installed. As mercury is such an efficient remedy, we cannot dispense with it, he adds, but we should not give it for a long time and without sufficient grounds in chronic nephritis, and even in that case it should be suspended if indications of serious albuminuria develop and casts are found in the urine.

Technic for Absorbing the Carbon Dioxid in Confined Air.—

A. Gréhan's (*Bulletin de l'Académie de Médecine*, Paris) previous communication on this subject of regenerating vitiated air was mentioned in these columns on page 390. He shut up a dog in a cylinder and in four hours found that the air in the cylinder contained 127 times as much carbon dioxid as pure air, and in eight hours 185 times as much as pure air, or 5.5 per cent. The next day he repeated the experiment, but connected the cylinder with his apparatus for absorbing the carbon dioxid. At the end of two hours the air in the cylinder contained 6 times as much carbon dioxid as pure air; at the end of six hours, 5.6 times, and at the end of eight hours only 5.3 times as much. The proportion of oxygen in the air in the cylinder at the end of eight hours was 13.4 and 14 per cent. in these experiments. He thinks that the results obtained warrant the assertion that with his absorbing apparatus and a little extra supply of oxygen, it will be possible for human beings to breathe and to live even in absolutely confined air.



NURSES' RESIDENCE—THE HOSPITAL FOR SICK CHILDREN, TORONTO. See page 53.

The Canadian Journal of Medicine and Surgery

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NO. 1.

Editorials.

1907.

"A hand to you—A health to you."

The remembrance of the old-world custom of watching the old year out and welcoming in the new still lingers, and with it come back the words learned long ago, yet so expressive of the great memory waste-heap of plans and fancies that crowd each other at the dying of the year:

"Of the glorious ambitions,
 Yet unquenched by their fruitions ;
 Of the reading out the nights ;
 Of the straining of mad heights ;
 Of achievements, less descried
 By a dear few, than magnified ;
 Of praises from the many earned
 When praise from love was undiscerned ;
 Of the sweet reflecting gladness,
 Softened by itself to sadness.—
 Throw them in, by one and one !
 I must laugh, at rising sun."

With the rising sun of the New Year, let us offer each to other, united by the bonds of a common life-work, in the good old-fashioned way—"A happy New Year, and many of them."

So strenuous has life become now that a younger generation scarcely pauses to greet one another with "the compliments of the season to you," as the custom was when we were boys. At this gala season, a side action of the head, accompanied by a grunt voicing the words "Merry Chris," seems to be about the extent of the courtesy the young "hopefuls" extend to their associates. In the little sphere in which we cut a caper, the past year has been an eventful one. The plans for the new Hospital are completed. The beautiful new Convocation Hall of the University of Toronto is finished, a new wing added to the Western Hospital, arrangements made to enlarge Grace and St. Michael's Hospitals, the handsome Home for the nurses of the Sick Children's Hospital completed and occupied, and last, but by no means least, the plans for the new Morgue in paper pattern form, awaiting the clipping out of a few extra frills which add (so the City Fathers say) too much to the expense of the proposed building. Had we space to enumerate the many minor things accomplished in our obscure medical arena that lies within the extent of Toronto's city limits, perhaps the great world's M.D. and his wife might condescend to treat us as a bowing acquaintance.

The British Medical Association honored God's own country with its presence last summer. The meeting was a history maker, as yet unwritten, as so far all the Colonials are alive to tell the tale.

A bright and hopeful future lies before the Canadian physicians as 1907 dawns, a year, let us hope, to be distinguished for its progress and achievement. So

"Laugh, at rising sun."

THE RIGHT TO PRACTISE MEDICINE IN ONTARIO.

At Osgoode Hall, December 6, 1906, the Ontario Court of Appeal was asked to give judgment as to the construction of Sec. 49 of the Ontario Medical Act, which reads as follows: "It shall not be lawful for any person not registered to practise Medicine, Surgery or Midwifery for hire, gain, or hope of reward, and, if any person not registered pursuant of the Act, for hire, gain or hope of reward practises or professes to practise Medicine, Surgery or Midwifery, or advertises to give advice in Medicine, Surgery or Midwifery, he shall, upon a summary conviction thereof before any Justice of the Peace, for every such offence, pay a penalty not exceeding \$100, nor less than \$25."—R. S. O., 1887, c. 148, s. 45.

The question to decide was: Do the words "to practise medicine" in Section 49 mean to attempt to cure or alleviate disease by the use of drugs, etc., or do they include cases in which the remedy or treatment advised, prescribed or administered does not involve the use of drugs or other substances, which have, or are supposed to have, the property of curing or alleviating disease? The answer of the court is, that each case must depend or be determined on its own circumstances; but, dependent on the facts in each case, there may be a practising of medicine which does not involve the use of drugs or other substances having, or supposed to have, the property of curing or alleviating disease.

This is an important decision. Although a practice of medicine which does not include the use of drugs or other substances, having, or supposed to have, the property of curing or alleviating disease, is not mentioned by name, Osteopaths may be referred to, or the Church of Christ Scientist. Faith healing, under one name or another, is as old as the Gospels, perhaps older. It has lately attracted a good deal of notice in lay, clerical and medical circles under various names, such as hypnotism, mental healing, rest cures, Christian Science, and many other cults. Medical practitioners sometimes endeavor to influence the bodily sensations through the mind, and benefit is said to have been accomplished in some cases of emotional, traumatic, fatigue and malnutrition neurasthenia (Savill). Apart, however, from any partial or complete success

which may have been obtained by medical practitioners in such diseases, psychological methods of cure cannot be legally restricted to the medical profession, at least in a Christian country. Belief in a spiritual means of cure mingles with man's religious convictions; we do not think that courts care to meddle with it. Osteopathy is in another category. It is said to be "A system of medical practice founded on the assumption that many diseases are the result of morbid conditions of the bones and joints," and that treatment should be based on this view of their pathology. (See *Dunglison's Medical Dictionary*, 23rd edition, page 803.)

We would respectfully suggest that the prosecutor of the Ontario College of Physicians and Surgeons be instructed to secure evidence to frame concrete cases of violation of Sec. 49, O. M. A., by two osteopaths who are making a living by practising medicine in the northern part of Toronto.

J. J. C.

DR. OSLER'S RECENT VISIT TO TORONTO.

Into the sacred privacy of home life we hesitate to enter, but pause just outside the door to offer to one in our profession, whom we delight to honor, congratulations upon the one-hundredth birthday of his mother, Mrs. Featherston Osier. Dr. William Osler, Regius Professor of Medicine at Oxford University, has again favored Toronto with a visit. Although as the guest of his relatives to participate in an unusually happy family gathering, he has, with his unflinching courtesy, responded to several invitations with evident pleasure. Dr. Reeve invited a number of physicians to meet Dr. Osler on the evening of December 15th, and amid the cosy surroundings of the Dean's home on Bloor Street a delightfully informal hour was spent. Professor Osler on the eighteenth unveiled a portrait of the late Professor James E. Graham, of Toronto, presented to the Medical Library by Dr. Joseph Graham, his only son.

In transferring so truthfully to canvas the familiar features of genial, wholesouled James E. Graham, Mr. J. W. I. Forster has succeeded, not wisely, but too well. For, as students who "learned of him," men who worked side by side with him, and those who knew him best and called him friend, one and all

feel the irony of it, that after all it is only a cold semblance of the man who ought to have been with us yet, so willing he ever seemed to help, and ever brighter because of the day's work. How true Professor Osler's remarks seemed to all present as he unveiled the portrait: "Dr. Graham was of a quiet, retiring disposition, achieving his successes without ostentation, by steady, faithful work. . . . He was one at whom the world did not fling its final insult, to a great man, of cheap popularity." . . . In speaking of the progress and expansion of his alma mater in Toronto, his rejoicing was mingled with regret when he remem-



bered old faces and old teachers who had passed away. "Naught may endure save mutability." Professor Osler concluded his address by saying, "We, his intimates, who knew best his sterling worth, can well leave that portrait of the benign, strong face, to keep green his memory here among the living, surrounded by the books he loved so well." Dr. Osler also addressed the Toronto Medical Society on the evening of December 18th, on "The Advantages of an Academy of Medicine," to which we hope to refer in a later issue. We voice the wish that often Dr. Osler may visit Toronto again. His welcome ever awaits him. Would that others among the distinguished members

of our profession might emulate Professor Osler's example, and come from across the border or over the sea and pay Toronto and its Medical Society an angel's visit. W. A. Y.

IS TYPHOID FEVER IN CANADA TRANSMITTED BY OYSTERS?

It is generally conceded that, under ordinary circumstances, typhoid fever is commonly transmitted by the drinking of unboiled polluted water; but that there is more than one indirect channel through which this sort of infection may exercise its deadly effects is also true. Thus typhoid infection has been clearly traced to the eating of raw oysters polluted with sewage.

An outbreak of typhoid fever which occurred at Wesleyan University, Hartford, U.S., in October, 1894, was traced by Professor Conn, of that institution, to polluted raw oysters. There were in all twenty-three cases; all the victims were men, there being no illness among the women students. It appeared, from the investigation made, that the college fraternities of the university had held their initiation meetings, and, at the ensuing suppers, oysters had been eaten. The incriminated oysters had been sold by one dealer at Hartford. The oysters had been brought from a bed in Long Island Sound, and on October 10, 1894, two days before use, had been stored in a bed at the mouth of the Quinipiac River, 300 feet from the outlet of a privy drain from a dwelling in which two persons lay ill with typhoid fever. A very interesting point in this admirably worked-out piece of evidence was that the typhoid infection in the manifestly polluted oysters was destroyed by cooking. Of the four college fraternities supplied by the Hartford dealer, one had eaten the oysters cooked, and its membership was not invaded. The trouble was sifted down to raw oysters from the local dealer.

Mosny (*Révue d'Hygiène*, January, February, March, 1900) reported that five members of a family of seven, living in a village in a suburb of Paris, in which there had been no case of typhoid fever in four years, were made sick after eating oysters sent to them from Cette. Four were seized in the evening of the following day with gastro-intestinal disturbance, which lasted

twenty-four hours. On the eighteenth day a youth of seventeen years developed unmistakable symptoms of typhoid fever, of which, nine days later, he died. In March, 1897, Chatin (*La Semaine Médicale*, 1897, p. 9), reported the case of a family, of which several members were stricken with typhoid fever after eating oysters from a bed which was contaminated by sewage.

The influence of the sewage of a city in effecting the contamination of oysters is shown by C. A. Fuller (*Science*, 1902, No. 375, p. 363), who collected samples of water and shellfish from various places in Narragansett Bay, into which about 14,000,000 gallons of sewage from Providence, Rhode Island, are discharged daily. Water, oysters, clams, and mussels, taken at a distance of a quarter of a mile from the sewer outlet, yielded *Bacillus coli communis*, *Bacillus cloacæ*, and *Bacterium lactis aerogenes*. The water and oysters from a bed two miles distant yielded the same organisms. *Bacillus coli communis* was found in 30 per cent. of the oysters, and in 60 per cent. of the samples of water from a bed situated in the line of a strong tidal current, five miles away; and in 40 per cent. of the oysters and 70 per cent. of the water samples from another bed in sluggish water, more than five miles away. One bed, six miles away, was found to be contaminated, but those further down than six and one-half miles were unpolluted.

From a series of experiments undertaken to determine the question of viability of the typhoid organism in sea water and within the oyster, Bordoni-Uffreduzzi and Zernoni (*Giornale della Reale Società Italiana d'igiene*, 1899, p. 500), concluded that it will live over two weeks in sea water and from three to four days in oysters, without lessening of virulence. After the outbreak at Wesleyan University it was shown by Foote, that typhoid cultures, introduced within the cells of the oysters from the bed from which the incriminated oysters were derived, were virulent at the end of forty-eight hours. Furthermore, he showed that, if the oysters were kept at 57 deg. F. the typhoid organisms were active as long as a month later.

In the investigation of outbreaks of typhoid fever supposedly due to oysters, bacteriological proof of typhoid infection of those eaten or of others from the same lot always has been and always will be wanting, since, long before the appearance of the first

symptoms of the disease, the material is no longer available for investigation. It is reasonable to think, however, that, as oysters have been sources of typhoid infection in the United States and other countries, they may continue to furnish fresh centres of typhoid infection. This is all the more probable, in the United States, because oysters are largely consumed during half of the year, and the sources of supply on the coasts of New Jersey and elsewhere are exposed to sewage contamination. For instance, the *New York Herald*, December 5, 1906, publishes the following from Derby, Conn.: "Miss M. A., and F. M. C., whose engagement was announced a short time ago, are both ill from typhoid fever at their respective homes in this city. The young couple, who are very prominent in society, were stricken simultaneously, and they exhibit the same symptoms. It is believed that they contracted the disease from oysters which they ate recently at a shore resort while on an automobile trip." The Canadian market for oysters is supplied almost exclusively from the United States. Some cases of typhoid infection in Canada may, therefore be caused in the way referred to here. This species of reasoning, we quite readily admit, is conjectural. It would not be difficult, however, to substitute facts for theories. The authorities of the Inland Revenue Department, Ottawa, have, repeatedly, issued valuable bulletins showing the physical condition of foods and drinks, their freedom from, or their possession of, deleterious qualities. An examination of oysters by the chemists of that Department would enable them to speak with authority on this question. If the chemists of the Inland Revenue Department object to an extension of their quest to the domain of bacteriology, the duty would then devolve on the laboratory of some one of the Canadian Provincial Boards of Health. The case may be put in this way: Either the American oysters sold in Canada are free from sewage pollution or not. If they are found to be free from sewage contamination, it will be a source of great gratification to the people; and if they are frequently found to be contaminated their use should be tabooed, or else the public should be told that oysters should invariably be cooked before being eaten.

OURSELVES.

TEMPUS FUGIT! A decade has passed since The Canadian Journal of Medicine and Surgery made its bow to the medical world. It has kept the steady, forceful, yet ever aggressive policy which was the ideal of the medical journalism of to-day in the mind of its Editors at the time of its inception. Much was promised, and the tryst with its readers has, as far as possible, been kept. Our ideal has ever been a high one, and many a time discouragement has crept in, but has been overcome. True to our training, as good horsemen, a rider always jumps his fence in fancy ahead of his horse, and so without spur or whip, but only with determination and a steady purpose, have we led over every obstacle, and, thankfully we say, we have not yet, either editorially or financially, come our first cropper.

While we do not wish to indulge in a spread-eagle screech, nor yet cause the cock to crow thrice this wintry night, we assert—with the conviction that we speak the simple truth—that we publish one of the best, cleanest and most ethical medical journals in America. Long may we be able to reiterate this statement, and for ever and a day may our readers continue to believe it. Though we have taken clearly a very high note, this is not our “swan song.”

W. A. Y.

**CURABILITY OF CANCER IN GENERAL AND OF CANCER
OF THE TONGUE IN PARTICULAR BY
PRECOCIOUS OPERATION.**

In an article in *La Presse Médicale* (October 31, 1906) we notice that at a meeting of the Academy of Medicine, Paris, October 30, 1906, Dr. Poirier expressed some opinions on the curability of cancer in general, and particularly of cancer in the tongue. After recalling the complete failure of serum-therapy in all the cases of cancer in which it had been tried, and also the non-success of radio-therapy in the great majority of the cases of cancer, he reiterated the oft-expressed opinion, that cancer is curable by surgical means if the operation be done speedily and the removal of the neoplasm be free and sufficient. He contended that if the surgeons of Paris and the French Provinces were to unite in publish-

ing their statistics of cured cases of cancer, thousands of cures could be enumerated.

Confining his remarks to cases falling within his own experience, Dr. Poirier gave the following statistics of cancer of the tongue. Since 1901 he had operated on 32 cases of cancer of the tongue: seven patients died immediately; 1 on the fourth day after the operation. The majority of these cases exhibited enormous enlargement of the lymphatic glands; 11 cases relapsed speedily; 5 were operated on again, and 2 appeared cured after seven months. Eight patients remain cured: 2 for five years; the others for three years, two years, and one year and six months. Five of the patients have been lost sight of. In every case the diagnosis of cancer had been verified by a histological examination of the diseased tissues.

He said, "When one considers that all these cases were of exceptional gravity, the results are encouraging. To obtain a higher percentage of cures, surgeons should operate on cancers in the initial stage, and should not make the mistake of beginning the treatment of the neoplasm by a trial of antisymphilitic therapy, or by expectantly waiting for the appearance of enlarged lymphatic glands."

At the first suspicion of cancer a surgeon should resort to a biopsy; the diagnosis once established, he should immediately operate.

Operation should not be restricted to confirmed cancers; but the knife should be applied to obstinate leucoplasias (chronic inflammation of the tongue with whitish patches), which in Dr. Poirier's opinion are hotbeds of cancer. As soon as a practitioner finds that medical treatment fails to cure such manifestations, surgical treatment should be applied to them.

Dr. Poirier closed his highly interesting paper by reminding his hearers that cancer of the tongue is the outcome of nicotine and syphilis. Perhaps it would be more correct to say, that it is cancer appearing in a syphilitic subject, than to call it smoker's cancer. It is the cancer of syphilitic smokers.

In a letter published in *The Medical World*, Philadelphia, December, 1906, Dr. Ira Harris, Tripoli, Syria, says: "At our clinic I see three cases of cancer now where I saw one fifteen years ago; and the sad thing is, unless an operation is done early in the disease, and then radically, there is no use to operate; better let

the disease alone and use all our skill to make the patient as comfortable as possible. Twenty-five years ago, a famous English gynecologist was going to cure cancer with the use of Chian turpentine. His name alone gave confidence to hundreds of suffering women that he could cure them. Since then we have had 'Coley's fluid,' actinotherapy and radiotherapy with its X-rays, and radium that was to be the coming specific that would banish the cancer cell from the realm of pathology. But, alas, it was not to be; for, with only a very few exceptions those remedies have been found sadly wanting, and the knife, *used early*, is our best method; and were it not for the fear of an operation entertained by the patients who wait too long, it would be the only method used." The views of Dr. Poirier, of Paris, and Dr. Harris, of Tripoli, being indicative of the same ideal method of treatment in cancer, we have placed them in the same article. It would be well for surgery if each surgeon, who does an early operation for the removal of a real cancer, would, after a proper interval, publish his statistics in some medical journal. Were this practice commonly followed by surgeons, the merit of early operation in curing cancer would be widely diffused, and the objections of patients to an early operation would be materially lessened.

J. J. C.

CLOSING MEETINGS OF THE BRITISH MEDICAL ASSOCIATION COMMITTEES.

THE different committees of the British Medical Association have held their closing meetings, and in each and every case have had reason for congratulation over the result of their work. The Committee on Exhibits have turned over the splendid sum of \$3,714.03 to the Treasurer, Dr. J. F. W. Ross, a surplus which, we understand, holds the record of any meeting of the B. M. A. to date. We understand that any surplus the Executive may have, after paying all accounts, will be presented to the Ontario Medical Library Association for further improvements to the building, as well as the adding of a number of new volumes to the shelves.

It is now in order for the committees of the British Medical Association to agree with Rose Stahl when she said, "You cannot understand how nice it is to feel that there is nothing on your mind but your hair."

W. A. Y.

EDITORIAL NOTES.

A New Departure at the Toronto Asylum.—A new departure, which speaks well for the interests of the insane, is to take place at once at Toronto Asylum, and which will inaugurate a new era in connection with the Asylum duties. Dr. J. H. Fitzgerald, a graduate of Toronto University, who has spent the last two years in Baltimore pursuing psychiatric studies in the neurological and psychological clinics of Johns Hopkins and Sheppard and Enoch Pratt Hospital, and who has also done considerable pathological research work, will assume the position of clinical director and pathologist at Toronto Asylum, and give his entire time to that particular department. This is certainly a step in advance, but nothing more than we would expect from Dr. C. K. Clarke, whose one desire seems to be to increase the efficiency of Toronto Hospital for the Insane (not Toronto Asylum) in every way possible.

W. A. Y.

Influence of the Automobile on Health.—At a meeting of the Therapeutic Society (Paris), Dr. Legendre said that the rapid displacement of air at the surface of the body of a person riding in an automobile produces a sensation of coolness due to vaso-constriction, which is followed by vaso-dilatation after the machine is stopped. Such modification of the circulation can influence some diseases of the skin. Thus Dr. Legendre has witnessed the cure of a rebellious pruritus as the result of riding in an automobile. In pulmonary diseases the effect of the automobile varies. Cases of empyema are improved, and some cases of nervous asthma also derive benefit from it. Tubercular patients with fever should not use it, but those with discrete tubercular lesions, not exhibiting a congestive tendency, may do so. Chlorotic patients derive benefit from it on the condition that the rides are so short as not to cause fatigue. The automobile is permissible in well-compensated cardiac cases, but should be forbidden to patients who have congestion of the lungs or liver. Patients with varicose veins cannot without inconvenience remain motionless in a sitting posture in carriages for a very long time. In diseases of the digestive tube the automobile improves sufferers from anorexia, gastralgia, chronic constipation, but should be forbidden to patients with ulcerative gastritis. In mucomembranous colitis

the effect of the automobile is variable, some patients deriving benefit from the good effects of diversion of attention from the disease, and an open-air life. Cases of albuminuria and, also, cases of uterine disease may use the automobile, if the lesions have no congestive tendency. Patients with slowness of the nutritive functions (gout, diabetes) are improved by exposure to the fresh air; but obese persons who ride much in automobiles after a while lose aptitude for walking and do not take enough exercise. Cases of nervous depression are improved, but excitable, nervous cases are made worse; besides, when people of the latter class run an automobile they have no moderation and may prove a source of danger to others. Epileptics and alcoholics should not ride in automobiles. Persons desirous of becoming chauffeurs should be obliged to pass a medical examination before beginning their business.

The Means of Prolonging Life.—H. Weber, writing in *Zeitschrift für physikalische und diätetische Therapie*, 1906, fas. 11 and 12, p. 613 and 617, says that in order to prolong life one must increase the resistance of the body. To accomplish this object he gives the following rules: (1) Maintain the organs and tissues of the body in full strength by daily open-air exercise, accompanied by breathing exercises and gymnastics; (2) Practise moderation in food and drink, as well as in physical pleasures; (3) Ventilate the dwelling freely, and pass as much time as possible in the open air; (4) Preserve, as completely as possible, the resistance of the body to disease and combat hereditary predispositions; (5) Go to bed early, rise early, sleeping six, seven or eight hours; (6) Make the skin work regularly by daily bathing and washing; (7) Strengthen the mind by regular mental work; (8) Cultivate sentiments of kindness, joy, tranquility of mind, and take a hopeful view of life; (9) Awaken the sentiment of duty in all the circumstances of existence, as well as a firm resolution to struggle for what is good, even in spite of misfortune; and avoid hurtful things, such as alcohol.

Alcohol an Antidote in Carbolic Acid Poisoning.—That alcohol is an efficient antidote for carbolic acid poisoning was again exemplified in a case of attempted suicide by carbolic acid, which occurred at Niagara Falls, Ontario, November 10, 1906. A

woman, who had been suffering from chronic melancholy, partook of alcoholic liquors freely on that day at the town of Niagara Falls, on the American side of the river. On her return to the Canadian side of the river she appeared to be intoxicated, and fell to the sidewalk. Those who went to her aid smelled carbolic acid, and called Dr. McGarry. By prompt measures she was revived. Her face, mouth and throat were badly burned. It was found that she had swallowed about an ounce and a half of the poison. This large quantity of carbolic acid would certainly have proved fatal to the woman had it not been that the alcoholic liquor in her stomach acted as an antidote. It is strange that authors on materia medica do not state this therapeutic point clearly and emphatically. After taking carbolic acid in a poisonous dose, a patient is rendered rapidly unconscious or may drop dead within a few moments; from paralysis of respiration. Alcohol is an efficient antidote to carbolic acid if given promptly. When applied locally it prevents the caustic action of pure carbolic acid.

Acute Suppurative Osteomyelitis.—Dr. Ochsner, New Orleans, in a paper published in the *New Orleans Medical and Surgical Journal*, shows that confusion sometimes arises between osteomyelitis and typhoid fever. Osteomyelitis is also confounded with tubercular or syphilitic diseases of the bone, but it is most frequently mistaken for acute rheumatism. Rheumatism is a polyarticular disease, different joints in the patient's body becoming simultaneously or successively involved. In rheumatism the joint swelling is usually found earlier than in osteomyelitis. Rheumatism is essentially a disease of the joint, and despite the fact that a joint affection is sometimes present in osteomyelitis, the degree of greatest sensitiveness in rheumatism would be in the joint and not in the diaphysis of the bone, near its epiphyseal end, as in osteomyelitis. The monarthritides of gonorrhoea is cleared up by the history and bacteriological examination. The treatment of osteomyelitis consists in making an incision, under general anesthesia, through the point of greatest tenderness to the bone and then trephining the bone. With the escape of pus the opening in the bone should be enlarged with chisel or rongeur until the whole infected area is exposed. The wound in the bone should not be curetted, as thereby the integrity of the endosteum, so essential to repair, is destroyed. The epiphysis of the bone should not

be injured. Effusion into the joint, when it exists, is usually of a non-infectious character, and the joint should not be opened by the surgeon. The results of early operation in osteomyelitis are well summed up by Dr. Senn, Chicago, as follows: (1) The operation removes pain; (2) It enables the surgeon to remove the local cause of the disease completely or in part; (3) It prevents extensive necrosis of bone; (4) It is the best prophylactic measure against fatal septicemia or pyemia; (5) It prevents extensive destruction of the periosteum and the contiguous soft parts; (6) It cuts short the attack and expedites recovery.

The Treatment of Puerperal Sepsis.—Dr. Lewis McMurtry, Louisville, Kentucky, who, at the Toronto meeting of the British Medical Association, read a paper on Puerperal Sepsis, favored surgical interference, soon after the initial chill and rising temperature indicated the beginning of sepsis. His treatment was simple: evacuation of debris from the womb by the exploring finger of the obstetrician, aided by a warm saline douche. Unless in cases where this treatment failed he did not favor the use of the curette. On account of the obstetrician's inability to accurately determine the character of a puerperal infection and the extent of tissue involved, during the early stage of puerperal sepsis, Dr. McMurtry thought that hysterectomy, as an abortive measure of treatment, was impracticable. He also thought that antistreptococcic serum was valueless in puerperal sepsis. He said that puerperal infection, being identical with ordinary wound infection, should be considered from the standpoint of prevention, and, as sepsis had been eliminated from modern operative surgery, so should puerperal sepsis be reduced to the accident standard by the application to the practice of obstetrics of a refined surgical technic. During the discussion subsequent to the reading of this paper, the failure of antistreptococcic serum to cure puerperal sepsis was fully recognized by several speakers; curettage of the puerperal uterus was discountenanced by most of the speakers. Dr. Frederick Fenton, Toronto, drew a distinction between puerperal infection of the uterine cavity and the infection of some other part of the parturient canal. In cases in which involution of the womb was proceeding satisfactorily, thereby showing that

the womb was not infected, he thought it should not be explored,—the seat of sepsis should be sought for elsewhere. The distinction was well taken. Puerperal sepsis may originate in a lacerated vagina or perineum. It may be that such seats of infection, being easily discovered by the obstetrician, should speedily receive the preventive treatment, which obviates or mitigates puerperal sepsis.

Is Broca's Convolution the Seat of Language?—At a meeting of the Society of the Hospitals, Paris, October 19, 1906, Dr. Souques presented the brain of a young woman who had had aphasia. Her history showed that she had been a sufferer from stenosis of the mitral valve, and had been suddenly attacked with right hemiplegia and aphasia. Her aphasia had included all forms of language,—aphemia and agraphia predominating, so that in her case a diagnosis of Broca's aphasia was confidently made. Three years after her paralytic seizure the patient died of pleuro-pulmonary disease, of embolic origin. At the autopsy an area of softening was found in the left hemisphere of her cerebrum. This area occupied the posterior half of the two first temporal convolutions (Wernicke's sensorial zone). The third frontal convolution (Broca's centre) was intact. In a Flechs' section of the tissues of the brain, the integrity of the third frontal convolution was manifest. The area of softening affected the posterior convolutions of the insula, the posterior half of the temporal convolution, and extended to the postero-external part of the lenticular zone and the adjacent capsular region. This anatomico-clinical observation is at variance with the hitherto classical doctrine of motor aphasia. It agrees, however, with the new ideas of Pierre Marie, who denies that the left third frontal convolution of the human brain is the special seat of articulate speech. In a discussion which took place at the Society of Neurology, Paris, November 8, 1906, M. Pierre Marie denied that Broca's convolution (the foot of the F³) played a role in aphasia. He contended that the anatomical proofs upon which Broca had relied in proclaiming his pretended discovery were of a very slight order. In aphasia, according to P. Marie, there are many degrees; if the lenticular zone alone is affected the patient does not speak, but his intelligence is only slightly affected,—the further the lesion extends posteriorly into Wernicke's zone, the

more do intellectual troubles develop (intellectual troubles as to the meaning of language). He believed that Wernicke's zone was the seat of a special intelligence, the intelligence of the meaning of language.

Rolled Oats and Oatmeal.—In Bulletin No. 127, issued by the Inland Revenue Department, the results of the examination of 155 specimens of rolled oats and oatmeal manufactured and sold in Canada are given. The microscopic examination and the percentage of crude fibre found are stated. "In only one case was any foreign starch (wheat) discovered; as regards crude fibre the percentage varied from 0.80 to 3.35 per cent. The latter amount is pronounced excessive, comparison being made with recorded analyses of American and European oatmeals. In the analyst's opinion 2 per cent. of crude fibre might be assumed to be the highest allowable limit." The report further says: "Among the 155 samples examined, 64 showed higher amounts of crude fibre than 2 per cent., and this would seem to indicate that, with regard to 41.3 per cent. of the oatmeal samples now offered for sale in Canada, the quality might be improved. At the same time, none of the samples of oatmeal examined were found to contain the large amounts of oat hulls originally complained of, and, in the absence of any standard, it is impossible to characterize any of the samples as adulterated." Intestinal concretions, composed of phosphate of lime, agglutinated animal matter, and fragments of the husk of the oat, were formerly common as the result of the habitual consumption of oatmeal food. In oats the husk amounts to from 22 to 28 per cent. The remaining 72 to 78 per cent. comprises the kernel of the seed. From the data given in Bulletin No. 127, it appears that increased efforts should be made by Canadian oatmeal millers to secure a more thorough removal of the hull of the oat from the kernel and its subsequent exclusion from the oatmeal.

J. J. C.

PERSONALS.

DR. F. REID SIMPSON, who returned in the spring after spending two years in Vienna and London on special work, has located at 82 College Street, Toronto, and will devote himself to diseases of the eye, ear, nose and throat.

Obituary

DEATH OF DR. HENROTIN, CHICAGO.

DR. FERDINAND HENROTIN, for twenty-five years one of Chicago's most eminent physicians and surgeons, and President of the Polyclinic Hospital, died of heart disease on Dec. 9th at his home in that city. He was considered one of the nation's most eminent authorities on the pelvic cavity. Much of his service has been of a public character. Dr. Henrotin was born in 1847, in Brussels, Belgium.

DEATH OF DR. W. D. CLEMENT.

DR. WALTER DUESLER CLEMENT died on December 11th, at his home, 62 Tranby Avenue, in this city. The deceased was in his 76th year, and was well known in Oxford County, where he practised medicine for forty consecutive years. At the age of twenty-four he began practice in Innerkip, Oxford County, and remained there until thirteen years ago, when he moved to Woodstock. He retired from practice when he came to Toronto three years ago. Dr. Clement was a fellow student and graduate with the late Dr. James Thorburn, of Toronto, and Dr. Woodruff, of London, Ont. He leaves three daughters and one son, L. P. Clement, of Didsbury, Alta. His wife predeceased him ten years ago. Mr. W. A. Clement, travelling representative for Lyman Brothers, is a brother of the deceased. Interment took place at Woodstock.

News of the Month.

THE CITY'S NEW MORGUE.

THE new city morgue, to be erected on the north side of Lombard Street, west of the fire hall, will be an up-to-date building. The structure will occupy a lot which has an area of 104 feet by 90. The building itself will have a frontage of 58 feet by a depth of 46 feet, and will be two stories in height.

The ground floor will contain a main hall 11 feet in width and an identification room 21 feet wide and 24 feet long. The autopsy room on the same floor will have an area of 16 by 21 feet. The office of the chief coroner and the identification room will be in the front of the building. The autopsy room will be behind the identification room.

On the first floor in front will be a court room 40 feet in length and 21 feet in width, also a jury room and separate rooms for male and female witnesses.

The ambulance station which will be erected at the rear of the lot will be 63 feet long, one portion, 29 feet in length, being 26 feet in width, and the balance 19 feet in width. This will contain waggon house, with accommodation for two waggons, harness room and stabling for three horses on the ground floor. On the first floor will be a hayloft and a room for accommodation of the caretaker.

The cost of the morgue will be \$30,000, and the ambulance station \$4,500.

MEDICAL COUNCIL ELECTIONS.

In West Toronto Dr. J. S. Hart was elected with a small majority over Dr. A. A. Macdonald, who has represented this riding for a period of years. Dr. B. L. Riordan also ran in this division. Dr. Hart was born in Wilfrid, in the county of Ontario. His preliminary education was received at the Port Perry High School, and he is a graduate in Medicine of Victoria and Toronto Universities. He passed in his third year, 1888, at Victoria, taking the "Council" and Toronto the following year. Dr. Hart is one

of the staff of the Toronto Western Hospital, also of the Home for Incurables.

Results of the voting in several districts for the candidates for the Medical Council of Ontario have been announced in the ninth electoral division, where Dr. R. J. Gibson, of Sault Ste. Marie, was the winner of the contest. In the second division Dr. J. H. McCormick, of St. Thomas, was elected.

**THE CRICHTON CASE BEFORE JUDGE BOYD.—
JUDGMENT RESERVED.**

THE argument in the appeal of Dr. Alexander Crichton from the action of the Medical Council in striking his name off the roll of medical practitioners concluded two weeks ago before the Divisional Court. Mr. H. S. Osler, K.C., on behalf of the Medical Council, resumed his argument, explaining that the second clause of the Discipline Committee's finding was not a second charge. It was an explanation, rather, that the circular was an attempt to impose on the credulity of the public for personal gain.

"If he is an honest man, and believes in his own preparation, how can this circular be an attempt to impose on the credulity of the public?" asked Chancellor Boyd.

"It may not be a fraudulent attempt, merely an absurdity, but that does not improve the case," replied Mr. Osler; "a test would not advance this matter. The preparation may be some good in some cases, but it is impossible to make an absolute cure. He says positively his medicine cures grippe in two hours."

Mr. Osler argued that a medicine in the hands of an unskilled person might be very harmful. The more efficacious the medicine the more harm it might do if so used, and no medicines for such diseases should be used without professional advice. Dr. Crichton was lending the weight of the medical profession to his advertising, and using his standing obtained under the Council for furthering his own interests, which are now judged by the Council to be unprofessional. This, he claimed, would bring the medical profession into disrepute if carried to any extent, and if the Court found the Medical Council was not justified in striking off Dr. Crichton's name, then it would deal a heavy blow to the medical profession.

"You must censure him for advertising goods that may be meritorious," remarked Chancellor Boyd. "Those testimonials bear out that it is meritorious. Does Dr. Crichton run down his fellow-practitioners?"

"No," answered Mr. Osler, who then continued to argue that

Dr. Crichton's advertising would be the same as for a solicitor to advertise his success in winning cases.

"If a solicitor were to gather testimonials from big corporations and prominent persons, showing he had won many cases, then that solicitor would be justified in advertising himself by sending out circulars, just as much as could be a doctor. No legal man would wish his profession to be brought into disrepute this way. I venture to say such a solicitor would be censured."

"He would be censured, but not struck off the roll," observed the Chancellor.

"Yes, I venture to say his name would be struck off the roll," replied the counsel.

Mr. Osler proceeded to point out that disastrous results would follow if every practitioner were allowed to advertise his medicine indiscriminately. He claimed the use of medicinal preparations by all classes of people for different diseases would be dangerous.

"This man has been going on for three years," said the Chancellor, "and no discovery has been made that any such harm as you mention has been done."

"The Medical Council should be the body to decide, however," said Mr. Osler, "as to whether such a course were disgraceful and should be discontinued."

"Is it not the inevitable result that the profession would be brought into disrepute?" asked the counsel. "I don't think it is necessary for a man to think he is doing wrong while he is doing wrong."

"If a man does something disgraceful, does not his mind take part?" asked Mr. Justice Magee.

In reply Mr. Osler said he might wrong the profession and yet be acting within his own conscience; but that fact did not justify the court in ruling that the Council should not have found him guilty of disgraceful conduct in a professional sense.

Mr. Justice Mabee then raised the point as to whether the Council acted in a judicial manner, and read the evidence taken. Mr. Osler replied they determined all points from evidence taken. They treated cases judiciously. Mr. Kerr interjected that the Council were supposed to read the evidence. They had not done so on the advice of Mr. J. W. Curry, K.C., but had acted on the report of the Discipline Committee.

Mr. Osler then continued, and said in no case did the Council ever act hastily or in a vindictive manner.

"The man is charged with mere advertising," observed Mr. Justice Mabee.

"Yes, but they find him guilty of an attempt to deceive," said the Chancellor. "Why did not the Council put in such a charge?"

If people are satisfied to swallow the preparation whether it cures through the action of the mind or not, then it is a matter for legislation if you want to prohibit the sale."

"Well, my Lords, if the action of the Council is overthrown in this matter, the whole foundations are shaken of—"

"We had a case the other day in which it was argued we would shake the whole foundations of things, but they seem to be still going on just the same," broke in the Chancellor, to the amusement of the court.

"Supposing," said his Lordship again, "a reputable friend of yours told you, Mr. Osler, a bottle of this medicine would do you good, would you not put it to the test?"

"No, my Lord, I would not," answered the counsel.

"Well, if a friend told me such a thing, and I had good reason to believe him, I would probably get a bottle the next day and try it. That's a matter of common sense."

Mr. Osler told the court that if Dr. Crichton would stop his advertising, no doubt his name would be restored.

Mr. Justice Magee remarked on the idea of sending out one medicine for all diseases. It did not look reasonable to him.

Judgment was reserved.

DIVISIONAL COURT ALLOWS APPEAL OF DR. CRICHTON.

THE Divisional Court has given judgment in the appeal of Dr. Alexander Crichton, from the ruling of the Medical Council, striking his name from the rolls for "disgraceful and infamous conduct," in a professional way.

The Divisional Court allows his appeal and restores his name without prejudice to the question whether on a subsequent enquiry there may not be proper ground for erasing his name.

Dr. Crichton is not allowed costs, as the Court holds that the Council discharges a quasi-public duty.

The doctor was charged with advertising in an unprofessionally flamboyant manner a remedy of his own concoction for the cure of various ills to which frail humanity is heir. The case was argued before Chancellor Boyd and Judges Magee and Mabee, and they all agreed on the finding.

Mr. H. S. Osler, K.C., argued the case for the Medical Council.

NURSES' RESIDENCE, THE HOSPITAL FOR SICK CHILDREN, TORONTO.

THE Nurses' Residence, erected, furnished and presented to the Hospital by Mr. J. Ross Robertson, at a cost of about \$120,000, is situated at the south end of the grounds in connection with the hospital, and between La Plante Avenue and Elizabeth Street.

It has a frontage of 150 feet by a depth of 48 feet, and is built of red brick in colonial style of architecture, and is five stories in height, exclusive of the basement.

The building is commodious and ample for the requirements of the Hospital for the next twenty years.

The basement is as light and bright a floor as the upper floors of the building.

The basement contains on its east side a refrigerator and cold storage room, a scullery, and necessary storerooms for the kitchen.

It has also a modern diet kitchen, in which nurses are taught special diet work as well as general cookery.

In the centre of the basement is a demonstration room, 40 by 30, where nurses are taught ward work during their probation period, and before they enter the wards of the Hospital.

On the west side of the basement is a large plunge bath, 35 by 14, with shower bath and dressing room, next a sewing room, and on the north side of the corridor two large trunk rooms, vacuum sweeper room, and elevator room, while under the front of the centre of the building is the boiler plant, furnishing the building with heat and hot water.

No brooms are used in the building. It is swept by the vacuum process.

The centre part of the ground floor is devoted to a large lecture hall and reception room, and adjoining it on the east is the general dining room, a serving pantry, and the kitchen and cooks' pantries.

To the west of the reception hall is the parlor, music and writing rooms, a library of general literature, a lecture room, a waiting room and lavatory.

The first floor has twenty bedrooms, each 9 by 16, with two bathrooms, in which there are two tubs each, one for every five nurses on the floor. There is also a parlor in the south centre of the floor for the nurses, and a bedroom and sitting room for the Superintendent.

The second floor is laid out like the first floor, with twenty bedrooms, but it has in addition a medical library, which is exclusively for the use of nurses in training, and on this floor are also

rooms for the Assistant Superintendent, the Housekeeper, and the Supervisor of Nurses.

The third floor is also for nurses, and contains twenty-four bedrooms. This floor is laid out the same as the two previous floors.

The fourth floor has twenty-one rooms for domestics, and has bathrooms and other conveniences.

In the centre of the fourth floor is a room, 45 by 33, fitted up as a gymnasium for the nurses. This room is used for thirty minutes in the morning and evening, when the nurses are given instruction.

A narrow stairway leads to the roof garden, a flat space of 45 by 33, where, during the summer time, nurses may sit and rest when their day's labor is over.

It must be remembered that during the summer months the nurses have their turns at the Lakeside Home on the Island, but there are always about ten nurses at College Street, and these have to have fresh air and rest in hot weather, such as we had in last August, for example.

There will be, in fact are now, forty-five nurses, including probationers, in the Hospital. A large amount of heavy work is required of these women, and to do this work and be in perfect health they must live under the best sanitary conditions, with good food, well-ventilated rooms, and up-to-date methods, by the aid of baths, gymnastic exercises, and physical instruction, so that they may not only be in the best of health during their stay in the Hospital, but when they go out to labor in the nursing field they will do so under the best possible condition.

This is a brief description of the Residence for Nurses, built for the Hospital for Sick Children. It will be formally opened early in this month.

THE ANNUAL REPORT OF THE LOCAL BOARD OF HEALTH OF LONDON, ONT., FOR 1906.

THE annual report of the local Board of Health of London, Ont., for 1906 is as follows:

LONDON, ONT., Nov. 30th, 1906.

To His Worship the Mayor and Aldermen of the City of London:

GENTLEMEN,—In accordance with the requirements of the Ontario Public Health Act, I herewith beg to submit a report of the work done by the Board of Health during the past year.

Re Smallpox.—One suspicious and two bona-fide cases of smallpox came under our supervision, with the following histories:

On January 15th, a married woman who had been visiting an infected district in Bruce County, developed the disease. As we had no building in which to isolate her, and she was in such a delicate state of health that detention in a tent was inadvisable, we left her in her own residence, and in due time she fully recovered.

On April 16th, a case of scabies, which in many points resembled an early case of smallpox—and was so diagnosed by more than one experienced party—was isolated in a tent and detained for six or more weeks until thoroughly cured.

Also during April, owing to the absolute need of a storage building for smallpox supplies being immediately provided, it was unanimously agreed by the Board of Health to put up a two-story building which would also accommodate a few patients, and before its completion the wisdom of the action taken was clearly shown, as another severe case of the disease broke out in a traveller just returned from Winnipeg.

The premises are now complete and well equipped.

Re Ice Supply.—We regret that none of the present sources provide pure and safe ice for domestic use, though for cooling purposes only they may safely be used. Means should be adopted either to purify some of the local ponds, or import a pure product from, say, Lake Huron, or establish a plant for the artificial manufacture of domestic ice.

Carling's Creek.—The system of precipitating tanks for the refuse wash waters, etc., at Hyman's Tannery, which was to be introduced early this year, has not been completed, and the partial plant that they have put in is not running satisfactorily and is only intermittently used.

Within the last ten days serious complaints have again been made, and strong steps will have to be taken to compel the entire and complete removal of this long-standing nuisance.

Re Deportation of Immigrants.—After considerable correspondence with the Department of Immigration, Ottawa, regarding a widow and two children who were suffering from tuberculosis and likely to become public charges, and who had been in the country less than six months, the family were returned from whence they came at the expense of the railway and steamship companies that had transported them, as required by the law of Canada respecting immigrants.

At the present time the case of an epileptic, who has been in this country less than two years, is under consideration as to deportation.

Re Tuberculosis.—Your Board was well represented at the annual meeting of the Canadian Association for the prevention of consumption and other forms of tuberculosis, and are pleased to report that the active steps taken in various centres are materially

lessening the spread of contagion, and prolonging the lives of those suffering from this dreadful disease.

The general consensus of opinion is that if tubercular patients were cared for in sanitariums where proper hygienic and dietetic principles could be carried out, very many of them would recover and again become useful citizens.

Re Milk Supplies.—The inspection of dairies and herds has been regularly and efficiently done by our Veterinary Inspector, Dr. Tamlin, and though many samples of milk have been sent to the Medical Health Officer for examination, we have yet to discover any serious infraction of the regulations.

Great difficulty has been encountered in keeping track of the names of those peddling milk and the source from which they derive their supply, as we have no regulation to compel dealers, when they commence peddling, or change from one wholesale dealer to another in the purchase of supply, or when they dispose of or purchase a milk route, to report. Some such regulation as is adopted by that model municipality, Westmount, Quebec, should be adopted, and it is sincerely hoped that the Provincial Board of Health, in the revision of the regulations *re* dairies, etc., which is now under consideration, may fully deal with the matter.

In January we requested the postal authorities at Ottawa to permit the free transmission of notices to the Health Office of Contagious Diseases, as it was of the utmost importance that in the interests of the Public Health we should receive the notification at the earliest possible moment, and many of the medical attendants objected to pay postage thereon. Our request was refused.

I am pleased to report that the several Officers and Inspectors have most promptly and efficiently performed their duties during the year. Respectfully yours,

W. M. ENGLISH,
Chairman, Board of Health.

The Physician's Library.

BOOK REVIEWS.

Elements of Practical Medicine. By ALFRED H. CARTER, M.D., M.Sc., Fellow of the Royal College of Physicians, London; Professor of Medicine, University of Birmingham; Senior Physician to the Queen's Hospital, Birmingham; Emeritus Professor of Physiology, Queen's College, Birmingham; Consulting Physician to the Corbett Hospital, Stourbridge; the Bromsgrove Hospital; the Smallwood Hospital, Redditch; and Guest Hospital, Dudley, etc. Ninth edition. London: H. K. Lewis, 136 Gower Street, W.C. 1906. Price, 10s. 6d.

This is a convenient little volume to handle. One can look up the essentials of any disease quickly, and feel that it contains all that is essential for practical purposes. The work is divided into ten sections covering the whole range of medicine, including skin diseases. It is designed as an elementary introduction to the study of medicine, and as such is a decided success, as evidenced by its having run through eight previous editions. As an example of the scope of the work, Acute Pneumonia occupies six pages, Appendicitis four pages, and Acute Pericarditis three pages. The articles, although short, include Morbid Anatomy, Symptoms, Diagnosis, Prognosis and Treatment. It is a first-class work for a rapid review of the essentials as well as an elementary introduction to medicine. There are 614 pages. W. J. W.

Atlas of Typical Operations in Surgery. By DR. PH. BOCKENHEIMER and DR. FRITZ FROHSE. Sixty illustrations from water colors by Franz Frohse (artist), Berlin. Adopted English version by J. Howell Evans, M.A., M.B., M. Ch. (Oxon.), F.R.C.S. (Eng), demonstrator of Operative Surgery, St. George's Hospital, London. New York: Rebman Company, 1123 Broadway. London: Rebman Limited, 129 Shaftsbury Ave. Canadian Agent, Mr. Wingate, c-o J. F. Hartz Co., Toronto. 1906.

It is peculiar that in a magnificent work such as the one before us; the first few pages should be besmirched with cuts of instruments, apparently from an instrument catalogue, some of which are already out of date.

With this criticism one now proceeds to view one grand pro-

cession of climaxes in the art of illustration grouped together in the best possible style of bookmaking.

Of course the student or young surgeon in perusing these pages must bear in mind that certain structures disappear from the plates, merely for the purpose of the demonstration of deeper lying structures—otherwise were we to follow the plates too accurately he would meet with difficulty in closing his wound for want of tissue. This must, of course, occur, but if he studies the illustrations carefully in conjunction with the text he will save much valuable time; and many mistakes, such as suggested, will not occur.

In the operation "herniotomy" of course no sane surgeon would think of making an incision from over the internal ring to the bottom of the scrotum as illustrated, first because it is unnecessary and second because of the danger of infection of the wound from the skin of the scrotum. Nor do we agree with the text, namely, that in tying off omentum, catgut should be used and each catgut suture secured by a silk stitch. Now, if one is using catgut why add to the risk of infection by using silk?

Personally we would not care to have our hand and forearm opened up as depicted in plate XXV., but then such is not likely for we don't live in Germany.

The work is beautifully prepared and while one cannot agree with all the detail we can admire to the full the excellent work done and the magnificent result obtained.

F. N. G. S.

The Theory and Practice of Medicine. By FREDERICK T. ROBERTS, M.D., B.Sc., F.R.C.P., Fellow of University College, Emeritus Professor of Medicine and Clinical Medicine at University College, Consulting Physician to University College Hospital, and to Brompton Hospital for Consumption and Diseases of the Chest; Ex-President of the Medical Society of London; Ex-censor, Lumleian Lectures and Harveian Orator at the Royal College of Physicians of London; Formerly Examiner in Medicine for the Conjoint Board, University of London, Victoria University and Oxford University; Fellow and Member of various Societies, etc. In two volumes. Fourth Edition. London: H. K. Lewis, 136 Gower Street. 1905.

A study of this treatise impresses one favorably. The style is clear and direct, so that the reader does not remain in doubt as to the author's meaning. In many instances, one is satisfied with the complete accuracy of the author's observations, as, for instance, when he traces neuritis, in certain cases, to gout.

As the etiology of a disease is placed in its true light, sometimes with startling suddenness, the latest teaching of medical

science respecting it may not appear in a work on the practice of medicine. For instance, a delay of a few months in publication would, probably, have impelled Dr. Roberts to reword the paragraph on the etiology of Malta fever (p. 350).

On the other hand he refers briefly, at page 442, to a disease which is not even mentioned by leading authors on medicine, viz., pyorrhea alveolaris. This disease, as a probable factor in the production of dyspepsia, certain functional neuroses, toxic neuritis, and other phenomena, is now being studied by clinicians.

The Chapter which, in the ninth edition of this work, was devoted to diseases of the skin, is properly omitted in the present edition. No reference is made to leprosy. A most trustworthy authority for student and practitioner.

J. J. C.

The Roentgen Rays in the Diagnosis of Diseases of the Chest.

By HUGH WALSHAM, M.A., M.D. (Cantab.), etc., and G. HARRISON ORTON, M.A., M.D. (Cantab.), etc. London: H. K. Lewis, 136 Gower Street, W.C. 1906.

This book of eighty pages is a very interesting contribution to the method of using Roentgen rays and their application to diagnosis of diseases of the chest. The rays in the hands of an expert often afford the greatest possible assistance in doubtful cases. To get such assistance, however, it is necessary not only to have the aid of an expert, but also of a thorough equipment.

A. M'P.

The Practical Medicine Series, comprising ten volumes on the year's progress in medicine and surgery, under the general editorial charge of GUSTAVUS P. HEAD, M.D., Professor of Laryngology, and Rhinology, Chicago Post-Graduate School. Volume VI., General Medicine, edited by FRANK BILLINGS, M.S., M.D., head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago; and J. H. SALISBURY, M.D., Professor of Medicine, Chicago Clinical School. Series 1906. Chicago: The Year Book Publishers, 40 Dearborn Street.

This volume is one of a series of ten issued at about monthly intervals, being complete for the year prior to its publication on the subject of General Medicine. The special conditions considered in this volume are the fevers, diseases of the stomach, intestines, liver, pancreas, peritoneum. This arrangement into several volumes enables those interested in special subjects to purchase only the parts they desire. It is replete with the very latest research work and opinions of the most prominent scientists of all countries, thus saving hours of labor in the library hunting up this information.

Volume V. of the series that we have the pleasure of reviewing

takes up the subject of obstetrics and is edited by Joseph B. DeLee, A.M., M.D., Professor of Obstetrics Northwestern University Medical School, with the collaboration of Dr. Roehler, M.D., and Herbert M. Stowe, M.D. These editors divide this subject into four parts: 1st, Pregnancy; 2nd, Labor; 3rd, Puerperium; 4th, The New-Born. Our attention is directed especially to the practical side of the question more than the scientific, as little advance has been made in the latter during the past year. The question of eclampsia, Zweifel's discovery of lactic acidemia in eclamptic mothers and their children, are duly considered; operative obstetrics receives thorough attention, also the surgical treatment of puerperal infections has been dealt with at some length. Nothing new, beneficial or otherwise, has escaped mention.

Volume IV. of this series takes Gynecology as its subject for discussion, and is edited by Emilius C. Dudley, A.M., M.D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago; and C. von Bachelé, M.S., M.D., Gynecologist of the German Hospital, Chicago. We find here presented a résumé of many new and useful additions to the literature of gynecology. Much good work has been recorded on carcinoma, radical operations on which are falling into disrepute. Great stress is laid upon the early diagnosis of cancer. The several new plastic operations are reported upon, and the work done on ovarian transplantation is fully discussed. The happy arrangement of the subjects makes it pleasant reading, and what has been said of the two preceding volumes applies equally to this one, and they are an excellent means whereby the general practitioner can keep abreast of the times.

W. H. P.

Obstetrics for Nurses. By JOSEPH B. DELEE, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Second revised edition. 12mo of 510 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company. 1906. Cloth, \$2.50 net. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

Dr. DeLee might well feel gratified at the reception accorded the first edition of his capably written book, "Obstetrics for Nurses." It is, first and foremost, practical, something absolutely essential in a book for daily reference on the part of nurses. It is freely illustrated, another point that adds materially to its value. It is also printed on the very best of paper, a point not to be overlooked. The second edition is better than the first in many respects, the different sections having been brought up to date and a number of illustrations added. The work is not only a good one for nurses, but also should be very useful to medical students and young practitioners.

W. A. Y.

Golden Rules of Medical Evidence. By STANLEY B. ATKINSON, M.A., M.B., B.Sc., of the Inner Temple, Barrister-at-Law; a Justice of the Peace for the County of London; Honorary Secretary of the Medico-Legal Society (London). "Golden Rules" Series, No. XVI. Bristol: John Wright & Co. London: Simpkin, Marshall, Kent & Company, Limited.

This little book, although arranged apparently in accordance with the requirements of the courts in England, is full of valuable suggestions, and could be read by every medical practitioner probably with benefit. The advice contained in it is particularly good.

A. J. J.

A Text-Book of Histology. By FREDERICK R. BAILEY, A.M., M.D., Adjunct Professor of Normal Histology, College of Physicians and Surgeons; Medical Department, Columbia University, New York City. Second and revised edition, profusely illustrated. New York: Wm. Wood & Company.

In this edition the author has followed the original plan and scope of the text-book. He has made changes and additions to the chapter on the nervous system, some necessitated by the marked advances which have been made in neuro-histology during the past two years, others to further facilitate the teaching of the subject. Many new diagrams have been added to this chapter, showing the cerebellar connections, the optic nerve and its connections, etc., which should prove an aid to both teacher and pupil. The popularity of the work in the past has been due, no doubt, to the concise and yet clear text, and to the fact that the more essential elements stand out from the necessarily accompanying details. The highest praise is due to the publishers, William Wood & Company, of New York, for the excellent style in which their portion of the work has been carried out.

W. H. P.

Atlas and Text-Book of Human Anatomy. Volume I. By Professor J. SOBOTTA, of Wurzburg. Edited, with additions, by J. PLAYFAIR MCMURRICH, A.M., Ph.D., Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto volume of 258 pages, containing 320 illustrations, mostly all in colors. Philadelphia and London: W. B. Saunders Company. 1906. Cloth, \$6.00, net; half morocco, \$7.00, net. Canadian agents: J. A. Carveth & Co., Toronto.

Next to the actual study of the cadaver in the dissecting room, there is nothing so helpful to the student of anatomy as a good atlas, where by carefully executed colored plates the different dissections of the human body are shown. A work on human anatomy is largely worthless unless profusely illustrated, and, if possible, in colors. Professor Sobotta's atlas is one of the best

that has come under our notice. The delicate coloring is beautiful. We have rarely seen a more beautiful piece of color printing than Figs. No. 101, 102 and 103, the section of the skull showing the turbinated bones, cribriform plate, sphenoidal sinus, etc. On the other hand, the deep coloring of some of the plates showing the muscles is decidedly exaggerated. Another most creditable piece of work will be found opposite page 140, illustrating the ligamentous attachment of the bones of the feet. Dr. J. Playfair McMurrich is deserving of congratulation on the excellence of the book, on the title page of which he appears as editor.

W. A. Y.

A System of Clinical Medicine, dealing with the Diagnosis, Prognosis and Treatment of Disease, for Students and Practitioners. By THOMAS D. SAVILL, M.D. (Lond.), Physician to the West End Hospital for Diseases of the Nervous System; Physician to St. John's Hospital for Diseases of the Skin, London; Formerly Medical Superintendent of the Paddington Infirmary; Medical Officer of the Paddington Workhouse; and Post-Graduate Lecturer to the London Post-Graduate Association; Assistant Physician and Pathologist to the West London Hospital; Examiner in Medicine and Clinical Medicine in the University of Glasgow, and Medical Officer to the Royal Commission on Vaccination. Vol. I. Local Diseases and Microbic Disorders. London: J. A. Churchill, 7 Great Marlborough Street. 1903.

Only a practitioner who has had some literary experience can form an adequate idea of the labor involved in preparing a really useful book on clinical medicine. In reference to his method Dr. Savill says: "It is a positive rather than a negative process, for by carefully considering the various causal diseases which may be in operation, and balancing the evidence for and against each, the physician is guided, not to the least improbable, but to the most probable diagnosis." He does not, therefore, reach a diagnosis by a process of exclusion. Each chapter of the work is divided into three unequal parts. Part A treats of the symptoms, the fallacies incidental to their detection, and their causes. Part B treats of the physical signs of disease, and the methods used to elicit them. Part C classifies the various maladies affecting the region involved, and a summary of the routine procedure to be adopted, and this is followed by a series of sections dealing with the several diseases, arranged according to their clinical relationships.

This method of studying disease is logical, should work well in practice and should likewise save a practitioner much time and a good deal of fruitless thought.

After studying the list of symptoms of a disease and their

causes, in Part A, and examining his patient (Part B), the practitioner will find in Part C italicised paragraphs which serve as "a clinical index of diseases." "By following this he will shortly find himself reading a description of the diagnosis, prognosis and treatment of the disease from which his patient is probably suffering; while adjacent to this are the disorders which clinically, and very often pathologically, resemble it, and for which in practice it is apt to be mistaken."

The author's style is simple, direct and uninvolved. He has acted wisely in dividing his work into two handy volumes, instead of issuing it in one large one.

J. J. C.

Bob Hampton, of Placer. By RANDALL PARRISH. Toronto: William Briggs. Cloth, with illustrations.

A story of the great West, true to nature and a mining town, the kind of tale a man can read and enjoy; spice, action and a laugh here and there; the book for a winter night, with a havana and gran'ther's old arm-chair, and the world asleep. W. A. V.

A Guide Book to Diabetic Cookery. By FREDERICK JAMES, M.P.S. (Great Britain). Published by Callard & Co., 74 Regent St., London, England.

This is a very practical little book, and written by a man who understands what he is talking about. It is of considerable interest to medical men and will be found by them to be full of hints as to the dietetic treatment of diabetes. Any physician can procure a copy for the asking from Messrs. The Lloyd Wood Co., Ltd., Toronto.

The Masters of Fate. The Power of the Will. By SOPHIA P. SHALER. New York: Duffield & Company. 1906. Price, \$1.50 net. Postage 10 cents.

This work is an inspiration for parents who have children with physical defects, and also a justification for the strenuous effort of modern medicine to save the weaklings. Here the nervous invalid, the maimed and the blind receive wonderful encouragement. Among the blind are mentioned such distinguished names as Milton; Homer; Francis Huber, the botanist; Prescott and Parkman, the historians; Fawcett, the late Postmaster-General of Great Britain; Laura Bridgman, and Helen Keller. Among nervous invalids are mentioned Gray, Pope and Louis Pasteur. As examples of unpromising children we find Victor Hugo, Sir Isaac Newton, Daniel Webster and John Flaxman. The book contains fourteen chapters—355 pages—and deals with Retarded Development, Effects of Imagination, Will and Habit, Management of

Mind and Body, Family and Social Relations of Invalids, Invalidism and Intellectual Development, and Accidental Malformations. Numerous examples of well-known individuals from the various classes are given, with short sketches of their life and work. It is a very interesting and inspiring book, both for physician and patient.

W. J. W.

Syphilology and Venereal Disease. By C. F. MARSHALL, M.D., M.Sc., F.R.C.S.; late assistant surgeon to the Hospital for Diseases of the Skin; formerly house surgeon to the London Lock Hospital; Surgical Registrar to the Hospital for Sick Children, Great Ormond Street, etc. London: Baillière, Tindall & Cox. Canadian agents: J. A. Carveth & Co., Toronto, Ont. Price, \$3.00.

It must now be a number of years since any work has come from the English press on syphilology and allied subjects. For that reason alone the volume, now on our desk, and which we have carefully looked over, should be most acceptable and have a ready sale. The pathology of syphilitic infection has for ten years or so been the subject of special study in the different laboratories in Germany, and a great deal of valuable information gained thereby.

The author has gone into a good deal of detail regarding the syphilitic origin of general paralysis, paternal heredity, parasymphylis, the transmission of syphilis to the third generation, and syphilis as a factor in the causation of Bright's disease, epilepsy, cirrhosis of the liver, aneurism and arteriosclerosis.

There is no question that Dr. Marshall's book is in every respect up-to-date and the result of very recent study of an exceedingly important subject.

Toxicology. The Nature, Effects and Detection of Poisons, with the Diagnosis and Treatment of Poisoning. By CASSIUS M. RILEY, M.D., Professor of Chemistry and Toxicology in Barnes University, and Dean of Barnes College of Pharmacy; Member of American Medical Association; Member of American Pharmaceutical Association. Third edition, revised and enlarged, with illustrations. Philadelphia: P. Blakiston's Son & Company, 1012 Walnut Street. 1906.

The average medical man is not supposed to have the time or the apparatus necessary to make an examination for the detection of poison, particularly where he expects to appear as a medical witness. All that can be reasonably expected is that he should have such a knowledge as will lead him to correctly diagnose and treat cases of poisoning if he sees them before death, or to suspect the existence of poison in the dead body sufficiently readily to

enable him to secure specimens that may be placed in the hands of the analytical chemist. As matters of this kind are easily forgotten by the busy practitioner, it is well that he should have at hand a book of reference out of which he can at once refresh his memory as to symptoms and treatment, or satisfy himself that there is a reasonable suspicion of poison.

The writer of this book has so arranged matters that all this can be done with the greatest ease and with the shortest possible expenditure of time. The symptoms, fatal dose, fatal period, treatment and post-mortem appearance, are found at once, and always in the same order. These headings being in leaded type makes it exceedingly easy to pick out the information required at once.

The descriptions are concise, practical, and up-to-date, and the book itself is bound in a most convenient form, being of such a size as to be easily carried in the pocket. A. J. J.

The Medical Student's Manual of Chemistry. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry, Physics and Toxicology in Cornell University. Sixth edition. New York: Wm. Wood & Company. 1906. Price, \$4.00.

In this edition the section on chemical physics has been largely rewritten, and that on general chemistry has been rearranged and extended. This, the author explains, has become necessary on account of increased knowledge supplied by physical investigations. In the section on organic chemistry there are many changes and some important additions: The author says that we must consider as an organic substance any compound containing carbon, whatever may be its origin and whatever its properties. Organic chemistry is thus simply the chemistry of the carbon compounds. The last section deals with physiological chemistry, and is devoted to the consideration of the proteins and other substances of still unknown constitution. Special attention is given to the composition of the tissues and fluids of the body and the chemical processes occurring therein. The question of immunity, in so far as it is related to chemical action, is discussed under blood serum and bacterial action. Considerable space is given to the chemistry of urine. The whole book is now thoroughly modern, and is well adapted to the requirements of medical students. A. E.

Physicians' Visiting List (Lindsay and Blakiston's). Price from \$1.00 to \$2.25.

The 1907 edition of this little book marks the fifty-sixth year of its publication. It contains the same features as heretofore, including incompatibles, treatment of poisoning, weights and measures, and a dose table. The book appeals only to physicians

who are very methodical and exact in their habits. One serious drawback to the method of book-keeping is that it is not admissible in a court of justice. Lindsay & Blakiston's is the best pocket visiting list we know, however.

E. A. M'C.

A Treatise on the Motor Apparatus of the Eyes. Embracing an Exposition of the Anomalies of the Ocular Adjustments and their treatment, with the Anatomy and Physiology of the Muscles and their Accessories. By GEORGE T. STEVENS, M.D., Ph.D. Illustrated with 184 engravings, some in colors. 496 pages, royal octavo, bound in extra cloth, bevelled edges. \$4.50 net. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

Perhaps no one is better known than Dr. Stevens as an advocate of the view that difficulties of adjustment of the eyes are a source of nervous trouble, and more frequently than other conditions constitute a neuropathic tendency. In 1884 he created a sensation by his view of eye strain as the cause of functional nervous diseases. Time has not borne out all of his contentions by any manner of means, but there is no doubt that he did then make a valuable contribution to our knowledge. This present work is a sequel to that on functional nervous diseases, dealing with the motor apparatus of the eye, its anatomy, physiology, pathology and treatment. It is of intense interest to the ophthalmologist, but perhaps a trifle too intricate for one not versed in the specialty.

J. M'C.

Manual of Anatomy, Systematic and Practical, including Embryology. By A. M. BUCHANNAN, M.A., M.D., C.M., F.F.P.S. (Glas.), Professor of Anatomy in Anderson's College, Glasgow; Examiner in Anatomy for the triple qualification of the Scottish licensing bodies; Examiner in Anatomy and in Physiology for the Dental Diploma, and Examiner in Anatomy (Human and Comparative) for the fellowship of the faculty of Physicians and Surgeons, Glasgow; Ex-examiner in Anatomy to the University of Glasgow; formerly Senior Demonstrator of Anatomy in the University of Glasgow, etc. Vol. I. Osteology; Upper Limb; Lower Limb, with 268 illustrations, mostly original and in colors. University series. London: Bailliere, Tindall and Cox, 8 Henrietta Street, Covent Garden. 1906. (All rights reserved.) Price, \$3.50. Canadian Agents: J. A. Carveth & Co., Toronto, Ont.

Volume I. is compact, well bound and of a very convenient size for every day use. The type is clear and black, the names of parts being especially marked.

The section on osteology is very full, beginning with the minute anatomy of bone and the ossification of membrane and cartilage.

The descriptions of the bones are full and easily followed, and at the end of each description is an account of the development. In the anatomy of the extremities full directions are given for the various dissections. The plates are numerous and very good. The arteries, veins, and nerves are colored, as are also the tendons in some positions where it is desired to show them clearly, as at the wrist and ankle joints.

In this work we have all that can be desired as a guide in the dissecting room and at the same time a complete treatise on practical anatomy.

W. J. W.

Diet in Health and Disease. By JULIUS FRIEDENWALD, M.D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and JOHN RUHRAN, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Second revised edition. Octavo of 728 pages. Philadelphia and London: W. B. Saunders Company. 1906. Cloth, \$4.00, net; half morocco, \$5.00, net. Canadian agents: J. A. Carveth & Co., Toronto.

Even physicians sometimes do not realize the very great importance of diet as a factor in health and disease. The reviewer often thinks that if, in many cases, more attention were paid to the subject of a patient's diet and less to ordinary drug medication, more rapid recoveries would be the result.

The author has, in his second edition, impressed those facts upon his readers; in fact, no one can carefully peruse his work without being persuaded along those lines. Perhaps one of the most instructive chapters is that giving an account of Prochowick's diet for pregnancy complicated by contracted pelvis. Another interesting section is that devoted to diet at water cures.

The book is not large and tiresome, but a handy size and full of good material.

A Compend of Genito-Urinary Diseases and Syphilis, including their Surgery and Treatment. By CHARLES S. HIRSCH, M.D., Assistant in the Genito-Urinary Surgical Department, Jefferson Medical College Hospital. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1906. Price, \$1.00.

This work is of the usual Quiz-compend size and style, but in reality is better classed as a condensed work on genito-urinary diseases. It covers the whole field, giving a very clear and concise account of each disease, with treatment. There are numerous illustrations. The work will be found of service to the general practitioner, and as a review book to the student.

W. J. W.

Retinoscopy (or Shadow Test) in the determination of refraction at one metre distance, with the plane mirror. By JAMES THORINGTON, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic. Fifth edition, revised and enlarged. Philadelphia: P. Blakiston's Son & Co. 1907. Pp. 67. Price, \$1.00.

The publishers have taken time by the forelock and date the book 1907, a little inaccuracy for which the author is not to blame. This little book deals with the subject in a very simple way, avoiding too much theory. The important addition to the book is the description of the author's electric retinoscope. M.

Medical Directory of Toronto. This publication has been taken over by Messrs. Theo. E. Gibson & Co., who advise us that the 1907 issue is now in press. Previous editions of this valuable manual have contained much information of special value and interest to the profession, and in the hands of the very reliable house now in charge we have no doubt the scope of the book will be further enlarged. Advertisers desirous of reaching the profession will find this a good and economical medium, while it also furnishes reliable lists in convenient form for addressing this constituency.

We acknowledge the receipt of the English edition of "Merck's Annual Reports," Complete Series—Volume XIX. 1905. Darmstadt: May, 1906—which has been sent us from the New York office. A glance at the seven pages of Bibliographical Index and eleven pages of Index of Authors shows how wide a field is covered by these reports. We are pleased to notice that THE CANADIAN JOURNAL OF MEDICINE AND SURGERY finds a place in the Bibliographical Index. J. J. C.

The National Sanitarium Association recently published the first issue of their new monthly magazine, entitled *Canadian Outdoor Life*. It is full of interest, printed on moderately good paper, and freely illustrated.

Martindale's Extra Pharmacopeia (Latest Edition).—The members of the medical profession will be interested in knowing that Mr. W. Lloyd Wood, 66 Gerrard St. E., Toronto, is now supplied with the 12th edition of this valuable little book for the physician's table. This edition has been considerably enlarged and improved over former editions, containing over 200 pages of additional matter. Mr. Wood informs us that he is now in a position to supply these at the same prices at which they are supplied by the publishers in London, viz., \$2.50 per copy. We have no doubt the medical profession will take advantage of this offer and avail themselves of one of these books, as once acquainted with them they will never be without a copy.