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The Canadian Practitioner and Review.

Vol. XXXIV. TORONTO, NOVEMBER, 1909.

No. 11

Original Communications.

THE RELATION OF THE GENERAL HOSPITAL TO THE COMMUNITY.

By R. W. BRUCE SMITH, M.D., INSPECTOR, TORONTO.

The question of hospital extension has now become so general that before long every large Canadian town will have its own local institution for the care of the sick. It is only one hundred and fifty-seven years since the first hospital in America opened its doors. At that time only a few hospitals existed in the principal cities of England and continental Europe. Fifty years ago there were only eleven hospitals within the present boundaries of Canada; while to-day there are 151 institutions. Twenty-five years ago there were seven hospitals in the province of Ontario; to-day we have seventy-three general public hospitals with a total expenditure for maintenance during the past year of \$1,240,000. When we think of the growth in the work and note the progress that has been made and that largely through the sacrificing efforts of the medical profession, we may well consider the question of the relation which the hospital bears to the community and the improvements which may be worthy of earnest consideration and seem most likely to make the hospitals of Canada models in the National features that we possess.

The questions which naturally arise in establishing a hospital are as to what plan of construction is to be followed and what classes of patients are to be admitted. The time for this paper renders it impossible to dwell at any length on the importance of proper planning and construction. No branch of

architecture has shown more evidence of improvement than hospital building. This is in a large measure due to the knowledge gained during recent years of the possibility of having aseptic conditions and making hospital wards and their accessories by construction and care as free as possible from dust and rendering, as far as we are able, the air inside as pure at least as that which nature provides without. No hospital should be planned except as a unit to which additions in the future may be advantageously added.

NO OVERLAPPING.

Every community should be warned of the danger of establishing hospitals that might overlap those already established. This is one of the many reasons why in every large community there should be an independent board of citizens to act as a commission on Associated Charities, and to whom all schemes for the organization of additional hospitals and charities should be referred. If such a course had been followed in many of our Canadian cities, what a large amount of money might have been directed into channels where it might have been of greater service to the community.

POLICY FOR CANADA.

In regard to the different classes of patients who shall be admitted, Canadian hospitals must continue to be different from the policy followed in large British and European hospitals. There the large public hospitals are designed for the care of the sick poor alone. Social conditions fully justify following a different plan in this country. In our Canadian hospitals it is often felt that it is as great charity to provide accommodation for those able and willing to pay for their maintenance as it is to afford shelter for those in destitute circumstances. In this growing country those in comparatively comfortable circumstances are often without suitable home surroundings when overtaken by sickness or injury. In dealing with the management of all charities in Canada, we must discourage everything that might have a tendency to establish a pauper class in any Canadian community. We must seek to avoid the mistakes which older countries are now seeking, when too late, to correct. There is no room for a pauper class in Canada. Experience has proved that it is not only possible but profitable for many reasons to afford accommodation for private, semi-private, and public ward patients

in the same hospital. The private patient should contribute for his maintenance more than it costs, and this surplus is added to the total amount received from local philanthropy and municipal grants.

MEDICAL ATTENDANCE.

If we concede that our hospitals are to receive both paying and non-paying patients the community is interested in the settlement of the question who are to be the medical and surgical attendants on those for whom accommodation is provided. *The answer to this question may, in my judgment, be briefly stated:* 1. Private patients can have their own physician or surgeon attend them; 2. Semi-private patients who contribute for their maintenance a sum equal to the per capita cost of maintenance of the hospital for the past year have the same privilege; 3. Every public ward patient should be attended by the member of the staff assigned for the week or the month, as the case may be, to the particular ward to which the patient has been admitted. We sometimes hear a great deal of criticism of the rule which prevents every medical man having access to the public wards of a hospital, but those who are acquainted with hospital management know that to permit such a course is inimical to the patient and disastrous to the management and discipline of the hospital. It is along such lines and to bring about such conditions that the ward politician gloats over the prospect of posing as the poor man's friend. The public is fortunately not seriously led away with such buncombe. A regularly organized staff is essential to every city hospital and the poor when admitted to the public wards have the right to expect that all the skill of the staff, as well as all the facilities of the institution, will be exercised on his behalf. He can best obtain these by methodical arrangement of the ward service. Take a public ward of twenty-four beds and allow each patient to be followed thereto by the physician or surgeon of his own choice, the usual visiting hours being observed, imagine the confusion, out of which provoking errors would be sure to arise and picture to yourself the difficulty of providing a nursing staff that would be adequate for such conditions. The few who have advocated the expediency of establishing city hospitals where every medical man might follow his patients and treat them in public wards have, I fear, not given the matter the consideration which such a radical change should have.

EDUCATIONAL FUNCTION OF A HOSPITAL.

A great hospital must play an important part in the philanthropic activities of the communities. The relief of individual suffering and the cure of individual cases must not, however, be considered the only reasons for such a hospital's existence. That would indeed be a narrow view to take. Great as its service to the community is in those particulars it is only a small part of the service which it really renders. It is as an educational institution, an institution through which alone doctors and nurses can be trained, and through which alone medical science can be advanced that a large hospital under enlightened management has its chief claim upon the public. Dr. Osler has well said "the whole art of medicine is in observation, but to educate the eye to see, the ear to hear, and the finger to feel, takes time and to start a man in the right direction is all that we can do."

At one time the instruction in the lecture room of the medical school was followed by perfunctory and haphazard walks through a hospital ward. Scores of students sauntered along between rows of beds and listened at an almost out-of-earshot distance. A student rarely touched a patient, seldom listened to the physical signs of pulmonary or cardiac disease, and never really studied a ward case. The surgical operations in the amphitheatre could only be vaguely seen. Thanks to the impulse given by the dominating idea of scientific investigation, all this is now rapidly changing. Now in small groups, or individually, students are permitted to work out some phase of a specific disease. The student sees the patient, touches the patient, comes in personal contact with the disease of the patient and begins to get a grip on its meaning.

In such a hospital will be assembled not only the sick and the maimed, who will not merely be healed themselves, but by whose healing that is learned which will heal others in generations to come; the physicians and the nurses who are there both to heal and to learn; the laboratories and surgical appliances with which they are to put their learning to the highest use. Such a combination in a great hospital will prevent more disease in generations to come than it actually cures in the generation with which it is immediately and personally dealing. The educational function of such a hospital should receive the same prominence which is given to its actual relief of human suffering. Then again the well equipped hospital not only relieves human suffering, educates doctors and trains nurses, but sets standards for the countless many who for the

first time perhaps in their lives have the chance to see cleanliness, the importance of details and the beauty of a well ordered, self-contained life. The hospital indeed now plays such an important part in the world's programme that the erection of every well equipped modern hospital is cheering evidence of a determination to share in this great forward movement.

RELATIONS OF MUNICIPALITY TO HOSPITAL.

When a town or city contemplates the establishment of a hospital my first advice is to make sure that class partisan or sectional feeling of every kind is kept separate and complete. Ward politics are decidedly incompatible with hospital management. The contrast between municipal hospitals and those institutions which are controlled and directed by local boards is most marked. Fortunately in this country we have not the experience which has been so expensive in some of the American cities during the past year. There are only two or three what might be termed municipal hospitals in Ontario. Where these are located there is an absence of the hospital spirit among the people of the community. Local philanthropy is never exerted for the benefit of the hospital. It would, indeed, be a surprise for such a hospital to receive a contribution or become the object of a bequest. Not only is the hospital deprived of the contributions and sympathy of the people of the community, but the greater privilege of giving is kept from those who would otherwise find comfort and delight in practical benevolence. There are one or two places in Ontario where the people would as soon think of making a donation to the city hall or street railway as to the local hospital under municipal control and management. There is no room in Canada for more hospitals solely under municipal control. The ideal plan is, as so largely prevails in this province, local management under the direction of those who are actuated by a spirit of philanthropy coupled with civic pride, and are willing to administer the important trust committed to their care. These boards, however, deserve and must receive liberal municipal support. The Municipal Act of Ontario gives power to vote an annual grant each year for hospital support. Every city, town, village, township, and county council can exercise that power. Some of the municipalities make liberal grants towards the support of the hospitals in their midst. Unfortunately, there are many that will not take advantage of the power they possess to vote hospital grants. Some municipi-

palities decline to contribute anything towards paying for the hospital care and treatment their indigent patients receive. The time has come when municipalities should be awakened to a sense of the duty they owe to the local hospitals who care for their sick poor. A statutory amendment might with great advantage be introduced giving hospital boards the power to collect from a municipality the actual cost of maintenance of a patient who is unable to pay for what the hospital has afforded him during his illness. The Municipal Act of Ontario now gives the power for the municipality to make the grant; why not give hospitals the power to collect what the municipality owes for the care of its indigents?

In the province of Ontario government aid is voted each year to hospitals on the following terms:

1. A provincial grant is made for all patients in a hospital during the first ten years of its existence at the rate of twenty cents per day, irrespective of what sum is contributed by the patients themselves.

2. After a hospital has been in existence for ten years the grant is paid only for patients for whose maintenance \$4.90 per week or less is contributed.

3. In all cases the limit is 120 days, and if patients remain in the hospital longer than that period the refuge rate of seven cents per day is allowed.

4. Children over one year and under twelve years are allowed for at the rate of seven cents per day.

5. No allowance is made for infants under one year of age.

Each hospital is visited each year and a report prepared showing all the conditions in which the hospital is found. A copy of the report of the inspection is sent to the hospital visited and another copy sent to the provincial secretary. Each hospital in addition makes a monthly return to the inspector, giving the names of all patients admitted, discharged and died during the month. In this way a record is kept at the department of the work each hospital is doing. At the close of the year a financial statement is made by each hospital showing in detail the financial receipts and expenditures. These returns are carefully completed at the department, so that a knowledge is obtained of all details of expenditures and, if a hospital is extravagantly managed, it is easily detected. I may be pardoned for expressing the opinion that government supervision and inspection of hospitals has great advantages. The average rate for maintenance of hospitals of Ontario for

the past year was \$1.21 per day, and, considering the work being done, the financial records are certainly satisfactory.

I am sometimes asked what I consider the model plan for a young and growing city desirous of planning for a hospital that is to serve future generations. My answer, founded on observation, is, in my judgment, the model plan to have a large section carefully selected outside and away from the noise and dust of the city, and on this large area lay out the hospital which will care for and receive all classes and diseases in distinctly separate pavilions and provide with all the facilities of outdoor treatment when practicable. With such a scheme, one or more small reception hospitals in the centre of the city would meet all the requirements for emergency cases. This hospital village would have a leading feature, the convalescent home, to which the patient could be transferred as soon as convalescence became first established. This leads me to refer to the fact that at present there is not sufficient attention paid to providing large convalescent homes. The poor man has to be kept in our hospitals long after his recovery has commenced—too sick to be sent home, and really not sick enough to be kept in a bed which might with advantage be taken by an acute case. On the grounds of economy alone, it would be particularly advantageous to every large hospital to have a convalescent home to which its recovering patients might be transferred.

ABSTRACTS OF PAPERS READ AT THE BUDAPEST INTERNATIONAL MEDICAL CONGRESS.

THE DIAGNOSIS OF LARYNGEAL CANCER. By Sir Felix Semon,
M.D., London.

The author related, and graphically illustrated, those cases of malignant disease from his own practice, in which exceptional diagnostic difficulties were encountered, and in a number of which diagnostic mistakes were made. They amount to 13 in a total number of 246 cases of malignant disease seen in 33 years' practice, and the author, after faithfully recording the salient features of each of them, exhorted in conclusion his younger *confrères* not to consider the early diagnosis of malignant disease of the larynx as exceedingly difficult, but to keep in mind such unusual features as are present in the following series of cases now brought forward:

1. Malignant disease of the larynx, appearing first in the form of a curious tumefaction of the left vocal cord, which remained stationary for nearly two years before showing its true nature.
2. Chronic infective inflammation, simulating malignant disease of the larynx.
3. Extravasation of blood into the right vocal cord and below it, simulating malignant disease of the larynx.
4. Laryngeal tuberculosis in which the laryngoscopic appearances left the diagnosis between malignant disease and tuberculosis quite undecided.
5. Laryngeal tuberculosis simulating malignant disease in an old gentleman, aet. 70.
6. Tuberculous tumor, simulating malignant disease, in the anterior commissure of the vocal cords.
7. Leucoma of a vocal cord, simulating malignant disease of the larynx.
8. Epithelioma of the left ventricle of Morgagni, at first mistaken for papilloma.
9. Epithelioma originating in the form of an angioma.
10. Papilloma, occupying the whole posterior part of the right vocal cord and the inner aspect of the right arytenoid cartilage in a gentleman, aet. 60, mistaken for malignant disease of the larynx.
11. Epithelioma of the larynx appearing in the form of snow-white, sharply pointed meadow.
12. Granuloma originating in the scar due to removal of an epitheliomatous tumor of the right vocal cord.
13. Inflamed papilloma in a gentleman, aet. 60, closely simulating the appearance of an epithelioma of the larynx.

CHRONIC FORMS OF PANCREATITIS. By A. W. Mayo Robson, F.R.C.S.

Mr. Mayo Robson drew attention to chronic pancreatitis as a clinical entity apart from gallstone trouble, and he also described how frequently inflammatory enlargement of the pancreas accompanies cholelithiasis, especially if the concretions are in the common duct. He pointed out that chronic pancreatitis may persist long after the original cause has disappeared, and may simulate cancer of the head of the pancreas, and so terminate fatally under the impression that it is incurable, when, as a matter of fact, suitable surgical treatment is capable of curing the condition. His observations were based on a large series of cases on which he had operated, the first operation having been performed by him in June, 1890 (this patient being in good health fourteen years later); a second in 1891 and a third in 1892. In the latter case death occurred two days after operation, and a microscopic examination of the pancreas showed it to be interstitial pancreatitis. In 1895 he operated on two cases which were in good health several years later, and in 1896 on another case which was well some time subsequently. In this year (1896) Professor Riedel published a paper on inflammatory enlargement of the head of the pancreas, in which he described two cases of pancreatitis (the first of which was operated on in 1893) associated with malignant disease, and another paper on cases caused by gallstones. Mr. Mayo Robson described the symptoms, the pathological condition, the causes and the treatment of chronic pancreatitis, and showed that the anatomical variations in the relations of the common bile duct to the pancreas and in the termination of the ducts had an important bearing on the etiology of the condition. He urged the importance of preventive treatment, such as the removal of gallstones before they had produced complications, and the treatment of duodenal ulceration by gastro-enterostomy. If after a fair trial of general treatment, not too long continued, the symptoms persist, and the signs of failure in pancreatic digestion and metabolism were manifesting themselves, the question of surgical treatment, he said, ought to be seriously considered, especially when the disease is associated with jaundice. He said that rational treatment should aim at the cause, whether that was gallstones, pancreatic calculi, duodenal catarrh, duodenal ulcer, alcoholism or syphilis. Even in the absence of obvious removable causes he advocated efficient drainage of the infected bile and pancreatic ducts, either by cholecystotomy or cholecystenterostomy, preferably the latter. His experience has taught him that if the cause can be removed

at an early stage an absolute cure is possible; and though complete restoration of the damaged gland, in more advanced cases, cannot always be promised, yet an arrest of the morbid process may be looked for and the remaining portion of the pancreas will be able to carry on the metabolic, even if incompletely, the digestive functions of the gland.

ARTERIO-SCLEROSIS, INCLUDING ITS CARDIAC FORM. By Dr. H. Huchard, Paris.

The chief points of Dr. Huchard's argument were the following. There exists great confusion amongst pathologists as to the nature and process of arterio-sclerosis, more than twenty different accounts of it having been advanced, so that it is impossible to give an exact and rational definition of the disorder from the pathological side. Neither can pure experiment settle the question, but the clinical evolution of arterio-sclerosis affords the method of distinguishing between that disease and atheroma. Atheroma is really a senile affection, coming on in persons of from 60 to 80 years of age, and it is entirely a vascular change. Arterio-sclerosis, on the other hand, attacks persons between 30 and 60 years of age and is so largely a visceral complaint that its best name is arterio-visceral sclerosis. Gull's and Sutton's conception of an "arterio-capillary fibrosis" is incomplete. There are some arterio-scleroses at their outset typically aortic and which may be called myo-valvular. In spite of the subsequent involvement of the smaller vessels and the arterioles, from the clinical point of view these processes at the first and during the greater part of their course affect the aorta and the valvular parts of the heart. From the triple viewpoint of the pathologist, the clinician, and the therapist, the distinction between such endocardial valvular "cardiopathics" and the endarterial "cardiopathics" is of considerable importance. The principal causes of the latter condition are gout and "uricemia," lead poisoning, syphilis, faulty diet, tobacco, mental strain, and overwork. There are four stages recognized clinically in the evolution of arterio-sclerosis: (1) arterial presclerosis; (2) the cardio-arterial stage; (3) the mitro-arterial stage; and (4) the final stage of cardiac failure. The symptoms fall under the three heads toxic (the predominant group), cardio-arterial, and renal, and each requires a special line of treatment. The beginning, the course, and the climax of the arterial cardiopathics are comprised in the word intoxication, having for its chief symptom dyspnea. There is good clinical evidence of the reality of the condition called presclerosis in which there are either no vascular lesions or those

lesions are quite latent. Careful distinction must be made between a pathological lesion and a clinical disease. Simple atheroma may remain for a long time nothing more than an anatomical change. In cardio-sclerosis, on the other hand, the subjective symptoms predominate over the physical signs which may indeed be absent, as in mitral contraction of sclerotic origin. In mitral regurgitation of similar origin the patient may be considered "a mitral case" as far as his murmur goes, but he is really "an arterial or aortic case." From the outset the renal factor is of great importance in determining the retention of the toxic substances and the increase in the arterial tension. Renal insufficiency is an early and constant symptom in arterial cardiopathies even if there be no albuminuria, and this fact accounts for the importance of renal treatment to eliminate the toxins during the whole course of the disease. Clinically, cardio-sclerosis can take its beginnings in the kidney, the heart, or some other organ, but there is no such thing as arterio-sclerosis without both arterial and renal lesions. That at least is the best definition of the disease, and it allows of the differentiation of a number of disorders which have for long been wrongly regarded as always due to arterio-sclerosis, as, for instance, certain affections of the eyes, ears, brain (lacunar cerebral sclerosis, cerebral hemorrhages, etc.), and the senile changes in the heart. It may happen that cardiac lesions of rheumatic origin become complicated by arterio-sclerotic changes between the ages of 30 and 50 years and a fresh train of symptoms may ensue. Asthma and emphysema only lead to stoppage of the heart through the arterial lesions which occur with them, but asystole of true gastric origin is extremely rare. Discussing the treatment, Dr. Huchard said that the therapeutic indications were different in the four stages of the disorder, but dietetic regimen with measures directed to the renal efficiency are always the basis of sound treatment. In a disease which is above all things an intoxication, the abuse of drugs, especially of the iodides and digitalis, is to be carefully avoided, and also the abuse of so-called anti-sclerotic serums, high frequency currents, and climatic and certain mineral water "cures." Lastly, Dr. Huchard mentioned a form of arterio-sclerosis with arterial hypotension primarily of intestinal origin and associated with portal congestion.

RAPID DILATATION OF THE CERVIX. By Dr. G. Winter, Koenigsberg.

He maintained that the ideal method of dilating the cervix must be one which involved no danger of excessive bleeding, of

unavoidable lacerations of the cervix, or of the risk of infection, which would allow of the passage of a full-term child and permit of a complete restoration of the functions of the cervix. Two methods were available—stretching or cutting of the tissues. The former could be carried out manually, by means of a hydrostatic dilator, by a dilator such as that of Bossi, or by the body of the child. Manual dilatation possessed the advantage of requiring no special apparatus, but there was a danger of slight tears of the cervix and of septic infection. The use of a hydrostatic dilator secured complete dilatation which could be carried out aseptically; it possessed the disadvantage, however, of the likelihood of reclosure of the canal from elastic recoil. Bossi's dilator was a certain method and without danger when the cervix was unfolded, and entailed but slight danger of infection, but the risk of bad tears was considerable, and interference with the third stage of labor was not uncommon. Dilatation by means of the child's body after version was a simple and certain method, but usually entailed the death of the child. Of the cutting operations, superficial incisions were of limited practicability. Vaginal Cesarean section was the easiest of all the methods of dilatation. Dührssen's method was the best; with this procedure injuries of the neighboring structures were not frequent and the maternal mortality was about 1 per cent. The child was usually delivered alive. Vaginal Cesarean section when practised early in eclampsia gave excellent results; 20 cases were recorded, in all of which the fits at once ceased after the performance of the operation. In accidental hemorrhage, if immediate delivery was necessary, vaginal Cesarean section gave good results. In placenta previa all methods of rapid dilatation were best avoided because of the risk of rupture of the cervix. In cases of septic infection also any method likely to produce tears of the cervix should not be practised. In cases where the death of the child was threatened only those operations should be performed which entailed no risk to the life of the mother. Of general conditions, eclampsia, heart failure, impending suffocation from acute lung affections, and at times tumors of the genitalia, stenosis of the cervix, and impending death of the mother, were all indications for the performance of vaginal Cesarean section, which he considered on the whole by far the best of the various methods available for rapid dilatation of the cervix, and for which eclampsia was the strongest and most important indication.

THE DIAGNOSIS AND TREATMENT OF TUMORS WITHIN THE SPINAL CANAL. By Professor H. Oppenheim, Berlin.

1. The differential diagnosis between tumors springing from the meninges and from the spinal column itself can scarcely be said to be yet established. 2. For the diagnosis between intramedullary and extramedullary new growths important but not absolutely trustworthy symptoms are existent. Of these the chief is the constancy of the upper level of the lesion. Nevertheless, the collection of cerebro-spinal fluid above the tumor and the frequently accompanying meningitis serosa circumscripta may cause this level apparently to vary and thereby reduce its diagnostic value. For other reasons also the upper level may seem higher than it really is. Criteria for distinguishing between meningeal tumors and spinal gliosis are not trustworthy. 3. Serous spinal meningitis presents more of the characteristics of spinal tumors than any other extramedullary disease. The author thinks that the aids to differential diagnosis mentioned by Sir Victor Horsley cannot be depended on. 4. Spinal medullary "pseudo-tumors" are to be considered with reserve. 5. The segmental diagnosis of spinal tumors may be complicated by the existence of secondary serous or fibrous meningitis. The symptoms of a tumor may be referable to a level below the site of the tumor. Therapeutic results are distinctly encouraging. Reference was made to 25 cases of operation, with 13 cures.

THE TREATMENT OF LUPUS ERYTHEMATOSUS. By Sir Malcolm A. Morris, London.

The disease appeared to him to be essentially a chronic inflammation of the skin, local in origin, and depending on a condition of the circulation which makes the integument prone to vaso-motor disturbance. This may cause a predisposition to toxic infection, but neither the fact of such infection nor its nature has been positively demonstrated. Each case must be dealt with according to its peculiarities. The treatment should be constitutional and local. Under the former head must be included careful regulation of the diet, so that the intestine may not be loaded with materials that may form a favorable soil for infection. Anything, like coffee and tea, which causes flushing of the face, is contra-indicated. Quinine is often useful. Locally, in the hyperemic stage, he prescribed cooling lotions and ointments of subacetate of lead. Ichthyol in the form of a lotion or an

ointment he also found to be among the most useful of local remedies. In chronic cases the constant application of a strong solution of ichthyol is the best remedy, but iodine liniment is also valuable. In severe conditions linear scarification or light touches of the thermo-cautery he found often to give good results. In subacute cases he has sometimes used high-frequency currents and in chronic cases the Finsen light and the X rays with success. These agents are particularly useful in the later stages when there is thickening of the integument. Radium may be applied to limited areas for the same purpose.

THE ORIGIN OF SEX. By Professor Nussbaum, Bonn.

Professor Nussbaum, referring to the various experiments which have been made on the subject, emphasized the fact that what might be possible with plants and the lower forms of animal life could not be applied to the higher forms. The voluntary production of sex by means of external agencies has been conclusively proved for a large number of species of inferior organization. In vertebrates and in the case of some plants such agencies are not available. He referred to the more recent theories of Noll and Correns and also of von Hertwig, and remarked that several objections have been raised against attempting to apply them in all cases. The older statements as to the voluntary production of sex by bees and butterflies have been disproved. More worthy of notice are the observations of Wilson, Morgan, Meve and others on the differential cultivation of seminal threads, so that by fertilization of the egg variety of sex could be produced. With reference to the experiments of Oudemans, Kellog, and Meisenheimer, Professor Nussbaum gave the following explanation. In butterflies the abdomen of the insect as well as the sexual glands are not the same in the two sexes. the difference finding expression in the number of chromosomes. Internal influences determine the sex of the algae and moulds, but in infusoria, in the lower forms of crab, and also in rotatoria (according to the recent researches of Punnett and Whitney) such is not the case. Professor Nussbaum further said that the material which has come under his notice strengthens the opinion (also expressed by Maupas) that temperature exercises some influence, but his researches also indirectly suggest that the true cause of the production of males is diminished nourishment of a colony of parthenogenetic females.

POLYCYTHEMIA. By Dr. H. Senator, Berlin.

He said that an increase in the number of red blood cells can be either relative or absolute and can occur under both physiological and pathological circumstances. Physiological polycythemia is observed after the loss of much fluid from the body, after the ingestion of food rich in albumen, in convalescence from anemic disorders, in newly born infants, after residence in a strange climate, and perhaps in hibernating animals during the winter months. Pathological polycythemia is found when the blood becomes thickened during disease, in various forms of cyanosis, in certain intoxications and infections in which hemolysis takes place, and occasionally in diseases in which unknown changes in the blood occur, and in many affections of the nervous system. In all these pathological circumstances, in addition to the relative polycythemia due to a thickening of the blood, the diminution of the tension of oxygen in the blood must be considered as a casual factor, whereby the hematopoietic organs are stimulated to greater activity. These conditions must not be confused with polycythemia megalosplenica described by Vaquez, and polycythemia hypertonica described by Geisböck. In both of these a primary affection of the bone marrow must be taken to be the cause of the polycythemia. Geisböck's disease, of which very few examples have been recorded, may be distinguished from that of Vaquez by the fact that in the former there is a high blood pressure together with hypertrophy of the heart, and enlargement of the spleen cannot be demonstrated. The changes in the blood, which have been more especially studied in Vaquez's disease, consist in an increase in the viscosity of the blood and a higher specific gravity. The resistance of the erythrocytes does not appear to differ from the normal, whilst the capacity for the absorption of oxygen lies within the usual limits, or is increased. The respiratory exchange in many cases is found to be high. With regard to treatment, a vegetable diet and bleeding give favorable results. Many cases of primary polycythemia cannot be placed under either of these categories.

OBESITY. By Professor Carl von Noorden, Vienna.

He said that he should only consider the matter from the point of view of etiology. In the most common forms the condition is due either to over-feeding or lack of exercise; frequently these two causes are combined. It is quite easy to understand why excessive corpulence follows these two factors. It is much more difficult to explain those cases in which, although the proper amount of food is taken and sufficient exercise is indulged

in, obesity develops. This has been termed constitutional obesity. After discussions which have been prolonged for years, and after careful investigations, the conclusion has now been arrived at that in such cases the oxidation power of the organism has become weakened. This is a factor which bears a direct relationship with the thyroid gland. Temporary changes in that gland raise or depress the power of oxidation. Professor von Noorden on these grounds designated the various forms of constitutional obesity "thyreogenic obesity" and proposed the following classification: (a) primary thyreogenic obesity, dependent upon actual changes in the thyroid, such as atrophy, degeneration, functional weakness, and so on; (b) secondary thyreogenic obesity, that is to say, functional anomalies of the thyroid dependent upon the action of other organs, such as the pancreas, hypophysis cerebri, suprarenals, thymus, pineal gland, and perhaps other organs also, so-called chemical correlations by means of internal secretions. These questions have not only a theoretical interest, but possess important bearings on therapeutics, as anomalies of metabolism known under the term of obesity can only be treated rightly when in any given instance the origin of these anomalies has been correctly recognized.

THE TREATMENT OF DIFFUSE FREE PROGRESSIVE PERITONITIS. By
Dr. Árpád G. Gerster, New York.

The basis of this report is formed by 609 cases of the malady, observed at Mount Sinai Hospital during about ten years. Of these, 461 were caused by the appendix (out of a total of 3,144 cases of appendicitis) and 148 were due to injuries and affections of other viscera. The author points out the difficulties that surround the making of a precise diagnosis and prognosis in peritonitis. He further indicates the uncertainties dependent upon these difficulties in establishing a uniform and reliable nomenclature of the disease, to which again may be ascribed the small value to be placed on statistics. In accepting the diagnosis of free progressive peritonitis, very strict criteria must be insisted on; and, even with these, statistics have only a relative value. Every case of appendicitis, and, *a fortiori*, every case of peritonitis, in whatever stage of the malady it may present itself to the surgeon, ought to be operated on without delay, excepting cases imminently and palpably moribund. The arguments by which the advice is supported not to operate upon "intermediate" cases of appendicitis on account of the high mortality are fallacious. A tabulated *résumé* of the results of operative

treatment in 461 cases of diffuse free progressive peritonitis. due to appendicitis, shows a steady decline of mortality from 79 per cent. in 1899 to 14 per cent. in 1908. This improvement is ascribed to the abandonment of heroic and incisive measures in cleansing of pus and in drainage of the peritoneum, which were in vogue in 1899, and the adoption of early, simple, rapid and less exhausting operative procedures, complemented by Fowler's posture and Murphy's proctoclysis. Of complications, the most common, observed in 9.3 per cent., was that of secondary intraperitoneal abscess. This the author regards as a residual manifestation of a primarily general process. Mechanical ileus, rather frequent (15.8 per cent.) in 1899, has become much rarer (5.4 per cent.) since the abandoning of the use of extensive gauze packings. The author's procedure is as follows: (1) Preliminary lavage of the stomach; (2) anesthesia by nitrous oxide gas followed by ether; (3) rapid exposure of primary focus of infection; (4) stoppage of visceral leak by suture or tamponade; (5) gentleness and rapidity of procedure, avoidance of friction by wiping, etc.; (6) no irrigation; (7) soft rubber tube drainage of right iliac fossa and, if necessary, of Douglas' pouch; (8) closure of external wound by three layers of suture; (9) for paralytic ileus repeated gastric lavage, low and high enemata, or systematic rectal lavage, enterotomy by stab done in intractable cases only; (10) rational administration of opiates; (11) withholding of all ingesta while vomiting is present; (12) Murphy's proctoclysis; (13) Fowler's position; (14) early incision and drainage of secondary abscesses; (15) laxatives, calomel and salts, to be given only after stoppage of vomiting; and (16) tampons used for walling off necrosed areas not to be disturbed without necessity till they become detached of themselves.

CYCLIC VOMITING IN CHILDREN. By Dr. J. Comby, Paris.

Periodic or cyclic vomiting occurs in attacks lasting two or more days with variable intervals; it is met with between the ages of two and six or eight years. It is seen a little more frequently in boys than in girls. Sometimes several members of the same family are attacked in turn. A neuro-arthritis heredity is present in many cases. He had noticed (as pathological conditions preceding the vomiting) sore throat, adenoids, dyspepsia, a tendency to vomit, entero-colitis, and appendicitis. It has been ascribed to the liver and fatty acid poisoning, acidosis and acetoneamia. If, in fatal cases, a fatty condition of the liver has been found it is very evident that it has not been

primary but secondary to digestive troubles. It is necessary to look for lesions of the appendix. The symptoms consist of uncontrollable vomiting with rapid wasting, which suggests meningitis, peritonitis, internal strangulation, or appendicitis. Constipation, fever, and acetonuria are frequent. The prognosis is generally favorable, but at least ten fatal cases have been published. It is necessary to think of appendicitis which is often the cause of periodical attacks of vomiting. After having eliminated indigestion, the ingestion of some poisonous substance, migraine, intestinal obstruction, and peritonitis, the appendix should be examined by an operation. Medical treatment consists of the administration of alkalies, a vegetarian diet, hydrotherapy, and saline injection. Surgical treatment is comprised in appendicectomy in an interval. In 50 per cent. of his own cases he has found chronic appendicitis.

THE PATHOLOGY OF HEREDITARY DISEASES OF THE NERVOUS SYSTEM. By Dr. B. Sachs, New York.

The term "family diseases" is, he said, preferable to "hereditary diseases," since very few diseases are conveyed directly from parent to child, whereas the morbid tendency exists in one or both parents which leads to the development of a family disease. There is a very marked difference between the cerebral and the spinal groups; the family diseases of cerebral origin are due to changes in the highest nerve elements, viz., the ganglion cells; the spinal affections are due largely to disease of, or maldevelopment of, one or more systems of white fibres. The one exception to this group is the spinal form of progressive muscular atrophy, and that is only rarely inherited. Family diseases of cerebral origin include hereditary diplegia, hereditary optic nerve atrophy, and amaurotic family idiocy, the infantile form (Tay-Sachs) and the juvenile form (Spielmayer and Vogt). In both types of the latter disease the ganglion cells of the entire nervous system exhibit a marked swelling of the cell body and of the dendrites, while the axones remain intact. The active cytological factor is an abnormal swelling of the hyaloplasm and not a degeneration of the fibrillae. The occurrence of the disease among Hebrews suggests that in the members of a race whose nervous system is prone to deterioration children are born with the highest nerve cells so defective that they are entirely unequal to perform the ordinary vital functions, and at a very early period undergo a typical disintegration. It is not the function that unfits them, but they are *ab ovo* defective.

THE FUNCTION OF THE FRONTAL LOBES. By Professor Bianchi, Naples.

1. For experimental work on the frontal lobes the only satisfactory animal is the ape, since in it these structures are well developed and their architectonic structure corresponds to that of the human cerebrum. The psychical activities of each ape must be carefully studied both before and after operation. 2. In front of the motor area (Rolandic) is an electrically excitable zone extending from the mesial margin of the hemisphere over the outer aspect to where that surface becomes continuous with the orbital surface. It is an integral part of the frontal lobe and corresponds to the prefrontal fissure. From this area the muscles of the neck, eyes, and ears can be stimulated. 3. The extirpation of the frontal lobes never produces permanent motor or sensory defects. Visual defects, similarly, are fugitive. 4. The whole intellectual life of the ape is altered after removal of the frontal lobes. Perception, attention, inhibition, and in particular memory and association, are enfeebled. The animal has no longer the power of profiting by experience. Sometimes stereotyped movements and ties are observed. 5. As a result its psychical tone is lowered: it lacks initiative, courage, and spirit.

RECENT PROGRESS IN THE CLINICAL STUDY OF THE EVOLUTION OF SYPHILIS. By M. H. Hallopeau, Paris.

He said that when the chancre manifests an intense reaction, and the morbid products formed by it are of great virulence, it is a sign of an over-activity of the treponema. The germs given off by the chancre may take different routes. (a) They may go by the lymphatics, which transmit them with or without lymphangitis to the neighboring lymphatic glands. (b) They may go by the capillaries. (c) They may enter the neighboring tissues, where they spread. These last show a higher degree of virulence than those which later come from the lymphatic glands, for the glands possess a great power of attenuating the micro-organisms. Amongst the ultra-virulent manifestations must be put most of the secondary manifestations of the vulva, of the prepuce, and of the parts around the anus. When the lymphatics and the lymphatic glands do not transmit the micro-organisms, infection can only take place by the blood-stream, and then the roseola does not appear, and, therefore, it may be said that the roseola is associated with the early affection of the lymphatic glands. The generalized infection only takes place at the beginning of the secondary stage and later the lesions are spread

exclusively by intra- and extra-inoculation. In grouped syphilides the initial lesion often shows signs of a virulence greater than that of the lesions derived from it. On the other hand, extensive cicatricial syphilides may continue to spread with increasing outbursts, so it is clear that the resistance of the tissues can be increased or diminished. As the disease advances in evolution it gives rise to modifications in the intensity and the mode of action of the treponema, and, consequently, in the nature of the toxins produced. The pathological action of the treponema is entirely due to the soluble substances to which it gives rise. In different subjects the treponema is prone to attack certain tissues. There are also affections liable to be produced under the influence of syphilis which later progress spontaneously, these being the so-called syphilitic deuteropathies.

USE OF ANESTHETICS IN MIDWIFERY AND GYNECOLOGY. By Dr. Krönig, Freiburg in Breisgau.

He proposed three points for discussion—namely, (1) the utility of lumbar anesthesia in midwifery and gynecology; (2) the utility of anesthetic combinations (*Mischnarkosis*); and (3) the utility of scopolamin for producing drowsiness (*Dämmer-schlaf*) during labor. With regard to the first point, he said that attention to every practical detail, even the smallest, was of more importance in lumbar anesthesia than in any other method of producing insensibility to pain. As Mr. Barker had already pointed out, the specific gravity of the solution injected was of quite exceptional importance. The best solutions for use in laparotomy had, at a temperature of 38° C., a specific gravity under 0.999, which was the specific gravity of the cerebro-spinal fluid. Dr. Krönig supplied particulars of a total of 1,700 cases of anesthesia produced by stovain. Since the dose of stovain has been reduced to seven centigrammes as a maximum there has been no death during anesthesia in a series of 1,400 consecutive cases, neither has any embarrassment of the respiration been observed. Although certain after-effects, especially headache, occurred in 38 per cent. of the cases, intraspinal anesthesia produced but little effect of an unfavorable kind on the heart and lungs, a circumstance which was so important for the safety of the patient that Dr. Krönig preferred intraspinal anesthesia to inhalation anesthesia in severe and long operations, and especially in laparotomy. In all minor operations, however, the use of inhalation anesthesia ought to be continued. With regard to the second point—the utility of anesthetic combinations—he said

that a combination of chloroform and ether ought in every instance to replace pure chloroform or pure ether as an anesthetic, and the combination of anesthetics might be further extended by giving an injection of scopolamin and morphine before the inhalation. It was only through the use of combinations of anesthetics becoming general that the dangers of anesthesia by inhalation could be reduced to a minimum. With respect to the method of administering an anesthetic by inhalation, preference ought to be given to those forms of apparatus which gave the best quantitative admixture of the anesthetic in the air which the patient respired. With regard to the third point—the utility of scopolamin for producing drowsiness during labor—he said that in women who were sensitive or of nervous temperament or neurasthenic a tedious and painful labor often brought about long-continued and not unimportant states of nervous exhaustion. In those cases it was desirable to reduce the woman's suffering to a minimum by a method which was not injurious to either her or the child. Since Steirbüchel had recommended the scopolamin-morphine treatment for this purpose Dr. Gauss has been working in Dr. Krönig's clinic on specially introduced systems of testing the state of consciousness at any given time, and has greatly improved the methods for the production of the drowsiness in question. On the basis of a clinical material amounting at the present time to 2,000 deliveries it might be stated that the production of drowsiness by scopolamin was free from danger to both mother and child, and accomplished the object in view by either completely abolishing or else reducing to a minimum the pains of parturition.

FIBROIDS OF THE UTERUS AND PREGNANCY. By Prof. Samuel Pozzi, Paris.

He pointed out that under the influence of pregnancy fibroid tumors of the uterus may undergo an important series of modifications as regards their size and position. It is generally taught that fibroids become enlarged during pregnancy, but this is very variable, the change in size being at times slight, at other times sufficient to cause pressure symptoms. In some cases, as he has pointed out specially, these tumors undergo during pregnancy a very rapid and remarkable increase in size. The enlargement of a fibroid tumor concurrently with pregnancy is usually due to edematous infiltration, but it may be caused by actual hypertrophy of the tumor elements, which produces a more or less marked softening of the whole tumor. In other cases a process of aseptic necrosis takes place, but more often cystic degeneration

occurs, while rarely suppuration and gangrene of the tumor are met with. During pregnancy there is a general tendency for pelvic fibroids to rise up out of the pelvis, but at times this does not occur and in such cases obstruction to delivery is very likely to be present. With regard to the influence of fibroid tumors upon pregnancy, in many cases they do not in any way interfere with the normal course of the gestation. Occasionally, however, accidents of considerable gravity occur. Among these are incarceration of the retroverted gravid uterus, especially likely to take place at the fourth month, and very frequent with an intraligamentous fibroid. When the tumor either by its weight or its position exercises pressure on the walls of the bony pelvis pressure symptoms are liable to supervene. These may take the form of pain due to compression of the nerves, dysuria, retention of urine, albuminuria, pyelonephritis, constipation, or distension from pressure on the intestines. In some cases attacks of pelvic peritonitis are set up and may require immediate operative procedures being undertaken. In some very rare instances torsion of the pedicle, or even of the whole uterus, may be met with, with acute symptoms simulating those seen in cases of torsion of the pedicle of an ovarian cyst. Further effects of the fibroid on the pregnancy are noted in the occasional occurrence of antepartum hemorrhage, abortion, death of the fetus, and its retention in utero. The diagnosis of a fibroid complicating pregnancy may be simple or very difficult. Three conditions may arise: the medical attendant may be aware that his patient has a fibroid and may find evidence of the occurrence of pregnancy, or he may know nothing of the patient and may find a fibroid with symptoms and physical signs indicating the presence of a pregnancy as well. In other cases, again, the signs of a pregnancy may be evident, but there may be others less certain pointing to the presence of a fibroid. In such a case the diagnosis may present serious difficulties, and the case is very likely to be regarded as one of extra-uterine gestation. In the great majority of patients the pregnancy runs its normal course, even when a fibroid is present and no interference of any kind is required. Any operative interference is only permissible during pregnancy when some grave complication supervenes, such as marked pressure symptoms, vomiting, severe pain, or peritonitis. In any case, even when it is certain that the presence of the fibroid will not permit of a natural confinement, it is necessary to await the arrival of full term and then to practise Cesarean section. In cases where the obstetrician is compelled to intervene in the course of the pregnancy the best treatment is to perform, whenever pos-

sible, myomectomy, either vaginal or abdominal. The induction of abortion or of premature labor is alike contra-indicated, and when myomectomy is not possible then the only alternative is hysterectomy.

THE CONTROL OF THE MILK SUPPLY IN LARGE TOWNS. By M. Ballo, Budapest.

He said that the official examination of milk delivered for consumption in large towns is subject to extraordinary, often almost insuperable, difficulties. Since the composition—that is to say, the amount of valuable elements contained in it—is subject to great variation in natural milk, and since, according to most regulations, the composition of the weakest, that is the milk that is poorest in such elements, is used as the foundation for the examination, it is obvious that a richer milk can be adulterated or diluted to a certain degree so as to appear as weak, yet not adulterated milk, and be thus offered for consumption. In any such case, it is only possible to decide the question whether the milk is naturally weak or is more or less adulterated with water by means of tests undertaken regularly at the stalls, and this is impracticable for large towns which draw their milk from many and various sources, unless by means of control of all dairy farms and milk depots. But since such continual control would entail much expense, the question arises as to whether it would not be simpler and more effectual to prescribe as the minimum standard a richer average milk instead of the weakest natural milk as at present. The latter proceeding would appear the most suitable, for the purveyors of weak milk would certainly lose the trade in large towns if they are not in a position to provide a supply of richer milk, but the sanctioning of a possible watering of milk would be thereby avoided in the surest and simplest way.

TUBERCULOSIS IN ARMIES. By. Dr. Claudio Sforza, Rome.

He said that tuberculosis is, generally speaking, diminishing in all armies. Its incidence is always more marked during the first year of soldiers in the ranks. In armies tuberculosis is generally an imported disease, proceeding from the revival of old and latent foci existing at the time of admission to the service. In order to reduce the number of cases and of deaths from tuberculosis it is necessary to eliminate all tuberculous and predisposed subjects on entry to the army; to gradually improve the strength and the power of resisting fatigue of the recruits, especially those whose constitution is weak and those who have a

bad heredity; to avoid as far as possible the contraction of the disease by soldiers during their service, and to eliminate promptly all cases of tuberculosis which arise. Cases of the disease, whether curable or incurable, would have to be treated in civil or military sanatoriums at the expense of the State, because armies, while protecting soldiers from tuberculous infection, must not spread the disease among the civilian population. On leaving a sanatorium the patient could receive an annual or temporary indemnity, according to the degree of incapacity at the time.

THE TREATMENT OF HUMAN TRYPANOSOMIASIS. By Dr. Ayres Kopke, Lisbon.

He stated that the present report was a continuation of communications on the same subject made by him to the International Medical Congress in Lisbon in 1906, and to the Congress of Hygiene and Demography held in Berlin in 1907. He had used atoxyl since July, 1905, and in spite of its immediate beneficial action he found that if the trypanosomata had invaded the subarachnoid space relapses occurred and death followed sooner or later. But if the atoxyl injections were begun before this invasion had occurred cure could be brought about by means of this drug alone. He had one patient who had quite recovered and had remained free from symptoms and free from trypanosomata for the last two years, and he had other cases under treatment which seemed likely to give an equally satisfactory result. He dwelt on the fact that the parasites might be already in the subarachnoid space without causing any special symptoms. With regard to prognosis, therefore, cases should be grouped not with regard to the clinical symptoms so much as with regard to the presence or absence of the trypanosoma in the cerebro-spinal fluid. Finally, the treatment, he thought, should begin with maximum doses, no matter what the drug adopted.

PLAGUE IN JAPAN. By. Pro. Kitasato, Japan.

Rats, he said, played a different role in different epidemics. In those of bubonic plague there was frequently a distinct parallelism between the course of the epizootic in rats and the epidemic in man. In the case of pneumonic plague no such parallelism existed. The three species of rats mainly seen in Japan were the *mus rattus*, the *mus decumanus*, and the *mus Alexandrinus*; the first and last were the most common, the second much less so. Five kinds of fleas were met with in rats. Of these the *pulex cheopis* was by far the most important in the

spread of plague. It was not by means of its bite that it transmitted the infection, but solely by the evacuations from its intestinal canal. Fleas prevailed mostly in Japan in the spring. Rats played a leading part in the spread of the disease. Plague was undoubtedly spread from rat to rat by means of fleas, but it had yet to be shown that it was so spread from rat to man. Among measures to control plague epidemics, rat destruction was the most important. Various methods had been employed for destroying rats; poisons, whether chemical or bacterial, had not given satisfactory results. Cats were now being made use of in the endeavor to exterminate rats. This has been strongly urged by Buchanan in India.

THE TREATMENT OF AMEBIC DYSENTERY BY IPECACUANHA. By
Dr. George Dock, of New Orleans.

Report on the results of treatment of cases of chronic enteitis, occurring in or near the tropics, with the characteristic clinical features of amebic dysentery, and in all cases with large ameba *Entamoeba histolytica* of Schaudinn, in the feces. Following the administration of Ipecacuanha in doses mentioned below, the amebae disappear from the feces within a few hours, the stools become less dysenteric and in a short time normal, with no more dysenteric symptoms. Continued good health, with no amebae in the feces, as shown by examination after giving the patient Carlsbad salts, up to four years and a half after treatment. In some cases previous treatment with quinin enematé, intestinal antiseptics and other drugs had been carried out carefully, but without success. The Ipecacuanha is given in pills, of 0.3 to 0.5, covered with salol, according to the method of Wm. Roberts, U. S. Army. The dose, Grm. 4 to Grm. 7 a day, one pill every hour, or Grm. 2 to Grm. 4 twice a day for one, two or three days according to the severity of the case. By the use of salol-covered pills, vomiting does not occur (or rarely), and opium is not necessary. The results should be controlled by examinations of the feces, and by the use of the sigmoidoscope or proctoscope. Enemata or local medicinal treatment of the colon may be used in addition to the Ipecacuanha.

THE THEORY OF VISION. By Dr. Edridge Green, of London.

A ray of light impinging on the retina liberates the visual purple from the rods and a photograph is formed. The rods are concerned only with the formation and distribution of the visual purple not with the conveyance of light impulses to the brain.

The decomposition of the visual purple by light chemically stimulates the ends of the cones (very probably through the electricity which is produced), and a visual impulse is set up, which is conveyed through the optic nerve fibres to the brain. If it were possible, in a case in which the spectrum appeared of similar length and brightness to both, for a normal-sighted person and a color-blind one to exchange eyes, the normal-sighted would still see colors properly and the color-blind would still be color-blind. There are cases in which the visual purple is differently constituted and is not sensitive to certain rays at one or both ends of the spectrum. The character of the impulse set up differs according to the wave-length of the light causing it. Therefore, in the impulse itself, we have the physiological basis of the sensation of light, and in the quality of the impulse the physiological basis of the sensation of color. The impulse being conveyed along the optic nerve to the brain, stimulates the visual centre, causing a sensation of light, and then passing on to the color-perceiving centre, causes a sensation of color. But though the impulses vary in character, according to the wave-length of the light causing them, the color-perceiving centre is not able to discriminate between the character of adjacent impulses, the nerve cells not being sufficiently developed for the purpose. At most, seven distinct colors are seen, whilst others see in proportion to the development of their color-perceiving centres only six, five, four, three, two or one. This causes color-blindness, the person seeing only two or three colors instead of the normal six, putting colors together as alike, which are seen by the normal-sighted to be different. In the degree of color-blindness just preceding total, only the colors at the extremes of the spectrum are recognized as different, the remainder of the spectrum appearing grey.

SURGERY OF THE JOINTS AND BONES, WITH REPORT OF ORIGINAL RESEARCH AND CLINICAL EXPERIENCE. By Dr. J. B. Murphy, of Chicago.

Infective micro-organisms admitted to joints are usually overcome if unassociated with trauma. The same micro-organisms admitted without trauma will cause no reaction, while that admitted with trauma will produce a fatal termination.

The destruction of joints by infection depends on: (a) The virulence of the infection. (b) Diminished individual resistance. (c) Trauma associated with infection. (d) Duration and tension under which the products of infection are held in the joint. (e) The presence of foreign bodies.

Acute, infective, purulent synovitis following punctures, bullet wounds, fractures, injuries and hematogenous infections can practically all be cured without drainage and without ankylosis. Drainage of a joint is practically always a surgical crime.

Resistance to infection in joints can be: (a) Autogenetic from hemorrhage and trauma. (b) Induced by chemical irritants of definite types. (c) When infection is present absorption of its products can be induced by chemicals producing increase in the polymorphonuclear leucocyt.

All joints to be subjected to surgical procedures should be rendered locally immune.

Fractures involving joints, in a great percentage of the cases, are best treated by the open method. It gives the greatest security against deformity and lessens the liability to ankylosis.

Ankylosed joints are practically all amenable to surgical treatment. The perfection of functional results is controlled by: (a) The degree of deformity existing in the ankylosis. (b) The possibility of its reduction without too great shortening of the bone. (c) The facility for interposition flaps. (d) The freedom from pressure on the articular surface during the process of repair.

Joints in the order of facility of restoration of function are: (a) Hip, (b) Elbow, (c) Knee, (d) Shoulder, (e) Wrist, (f) Ankle.

These propositions are supported by experimental demonstrations and clinical cases.

MENINGITIS CEREBROSPINAL EPIDEMICA IN NEW YORK. By Dr. Fischer, of New York.

The epidemic of cerebrospinal meningitis was very severe in New York City from 1903 to 1907. In 1906, 1,032 cases were reported, with 812 deaths. In 1907, 828 cases with 624 deaths. The mortality ranged therefore between 77 and 78 per cent. In 1908, in a series of 253 cases reported, there were 182 deaths, a mortality of 71.9 per cent.

The plan of treatment consisted in giving hot baths, for their antipyretic effect, besides anti-spasmodic treatment, such as bromides, morphia and icebags. Intraspinal injections of lysol, colargol and diphtheria healing serum was also injected with good result in some cases and poor result in others. Many varieties of therapeutics yielded the same result. The mortality remained the same. The sequela noted were those of blindness and deafness. In three cases reported by me the infants were

under one year of age. One infant, a breast-fed baby, was only seven weeks old. The diagnosis in all of our cases was made by lumbar puncture. As a rule the fluid was milky or turbid and contained the diplococcus intracellularis. In some cases it was impossible to draw off any fluid by lumbar puncture. That this dry tap of the spinal canal is not due to faulty technique is proven by the many experienced pediatricists who have reported negative punctures of the spinal canal. It is most probably due to the closure of the foramen of Magendie, the result of inflammation. Since the introduction into therapeutics, of Flexner's meningitis serum, two interesting points were noted, first, that there was a sudden decrease in the mortality from between 70 and 80 to between 30 and 40 per cent. Many cases of the fulminating type lingered and lasted very many weeks after the injection of the serum, which I believe would have died very early in the disease. Opinions in America and England seem to be decidedly in favor of the use of this serum, in spite of the fact that we have a mortality as reported. In some cases of meningitis the serum acts like a specific, inasmuch as there was a sudden crisis noted in the temperature, pulse and general condition after one injection of 30 to 60 c.c. of serum. Flexner advises to withdraw from 30 to 60 c.c. of spinal fluid by means of a lumbar puncture and inject no more meningitis serum than was withdrawn, to avoid symptoms of intracranial pressure. Some cases require repeated injections of serum. One case may get well with 30 to 60 c.c., another case may require 120 c.c. or more.

INTRANASAL DRAINAGE OF THE FRONTAL SINUS. By Dr. Fletcher Ingals, of Chicago.

The author's method consists of enlarging the nasofrontal duct by passing in through it a small steel probe—passing over this a hollow burr, operated by an electric motor, thus making a canal 6 m.m. in diameter—placing in this canal a self-retaining gold tube which remains until the canal is lined with mucous membrane, and, therefore, becomes permanent. Then at the end of three or four months, or any convenient time thereafter the tube is easily withdrawn.

Without criticising any other operation, on an experience based on over 30 cases, the author believes the operation safer than any other—believes it applicable to 95% of all chronic cases of frontal sinus empyema, and that it will cure 95% of the patients operated on in from 2 weeks to 6 months.

In the other 5% it establishes a permanent free canal. The

operation usually incapacitates the patient only one or two days and renders it easy for him to take care of the disease himself after a few days. The operation is practically painless under local anesthesia—very short—the actual enlarging of the canal requiring only two to five seconds after all is ready—avoids occur. Tube is worn without discomfort excepting in rare cases when nasis is unusually narrow so that side of head of tube presses into septum. Thickening of mucous membrane in frontal sinus or other changes due to chronic suppuration no bar to healing in the majority of cases if only free drainage, as by this operation is secured. Other suppurating accessory sinuses should also be given free drainage by approved methods.

A NOTE ON THE DIAGNOSIS TALLIES OF DIFFERENT ARMIES. By Col. W. G. Macpherson, London.

The diagnosis tallies in use in the different armies indicate by means of different colors whether a wounded man is slightly wounded or seriously wounded, or whether he is in a condition suitable for transport or in a condition unsuitable for transport. In some cases, such as in the tallies used in Germany, Portugal and the United States of America, the difference in colors also indicates whether a wounded man can walk. Unfortunately there has been no mutual understanding amongst different nations as to the use of these colors, with the result that the color indicating a slight wound in one army indicates a severe wound in another.

This constitutes a danger to the wounded who may be left on the field and come under the care of the medical officers or men of another belligerent: for they may handle with less care a man who has had a tally affixed with a color indicating to them a slight wound but to him a serious wound.

It is, therefore, desirable that the official delegates of the various armies present at this meeting should come to some agreement regarding the adoption of a uniform diagnosis tally. At present, Portugal and the United States of America are the only countries with an exactly similar diagnosis tally.

ARTHRODESIS. By Dr. R. Jones, Liverpool.

The operation should never be performed on children under eight years, not until all deformity has been corrected by wrench and tenotomy. It must not be performed if any hope exists of muscular recovery. It should be planned so as to avoid injury of epiphysis and so that the bones lie in good apposition. Splints should be worn until consolidation is complete.

DISTURBANCES OF THE INTERNAL SECRETIONS CLINICALLY CONSIDERED. By Dr. Oliver T. Osborne, New Haven.

Gigantism is a condition due to hypersecretion of the pituitary, and acromegaly a condition primarily of hypersecretion, later hyposecretion of the pituitary (hypophysis cerebri).

The thyroid may not only hypersecrete and hyposecrete, but the component parts of the secretion of the thyroid gland may vary in amount and in chemical constituency, and cause various clinical manifestations. These symptoms and signs vary in all degrees and intensity from exophthalmic goiter on the one hand to myxoedema and cretinism on the other.

Insufficiency of parathyroid secretion causes tetany. A disturbed secretion of the parathyroids may cause paralysis agitans.

Hypertension may be due to hypersecretion of the suprarenals. Continuous low blood pressure and neurasthenic conditions may be due to hyposecretion of the suprarenals. Surgical shock after abdominal operations may be due to the inhibition of suprarenal secretion.

Many of the disturbing symptoms of menstruation are due to ovarian insufficiency or to increased ovarian activity, and it is doubtless probable that many nervous symptoms in women are due to ovarian disturbances.

Uterine hemorrhage, profuse menstruation, and other uterine bleedings may often be stopped by the administration of mammary gland substance.

THE PATHOLOGY OF LEAD POISONING. By Dr. Kenneth W. Goadby, of Dublin.

During an investigation conducted on behalf of the Departmental Committee on Lead Poisoning of His Britannic Majesty's Home Office, a number of animals have been subjected to poisoning by various compounds of lead. The methods of infection were: (a) Inhalation. (b) Feeding. (c) Inoculation.

The animals thus experimented upon developed signs of well-marked lead poisoning, the ones inoculated exhibiting the most acute symptoms, the animals subjected to inhalations of dusty air held an intermediate position, and the ones fed on lead compounds showed the least sign of disease. The symptoms exhibited by the animals were in every way comparable with those of man, including wasting, paralytic symptoms, mental symptoms. Careful histological examination was made of all the tissues of the animals, and in all cases where an animal had been poisoned by lead, minute microscopical hemorrhages were to be

found in all the tissues examined. No degeneration was discoverable, but minute hemorrhages were found in the nerves supplying the paralysed muscles, the paralysis evidently having been caused by the pressure of the hemorrhage and not by an early degeneration of the nerve. Microscopical hemorrhages were also found throughout the tissues of the brain, in no case of large extent, and nearly always quite microscopic in size. The various findings described by other observers of sclerosis and other pathological fibroid changes would seem to be the result of these minute hemorrhages.

TECHNICAL POINTS WHICH FURNISH THE BEST COSMETIC FUNCTIONAL AND CURATIVE RESULTS IN MASTOID OPERATIONS. By Dr. W. Schier Bryant, New York.

Strict attention to the following points has given the best cosmetic, functional and curative results in mastoid operations:

1. The employment of rigid aseptic technique.
2. The immediate closure of the external wound with a minimum of drainage.
3. In a simple mastoid operation, the non-interference with the tympanic contents.
4. The healing of the tympanum before the post-aural opening is finally allowed to close.
5. The daily use of Politzerization, beginning three or four days after the operation.
6. The performance of a radical operation only in cases which demand it; and the modification of the technique of the radical procedure so that all the living tympanic structures may be conserved.
7. The preservation of the Eustachian tube intact and patent throughout.
8. Leaving the cochlea intact, except in cases where there are definite indications of an invasion of the cochlea by suppuration.

THE PHYSICAL BASIS OF SECRETION, WITH ESPECIAL REGARD TO PRESSURE. By Dr. Demoor, Brussels.

Dr. Demoor said that a gland, although physiologically differentiated, fulfils a role similar to that of numerous cellular systems having no special histological features. From another point of view every organ is a true gland with regard to the blood and lymph, because it makes and eliminates different substances from these elements and so modifies and regulates

their constitution. The word secretion can and ought to be applied to that function of every cell in the body which enables it to control the physical and chemical properties of its surrounding medium. From the physical standpoint the mechanism of secretion may well be defined by studying a non-glandular cell system. It is governed by the sensitiveness of cells to osmotic pressure; the living elements react when this external pressure changes and by a complex mechanism resist these external disturbances and so maintain an organic balance. In these circumstances the action of the cell results at one and the same time in the properties of imbibition, solution, and ionic diffusion, molecular partial permeability of the cell walls, and in the phenomena of absorption with the formation of complex chemical bodies. In examining any instance of secretion the following points should be studied especially: the penetration into the cells of water and dissolved substances; the nature of the cellular work performed during the process of secretion; and the mechanism of elimination. But the physical problems which remain to be solved before all these processes are explained are numerous. The part played by the nerves in secretion has not yet been explained.

THE SERUM THERAPY AND VACCINATION TREATMENT OF ACUTE ARTICULAR RHEUMATISM. By Dr. Rosenthal. Paris.

Dr. Rosenthal divided the investigations made up to the present on the bacteriology of acute rheumatism into four categories. The first contained the early, uncertain, and negative results, many of which were due to conclusions either too hasty or based on too few experiments, or to errors in technique such as insufficient dilution of the blood. Without considering the finding of pathogenic germs like staphylococcus aureus which often occur in symbiosis with the bacteria to be mentioned, two bacterial theories of acute rheumatism find equal favor with investigators. One concerns the diplococcus of rheumatism and the other Achalmé's anaerobic bacillus. The diplococcal theory started in the work of Leyden, 1894, of Triboulet, 1897, and Wassermann, 1899. The significance of micrococcus rheumaticus is interpreted in two different ways. On the one hand Triboulet, of Paris, and his followers identify this diplococcus with the enterococcus of Thireclin. On the other hand, Wassermann, Poynton, Paine, Shaw, Conner, Walker, Herry, F. Mayer, Malkov, Predtedensky, Reyffel, Lewis, and others consider the diplococcus to be a specific microbe on account of its vitality, of

its power of producing formic acid, of its failure to produce pus experimentally, and the presence of its sensibilization substance in the blood of rheumatic people, of its hæmolytic power, and of the experimental production of the disease in rabbits by the diplococcus. All these properties, however, are inconstant, and Dr. Rosenthal admits the identity of the diplococcus with the enterococcus of Thiercelin, considering it to be a secondary or concomitant infective organism in rheumatism, subject to a possibility to be mentioned. The theory of Achalme's anaerobic bacillus started with that investigator's work in 1891 and had force given to it by the positive results of hæmobio-culture, that is to say, culture in living blood, devised by Thiroloix in 1897. More definite confirmation is given by the work of Carrière, Pac and Lesieur, Savtchenko, Melkich, and, above all, of Thiroloix and G. Rosenthal. These last two authors established by a series of experiments that the rheumatic bacillus of Achalme is not the same as the bacillus perfringens, from which it can be differentiated by chemico-cultural tests—namely, the fermentation and inversion of saccharose, the nitrification of nitrates, the absence of fætidity from its cultures, as well as by its different method of sporulation, its power of acting as an aerobe, and its experimental causation of the arthro-visceral symptom group which Thiroloix was able to produce by infecting a rabbit with this bacillus. With a sufficient dilution of the blood and by the use of the author's sealed capsules hæmobio-culture gives very numerous positive results. On the other hand, the anaerobic bacillus is found in cases of rheumatism, both normal or abnormal, in the blood, the secretions, and the tissues. Achalme and Thiroloix have found it post mortem and it has never been found in any other disease. Both *in vivo* and *in vitro* it can undergo transformation to a diplococcus, and this fact probably explains the presence of a diplococcus in some instances, at least. This the author calls the theory of the bacterial cycle. The author then described his method by which he prepares Wright's rheumatic vaccine and passed on to the consideration of serum therapy. Antidiplococic serum therapy has been found quite unprofitable in Germany in acute rheumatism, but better results have been obtained with Rosenthal's serum R. which is prepared at the Grenoble Institute of Serum Therapy and which is obtained from horses vaccinated against the anaerobic bacterium by the injection of cultures of the bacillus at first grown in air and later anaerobic. This serum causes the articular swellings to diminish and the fever to lessen and prevents visceral manifestations of the disease. The author, however, considers that it

would be bad treatment to refuse patients, treated by his serum, the benefits of salicylate treatment; and he finished his paper (which included a valuable bibliography of the subject) by giving the following summary of treatment for a severe case of rheumatism: Give the serum R. with salicylate of soda and electrargol, and use the vaccine in the intervals of the exacerbations of the disease.

NERVOUS AND PSYCHICAL MANIFESTATIONS OF ARTERIO-SCLEROSIS.

By Professor von Tschisch, Dorpat.

Professor von Tschisch said that a common disease, especially between the ages of 50 and 55, was "arterio-sclerotic neurasthenia," characterized by anxiety and depression (in association with cardiac symptoms), insomnia, heaviness and numbness of the head, fatigability, and incapacity for work. On the mental side it is distinguished by apathy, ill-humor, and irritability. From this stage the transition is a gradual one to arterio-sclerotic dementia, in which the memory is greatly impaired, all psychical processes are slower, the patient becomes stupid, his opinions and judgments are mechanical and elementary, his imagination atrophies, and his will-power diminishes.

According to Dr. Cramer, of Göttingen, speaking on the same subject, the nervous phenomena of arterio-sclerosis precede the mental. The former usually consist in a triad of headache, giddiness, and defective memory, associated with, or followed by, transient pareses, slowing of speech, sluggish and unequal pupils, and paræsthesiæ. Prominent among psychical symptoms is depression, sometimes also irritability and a paranoid symptom-complex.

Editorials.

THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

Physicians of Canada are commencing to realize that our Protective Association is doing good work. The membership has steadily increased, as the following figures will show: 242 in 1902, 253 in 1903, 288 in 1904, 351 in 1905, 471 in 1906, 528 in 1907, 553 in 1908, 622 in 1909.

We learn from the report of the President, R. W. Powell, and the report of the Solicitor, Mr. F. H. Chrysler, that only a small number of complaints have been made against its members during the past year. In August there were three cases pending against members—one in New Brunswick, one in Saskatchewan, one in Ontario, and another suit was threatened in Nova Scotia. The facts in all these cases lead to the belief that they will go the way of all former actions for malpractice that the Association has handled, and leave the members victorious and unscathed.

The Solicitor expressed the opinion that the Association should be congratulated on the very great success which has attended its efforts to protect its members from frivolous and unfounded actions. He also attributed the falling off in actions very largely to the fact that it is now generally understood that the members of the profession cannot readily be intimidated by threats of an action for malpractice.

When we consider the enormous advantages which accrue to the profession from such co-operation on the part of its members, it appears strange that Dr. Powell and those associated with him should have had so much difficulty in getting physicians to take an active interest in this organization. We are glad to know, however, that it is now on a sound basis, with a cash balance of over four thousand dollars. For that our thanks are due chiefly to "Bob" Powell.

THE CENTENARY OF OLIVER WENDELL HOLMES.

The Medical Society of the County of New York celebrated the centenary of Oliver Wendell Holmes on the evening of October 9th, 1909. We are told by the *New York Medical Journal* that nearly all those who participated actively on this occasion had been friends or associates of the notable man they had met to honor.

Dr. A. Jacobi spoke as follows: "This celebration is not connected with any sense of mourning over the death of Holmes; for he died full of years and achievements; but with the joyful reminiscence of his birth, which began a career of manifold study, intellectual growth, useful practice and teaching of medicine, in part new and epoch making, and instructive and entertaining writing of a nature beyond what is mostly meant by these adjectives. His mental stature reached in height far above the clouds that limit the horizon of common mortals. He was a rare combination of science and poetry. He was destined to be a follower of Apollo, the only Greek god who combined medicine and art and music and poetry."

Dr. Maurice H. Richardson, of Boston, referred to Dr. Holmes' wonderful ability as a lecturer and a teacher. His lectures on the somewhat dry subject of anatomy were exceedingly interesting. At the same time he had no sympathy with those who belittled bedside as compared with laboratory teaching. He quoted from Holmes as follows: "I am in little danger of underrating anatomy or physiology; but as each of these branches splits up into specialties, any one of which may take up a lifetime, I would have them taught with a certain judgment and reserve, so that they shall not crowd out the more immediately practical branches. I myself have nothing to do with clinical teaching, yet I do not hesitate to say it is more essential than all the rest put together so far as the ordinary practice of medicine is concerned."

Dr. Edward O. Otis, of Boston, said: "It is a peculiar pleasure to me to join with you in this celebration; for it was my good fortune to be a pupil of Dr. Holmes' when he taught

anatomy in the old Harvard Medical School. We were a motley, boisterous crowd when we rushed for the front seats of that old, unventilated amphitheatre, when the doors were opened for his noon lecture, and awaited with impatience the appearance of the little professor, who seemed to skip into the room with the lightness of a child and an indescribable glow upon his face.

“Of the various purely medical essays of Dr. Holmes, I suppose the one upon ‘The Contagiousness of Puerperal Fever’ would be generally regarded as constituting his greatest claim to recognition as an achiever in medicine. It was a notable contribution then, and would be so now under similar conditions. His essay on homeopathy is full of keen satire and uncompromising denunciation. His addresses to medical students are full of original and wise reflections, rich in illustration and analogy, and sparkling in epigrammatic expressions.”

From these brief abstracts of some of the addresses delivered our readers may readily conclude that the proceedings were intensely interesting. To those who would gladly learn more concerning this unique celebration we may say that a fairly complete report of the proceedings is given in the *New York Medical Journal*, October 16th, 1909.

VENTILATION OF HOUSES.

The tendency of the age is to appreciate more fully the inestimable advantages of fresh air. Physicians and surgeons are learning much about its importance in the treatment of tuberculosis, septicemia, pneumonia, etc. There appeared in the *Toronto Star* of October 18 a very sensible editorial on the subject. It referred first to an incident that occurred on a beautiful sunlit October day, when two passengers were looking out of their car window, and admiring the coloring of the woods. One asked the other to observe the farm houses along the line, which were mostly handsome and substantial dwellings.

“But do you notice that in these houses every window is tight shut?” This was the condition observed for many miles.

“The farm houses within sight of that railway line on that day were shut and barred against sun and breeze, as if they carried pestilence instead of health.” We find in Toronto and other cities in Canada that the laity are learning valuable lessons respecting ventilation. Many people who formerly slept in rooms as nearly as possible hermetically sealed in cold weather are now sleeping in verandah bedrooms, or in rooms with windows wide open in both summer and winter. The person who does this for a time feels absolutely uncomfortable in a tightly closed room, sleeps badly, and gets up in the morning feeling depressed and uncomfortable.

The doctor in Toronto in going his rounds learns well the wonderful difference between the well-aired house and hermetically sealed house. One of the best known samples of the latter is the economically conducted boarding house. *The Star* is correct in saying that “A house is not fit to live in unless the outdoor breezes are allowed to blow through it, and the beams of both summer and winter sun are welcomed through open windows and doors.”

MEETING OF THE AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTO-LARYNGOLOGY.

The Annual Meeting of the Academy was held at the Hotel Astor, New York, on October 4th, 5th and 6th, with a large attendance. An address on Ophthalmology (by invitation) was given by Dr. Juan Santos Fernandez, of Havana, Cuba. The address on Laryngology, which it was hoped would have been given by Dr. John Sendziak, of Warsaw, Poland, was read by title, the writer being unable to be present owing to illness.

The President, Dr. Otto Stein, of Chicago, gave an interesting address on “The Functions and Possibilities of the Academy,” the chief point in which was the necessity of educating the public with regard to the prevention of blindness, especially in the new born and among workmen, by the use of better tools.

Symposia were held on the social, hygienic and economic aspect of the eye, ear, throat and nose, the nasal accessory sinuses

and the orbit and the comparative merits of the methods employed in the various mastoid operations. The academy meeting was attended by Dr. Birkett, Montreal, and Drs. Ryerson, Reeve and Goldsmith, of Toronto.

THE ROYAL EDWARD TUBERCULOSIS INSTITUTE.

Before a large audience of invited guests the new "Royal Edward Tuberculosis Institute" was opened October 21, in Montreal, by His Majesty King Edward, who at the time of the ceremony was in Chichester, England. Sir George Drummond, President of the Institute Board of Managers, delivered a short address at 2.30 p.m. At the conclusion of his address he read the following telegram, which was to be sent to His Majesty the King: "May it please Your Majesty: As chairman at the inauguration of the institute which Your Majesty has been graciously pleased to honor with your name, may I, on behalf of the donors (Lt.-Col. Burland and his sisters), of the officers of the Royal Edward Institute, and of the loyal citizens of Montreal and others here assembled, convey to Your Majesty our profound gratitude for your interest in this work for the welfare of your loyal subjects in Montreal and the Province of Quebec. May I beg Your Majesty to honor us further by opening the doors of the institute."

While this was being despatched by the operator Lt.-Col. J. H. Burland formally handed over the deeds of the property to Sir George Drummond, who received them on behalf of the association.

Dr. Phillips, of Edinburgh, then delivered a short but interesting address. Then the announcement came that the King's reply was coming, and that he was ready to perform the act by which the institute would be officially opened.

Everyone waited expectantly. All eyes were fixed on the royal standard, only used when royalty is present, and which lay drooping at the foot of the flagstaff. Suddenly there was a click, a buzzing of the motor, the flag rose gracefully to the top of the steel column and floated out on the breeze. At the same moment the doors flew open and lights appeared in every part of the building.

SIXTEENTH INTERNATIONAL CONGRESS OF MEDICINE AT BUDAPEST.

(Letter from Dr. W. H. B. Aikins.)

The Sixteenth International Congress of Medicine was opened on the 29th of August, at 11 a.m., in the large banqueting hall of the Municipal Building, in the presence of the Archduke Joseph, representing the Emperor of Austria and King of Hungary, patron of the Congress. Many ministers, numerous diplomats and high officials, the delegates from 32 governments, and about 3,500 medical men assembled at Budapest from all parts of the world to assist in this scientific reunion. Owing to the indisposition of President Muller, the meeting was opened by Professor Baron Frederick de Koranyi, who expressed words of welcome. After the Hungarian national hymn had been sung by a specially selected choir, His Imperial and Royal Highness Archduke Joseph opened the Congress in the name of His Imperial and Apostolic Royal Majesty in the following words:

*“Messieurs,—*It is with a particular satisfaction that I have the honor to open, representing His Majesty, the Sixteenth International Medical Congress.

*“Messieurs,—*To be at the service of humanity, to consecrate all the physical forces and intellectual faculties that God has given us to the well-being of our fellow-man, remains always the ideal object of our existence. We cannot do without the help of others, and the individual value of each man augments in due measure as his work is more profitable to other individuals, or to humanity at large. What is true in regard to a person is still more true in regard to an entire profession. In this respect all equably minded people must recognize that there are but few professions exercising on the individual, or on the family, or as a last consequence on the whole life of states, an influence so profound and so widespread as that of the medical profession. Every living being has the desire and the right to be happy, and this for as long a time as possible, and it is no new truth that the fundamental condition of happiness on this earth is a healthy, satisfied, long life.

“As the strong arm and vigorous spirit of a father in good health shape the prior condition and state of happiness for the whole family, so the health and vitality of successive generations constitute the well-being of the state, and, in consequence, humanity.

“That is why, gentlemen, when with your knowledge you exert yourselves to preserve from peril the health of the individual, to cure diseases and restore the capacity to work, you try to safeguard the whole population against that which attacks the health, and which threatens human life. In addition to the recognition of the individual, you are fully assured of the gratitude of mankind. Outside the resulting profit from your scientific activity, one ought still to recognize in this activity the inherent value of all scientific efforts; to have his place in the progress of the civilization of humanity. Besides, one ought not to forget that in your profession each of your words and acts is destined to become an aid to the suffering. You have the mission to cultivate in every respect the noble feelings of humanity, not only in the service of science, but also the feelings of kindness of all.”

“We also know the great progress that your science has made in olden times. We all know the great success you have achieved owing to your knowledge of suffering humanity. With a full recognition of the results that you have already attained; with the firm hope that this assembly will contribute greatly to the development of medical science, and that it will in a measure elevate the level of civilization in general, relieve the suffering of individuals and strengthen the economical principles of the state; I ask the richest blessing of the All Powerful on all the members of this assembly and on their work. In the name of His Imperial and Apostolic Royal Majesty I declare the Congress open.”

* * * * *

Following the address of the Archduke, His Excellency M. le comte Albert Apponyi, Hungarian Minister of Education, delivered an erudite speech in French, and in the choicest terms extended a warm welcome from the Hungarian Government to the representatives of medicine of nearly every civilized country.

Then the Lord Mayor of Budapest, Herr Calman de Fulepp, extended a cordial welcome in behalf of the municipality to the visiting delegates.

THE PRESIDENT'S ADDRESS.

Professor Muller, the President of the Congress, being indisposed, his address was read for him. In this was presented an historical review of the various International Medical Congresses, the first being held in Paris in 1867, consisting of 333 French and 589 foreign members. Florence, Italy, was the seat of the second Congress. Four years later, in 1873, the third

Congress was held in Vienna, when compulsory vaccination was recommended to the various European governments. The fourth Congress was held at Brussels in 1875. The principal topic of discussion at this meeting was the role which alcohol played as a therapeutic agent.

In 1877 the fifth Congress was held at Geneva. Among the noted men present were Bouchard, Broadbent and Esmarch. Amsterdam had the honor of the sixth Congress in 1879, with a membership of between 400 and 500. Lister, Virchow, Donders, Sayre and Semmola took a prominent part in the work of this meeting. The membership of the seventh Congress, which was held in London in 1881, was 3,182. Many of the noted men of the time were there present. Virchow, Pasteur, Paget, Lister, Huxley and Charcot were on the platform at the opening meeting, which was opened by the then Prince of Wales.

The eighth Congress was held at Copenhagen in 1884, with a membership of 1,700. The ninth Congress was held at Washington in 1887. Over 7,000 members were registered at the tenth Congress, held at Berlin in 1890, when Virchow was president, and Koch, Lister, Bouchard, Bergmann and Billroth took part in the discussion. The eleventh Congress was held at Rome in 1894; the twelfth at Moscow in 1897; the thirteenth in Paris in 1900, with a membership of over 6,000. The fourteenth Congress was held at Madrid, under the patronage of King Alfonso. The fifteenth Congress was held at Lisbon in 1906 under the patronage of King Carlos.

Dr. Muller concluded his address as follows: "Medicine is a science of expediency; it originated the necessity to relieve human suffering. To-day we work upon the strictest scientific methods which are at the disposal of the exact physical sciences, and we have successes to point to, to which undeniable statistics bear witness, showing with what weapons medicine can safeguard the life and health of the individual, and how fortified she is to protect whole continents against the ravages of epidemics. With full right our breasts are filled with the noble consciousness that no science stands up so wholly in the service of altruism as medicine."

ADDRESS OF THE SECRETARY-GENERAL.

Then Professor Emil de Grosz, General Secretary, delivered an able address, in which he described the work of organization of the Congress since its inception in 1906, and reported that 3,432 members had already signed the roll and that there were 900 ladies accompanying the members; that 274 delegates had

been sent from various governments; 149 from various universities; 327 from municipalities and learned societies. The numbers of members, from the following countries, enrolled were as follows: America (United States), 202; Argentine Republic, 37; Austria, 235; Belgium, 47; Bosnia, Herzegovina, 9; Brazil, 25; Bulgaria, 18; Chili, 4; Cuba, 6; Denmark, 10; Egypt, 21; France, 281; Germany, 288; Great Britain and Ireland with the Dominions beyond the seas (Dominion of Canada, 14; Australia, 1), 97; Greece, 19; Hungary, 1,436; Italy, 170; Japan, 48; Mexico, 3; Monaco, 2; Norway, 2; Netherlands, 33; Portugal, 32; Roumania, 10; Russia, 288; Servia, 7; Spain, 67; Sweden, 5; Switzerland, 29; Turkey, 22; Uruguay, 3.

GOVERNMENT DELEGATES ADDRESS THE MEETING.

The speeches of the delegates of the various countries were pithy and to the point. Professor Uhtoff replied for Germany; Ritter von Huberler for Austria; Dr. F. W. Pavy for Greater Britain; Professor Bacelli for Italy; Professor Kitasato for Japan; Professor de Ott for Russia; Professor Zoeros Pasha for Turkey; Dr. J. H. Musser for the United States; Dr. G. Sterling Ryerson and Dr. McPhedran were on the platform as representing Canada, while France was represented by Professor Landouzy, who was given a hearty reception. His eloquent address in French, which was considered one of the great features of the opening, was as follows:

“To His Imperial, Royal and Apostolic Majesty we bring the very respectful homage of the French medical men. Coming from the native country of Bichat, Corvisart, Laennec, Dupuytren, Bonnet, Bretonneau, Claude Benard, Villemin, Pasteur and Curie, our delegation assembles here to offer to the country of Philippe-Ignace Sammelweis their cordial greetings and the collaborations from academies, universities, hospitals, physicians and medical societies from all parts of France.

Numerous are the reasons which have attracted so many colleagues to Transleithania. It is not only the renown of your thinkers, of your artists, of your scientists. It is not only the peaceful beauty and then the torrent force of your Danube, or the wealth of your Tisza, from whose banks flow your wines, which are of gold in color and in value. Nor were we attracted by the souvenirs and the monuments of your glorious city. We came to see what you show with justifiable pride: the palaces, the libraries, the schools, the museums, the institutions which you have consecrated to the worship of Arts, Sciences and Charity. You are proud, and rightly so, of your institutions for the relief

of the poor, for the spread of education and the spirit of human solidarity by which you desire that throughout Hungary the practice of medicine, having henceforth become as much the art of preventing as of curing illnesses of the mind and of the body, shall be exercised with more justice, so that, to promote the psychical and physical health of the people, there shall be a better distribution of material and moral well-being among individuals and collectivities.

“We know how greatly the rate of mortality and misery has been decreased in your capital. We know that the time is past where with you ‘the seekers of beds’ are legion. We know how healthful houses have replaced the old ruins where a whole population of agricultural workers lived crowded together, and how through the impelling power of Dr. Werkerle, President of the Council, the bright city women workers are going into the suburbs to live. We know how with you, as in all countries where sanitary politics is honored, your statesmen, the Andrasys, the Aponnyis, the Kossuths, the de Daranyis unite with the medical men, who by reason of education are sanitarians, that morals may be made healthy, without which the laws for public safety remain as a dead letter.

“In this time of international struggle, where each civilized people work conquests other than those of warlike victories, we love to assemble together in incessant congress, curious of many things other than the equipment of the land and naval forces, even the aerial conquest, for which through envy to be foremost all the states of Europe run into debt; that of which we take care, we other doctors, is an international war against disease. What we visit with curiosity are the fortresses—the clinics and the laboratories, where one makes the assault on ignorance and misery. What we love are the arsenals and the equipments which kill epidemics, epizootics, epiphytics, which make disease and pain avoidable, old age endurable and death delayed. This is why we take part in your solemn international gatherings and why our illustrious colleagues, Professors Muller and Emile de Grosz, wish to have discussions as interesting and brilliant as those of previous reunions.

“That is why we have responded to your appeal to assist in the special advancement of medical science, each one coming to borrow from his neighbor that which promises to be most profitable to all. Your former President of the Cabinet, M. Coleman de Szell, by his patriotism and philanthropy, succeeded in having passed the law of 1901, and it is due to him and to the instruction of the minister, M. Jules Andrassy, that last year

legal protection was extended to over more than 36,000 infants.

"There is another struggle than that directed against the miseries, disgraces and loss of child life, of which we will study the mechanism with so much more interest since we know that lately you have entered upon the same contest, following the warm discourses in 1906 in the Senate chamber by our fellow-member Frederick de Koranyi—the struggle against tuberculosis. We know how, thanks to private philanthropy, to the state, to the solicitude of Count Andrassy and Leopold Edelsheim, Guylay, through the energy of Dr. Chyser, has entered into the struggle in the Kingdom against this disease. Hungary finds the dispensaries of the Calmette type the best weapon against tuberculosis.

"It is in a spirit of cordial scientific emulation that the French delegation respond numerous and earnestly to the invitation of the Committee. I surround as with a halo the reputation of your learned men and your ministers, who, I know, practise the thought of Disraeli—'The care of the public health is the first duty of a statesman.'

"To the wishes already so ardently expressed for the full success of our meeting, I have the very great honor of adding the wishes of France. May it please Minerva that by the Sixteenth International Medical Congress may be reflected on triumphant Budapest for the greatest benefit to humanity as much lustre as was known by the eighth International Congress of hygiene and demography, so marvellously organized by the illustrious J. Fodor and his colleague, Calman Muller, and presided over with so much authority by the eminent engineer, Hieronymi, then Minister of the Interior. Before this Congress, amid the other powerful debates and after learned discussions, was submitted to your judgment the communication of Emile Roux on the employment of anti-diphtheritic serum, which the pupils of Pasteur made in the Hospital for Sick Children at Paris. At Budapest, on the same day fifteen years ago, was gathered together the most distinguished hygienists, dermatographers and bacteriologists. So to-day the most eminent physicians meet. These are those attracted by the radiance of the science of medicine and the high culture and courtesy of the Magyars."

SECTIONS CONVENE. ENTERTAINMENTS.

On Monday, August 30th, at 9 a.m., the first session of all the sections of the Congress convened, and again at 3 p.m. A number of the delegates paid a visit at the same hour to the Apenta Springs. At 5 o'clock Professor Bacelli delivered a

lecture on "*Sulla introduzione dei Medicamenti eroici entre le Vene,*" and at 9 o'clock in the evening the Lord Mayor of Budapest received the members of the Congress, including the ladies, at the City Hall. Champagne was served at 10 o'clock.

On Tuesday, the 31st of August, the session again opened at 9 a.m. and 3 p.m. Among the interesting side trips of the day were: an excursion to the city brewery, visit to the Apenta Springs, visit to the waterworks, and a visit to the Louis Francois champagne factory. The soiree given in the evening by the Hungarian ladies at the Royal Hungarian Museum was a success brilliant and unique. The tables were spread in the open air, and the charming Hungarian ladies, beautifully gowned, proved most capable in meeting all the requirements of hostesses.

On Wednesday the various sessions of the sections opened again promptly at 9 a.m. and 3 p.m., and those members who were tired of absorbing scientific work had an opportunity of visiting the champagne factory of Joseph Torley & Co. by special steamer on the Danube. A performance of Emerich Madach's "Tragedy of Man" was enacted at the National Theatre, where the acting was superb and the scenic effects long to be remembered.

RECEPTION AT THE COURT.

But the climax of social events at the meeting was the reception at Court, which was held at the royal palace by order of His Imperial Majesty, the Archduke Joseph receiving. About 1,500 invitations are said to have been issued. The official delegates were divided into groups according to the nationality, and each presented by Count Apponyi, supported by Count Zichy and the two Secretaries of State, together with Professor Grosz, the General Secretary of the Congress, and Professor Karoly Jassinger.

The Canadian delegates had the honor of an invitation to this reception. Among those present were: Dr. King, of Cranbrook, B.C.; Dr. Jasper Halpenny, of Winnipeg; Drs. Drake and Meek, of London; Drs. G. Sterling Ryerson, Primrose, Bruce, McPhedran and Aikins, of Toronto. The following delegates from Great Britain, the Dominion of Canada and Egypt were presented: F. W. Pavy (London), President of the English National Committee; G. F. Bashford (London); D'Arcy Power (London), Secretary of the English National Committee; Ruffer (Alexandria); William Grant MacPherson (London); A. McPhedran (Toronto), President Canadian National Committee; G. S. Ryerson (Toronto), representing the military service of

Canada; W. H. B. Aikins (Toronto), Secretary of the Canadian National Committee; Sir Benjamin Franklin (London); Sir Havelock Charles (London); Sir William Sinclair (Manchester); Sir Felix Semon (London).

The British delegation was received in audience at about 10 o'clock. Each member had the opportunity of conversing with the Archduke, who was most friendly in his expressions to those whom he received.

The usual work of the session was carried on on Thursday, the 2nd of September, and in addition provision was made for the visiting of the various hospitals of the city, both civil and military, as well as visits to many points of interest. At 8 o'clock the presidents of sections held receptions. Professor Grosz gave a large At Home at the Park Club, and Professor Baron de Koranyi entertained the members of the medical section at a most brilliant reception.

PROFESSOR LANDOUZY ENTERTAINS.

It was also the writer's good fortune to be entertained at a luncheon given by Professor Landouzy to the French delegation in the banqueting hall of the Grand Hotel Hungaria. Covers were laid for about 100, and the speakers, who used the French language, expressed towards the Hungarian nation feelings of greatest amity, and praised in no measured terms the magnificent organization of the Congress, the unbounded hospitalities of the people and the wit and beauty of the fascinating ladies of the Hungarian capital. Count Albert Apponyi, a distinguished aristocrat of the country, distinguished as an administrator, a linguist of note and an orator of power, replied eloquently to the moving toast proposed by the President of the French Committee.

APPENDICITIS.

On Friday, the 3rd of September, in addition to the work of the sessions at 9 a.m. there was held a common session on the standard subject of appendicitis.

"The discussion became one in which conservative Europe was arrayed against radical, or rather progressive, America. The continental physicians, led by Sonnenberg, of Berlin, in a paper entitled 'The Early Operation in Appendicitis,' contended that operation was seldom called for, certainly not so frequently as American writers would lead us to suppose. Sonnenberg reported on 300 cases of undoubted acute appendicitis in which the attendant had refrained from operation, and in which a

perfect recovery had been obtained. He maintained that early operation was not essential in acute appendicitis and that the patient's condition in recovery following the conservative plan of treatment was much better than it was when the appendix had been removed. The surgical, or operative, side was taken by John B. Murphy, of Chicago, and Robert T. Morris, of New York, who spoke strongly and with emphasis of the duty of operating in the early stages, before such extensive damage had been done as seriously to jeopardize the life of the sufferer or to expose him to the dangers attendant upon a recurrence of the inflammatory process at a time or in a place when skilled surgical help could not be obtained. The speaker quoted the statistics put forth by the advocates of both methods of treatment, and showed that those of the Americans, in cases in which early operation had been resorted to, were more favorable than the European figures of the results of the so-called conservative or expectant plan of treatment."—*Med. Record*.

At 5 p.m. a lecture was delivered by Dr. J. Loeb on "Artificial Parthenogenesis and Its Bearing Upon Physiology and the Pathology of the Cell."

RECEPTION BY COUNT AND COUNTESS APPONYI.

In the evening one of the most brilliant and successful receptions was held. Count Apponyi and the Countess received 400 members and their ladies at the Park Club in the City Park. The guests included representatives of every nation—for the most part the official delegates and the representatives of the medical press. Among the Hungarian ministers and members of Parliament present were Counts Zichy, Toth, Molnar, von Bezeredi, Naray-Szabo, Thurn-Tacis, Fontenay and Boda. Another most interesting guest was the Cardinal, Graf Peter Bay, whose literary achievements have secured for him a world-wide reputation.

MILITARY SECTION.

The XXth or Military section was one of the great successes of the Congress. Germany, France, Great Britain, Denmark, Italy, the United States and Canada (the latter by Colonel G. Sterling Ryerson) were officially represented. Dr. de Farkas entertained the foreign delegates at a splendid luncheon at the Nobles Club, an entertainment which was greatly enjoyed. Later in the week the Society of Military Surgeons of Budapest gave a magnificent banquet at the Military Club. It was a really grand affair in a superb setting.

SIXTEENTH INTERNATIONAL CONGRESS. 719

CONGRESS TO MEET IN LONDON IN 1913.

The International Commission of the Congress accepted the invitation to hold the next Congress in 1913 in London. This was the first occasion on which the British Government had invited a scientific congress to assemble in London. The following despatches in answer to the invitation were forwarded:

To His Very Gracious Majesty Edward the Seventh, King of Great Britain and Ireland:

The Sixteenth International Congress of Medicine, held at Budapest under the august patronage of His Imperial and Apostolic Royal Majesty, has unanimously decided at its final sitting to accept the very courteous invitation of the Government of Your Majesty to hold its next session in Great Britain during the year 1913. The Congress humbly begs Your Very Gracious Majesty to bestow upon it your august patronage, and presents to Your Majesty its homage of profound respect and infinite gratitude.

CALMAN MULLER, President.

EMILE DE GROSZ, General Secretary.

The other despatch was addressed:

To the Secretary of State for Foreign Affairs, Whitehall, London:

SIR.—The Sixteenth International Congress of Medicine, held at Budapest under the august patronage of His Imperial and Apostolic Royal Majesty, has unanimously decided at its final sitting to accept the very courteous invitation of the Government of His Very Gracious Majesty, and will hold its next session in Great Britain during the year 1913. The Congress begs you, Sir, to be so good as to accept this reply, and expresses in advance the warmest thanks for the hospitality it will receive in your country.

CALMAN MULLER, President.

EMILE DE GROSZ, General Secretary.

Dr. F. W. Pavy, of London, was named as the next President.

CLOSING CEREMONIES.

On Saturday the closing ceremony was held, the President of the Congress, Professor Muller, being in the chair. Various resolutions of thanks and appreciation were passed with great unanimity. The various nationalities were represented by offi-

cial delegates, who gave expression to the general feeling of the different countries in declaring that Hungary had placed itself in the van of nations by the magnificent and successful Congress which had just been brought to a close.

Dr. F. W. Pavy, President-elect, was received enthusiastically, and emphasized especially the great success of this meeting from both the scientific and social sides. Dr. R. Blondel (Paris) spoke on behalf of the International Association of the Medical Press. The Mayor of Budapest expressed the satisfaction of the citizens at having had so many savants, including many of the most celebrated in the world, at present in Budapest. Count Apponyi, speaking on behalf of the Hungarian Government, said (*Lancet*) "He had prepared no speech, but he would take Professor Salamonsen's admirable phrase as his thesis. 'Merci, adieu, au revoir.' He thanked the members of the Congress especially for their display of scientific knowledge, and declared that the medical profession in Hungary would persevere under the light given them, and would maintain in their hearts the flame which had been kindled. With regard to the word 'adieu,' all that was elevated and good was of God, and he consigned them all to God's keeping. But how was he to say 'au revoir'? The Congress would meet again in London, where he had no business. His presence at the Budapest Congress was an accident. But if he could not see them again in person and in London, ideas and sentiments were always visible; by the work they would accomplish he would continue to see them, for his government would always study the humanitarian aspirations of the medical profession. 'We will never cease to see you, so I will say, 'Merci, adieu, et nous vous verrons toujours.' "

* * * * *

The visiting ladies were delightfully and elaborately entertained by a special committee of cultured Hungarian ladies under the presidency of Madame de Bokay. To her and to the other members of this committee for courtesies so graciously extended our grateful appreciation.

In the *Revue de Hongrie* of the 15th of August, a copy of which was handed to each member of the Congress, there appeared an excellent article on "Souvenirs du Canada," par le comte Pierre Vay de Vaya. This article was spoken of and helped to bring Canada into prominence at this gathering.

The Canadian Committee have every reason to be pleased and gratified with the manner in which, as a committee and individually, they were entertained in the progressive and beautiful city of Budapest. The leading officers of the Congress ex-

pressed their pleasure in having so large a deputation from the Dominion. Count Apponyi in conversation showed that he was quite alive as to what was taking place in Canada. Professor Baron de Koranyi entertained some of the members of the Canadian delegation in a manner most charming. The Secretary-General, Professor Emile de Grosz, tried to anticipate the wants of the delegation and was at all times most helpful. To Professor Arpad Bokay, president of the section in therapeutics, we are also greatly indebted, as well as many other officials, and to Dr. Richard Kovacs for kind attentions, while Dr. Charles Jassinger, the Secretary of the Congress, one of the hardest worked officials, seemed to have always leisure to talk to his Canadian confreres, and was indefatigable in his efforts to advance their pleasure and interests. The writer cannot conclude this incomplete sketch of this most important, superbly organized, highly successful and enjoyable Congress without expressing his profound appreciation to Dr. Jassinger personally and on behalf of the Canadian Committee.

W. H. B. A.

NOTES.

The Sisters of the Hotel Dieu, Kingston, will erect a new hospital building to connect with the Brock Street end of the present main building. The building will be 86 feet by 40 feet and the same height as the present building. It will cost \$40,000.

Pediatrics, the well-known monthly journal devoted to the study of disease in children, has been purchased by Dr. Fitch, formerly editor of Gaillard's *Southern Medicine*. We understand that Dr. Fitch, who will be the editor-in-chief, contemplates many changes in *Pediatrics*, and will have associated with him a large staff of collaborators.

Plethora of Doctors.

There were 8,000 doctors in France in 1846, in 1901 they numbered 17,000 and in 1908, 22,000. a progression of 1,000 a year. This is terrible for the profession, for disease, and it is fortunate, has not increased in the same proportion. There were 7,507 students in medicine in 1906 and 8,426 in 1909. Many do not go on to a degree, but learn the occupations of carpenters and masons.—*Le Figaro*.

The Academy of Medicine, Toronto, opened for its season's work on the evening of the 5th of October. Dr. McPhedran delivered the presidential address. Following this Dr. W. P. Caven read a paper on diagnosis of gastro-duodenal ulcer. Dr. C. F. Hoover, Cleveland, Ohio, dealt with the medical treatment, and Dr. Ingersoll Olmsted, Hamilton, with the surgical treatment. Amongst those who discussed these papers were Dr. A. McKinnon, Guelph; Dr. Arnott, London, and Drs. H. A. Bruce, A. Primrose, N. A. Powell, H. B. Anderson, Warner Jones, and W. H. B. Aikins, Toronto. Other out-of-town medical men present were Drs. Hoig, Oshawa; H. Howitt and Peter Stuart, Guelph.

The President of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington on the "Present Status of Obstetrical Teaching in Europe and America," and to recommend improvements in the scope and character of the teaching of obstetrics in America. The committee consists of the Professors of Obstetrics in Columbia University, University of Pennsylvania, Harvard, Jefferson Medical College, Johns Hopkins University, Cornell University and the University of Chicago. Communications from anyone interested in the subject will be gladly received by the chairman of the committee, Dr. B. C. Hirst, 1821 Spruce St., Philadelphia, Pa.

Ontario Medical Council.

The following candidates have passed the final examination of the College of Physicians and Surgeons of Ontario: J. E. Bromley, Percy G. Brown, Caroline S. Brown, F. W. Cays, W. G. G. Coulter, Henry Cresweller, Fred R. Chapman, John L. Campbell, I. D. Cotnam, R. D. Dewar, J. H. Downing, R. E. Davidson, Henry William Feldhans, H. J. Ferguson, R. E. Gaby, G. P. Howlett, Thomas J. Johnston, D. A. Kearns, H. H. Moore, W. D. McIlmoyle, R. W. MacIntyre, W. A. Macpherson, W. E. Ogden, T. S. Orr, R. H. Paterson, R. S. Richardson, Estella O. Smith, James Thomson, Charles R. Totton, W. C. Usher, F. W. Wallace, C. B. Ward, C. C. Whittaker, H. A. Williams.

INTERMEDIATE EXAMINATIONS.

The following candidates have passed the intermediate examination of the College of Physicians and Surgeons of Ontario: J. E. Bromley, Caroline S. Brown, John A. M. Campbell, F. W. Cays, W. G. G. Coulter, Henry Cresweller, F. R. Chapman, John de L. Campbell, I. D. Cotnam, R. D. Dewar, John H.

Downing, Alexander Ferguson, R. E. Gaby, D. A. Kearns, R. W. MacIntyre, H. H. Moore, W. A. MacPherson, C. J. McBride, W. E. Ogden, T. S. Orr, R. H. Paterson, James N. Richards, R. S. Richardson, James A. Simpson, Estella O. Smith, James Thomson, Charles R. Totton, W. C. Usher, F. W. Wallace, Charles B. Ward, C. C. Whittaker, L. B. Williams.

PRIMARY CANDIDATES.

The following candidates have passed the primary examination of the College of Physicians and Surgeons of Ontario: J. E. Bromley, Caroline S. Brown, F. R. Chapman, John L. Campbell, I. D. Cotnam, R. D. Dewar, John Henry Downing, George D. Fripp, R. E. Gaby, J. J. Healy, R. A. Ireland, L. P. Jones, D. A. Kearns, H. C. Mabee, Victor McCormack, James F. McKee, Claude Allison Patterson, Geo. B. Rose, R. W. Tennent, Jas. C. Watt, C. R. Wilson, Catherine F. Woodhouse.

Personals.

Dr. E. Herbert Adams returned from his European trip to Toronto October 17th.

Dr. R. B. Harris, Huntsville, has been appointed an associate coroner for the District of Muskoka.

Dr. T. G. Roddick sailed from Hamburg to New York October 3rd and reached Montreal October 13th.

John D. Rockefeller has contributed twenty-four million dollars to the University of Chicago since its founding.

Dr. Arthur W. Mayburry, 569 Spadina Avenue, returned from Europe in the latter part of September and resumed work October 1st.

Dr. Charles Sheard, Medical Health Officer of Toronto, started for Richmond, Va., October 17th, to attend the annual convention of the American Public Health Association.

Obituary.

WARREN D. SPRINGER, M.D.

Dr. W. D. Springer, of Boise, Idaho, died suddenly October 19th, aged 45. He formerly lived in Nelson, Ont., and received his medical education in Trinity Medical College, Toronto, graduating from Trinity University in 1889.

THE LIFE AND DOCTRINE OF SEMMELWEIS.

It is fitting now that the eyes of the medical world are turned upon Budapest that fresh honor should be paid to the memory of one of her greatest sons, Ignaz Phillip Semmelweis, who was born in the Hungarian capital in 1818. The opportunity occurs in a careful and interesting account of Semmelweis' life-work, which has been published recently by Sir William J. Sinclair. In spite of certain other claims, Tiberius von Györy, in his criticism of the biography by von Waldheim, has made it quite clear that the man who first proclaimed the etiological principles underlying child-bed fever was a true Hungarian, although it was in Vienna that he arrived at and announced his discovery. It was in 1840, a few years before Semmelweis was appointed first assistant in the Obstetric Clinique, that the Lying-in Hospital in Vienna was enlarged and divided into two parts, one reserved for midwives and the other for medical students. This seemingly unimportant fact ultimately became one of the chief factors in the proof of the doctrine of Semmelweis. At this time the theories as to the etiology of puerperal fever were exceedingly numerous and of the most varied description. According to the most generally accepted doctrines there were two main factors at work, one internal, depending upon the condition of the organism, and the other external, acting from without. Among the latter were enumerated suppression of the lochia, milk fever, an unknown something producing a specific primary change in the blood, a cosmic atmospheric telluric influence, and a contagion of unknown character, which was largely believed in in this country. Happily here it was considered that this contagium could be destroyed, and this produced a remarkably effective prophylaxis. Another view was that the peculiar local anatomical conditions of the sexual organs brought about by pregnancy and parturition produced a *locus minoris resistentiæ*. Among all this confusion of thought it was probable that Semmelweis began his duties as assistant in the Obstetric Clinique of Vienna as a "milk fever" epidemicist under the influence of the teaching of his superior, Klein. But in the light of his rapidly increasing experience it was not to be expected that an intelligence such as that of Semmelweis, with a complete want of reverence for the *verba magistri* and with the capacity for going straight to the heart and relevant parts of a question, would regard with complete indifference the frightful mortality from child-bed fever which prevailed in the lying-in hospital at that

time. In the first division attended by students the mortality was 9.9 per cent., and three times as great as in the second division attended by midwives. There were no differences in the surroundings or the treatment of the patients which could explain this striking difference in the dangers of the two divisions. It was impossible to imagine that any of the causes so readily accepted by the majority of obstetricians could account for the mortality or its variations. Why was it that the patients in the first division who had had a tedious first stage, and especially the primiparæ, suffered so much from puerperal fever, whereas no such predisposition to the disease was perceptible among those in the second division? Yet it seemed that not only were the women attended by midwives much less likely to acquire puerperal fever, but that the condition was of very rare occurrence among those women who were admitted into the hospital after labor was completed and among those confined prematurely. In 1846 the mortality was terrible, amounting as it did to 443 deaths among 3,000 patients, or 14.5 per cent. A commission appointed by the authorities to consider this appalling mortality reported that it seemed to be due "to epidemic causes with unusual characters." In a state of depression and despondency caused by the sight of the fearful mortality all around him, for which in vain he sought a cause, we find Semmelweis writing: "Everywhere questions arose; everything remained without explanation; all was doubt and difficulty. Only the great number of the dead was an undoubted reality."

It was not until 1847 that the death of his friend Kolletschka from acute septic poisoning gave him the clue to the enigma. "In the excited condition in which I then was," says Semmelweis, "it rushed into my mind with irresistible clearness that the disease from which Kolletschka had died was identical with that from which I had seen so many hundreds of puerperal women die. Day and night the vision of Kolletschka's malady haunted me, and with ever-increasing conviction I recognized the identity of the disease from which he died with the malady I had observed to carry off so many lying-in women. The cause of the disease in the case of Kolletschka was cadaveric material carried into the vascular system. Did, then, the individuals whom I had seen die from an identical disease also have cadaveric matter carried into the vascular system? To this question I must answer, Yes." And so Semmelweis found the solution of the problem. It was the fingers of the students and of the teachers themselves who passed straight from the post-mortem room to the lying-in wards that carried the infection, and thus

was explained at once the difference in the mortality of the two divisions.

But events soon occurred which showed that it was not only cadaveric particles which could be sources of infection. The infection of a number of women from a patient suffering from carcinoma of the uterus and from one with a suppurating knee-joint showed that it might be derived from any decomposing animal organic matter. Now, in the autumn of 1847, was the discovery of Semmelweis complete and the doctrine firmly established in his own mind. It amounted to this, that puerperal fever was caused by a decomposed animal organic matter conveyed by contact to the pregnant, parturient, or puerperal woman whether from the cadaver or from a living person affected with a disease which produced a decomposed animal organic matter. For Semmelweis this was the eternally true doctrine of puerperal fever, as Sir William Sinclair says, and utterly true it has remained to the present day. But it was a long time before the truth was to prevail, and from this time on begins the tragic and melancholy history of the hatred and jealousy among many of his contemporaries which Semmelweis and his doctrine aroused. It is now matter of common knowledge that by the observation of cleanliness and by the use of chlorinated lime as an antiseptic Semmelweis was able very markedly to diminish the death-rate from puerperal fever in his wards. That he was not able to eliminate it altogether is not surprising when we remember the disadvantages under which he labored. The lying-in wards were insanitary, overcrowded, and unprovided with even a sufficiency of linen. Ignorance and prejudice were rampant among the students and midwives, and the open hostility and jealousy of his senior, Klein, added to the difficulties. With indomitable courage Semmelweis carried on the fight. Secure in an unshakeable belief in his own doctrine, convinced that in the end the truth must and would prevail, he fought with a degree of courage and a tenacity which prove him to have been one of the noblest characters in the history of medicine. The story of the reception the doctrine met with is humiliating and pathetic, and it loses nothing of its pathos in the graphic account of Sir William Sinclair. It is true that by some obstetricians of note, such as Tilanus, of Amsterdam, and Michaelis, of Kiel, it met with a sympathetic and ready acceptance. But it was far otherwise with the majority of obstetric teachers. It is difficult at the present day to understand the petty jealousy and animosity which allowed men of note in their own profession wilfully, as it only too often appears, to reject

the teaching of Semmelweis in view of the brilliant results obtained by him, and to continue in the old path of ignorance and indifference. Little wonder is it that in later years Semmelweis lost patience, as he showed so strongly in the open letter to Seanzoni, always one of his most bitter and prejudiced opponents. When we remember that among the disbelievers were such men as Carl Braun, Veit, Kirvisch, Breisky, Hecker, Zipfel, and even for many years von Winekel and Virchow, it is little to be wondered at that he lost both his patience and his temper. It was not until 1860 that he published his *magnum opus* on "The Ætiology of Puerperal Fever," one of the most important works ever published in medical literature. To use a much-abused expression, this work was "epoch-making," but unhappily it attracted but little attention and met with much hostile criticism.

It is interesting to note, and an honorable thing to recall, that the doctrine of Semmelweis was accepted with more cordiality in Russia than in almost any other country. The history of its reception in this country is not one that does much credit to the British school of obstetricians. It was first proclaimed by the late Dr. Routh, who had been to Vienna and followed Semmelweis' practice. Communicated by letter to Simpson by one of Semmelweis' friends, it elicited a reply from that great clinician which showed that he did not clearly appreciate the difference between the theory of contagion, at that time widely held in Great Britain, and the doctrine of Semmelweis. However, to his credit be it noted, in after years he made ample reparation, and it was largely owing to the teaching and example of the Edinburgh school that the doctrine so quickly found acceptance in this country. Unfortunately, later the teaching lost ground, and the chaotic state of opinion in England was well illustrated by the discussion on the subject which took place in the year 1875 at the Obstetrical Society of London, fifteen years after the publication of Semmelweis' great work. Within a few years of the appearance of his book Semmelweis gave up any further attempts to take part in the controversy about his doctrine and devoted his attention to gynecology. Apparently he was the first operator to perform ovariectomy in Hungary. He was, however, not destined to live much longer, and, unhinged by the trials and sorrows of his arduous life, his mind gave way, and in July, 1865, he was committed to an asylum. Immediately after his admission a septic wound of the right hand was discovered, and, despite all care, he died, like his friend Kollerschka, from the disease to the prevention of which the whole of his life had been devoted. It is impossible to read this book by

Sir William Sinclair—a work which we commend warmly to our readers' attention—without being overwhelmed with a deep feeling of sympathy for the sorrow which finds expression in the pathetic Nachwort which Semmelweis wrote to the "Ætiologie": "When I, with my present convictions, look back upon the past, I can only dispel the sadness which falls upon me by gazing into that happy future when within the lying-in hospitals, and also outside of them, throughout the whole world only cases of self-infection will occur." We may well conclude with the eloquent words of his biographer, Bruck: "The great revolution of modern times in obstetrics as well as in surgery is the result of the one idea that, complete and clear, first arose in the mind of Semmelweis, and was embodied in the practice of which he was the pioneer. When we with just satisfaction contemplate and enjoy the achievements which bring us nearer to Fortune's full fruition, every time must the name of Semmelweis be uttered with grateful recognition."—*Lancet*.

The Budapest Medical Clubs and the Semmelweis Cup.

Apart from the medical societies of Budapest there are in the city two medical clubs for social purposes, called respectively the "Medical Club" and the "Medical Casino." The former is apparently the more staid of the two, and counts among its members most of the University professors and senior members of the profession. The latter is more especially the general practitioners' club. The most treasured possession of the Casino is the Semmelweis cup. The cup, which is of oxidised silver set with amethysts and other stones, and which stands about a foot in height, was subscribed for by members of the Casino some four years ago to perpetuate the memory of the great teacher of the infectiousness of puerperal fever. Each year a banquet is held and the cup is emptied to the memory of some prominent member of the profession who has died during the year. The chair is taken by one of the leading medical men in Budapest, who delivers an oration, and whose name is then inscribed on the cup.—*Lancet*.

Book Reviews.

PUBLICATIONS IN MEDICINE AND NATURAL SCIENCE. Illustrated. Catalogue by Messrs. J. & A. Churchill, 7 Great Marlborough Street, London, Eng.

This book contains the advance notices of all the medical publications of this firm. It is well worth perusal, as it allows one to keep in touch with the most recent publications in the many branches of medicine and surgery. A copy of the catalogue will be sent on application.

A THEORY REGARDING THE ORIGIN OF CANCER. By C. E. Green. Second Edition. Edinburgh and London: Wm. Green & Sons. 1909.

In a monograph of 46 pages Green attempts to prove, by analogy with the plasmodiophora brassica, that cancer is due to a fungoid organism, which is fostered by the presence of sulphuric acid. Although his conclusions are hardly warranted by the facts he gives, yet the book is worth reading.

A TEXT-BOOK OF PRACTICAL THERAPEUTICS. With especial reference to the application of remedial measures to disease and their employment upon a rational basis. By Hobart Amory Hare, M.D., Professor of Therapeutics in the Jefferson Medical College of Philadelphia. Thirteenth edition, thoroughly revised. Octavo, 951 pages, with 122 engravings, and 4 full-page colored plates. Cloth, \$4.00 net; leather, \$5.00 net; half morocco, \$5.50 net. Philadelphia and New York: Lea & Febiger. 1909.

This ingenious and highly useful work has come to its thirteenth edition, and as the preceding issues have gone through many printings, the degree of favor bestowed upon it may be appreciated. The author devised a wholly new plan in creating it, and has since had a dozen opportunities of perfecting it, which he has not neglected. He divides the subject between four parts, taking up in the first the general principles underlying all therapeutics. In the next he covers all drugs of value, giving all the information needed either by the student or the practitioner. Then he takes up the scarcely less important non-medicinal reme-

dial measures, including foods for the sick, and finally, in the last half of the book he considers the various diseases and their best treatment. The parts are alphabetically arranged and carefully cross-referenced so that all information on any point is instantly at command. Besides a dose table the work includes two indexes, one of drugs and the other of diseases and remedies with annotations, a most useful and suggestive repertory for the physician. It goes without saying that such a work is always brought to date with each new edition.

THE OPEN AIR OR SANATORIUM TREATMENT OF PULMONARY TUBERCULOSIS. By F. Rufenacht Walters, M.D., B.S., M.R.C.P., F.R.C.S., Physician to the Crooksbury Sanatorium; Formerly Physician to the Mount Vernon Hospital for Consumption and Diseases of the Chest. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1909.

One of the questions often asked of a physician is: "Where can I get a book to tell me of the fresh-air treatment of tuberculosis?" Dr. Walters has helped us in a very great measure, for he has succeeded in writing a volume for both the medical and the layman, one which is helpful and instructive on every page, because from the pen of a man who draws from a wide experience. It is a book to fill a long felt need.

A MANUAL OF OTOLOGY. By Gorham Bacon, A.M., M.D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York. With an Introductory Chapter by Clarence J. Blake, M.D., Professor of Otology in the Harvard Medical School, Boston. New (5th) edition, thoroughly revised. 12mo, 500 pages, 147 engravings and 12 plates. Cloth, \$2.25 net. Philadelphia and New York: Lea & Febiger. 1909.

Bacon's book is so well known to practitioners that it is hardly necessary for us to emphasize the fact that it has no equal in the English language. This new (5th) edition contains some new plates, and is thoroughly revised to bring it up-to-date. Medical men in general practice will find this exactly what they need.

Selections.

Infantile Spinal Progressive Atrophy.

At the Gesellschaft für Innere Medizin, Popper presented two sisters, act. 4 and 2 respectively, who seemed to be suffering from the Hoffman-Werdnig disease, viz., progressive muscular atrophy in the young. According to the mother's story the children were healthy and active when they were born; no apparent weakness about legs or arms. About six months after birth the movements of the legs and arms began to get gradually weaker, commencing in the legs. Through length of time it extended over the entire body, the limbs becoming quite helpless, and the child being unable to sit up without support. At first, never having learned to walk, the legs remained thick, but soon became emaciated. Their present condition may be recorded thus: The elder fairly well nourished for its age, the cranium normal, the brain and cerebral nerves in the same condition. The younger, two years old, was soft and flabby, with apparent fatty degeneration of the cellular tissue, so that the muscles of the extremities, which were certainly atrophied, could scarcely be felt. In consequence of the weakness the child could scarcely raise its hand to its mouth. The left arm at the shoulder-joint was quite loose, and could be bent far beyond the normal range; there were no contractions or fibrillary vibrations. The child, when placed erect, bent convexly towards the spine, the thorax crushed together and the head had to be held up. The muscles of the shoulders, back and pelvis were distinctly atrophied, while the lower extremities were in the same condition. There was no hypertrophy present, and both feet assumed the equino-varus position. There was no tendon reflex, and degenerative reaction was obtained by the electric current. The sphincters were normal, sensibility undisturbed, and the intelligence active. The elder, a girl, act. 4, had a similar condition, but from the history it appeared to be more protracted in its approach than in the younger. There were still slight contractions to be obtained in the lower extremities, which were held in the bent position.

These symptoms seemed to agree in every particular with Hoffmann's and Werdnig's recorded cases under "Chronic spinal muscular atrophy having a congenital basis," or what they preferred later to designate "Premature infantile progressive spinal muscular atrophy."—Correspondent *Press and Circular*.

Corpora Lutea.

For therapeutic purposes the corpus luteum verum from the ovary of cows is used. This is usually found near the surface of the ovary after fertilization, and is formed by alterations in the empty follicle. The yellow color of this organ or of the middle part of it—the color to which it owes its name—is said by Benkiser to depend not on an alteration of the coloring matter of the blood, but on fatty infiltration of the cells.

The use of corpora lutea was suggested by Lebreton for the treatment of disturbances during pregnancy. He assumed that these disturbances were due to autointoxication, which was caused by a functional insufficiency of the corpora lutea. He therefore administered these organs in a dry state in doses of 0.05 grm. (gr. 5-6) twice a day to gravid patients who complained of vomiting, nausea, a sensation of choking, palpitation of the heart and flushings. The immediate result was the cessation of the vomiting, while the other troublesome symptoms were very rapidly relieved and a complete cure was effected in all cases after 14 days.

L. Fränkel regards the corpus luteum as a gland with an internal secretion; he credits the organ with the function of supplying the uterus with nutritive impulses in a cyclical manner. These impulses prevent the uterus from reverting to the infantile state or from passing into the senile state. Further, the uterus is said to be prepared by the activity of the organ for the reception of the fertilized ovum. The latter is then aided in its development by the secretion. Should the ovum fail to become fertilized, the secretion then causes menstruation to appear.—*Merck's Annual Report.*

Glandulae Prostatæ Siccae.

This preparation is obtained from the prostate glands of bulls. It is a greyish-yellow powder, one part of which is equivalent to six parts of the fresh organ. The tablets obtained by compressing the dry powder are equivalent to 0.125 grm. (gr. 2) of the dried substance or to 0.75 grm. (gr. 12) of the fresh gland.

E. Reinert made use of the experience which has been obtained in thyroid hypertrophy by the use of thyroïdin. He used the analogous treatment in hypertrophy of the prostate. After administering prostate substance for several weeks he obtained a very favorable result in two cases, for both the subjective and the objective troubles improved considerably. J. Englisch also, in his observations on recent methods of treating hypertrophy

of the prostate, obtained in two of the five cases treated by him a decrease of the urinary sediment, freer micturition, less strangury, diminution and softening of the prostate gland; in the less severe cases, with or without residual urine, so long as the urine remains normal, he recommends the regular evacuation of the urine and palliative treatment as well as feeding with prostate.

Bazy, Arnozan and Oraison also obtained very satisfactory results. The latter treated seven cases of prostate hypertrophy, in all of which there was retention of urine. In five of the cases a decided improvement was observed, while in one case only slight improvement occurred, and in another case the treatment was without effect. According to these reports the use of prostate substance in hypertrophy of the prostate is worthy of consideration as a promising measure.

H. Oppenheimer after the above-mentioned good results endeavored to treat chronic prostatorrhœa with prostate substance and found that its internal administration led to rapid and permanent alleviation of this trouble, provided no gonococci were present. This treatment is not indicated in the presence of gonococci in the secretion. Further, the treatment must be immediately discontinued whenever gonococci appear in a discharge which was at first thought to be free from gonococci. Where the prostatic affection is complicated with posterior urethritis the internal treatment may be tried, but must be relinquished if the specific prostate signs do not diminish considerably within a week.—*Merck's Annual Report*.

Pulmones Sicci.

The introduction of lung substance into therapeutics must be attributed to F. Brunet. In his experiments on rabbits with lung extract applied subcutaneously, this author found that it possesses a tonic action in small doses, while in larger doses it has a poisonous action. The pharmacological trials on experimental tuberculosis led to the result that lung extract may serve as a useful auxiliary remedy in the treatment of phthisis. For this reason Brunet decided to use the preparation in man. In 10 published cases of chronic bronchitis and emphysema, chronic and acute tuberculosis, advanced pulmonary and laryngeal phthisis, etc., this treatment led to an appreciable improvement in the condition of the patients, and Brunet therefore regards this treatment as justified in all chronic diseases of the lungs and the diaphragm, such as chronic bronchitis and pnev. ionia, asthma, emphysema, fibrinous and purulent pleurisy, abscess of

the lung, chronic tuberculosis. Brunet injected lung extract prepared according to Brown-Séguard's formula, in doses of 3—5 c.c. (m 48—80) subcutaneously, or else he gave 10 c.c. (m. 160) of the juice with a little water in the morning on an empty stomach. X. Arnozan confirms the good results of lung substances in these diseases, except in tuberculosis. E. Cassaet observed only a transient improvement and a favorable action on the general condition in phthisis. Grande gave a phthical patient a dose of 4—5 gm. (gr. 60—75) of the dried organ daily for 5 months, with the result that the fever left off, the sweats and expectoration ceased and the weight increased. This author also performed experiments on animals which led to the conclusion that this application of organotherapy is of use and is worthy of extended investigation. Dried lung substance is prepared for therapeutic purposes from the lung parenchyma of young healthy sheep. The average dose is 5 gm. (gr. 75) daily.—*Merck's Annual Report*.

Acidum Pyrogallicum.

Pyrogallol has obtained, with some other remedies, a popular place in the treatment of lupus vulgaris, and the new methods of treatment by Röntgen and Finsen rays cannot completely displace it. Very favorable experiences with this drug are described by F. Veiel, who confirms the observation that pyrogallol destroys the lupoid tissues without damaging the healthy tissues. Upon this observation he bases his method of treatment, which is worthy of further trial.

For the purpose of destroying the lupoid tissues, a 10% pyrogallol-vaseline is used; this is applied for several days. Only very hypertrophic patches of lupus necessitate treatment by thermocautery and by caustic potash. The ointment is allowed to act for several days until vesication has occurred, when weaker ointments are used in its place. The lupoid tissue is destroyed, but granulation is not interfered with. The author recommends a 2% pyrogallol ointment for this purpose. The application of this is continued until all the tissues have peeled off in white. There is a suspicion of lupus, until the red granulations no longer contain any grey granules (this frequently takes weeks). When this stage is reached the ointment used is made gradually weaker and weaker until the proportion of pyrogallol is only 0.1%. The use of this ointment is then continued until the cure is complete. It occasionally happens, however, that even this very weak ointment prevents the formation

of epithelium: in such cases pure vaseline is used, when cicatrisation quickly follows in most cases. The method, therefore, consists in destroying the lupoid tissues by pyrogallol, and then allowing the wound to heal under the action of pyrogallol.—*Merck's Annual Report.*

Urticaria.

Van Harlingen, in his new text-book, recommends the following for urticaria:

Ext. Belladonnæ.....grn. 1-60-1-30

Ergotinigrn. i

Quininæ Hydrochloridigrn. i

Ft. pil. No. 1. Sig.: Two of these pills may be taken every two hours until there is relief or until physiologic symptoms are marked.—*Chicago Clinic.*

Indications of Lumbar Anesthesia.

Professor L. Rehn (*Mit. a. d. Grenzgeb. d. Med. u. Chir.*) advises restriction in the use of spinal analgesia, which should never be considered as the method of selection. In comparison with general anesthesia, it is more suitable for older persons and less for children and younger adults. The contraindications comprise purulent processes, arteriosclerosis, disturbances of the central nervous system, and perhaps also extensive tuberculosis. Introduction of the needle between the first and second lumbar vertebrae is to be avoided on account of the risk of injuring the cord.—*International Journal of Surgery.*

Veronal-Sodium as Hypnotic.

W. H. Becker believes veronal-sodium to be superior to veronal itself, in that it is readily soluble in water. It is therefore more easily absorbed, and can also be given per rectum where oral administration is not possible or is contraindicated. Becker has tried the salt on a large number of mental cases, and finds that it compares very favorably with the older hypnotics, even where there is a pronounced state of excitation. With an average dose, the drug failed in only 13 to 14 per cent., as compared with 27 to 28 per cent. in cases in which chloral, amylene hydrate, and paraldehyde were used. Even when given per

rectum, the action was generally prompt and satisfactory, though sometimes the absorption was delayed so that the patients complained of sleepiness the following day. The author therefore recommends the use of veronal-sodium in place of those mentioned; especially if some tolerance to these has developed or their toxic effects are to be avoided, as in co-existing cardiac trouble. Clysmata are of use where drugs by mouth are refused and where injections of hyoscine and morphine or of duboisine are no longer effective.—*Therap. Monatshefte.*

Pruritus Vulvae.

The following combination is highly recommended by Beall as having good results when all other means had failed:

Mentholis	grn. viij
Quininae Sulphatis	grn. xx
Acidi Carbolicum	grn. xxiv
Ichthyoli	ʒiiss
Lanolini	ʒvj
Ol. Ricini	ʒx

M. et ft. ungt.

Sig.: Apply freely after washing the parts with hot water.—

Amer. Jour. Clin. Med.

Inoculations for Acne.

It is reported that in St. Mary's Hospital, London, injections of vaccines of the staphylococcus (upon the basis of Wright's opsonic theory) are being made with excellent results in the eradication of acne pustules; muddy, blotchy complexions are said to be thus transformed into healthy skin, the best results being obtained in acne due to sluggish action of the sebaceous glands. The vaccines are manufactured in the Hospital laboratory, and are supplied in glass bulbs, one of which suffices for three or four injections. Such treatment is, we believe, scientifically sound. The only trouble with the Wright procedures have been their intricacy and the length of time required for individual examinations.—*Medical Times.*

Miscellaneous.

Rules for Patients of the Henry Phipps Institute for the Study Treatment and Prevention of Tuberculosis.

1. Don't spit on the pavement, on the streets, nor into any place where you cannot destroy the germs which you spit up.
2. Do not swallow any spit which comes up from your lungs or which comes out of the back part of your throat.
3. Spit into a cup when it is possible to do so.
4. Always use a spit cup with a handle to it so that you can hold it close to your mouth.
5. When you use a china or earthenware spit cup always keep lye and water in it and scald out the spit cup once or twice a day with boiling water.
6. When you use a tin spit cup with a paper spit cup inside, burn the paper cup at least once a day and scald the tin cup with boiling water.
7. Never use a handkerchief or a rag or any material other than paper to spit in or to wipe your mouth with.
8. When you cannot spit into a spit cup, spit into a paper napkin.
9. Always use a paper napkin to wipe your mouth with after spitting, and be careful not to soil your hands.
10. Always carry a cheap paper bag in your pocket or caba to put paper napkins in which you have used.
11. When you have used a paper napkin, either to spit in or to wipe your mouth with, fold it up carefully and put it away in a paper bag.
12. Every evening, before going to bed, burn your paper bag, together with the napkins which you have deposited in it.
13. Do not let any spit get on your clothing or your lips and hands or your bed clothes or carpets or furniture, or on anything about you, wherever you may be.
14. If, by any accident, any spit should be deposited anywhere else than in your spit cup or in your paper napkin, take pains at once to destroy it, either by taking it up and putting it in the fire or by putting lye and water on it.
15. If you have a moustache or beard, shave it off or crop it close.
16. Always wash your lips and hands before eating or drinking, and rinse out your mouth.

17. If you have a running sore, take up the matter which is given off with absorbent cotton and burn it.

18. Avoid handshaking and kissing. These customs are dangerous to you as well as to others. They may give others consumption; they may bring you colds and influenza, which will greatly aggravate your disease and may prevent your recovery.

19. Do not cough if you can help it. You can control your cough to a great extent by will power. When you cough severely hold a paper napkin to your mouth so as not to throw out spit while coughing.

20. Sit out of doors all you can. If you have no other place to sit than the pavement, sit on the pavement in front of your house.

21. Don't take any exercise except upon the advice of your doctor.

22. Always sleep with your windows open, no difference what the weather may be.

23. Avoid fatigue. One single fatigue may change the course of your disease from a favorable one to an unfavorable one.

24. Go to bed early. If you are working, lie down when you have a few moments to spare.

25. Don't take any medicine unless it has been prescribed by your physician. Medicine may do you harm as well as good.

26. Don't use alcoholic stimulants of any kind.

27. Don't eat pastry or dainties. They do not nourish you and they may upset your stomach.

28. Take your milk and raw eggs whether you feel like it or not.

29. Keep up your courage. Make a brave fight for your life. Do what you are told to do as though your recovery depended upon the carrying out of every little detail.

30. Always keep in mind that consumption can be cured in many cases and that it can be prevented in all cases.

31. If your own disease is too far advanced for you to recover, console yourself with the idea that you can keep those who are near and dear to you from getting it.

Every graduate in medicine has an ambition to possess a chunk of bromide of radium. Madame Curie says that she has not located more than about twenty grains of the wonder working salt. Anyone with forty or fifty thousand dollars of loose change may get a bit.—*Journal of Dermatology.*