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Original Contributions.

IMMIGRATION IN RELATION TO THE PUBLIC HEALTH.*

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Mr. President and Gentlemen of the Association,—When we consider that 1,000,000 immigrants were added during the last year to the 70,000,000 people of the United States, and that 150,000 were added to the 6,000,000 in Canada, or one person of foreign birth, education and ideas in every 70 in the one instance and one in every 40 in the other, it is apparent, when, as in the United States, 10,000,000 foreigners have been added to the population within twenty years and the rate of present increase in Canada is proportionately twice as great, that the words of Tennyson, in "Vastness," impel our attention:

> "Spring and Summer and Autumn and Winter,
> And all these old revolutions of Earth:
> All new-old revolutions of Empire—change
> Of the tide—what is all of it worth?"

If we are not prepared, as we are not, to answer this *cui bono* with another verse of the same poetic cry of whither drifting,

> "Raving Politics never at rest as this poor Earth's pale history runs—
> What is it all but a trouble of ants in the gleam of a million million of suns?"

then it is plain that no good citizen of this continent can avoid the study of this the most serious of the political, social, economic and health problems of to-day. How shall we approach it? Shall

*Prepared for American Public Health Association Meeting.

we at once say, especially in the United States: "Raise an absolute Chinese wall and exclude all foreigners until the people have had time to digest this, to some, hydra-headed monster, like the serpent, which slimy glided up from the dark depths of ocean and crushed on Trojan shores Laocoon and his glorious sons"? Shall we, finding past efforts useless in stemming the tide of immigration which brought over a million alien people to American shores last year, give up the fight and open our gates wide, if not welcoming, at least permitting the good, indifferent and bad to enter and submit to the conditions which their intrusion has produced and must continue to create? Or shall we adopt the third possible position of recognizing the situation as we find it and deal with the problem in the same successful manner as national, state and municipal authorities have dealt with the contagions which everywhere, in former years and to-day, follow the march of commerce and transportation, whether by sea or land?

Remembering all the forces, political, commercial and social, which are ever and continually at work, the rapidly vanishing elements of distance and time, and the equally increasing approximation of the nations of the world and all human interests, it is apparent to everyone who thinks at all deeply on the subject that the latter is the only possible position. Assume the possibility of exclusion, and we behold whole fleets disappearing from the ocean almost as suddenly as that ill-fated Russian squadron in the Sea of Japan. Recently a but little susceptible people showed their power to hit back by a wholly defensible boycott, and railway magnates and other generals of commerce cry out against laws which this nation has made, and sea-board cities, which once cried "Exclude!" are now quaking as if a foreign enemy were threatening their commerce. Without further illustration, it must be apparent that the only possible position is to regulate.

Never before in the history of the world, unless when Attila's hordes poured down upon a helpless Europe, have more than a million people been transferred in a single year from one continent to another, and of all the marvels perhaps the greatest is that these have come from countries the most separated in distance, nationality, language and civilization, without the transmission of scarcely a case of any of those diseases which cause epidemics. At any rate, we can say, if such cases came, so quickly and thoroughly were they dealt with that no epidemics have resulted therefrom. We have only to compare this with the melancholy and repeated stories of the first seventy-five years of the last century, when immigration had not reached a quarter of its present proportion, in order that the members of this Association may justly take pride to themselves and say, "*Quorum sum magna pars.*" This Association, starting as it did in those

now distant early days, thought then only of smallpox, cholera, typhus and yellow fever; now, with such problems solved, it naturally, and indeed is forced, to turn and deal with other problems created in the hundreds of civic centres, the outgrowth of a hundred years of immigration. Just as society has become more complex, so have its public health problems become more difficult. To England these have been present and pressing for fifty years; to the cities of this continent they are the outgrowth of twenty-five. Yet England has never had the problem of our great cities. During the past twenty years the immigration of foreigners to England has averaged probably 100,000 annually, but probably not more than half that remained. Thus an old, well-organized society of 40,000,000 has had to absorb but 50,000 annually, whereas this continent must digest over one million. Yet we learn what there happens daily, that a shipload of continental immigrants has only to arrive at a London dock, be met by their fellows, and in ten minutes they are gone and indistinguishable from the hundreds of thousands of the same foreign-speaking people already there. A foreign city is within the greater city, and it is not absorbed. Yet these people are in a sense absorbed, for they have come under police, health and social surroundings which have reduced the London death rate to 17 per 1,000. It is apparent, then, that in an old city, with its machinery gradually and adequately evolved, it is possible to handle these crude masses of humanity with comparative success. Reverting to our own problems, it is apparent that they are enormously greater than those of England. I am not familiar with the various state and civic sanitary codes in the United States, but know fairly accurately what they are in Canada. Now judging the former by the latter, I venture to say that the housing problem is as yet of all civic problems the least dealt with as, indeed, it is the one most difficult to approach. It may be quite true that public health officers have hitherto on this continent been chiefly engaged in removing cases of disease from tenements; but I venture to anticipate that this Association, and all similar ones, if true to their mission, will, within the next twenty-five years find their chief occupation in improving if not removing the tenements themselves. We have in New York, Boston, and Chicago tenement house commissioners, and their annual reports indicate the extent and nature of the task; but in Canada and in, I imagine, most United States cities, whatever is done with overcrowded and insanitary houses is done under some clause in the sanitary code.

Hitherto there have been two phases of the problem: first, What ought to be done? and the second, How are we to get it done? Everyone knows how the problem arises. The houses of a generation ago or half that in New York or Montreal, of the

residential sections, were adequate for their then purpose. Population, railways, extension of trade in a dozen directions within a few years have changed locally the whole face of things. The store-keeper prospers and moves up town; the houses on the street become a store or a tenement. Let a city's increase be 10,000, or, as in some cases 100,000, a year, and these changes become almost magical. It is now not a question alone of what is to be done, but how is it to be done? Rents rise, there is actually a famine in houses; even those persons of a fair income are forced to combine in many instances their housing, both from necessity and from expense. To say that such conditions are taken advantage of by the house-owner and house-agent is but to say what under the law of supply and demand is natural and logical. To understand that the unscrupulous will conspire and organize to intensify these conditions is what, under the prevailing ideas of competition being the life of trade, is only to be expected. What the usurer, the agent of the usurer, and what even so-called philanthropists and religious corporations have permitted and may still be permitting, in this exploiting of the poor has been, since the days of the Chartists, the subject of scathing criticism and censure alike by poets, novelists and writers of every sort, and yet the evils continue, and very few are seriously expecting any amelioration of the conditions. A recent newspaper article, dealing with certain scandals in which the politicians were involved, said, whether it was with regard to trusts or insurance companies, that the people got about the kind of political representatives and legislation that they wished for or were worthy of. The statement may be true in a sense, but such can in no way remove from those who have a sense of responsibility the duty of exercising it wherever and whenever it becomes possible in relation to society. Naturally, such applies to us as members of this Association, no matter to what section of public health work we apply ourselves. As federal officers, in control of the inspection of immigrants, it is apparent that the responsibilities are enormous. Shipping companies, booking agencies, employers of contract labor, organized schemes for assisting immigrants and others for preying upon them, whether in transit or after landing on our shores, are all playing their parts in inducing immigrants to seek this Western Eldorado. Senor Mosso, in a recent article on Italian emigration, has stated that there were at one time more than ten thousand agents in Italy actively promoting emigration from that country. To these agencies must be added the yet far larger and more effective influence of the immigrant, who, having arrived, encourages and aids his relatives and friends to come to him. To oppose, therefore, to some extent the evil results which naturally arise from these multiplied influences, the United States Government has for

years been enlarging the efficiency of her civil and medical immigration services, which in 1903-4 debarred 6,440 persons from landing in the United States out of a total of 941,315 aliens arriving at her ports, and deported 479 who had gained admission to the country within three years after landing. Under similar laws and action the immigration service of Canada during the same year deported 270 out of a total of 99,741 arriving at ocean ports and 85 others subsequent to their admission to Canada.

But it is apparent that the more than 1,000,000 admitted to the two countries during this year, thousands of whom had not as much as ten dollars on landing, must either have been directed in their movements or have drifted into those very cities and those districts of our cities where the tenements exist and where the police, social and sanitary problems persistently call for our attention. To-day the immigration services of both countries are first asking themselves how they can prevent, if it be possible, the embarkation of more of those who through poverty, criminal instinct, or disease, must be deemed undesirable immigrants, and second, how they can distribute such immigrants as are given permission to land. To the Canadian Government, according to a recent United States authority, must be given the credit for the first serious attempt at distributing immigrants, after entrance to the country, through its having officers accompanying all parties from the sea-port to their destination in the very centre of the new territories, where free-land grants are, and to which they are even conducted by Government agents. But this, it is felt, is still dealing but imperfectly with the problem which includes the thousands who annually drift to the great cities. In the United States this problem overwhelms the officers of the service. When, as stated in a recent paper by Dr. Allan McLaughlin, of the Marine Hospital Service, over 65,000 Jewish immigrants located in New York in one year, it is apparent that the problem extends far beyond that of inspection at the ports of entry, and that it must include some system of internal jurisdiction and supervision originating in and remaining a part of the Acts relating to immigration. But with such a system in existence the problem would be still unsolved, since its factors essentially lie still within state and municipal powers and jurisdiction.

Dr. McLaughlin very aptly remarks: "The responsibility for the slum can be divided between money-grasping property-owners and an indifferent puerile administration. The immigrant finds the tenement and slums already established when he arrives, and is the victim and not the cause of them." In what direction, then, must we look yet further? Primarily, of course to our state and provincial governments. Upon them falls largely the cost of police and justice, to them the charge of institutions for

the insane and feeble-minded belongs, and from them the municipalities obtain at least a part of the cost for the care of paupers and incurables. It is not without reason that our state legislatures demand relief from some of the burdens incident to this enormous immigration. For instance, the State of New York had, in 1904, 7,983 aliens or 20 per cent. in the whole 39,127 inmates of public, insane and charitable institutions in a population of 7,268,894, while the percentage of such to the total of aliens was even greater in Massachusetts. In Canada similar figures have not yet been collected, but the burden in such centres as Montreal and Winnipeg has begun to be seriously felt. To the legislatures of such states, therefore, must we look for first an appreciation of what the situation demands, and thereafter for legislation requisite to limit these growing evils. It may be said that immigration primarily depends upon favorable industrial conditions, and that so long as such continue this influx will go on unceasingly.* This may be true, but it is also true that under favorable industrial conditions regulations especially dealing with the overcrowding of dwellings and tenements and their sanitary improvements can most readily be brought into operation.

In what direction, then can such legislation be begun? In the Bill for the regulation of alien immigration, introduced in 1904 and passed in 1905 by the British Parliament, a provision exists whereby the Local Government Board can by order limit the number of any particular nationality or class within a certain specified urban district of any city in the United Kingdom. Here we have a general provision which any state legislature could enact, and one capable of wide application since it brings the state into immediate and necessary relations with the municipal authorities. What is the simple meaning of such provision? Just this, that any slum district occupied by a foreign colony would either be altogether prevented or at least limited in extent. What further could be done? A general enactment could be passed having a model by-law attached requiring that no cellar can be occupied as a dwelling, that tenements may be entered at all hours by special sanitary officers in order that the number of inmates may be known and that the lease-holder and landlord may be subject to a fine adequate to prevent overcrowding. Should we admit that such laws would be still insufficient yet another resource is possible, which would be to have assessments levied rather upon the revenues accruing from overcrowded tenements than from the value of land and buildings. The facts relating to the rent primarily received by the owner of the property, to the percentage received in addition thereto by his agent and to the amount

*For instance immigration to the United States decreased from 560,319 in 1891 to 250,312 in the lean year of 1895.

extorted as key-money by the collector under the system of weekly rentals, have been made the subject of too many enquiries to longer doubt their truth. Is anything more yet possible? The power ought undoubtedly to exist, as it does in some health laws, whereby sanitary officers could have rent withheld and applied directly to the construction of necessary conveniences, and if further neglected that the lease might be broken.

So much and more might be placed in a general sanitary code of the state with powers enabling municipal councils to add special clauses dealing with particular matters.

Such legislation having been passed, are we then to expect the problem to be solved? To some slight extent yes, perhaps, but only partially. The very intricacy of the problem, dealing as it necessarily must with the question of right, on the one hand, of an individual to live in 200 cubic feet instead of 1,000 of air space, and to work for 25 cents or 50 cents for sixteen hours a day if so disposed, and of the landlord to make such a condition possible for him, and, on the other hand, of the authorities to interfere with such presumably natural rights, cannot but make it appear evident that before success can be obtained some ethical standard of being and doing must be recognized which will be sufficient to prevent the grinding of the faces of the poor. Where shall we find it? Amongst the leaders of labor? Without questioning the value of labor organizations, I have yet to recall any more serious attempts on their part than those of increasing wages and shortening the working hours. But if they have not called loudly for sanitary reforms, as Frederick Harrison advised them twenty years ago in England, if they have not been the most advanced in advocating temperance in the drinking customs of the people, can we say, though suffering most, that they have been different in this from the wealthier classes?

> "Our aspirations, our soul's genuine life,
> Grow torpid in the din of earthly strife."—*Faust.*

Are we to expect that landlords, speaking generally, for there are good landlords, will be the first to move or that the employers of cheap labor will encourage conditions which would at once force up the wages to a living point, when yearly thousands upon thousands of new hands come to their doors asking only the privilege of working?

I know a Canadian city in which there is not a single by-law which prevents either residence in a cellar or the overcrowding of tenements by tier over tier of bunks, and another in which the city council refused to ask, and the provincial legislature, when urged by the health officer, neglected to provide a law to prevent residence in cellars, though an epidemic of smallpox was present.

Surely of such the words of the Master are true, "Ye are yet in your sins." In what direction are we to look for assistance? I sometimes wonder, when I have seen in the daily newspaper the sports page, which used to be a column, now spreading over to the second page, and the report of an important Board of Health meeting, once a month, reduced to half a column, how the Saviour's words, "What went you out for to see? A reed shaken in the wind?" would be applied by these daily providers of public pabulum, who find their defence in supplying, as they say, what the public demand. Have they not, with their large opportunities, yet larger responsibilities, as educators of public opinion, to investigate conditions and to educate our people to first desire and then obtain such legislative and municipal reforms as will lessen what, now bad, will become intolerable if allowed to go on unchecked. In the meantime we may very properly gird on our sanitary armor for yet more serious struggles. We have to oppose the agents of crime, of acute disease, of tuberculosis and its allied congeners of degeneration, of insanity, and of the multiplied neuroses the outcome of malnutrition, bad food, exhaustion, foul air, and dissipation. As we have dealt with the old-time pestilences which slew their thousands, so must we deal with the more secret, insidious, yet more far-reaching and fatal foes of urban life, where populations, once rural, have multiplied, since the era of the steamship, railway, and electricity, into cities, not once but twenty fold! The problem has been rapidly forced upon this continent. Allured by the golden prospects of material development we have not had time to realize or have forgotten, "That the life is more than meat and the body more than raiment." And yet the victories of the past are pleasant auguries for the future. New diseases demand new remedies, and new conditions will be met by new resources. We may comfort ourselves somewhat, perhaps, with the words of Rabbi Ben Ezra:

"Grow old along with me!
The best is yet to be
The last of life for which the first
was made;
Our times are in his hand
Who saith, 'A whole I planned;
Youth shows but half; trust God: see all
nor be afraid." —*Browning.*

Selected Articles.

DYSPEPSIA CONSIDERED AS A BRAIN DISEASE—A HISTORICAL CONTRIBUTION TO THE NEUROPATHIC SIDE OF THIS SUBJECT.*

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In 1832 Amariah Brigham, a distinguished American physician, in a little book on the "Influences of Mental Cultivation and Mental Excitement upon Health," wrote as follows:

"Dyspepsia is generally considered a disease of the stomach primarily. But I apprehend that in a majority of cases, especially among students, it is primarily a disease of the brain and nervous system, and is perpetuated by mental excitement. This I emphasize as my text."

Among his reasons for so believing were the following:

First—A blow or other injury of the head, or a tumor on the brain, frequently produces sickness, irritation of the stomach, and all the symptoms of dyspepsia.

Second—Mental affections. And here he relates of himself as follows: One day when about to sit down to dinner, with an appetite whetted by five or six hours' exercise, a letter was put into my hands announcing the death of a friend to whom I felt strongly attached. The consequence was an instantaneous loss of appetite which continued for two or three days; and here he quotes Dr. Parry, an authority of his day, as concurring with him, and asks who has not felt the influence of bad news or mental agitation in destroying appetite.

Third—Insanity, or disease of the brain, is usually preceded by the symptoms of dyspepsia, and recovery from mental derangement is often marked by a return of these symptoms.

Brigham combats the then prevalent views of Broussais and says that from his cases it evidently appears that slight irritation of the brain from mental or other causes gives rise to derangement of the stomach and produces the ordinary symptoms of dyspepsia. He turns Broussais' cases of melancholia from nostalgia and unrequited love, mortified pride and loss of fortune against this dis-

*Read before the Section of Nervous and Mental Diseases, American Medical Association, Portland, Oregon, July 12, 1905.

tinguished author, and says it is not the violent reaction from dyspepsia, as Broussais asserts, that produces the mental depression, but the mental depression that produces the dyspepsia.

The morbid influence though primarily proceeding from the brain to the stomach, is doubtless mutually reacting.

Abernethy's peculiar and extravagant notion of the vast influence of the stomach in the animal economy is also combated by Brigham, who was keen enough to detect a flaw in the great Scotch surgeon's reasoning when he says, "there is no hurt of the head that does not affect the digestive organs."

The relationship of the head in so-called sick headache is here noted by our author, who very much doubts whether sick headache as often arises from disturbed stomach as from an irritated brain, having repeatedly noticed an attack of sick headache prevented by keeping the head cool after an evening's debauch. His explanation of the sickness and disorder of the stomach of the debauchee, the katzenjammer, is as follows:

"The increased action of the blood vessels during sleep, produced by the stimulating food or liquor, determines an unusual quantity of blood to the brain, irritates it, and this irritation of the brain produces the pain in the head, sickness and disorder of the stomach."

In his fourth reason, Brigham refers to the fact that on "examination of bodies of those who have died after long-continued dyspeptic symptoms," the lesion was found in the head and not in the stomach, and quotes from Ambercrombie on "Organic Diseases of the Brain," a standard then and even now not without authority, that "symptoms which really depend on disease of the brain are very apt to be referred to the stomach," and refers to several of Ambercrombie's cases in which for a long time the prominent symptoms were those of dyspepsia though no trace of organic disease of the stomach was discovered after death, but tumors or other diseases of the brain, and quotes Abernethy's important caution to the careful diagnostician and clinician as follows:

"In cases of this class, we must beware of being misled, in regard to the nature of the complaint, by observing that the symptoms in the stomach are alleviated by attention to regimen or by treatment directed to the stomach itself. If digestion be impeded from whatever cause, these symptoms in the stomach may be alleviated by great attention to diet, but no inference can be drawn from this source, in regard to the nature of the derangement."

Note now that it is the great Ambercrombie that is speaking. Referring to this our author justly comments as follows:

"This last quotation, I think, explains a very common mistake, a mistake which is not only made by dyspeptics themselves, but by writers on this disease. They suppose because low diet, etc.,

relieves the principal symptoms in the stomach that, therefore, the disease is principally confined to that organ, when in fact the disease is in the head, but is manifested only by the stomach, liver or some organ with which the brain sympathizes, and the low diet (and in our day, the pepsins, papoids and other digestives) gives relief. The atonically enfeebled stomach is relieved by lessening its labor, of course, either limiting its digestive labor or by performing it artificially, but to bring back its tone we must restore its innervation, even where ulceration or other impairment of its villi or its peptogenic glands exist."

The rest cure for the nervous dyspeptic was first propounded by Dr. Brigham in these words: "No one rule, relating to the cure of disease, is more important than that which teaches to let a diseased organ rest."

Dr. Robert Macnish, author of the Philosophy of Sleep, Anatomy of Drunkenness, etc., who wrote the preface in 1836 to the Glasgow edition of this remarkable book, adds an argument as follows:

"The relief which many dyspeptic people obtain by going to watering places, is a sufficient proof their complaint is often intimately connected with the state of the brain. Oppressed at home with the cares of business, or rendered nervously irritable by dissipation, vapid pleasures or want of occupation (for this is as pernicious to the brain as too much employment), a state of hypochondria, accompanied by impaired digestion ensues. In this state they fly to such places as Bath, Leamington or Cheltenham; place themselves in the hands of some fashionable empiric who very gravely tells them to drink the waters, restrict themselves to a particular diet and take some trifling medicine which he prescribes for them. They do this, coupling it with exercise in the open air, and with light amusements which generally abound in such quarters. The consequence is that the brain gets into a healthier state of action. If its morbid condition was produced by too much thinking, this is relieved; if by too little, this is obviated also, materials for employing it sufficiently existing in the change of scene and in the prevailing gossip of the place. Restored to comparative health by this change of scene, the patient returns home in raptures at the virtue of the waters, and the wonderful skill of the doctor under whom he was placed."

Dr. Brigham also quotes from Dr. Hastings, of England, who, in 1831, noted that many of the nervous symptoms of which dyspeptic persons complain, are produced by slow alteration of the membranes of the brain is consequence of chronic inflammation.

Hastings had already noted the increased determination of blood to the head, alternate flushings, coldness, irregular spirits of dyspeptics, and in the fatal cases had found the morbid appearance in the brain just mentioned.

Bayle, Burrows and M. Barras are quoted by Brigham as sustaining his position in spite of their preconceived views to the contrary. M. J. P. T. Barras, *Traite sur les Gastralgies et les Enteralgies, et Maladies Nerveuses de l'Estomach et des Intestins,* considered dyspepsia a nervous disease, but only of the nerves of the stomach. The cases of Barras are examined by Brigham and found to be mostly mental, "they had experienced severe mental affliction, had been melancholy, been afflicted with great mental suffering, or had studied severely or been exposed to constant turmoils. When such cases terminated fatally, no marks of disease were found in the stomach; but effusion or other signs of disease were observed in the brain."

This case is quoted from Burrows:

"A lady, who had been unwell for several years, referred all her suffering to the stomach, and often said that when she was dead, *there* would be found the seat of the disorder. She died rather suddenly with fever and delirium, after exposure in a very hot day; and on examining the body no trace of disease appeared in the stomach or bowels, but the brain exhibited marks of *long-standing disease.*"

Brigham's fifth argument is as follows:

"The fact that dyspepsia is frequently cured by permitting the over-taxed and tired brain to rest, or by changing the mental labor or excitement, is evidence that it is primarily a disease of the head, and not of the stomach. How often do physicians fail to afford any relief by medicines, in what are called 'stomach affections,' but which are readily cured by traveling, or relaxation in accustomed studies, and freedom from care and anxiety. How often a change of the mental excitement affords relief. It seems as if certain portions of the brain, having been unduly excited, became diseased, and were benefited by strong excitement of other portions of the same organ. How often are *stomach* affections cured by inert medicines, aided by the imagination, confidence, hope, etc.

"What is but the influence of the mind that gives efficacy to remedies that are secret, which they do not possess when known?"

Macnish relates the cure of a lady who for some months fancied herself very ill of a stomach complaint, by administering three dozen bread pills.

The influence of hypnotism, then called mesmerism, and its record in the cure of stomach and other diseases, is referred to by our author as an evidence of the influence of mind over bodily ailments.

As a sixth proof, Brigham notes the fact that dyspepsia is a disease chiefly confined to the studious, whose minds are much exercised and excited, and to those who, by too early mental education, have had a prominence given to the nervous system, and

instances among historic proofs the melancholic and passion-devoured Tarquato Tasso, who at the age of twenty-two had written the finest epic poem of modern times, and the hypochondriacal delusion-pursued Pascal, whose literary celebrity and death were so bad and premature.

He answers the argument that sedentary life causes dyspepsia by conceding that exercise improves the circulation of the body and determines blood from the head, which is more necessary in students than in others. Tailors, shoemakers, etc., he says, are not particularly liable to dyspepsia.

The great Abernethy, who advised a dyspeptic British nobleman to live on a shilling a day and earn it, learned the object lesson on which the advice was based from a class of non-dyspeptic English workmen who, in his time, lived below the level of great ambition and social striving, whose vegetative life of rhythmical labor and rest was a daily recurring routine without brain-strain, fret and worry. But the nobleman would not improve from following such advice unless the labor should be congenial and the mind satisfied, though physical labor tends to divert blood from the brain.

Abernethy seems to have put the cart before the horse in his conception that complicated maladies of the human race are due to "gormandizing, stuffing and stimulating" the digestive organs to excess, "thereby producing nervous disorders and irritations," for excessive feeding, where the brain is not goaded to irritability, tends in man as in the animal, to produce drowsiness and sleep by diverting blood from the brain, followed by recuperation and renewed power where sleep is sufficiently prolonged. I doubt if one would greatly overfeed, if it were not for an irritated brain and nervous system wasting and crying out for repair beyond the natural power of the stomach to respond. In the normal unirritated state of the organism, appetite, waste and repair are corelative. Young children, like the animals in a state of nature, do not ordinarily have dyspepsia.

Nervous disorders and irritations, as Brigham thinks, make the gormandizers. But even Abernethy conceded that the state of the patient's mind was a great cause of dyspepsia, as well as other diseases. "Fidgeting and discontenting yourselves about what cannot be helped; passions of all kinds—malignant passion, pressing upon the mind, disturb the cerebral action and do much harm," and apropos to the question of mental influence, we all know that history records how the celebrated John Hunter, a contemporary of Abernethy, fell and died from an apoplectic stroke brought on by a fit of violent passion.

Dr. Macnish, already quoted, is again referred to by Dr. Brigham as follows:

"It is a great error to study immediately after eating. In

such a case the nervous energy required for the process of digestion instead of being expended upon the stomach, is wasted upon the intellectual organs. The almost inevitable result is dyspepsia; and it will be found that those who are in the habit of strongly employing the mental faculties shortly after food, are more or less subject to this affection."

Unless the mind works tranquilly and does its daily work without undue fret and worry and within the physiological limitations imposed upon it by its organs, it will prove to its landlord (the brain) as even Plutarch observed, a ruinous tenant. It will pull down the temple and destroy its props—its gastric, hepatic, cardiac, renal and other supports. While this is true, the contrary is likewise truth, viz., that regular mental occupation alternating with proper recreation, rest and accompanied with adequate nutrition, tranquility and a reasonable and temperate play of the emotions and passions, tends to promote health and prolong life, as the history of the world's great thinkers from Hippocrates, Harvey, Jenner and Cullen in our ranks, to Newton, Herschel and Galileo, Hippocrates having the greatest longevity (109 years) of all.

Though dyspepsia is yet generally considered and treated as a disease of the stomach primarily, as in the time of Amariah Brigham, I now reaffirm, as this distinguished practitioner did so much in advance of his colleagues sixty years ago, that in the majority of cases, especially among students, it is primarily a disease of the brain and nervous system, and is engendered and perpetuated by over mental strain and mental worry and excitement, and its cure is brought about through mental rest, recuperation, diversion, the rebuilding and restoration of the tired and damaged centers of the cerebral cortex and of the medulla and fourth ventricle, through a judicious neurotherapy reinforced by mental relaxation, agreeable diversion, congenial companionship, pleasing travel and all environing conditions of good physical and mental health.

Here is an instructive biographical record that Brigham made of cases he had observed, and it is as true as truth itself:

"Some have travelled far, and have recovered; voyages have restored others. Some have become husbands and forgotten their stomach complaints; some have succeeded in business and are well; some are in or out of office, and thus their minds are freed from long-continued anxiety; while others remain as they were several years since, having just discovered, for the twentieth time, some new, and. as they believe, effectual remedy for their indigestion; but which will assuredly disappoint them, if they do not cease from mental toil, and for a while let the excited brain be quiet."

But we do better with our dyspeptics now, or we have resources

for arresting and delaying brain waste and promoting rest and restoration of exhausted nerve force. But nothing supplements agreeable and invigorating change of air and scenery and congenial diversions for promoting or completing recovery from dyspepsia, when the tired, nervous system is put in recuperative state by the chemical restrainers of nerve irritability and promoters of tranquility, when at the same time the brain and mind are made quiescent and willing to receive the benefits of rest, diversion, etc. This is best done by the very agent which has contributed and is contributing as much as any other to break the brains and nervous systems of the people—electricity, the cerebral tranquilizing power of constant galvanism. What the dynamo, the telephone and the phonograph have contributed to undo, this agency helps to repair again, and modern medicine, which has given us dynamite and its train of social and political agitation has given us agencies which "knit up the ravelled sleeve of care" and "minister to minds diseased," hypnotics that soothe psychic pain and quell riots in psychic centers.

These the physician may use to prevent cerebral waste, pending construction and the reaccumulation by other suitable treatment of that exhausted nerve force upon which dyspepsia, or at least nervous dyspepsia, depends. I will not deny that it may have a purely local origin in the stomach, but such origin is comparatively infrequent. It is possible to cause dyspepsia by local causes, as by a few swallows of concentrated lye or other corrosives, and certain foods and drinks, the excessive use of alcohol, etc., but this latter, as well as tobacco, more often damages through depressing the nervous system than otherwise. But if we examine the lower animals, we find that the most ravenous and omnivorous never have this disease in their wild and free state. Hogs are not dyspeptic, nor are the domestic animals, unless they become trick animals and are over-trained. Hunting dogs become dyspeptic when taken from the chase and confined and fretted in close quarters. I have known an old dog to become dyspeptic from jealousy of attentions bestowed upon a younger dog. When a domestic animal is satisfied with its life and environment, it does not become dyspeptic. Human beings are likewise free from this disease under similar circumstances, and as to overfeeding being the determining cause of dyspepsia in the otherwise healthy, though it undoubtedly may cause attacks in the predisposed, we have only to consider for refutation the condition of those people who habitually eat enormously, as the Siberians, who eat from twenty to fifty pounds in one day, and the Esquimaux, who will eat ten or twelve pounds of solid food and a half gallon to a gallon of whale oil in a day, eat and digest tallow candles wick and all, as Brigham records. While there is a limit to the

stomach's capacity, that limit is determined largely by the general health, and the general health gives tone to and depends on the tone of the nervous system.—*Alienist and Neurologist.*

ON THE SERUM TREATMENT OF HAY FEVER.*

BY DR. A. LUBBERT AND DR. C. PRAUSNITZ.

In the course of the past year, Dunbar published in the *Berliner Klinische Wochenschrift*, 1903 (Nos. 24, 25, 26, 28), the results of his studies, so far as they were then advanced, on the etiology and therapeutics of hay-fever. At the same time he promised to give a later report of the practical experiences obtained with his specific serum.

Those researches left the question still open, as to whether the cause of hay-fever, as it occurs in the whole civilized world, could be traced to one single exciting agent. Interest must still more centre in this question since the successful treatment by antitoxic serum depends on the universality of the cause. Meanwhile Dunbar's pollen toxine has been tested, in regard to its effect on hay-fever patients, in practically all civilized lands.

Everywhere the same results were obtained: in different parts of Germany, in Denmark, England, Scotland, as also in the United States of North America—whether in northern districts, as in New York, Baltimore, St. Paul, Minn., and St. Louis, or in more southerly parts, as, for instance, in New Orleans—the results were the same. Everywhere hay-fever patients showed a specific susceptibility to the toxine, whereas control-persons, with only a few exceptions, such as had been already observed and described by Dunbar, were entirely insusceptible to the toxine.

Confirmatory observations have already been published by Thost, Semon, McBride and E. Mayer.

From the results obtained by these test-experiments, the extremely important conclusions from the point of view of therapeutics can be drawn, viz., that hay-fever, wherever it occurs in the different civilized countries, is an affection having one single etiological factor, so far as concerns the exciting agent, and leaving out of account the cause of the individual predisposition. It may be assumed that there are different reasons for this predisposition. The universality of the exciting cause is, however, demonstrated by the fact that the symptom complex of hay-fever, wherever the disease may be found in the world, is excited in the predisposed exclusively through the pollen of certain plants, and

* Extract from a paper in *Berliner Klinische Wochenschrift*, 1901. No. 11 u. 12.

more especially through the toxine obtained by Dunbar from them. Only in the case of autumnal catarrh, a disease closely allied to hay-fever, which occurs in the United States of North America, is there this difference, viz., that it is excited not by the pollen of grasses, but by the pollen of Solidago, Ambrosia and perhaps of other late flowering plants. These patients do not suffer at the time when the grasses are in flower, but in autumn. The relationship of autumnal catarrh to hay-fever is shown by the fact that the disease is favorably influenced by the antitoxine derived from pollen of the Graminaceæ.

How great, moreover, this varying individual susceptibility to the hay-fever poison can be, may be judged, since it has been shown by recent researches that the application of so small a quantity as 1-40000 mgm. of the highly potent rye-pollen toxine to the conjunctival sac of a hay-fever patient is sufficient to excite an irritation of several hours' duration. This quantity of toxine is contained in two or three rye-pollen grains.

Liefmann, whose work will shortly appear, has shown that in the hay-fever period the number of pollen grains contained in the air is more than sufficient to excite hay-fever attacks. On days when the attacks are severer in character, he found, in confirmation of Blackley's results, that much more pollen was in the air than on days when patients had less to suffer. Considering the extraordinary susceptibility of many hay-fever patients, one can only wonder after Liefmann's results, that the appearances observed are not much more severe. It is possible that the body gets rid, through the sneezing fits and the excessive secretion, of much of the inhaled pollen before it can exercise its effect.

Dunbar, in the publication mentioned, already indicated that his efforts to obtain a practically useful hay-fever antitoxic serum has been successful earlier than he had hoped possible. This serum has, according to the communications up to the present received, been tested on 285 patients, distributed over most civilized countries. The success of the treatment was with 171 patients or 60 per cent. of the cases complete, with 83, or 29 per cent., partial, while only 31, or 11 per cent., experienced no benefit.* The antitoxine is produced by the well-known firm, Schimmel & Co., in Miltitz, near Leipzig, and is obtainable from chemists under the name "Pollantin."

Particular care has been taken to ensure a constant antitoxic value in the serum, and it will be sent out in such a condition that it can under no circumstances be harmful. In order to guarantee the perfect harmlessness of the preparation, the horses used for obtaining the serum are under the control and supervision of a veterinary surgeon. Blood is withdrawn under all

*Most of the unsuccessful results reported can be set down to incorrect use of the remedy.

aseptic precautions, at the earliest six to eight days after the horses have recovered and regained their former weight from the previous injection of toxine. The serum obtained is tested for sterility, and receives 1-4 per cent. phenol as preservative. After making certain by these precautions that a sterile preparation could be sent out, the next question concerned the mode of application. The method of subcutaneous injection, the usual one with other sera, is for the present not applicable in the treatment of hay-fever, because even after the injection of small amounts, which only afford a temporary and very limited immunity, unpleasant complications (itching, erythema, and swelling) appear at the site of injection. It can not yet be decided, whether later we may be able to recommend subcutaneous use of the serum. Since by external application, the simplest method, much more favorable and more lasting results have been obtained than were at first expected, there is in the great majority of cases no reason for subcutaneous injection of the serum.

In the directions for use it is pointed out that it is not possible by using Pollantin on a single occasion, to exclude for ever the possibility of further attacks of hay-fever, that it is therefore not to be regarded as a means of cure, but that it is on the other hand of extreme use in improving or altogether removing the symptoms of irritation, and that fortunately by an ever-repeated timely prophylactic use of the serum the appearance of attacks may be prevented. The serum's effect can as a rule only be reckoned on to last a few hours at the most, but, as is shown by a few case-histories, it has, even by external application, often conferred on patients a complete passive immunity of several days' duration.

With regard to prophylactic treatment, patients are advised under all circumstances to sleep during the hay-fever period with windows and doors shut. This important detail was unfortunately only taken to heart by a few. Our recommendation, to use the serum in the morning before rising, ere the mucous membranes of the eyes and nose come into contact with pollen toxine, appears to have been readily followed only by a small number of patients. Many patients always wait till severe attacks appear, before they use serum, although we had previously strictly warned against this practice, because in attacks the mucous membranes, especially that of the nose, are so altered that the local absorption of the serum must be greatly hindered. Therefore, as the remedy is easily absorbed by the normal mucous membrane and then, according to experience, exerts an after-effect of some hours, occasionally of some days' duration, every treatment which is not carried out systematically and prophylactically appears to us quite irrational. One can only wonder that so numerous satisfactory results were obtained, since the patients only in relatively few instances used

the serum thus prophylactically. It was found, unfortunately, that 1-4 per cent. carbolic acid did not suffice to preserve the liquid serum, after the bottles had been opened, for more than a few days, especially when it was carried in the pocket and, therefore, kept almost at body-temperature. The pipette introduced ever more and more micro-organisms from the nasal mucus into the serum. An increase in strength of the carbolic is not possible, owing to its setting up unpleasant irritation, and the addition of other preservatives had to be given up for other reasons, therefore it was recommended to pour into the accompanying small empty glass-tube, provided with a dropping pipette, only a small quantity of the serum at a time. In addition, this last serum-tube and the pipette with its rubber-top should be at once daily cleaned and boiled. In spite of these precautions the serum, owing to the method of its use as described, often decomposes within eight days. To be carefully distinguished from this decomposition, which is evidenced by turbidity and often by an unpleasant smell, is the deposit of a slight flaky precipitate, present when the sterile preparation is sent out. This is to be traced to the contained carbolic acid, and can be recognized by the fact that on shaking the serum a uniform turbidity is never produced. The usefulness of the preparation is in no way influenced by this carbolic precipitate, but of course a serum rendered uniformly turbid by bacterial growth must not be further used.

SUGGESTIONS REGARDING THE PREVENTION OF CONSUMPTION.

THE following points and suggestions regarding the prevention of consumption which deserves the attention of everybody, are gathered from a recent article by Dr. Knopf, of New York, which is to be found in the *Medical Record* of November 18th, 1905.

There are more cases of advanced tuberculosis to be treated than any other disease.

There is no disease where so much can be done to render the patient comfortable and hopeful as pulmonary tuberculosis in the advanced stage.

There is no disease where one case in a family can more readily become the cause of infection of other members, particularly in the stage where the consumptive begins to be confined to the close association of the family members only.

It is extremely important to remember that advanced consumptive patients who are able to go about, perhaps able to work

at their ordinary calling in the office or factory, when ignorant or careless, constitute the greatest danger to the health of the community. They must be considered as the most frequent cause of infection. The careless, ignorant, or helpless consumptive, when confined to bed, can do little more than infect his room, but the advanced patient, able to follow some calling, can, if he is careless, scatter 7,000,000,000 bacilli every day with the greatest ease.

Of all tuberculous patients, he should be the most carefully instructed, and should be most deeply impressed with the fact that carelessness in the disposal of the sputum is dangerous to himself as well as to his neighbors.

As yet people generally have not been educated up to the point at which they are willing to carry and use a pocket-flask or cardboard purse. Being desirous to conceal their condition, they are extremely reluctant to do anything which would call attention to their infirmity. Some way less likely to cause remark must be found. Probably the best that can be done in the meantime is to suggest that tuberculous men should have two pockets lined with some material which can be easily cleaned, and that they should carry in one of these pockets very cheap handkerchiefs or bits of cheesecloth, or other cheap material cut like handkerchiefs, which when used can be put into the other pocket, and there kept until the close of the day, when they can be easily destroyed or sterilized by boiling after their return home. In this way they can escape observation, and at the same time secure their fellow-workmen and associates against danger. When so simple a precaution as this, and one so easily within the reach of every right-thinking man, is available, not to make use of it, would seem to be little less than criminal neglect.

IS THE PHYSICIAN EVER JUSTIFIED IN PUTTING AN END TO HUMAN LIFE?

In the ancient fortress of the Old World city of Dampierre, France, there lies awaiting trial for the murder of his loved wife a man who in the course of a long life had won by his large, never-ceasing charity, his fine mental attainments, his exalted character, the love and respect of a whole province. He is Charles Candon, Mayor of Dampierre, and still the recognized head of the community. M. Candon killed the wife whom he adored because he could no longer bear to see her suffering the untold agonies of cancer.

"I obeyed the higher law of humanity," he says. "I loved

my wife. My wife was dying. They could not preserve her life. They were seemingly unable to do anything to relieve her from the tortures of which I was compelled to be a daily, hourly witness. She had entreated me to kill her and end her agonies. And at last I yielded and killed her with one blow of a hatchet. I do not in the least regret what I have done."

In his desperate act, born of intense emotion, M. Candon has set medico-legal scientists in Europe and this country awake with a problem of which no satisfactory solution has yet been found. The question thus raised is: "Can there be any conceivable combination of circumstances in which a physician would be justified in ending the life of a patient affected with a known incurable disease in order to end purposeless suffering?"

Prof. Felix Adler long ago laid down the general doctrine that such an act on the part of a physician under a given set of circumstances might be an act of mercy. And now, the case of Mme. Candon being cited to him, he answers: "While it would be impossible for me to give an absolute reply on a general question which requires thought, I may say that my views on this subject have not altered in the slightest degree."

Albert Bach, member of the New York bar, who years ago in a session of the Medico-Legal Congress raised this question and with it a storm that spread through England and America, is familiar with the case of Mme. Candon, and on it lays down this doctrine:

"In this case the woman was doomed to death; her agonies were intense; the doctors could not alleviate suffering, and her husband killed her. This is just one of the cases I have had in view. There are many able advocates of both the affirmative and negative sides."

"The matter admits of no discussion," said Dr. Morton. "I am necessarily familiar with the intense suffering caused by cancer. There can be no combination of circumstances that would justify a physician in ending the life of a patient. You cannot argue that the fatality of the disease justifies the act. For what human being dares to say that any disease is fatal?"

"If the doctrine laid down by Mr. Bach, by Prof. Adler and by other exponents of what is called the new school of thought is to be accepted," said Dr. Carleton Simon, "the whole basic principle of our profession would be destroyed. The one rock on which the practice of the healing art rests lies in these words: 'While there is life there is hope.' And we must fight for the preservation of a precious human life until the last spark has fled. Of course, I have had cases in which patients have entreated me to end their misery. But it is the duty of the doctor to be deaf to such appeals."—*Exchange.*

LINES TO A SKELETON.

FIFTY years ago the London *Morning Chronicle* published a poem entitled "Lines to a Skeleton," which excited much attention. Every effort, even to the offering of a reward of fifty guineas, was vainly made to discover the author. All that ever transpired was that the poem, in a fair, clerkly hand, was found near a skeleton of remarkable beauty of form and color, in the museum of the Royal College of Surgeons, Lincoln's Inn, London, and that the Curator of the museum had sent them to Mr. Perry, editor and proprietor of the *Morning Chronicle*. We reprint it here:

"Behold this ruin! 'Twas a skull
Once of ethereal spirit full;
This narrow cell was life's retreat,
This space was thought's mysterious seat:
What beauteous visions filled this spot
With dreams of pleasure long forgot!
Nor hope, nor joy, nor love, nor fear,
Have left one trace of record here.

"Beneath this mouldering canopy
Once shone the bright and busy eye;
But start not at the dismal void!
If social love that eye employed—
If with no lawless fire it gleamed,
But through the dews of kindness beamed—
That eye shall be forever bright,
When sun and stars are sunk in night.

"Within this hollow cavern hung
The ready, swift, and tuneful tongue;
If falsehood's honey it disdained,
And when it could not praise was chained;
If bold in virtue's cause it spoke,
Yet gentle concord never broke;
That silent tongue shall plead for thee,
When time unveils eternity.

"Say, did these fingers delve the mine,
Or with its envied rubies shine?
To hew the rock, or wear the gem,
Can little now avail to them.
But if the page of truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that wait on wealth or fame.

"Avails it, whether bare or shod
These feet the path of duty trod?
If from the bowers of ease they fled,
To seek affliction's humble shed;
If grandeur's guilty bribe they spurned,
And home to virtue's cot returned—
These feet with angels' wings shall rise,
And tread the palace of the skies."

—*Montreal Star.*

Skin and Genito-Urinary Affections Treated with Perhydrol.—W. Scholtz, working in the University Polyclinic for Skin Diseases at Konigsberg, has been using perhydrol, a new preparation of hydrogen peroxide, in the treatment of skin diseases and in affections of the genito-urinary tract. For the past two years he has employed it with good results in the treatment of ulcerating and gangrenous processes of the skin, where its chief action is due to its antiseptic properties as well as to its ability as a cleansing agent. He has found a solution of 1:2 or 1:3 of perhydrol in water is the best solution for cleansing these gangrenous ulcers. If it is desired that a permanent dressing be placed over them then the solution used should be much weaker, 1:50 or 1:100. This weak solution is also advisable when applied to the nose, to the genitals, or to the anus. The author reports especially good results from the use of perhydrol in the treatment of mercurial stomatitis, particularly when the gums have become purulent or when ulceration has set in. In the treatment of this condition the patients should wash out the mouth hourly with a solution of 1:100, and once a day paint the gums with the pure material, using the simple cotton applicators. In simple stomatitis of the mouth it is also valuable. In torpid ulcers, buboes, or in the serpiginous forms of chancroids, in leucoplakia, and in comedos and suppurating acne eruptions, he has also obtained excellent results. In psoriasis it has not proved of much value. In genito-urinary affections, the author has found it of service in the necrotic forms of cystitis, when in concentrations of 1:100 or 1:300 it can be safely used as a bladder wash, and is particularly effective in conjunction with a weak solution of silver nitrate. In solutions of 1:100 or 1:[illegible], in combination with 1:1000 or 1:4000 silver nitrate, he has found that it is of excellent value in treating the terminal stages of acute gonorrhea, in chronic gonorrhea, and in all of the post-gonorrheal urethritides.—*Archiv fur Dermatol. und Syph.*, lxxi., Nos. 2, 3.

School Hygiene.

SCHOOL CHILDREN AND TUBERCULOSIS.

PROFESSOR GRANCHER, of Paris, and his pupils have found, as a result of their examinations in the Paris schools, that the proportion of children suffering from closed (or latent) tuberculous lesions of the glands and lungs is from 11 to 14 per cent. in boys and 17 to 20 per cent. in girls. At the International Tuberculosis Congress, recently held in Paris, Dr. Méry read a report on the "Prevention of Tuberculosis in Schools," in which the following measures were recommended:

1. Measures relating to hygiene of the class-rooms and furniture; ventilation, disinfection, prohibition of dry sweeping and of sweeping by the children, suppression of public meetings, prohibition from spitting on the school premises, etc.

2. Measures for the exclusion of such as are contagious, whether teachers or pupils; these should receive proper care.

As an indirect measure of prevention we should develop the antituberculosis teaching in school and the scholastic mutual aid associations.

The measures of individual protection, which should be applied to children suffering from tuberculous lesions, closed or latent, are as follows:

1. For children presenting mild lesions, and who remain at school; over-alimentation; distribution of powdered meat extract, of cod-liver oil, of iodo-tannic syrup; a course of respiratory exercises.

2. For children presenting more advanced lesions a stay in the country is necessary.

A passing stay of a few weeks in the country, such as that afforded by the holiday colonies or the school colonies, is absolutely insufficient. What is wanted is a permanent stay away from cities, either in the country, or in the mountains, or by the sea; or, again, open-air schools such as the one—an incomplete one, it is true—which has been founded at Charlottenburg.

This rural exodus, which has been so well realized for the predisposed by Professor Grancher in his work of family protection, should be insisted upon with as much if not with more energy for those who are already slightly attacked.

Free School Meals at Manchester.—The Manchester Guardians have approved of arrangements made with restaurants near the schools to supply dinners for school children needing them at 3d. each on five days of the week.

Medical Inspection of Schools.—This movement progresses steadily. Three physicians were appointed last October in Chelsea, Mass., by the school committee as medical inspectors for the public schools. This is the beginning of medical inspection of schools in Chelsea, and it was done in consequence of a report from the Superintendent of Schools, who believes it will greatly lessen the danger from the spread of contagious diseases, and have a good effect on the general health of the city. Another place moving in the same direction is the city of Bristol, England. Dr. Davies, Medical Officer of Health in Bristol, stated in his last annual report that there are 65,000 school children in the city, and that medical inspection is essential. Dr. Davies further suggests that if Bristol took action in this direction the citizens would save money in taxes.

H. MacM

Medicine. ... IN CHARGE OF ... J. J. CASSIDY, M.D., AND W. J. WILSON, M.D.

A CASE OF PERIPHERAL NERVE SYPHILIS.*

BY JULIUS GRINKER, M.D., CHICAGO.
Professor of Nervous and Mental Diseases, Chicago Postgraduate Medical School, Neurologist to Cook County Hospital.

THAT the peripheral nerves, both cranial and spinal, frequently become affected in the course of cerebro-spinal syphilis, is every-day experience. Disease of peripheral nerves or nerve-roots without co-existent syphilis of the central nervous system, is rather unusual. Of all cranial nerves the trigeminus is most often affected singly by the specific process. This may occur as part of a periostitic process in the foramina of exit; at the optic foramen, foramen ovale and foramen rotundum; or as a result of destructive process in the nucleus by hemorrhage, softening, sclerosis or tumor. Isolated disease of the trigeminus, however, is exceedingly rare. The rule is for other nerves to be involved along with the trigeminus in the following order: Optic facial, oculomotor, abducens, auditory, olfactory, trochlear. The facial, acousticus and motor nerves of the eye are frequently affected together and constitute part of a basal meningitis.

The clinical phenomena of peripheral nerve-syphilis manifest themselves either as neuralgia, polyneuritis, or root neuritis. Of the cranial nerves the trigeminus is usually the seat of isolated or simple neuralgia, which differs in no respect from ordinary trigeminus neuralgia from other causes. The same is true of the symptomatology of facial and auditory neuritis. It is evident that the diagnosis can not be made from the symptoms, but from the history of specific disease and the discovery of the stigmata of syphilis.

Nonne, in his book on "Syphilis of the Nervous System," best describes root neuritis in Kahler's words:

"In an individual, the subject of syphilis, or who has had syphilis, there appear, besides other cerebral symptoms, or without any brain symptoms, gradually progressive paralyses of various cranial nerves, which are recognized as peripheral, for instance, facial paralysis. One nerve after another is attacked

*Presented before the Chicago Neurological Society, 1905.

in a most irregular succession. In the second place, there may appear gradually increasing neuralgias in various spinal nerves, with hyperesthesias, or girdle pains, as a consequence of posterior root involvement. Disease in the anterior roots will manifest themselves by corresponding motor paralysis of the peripheral type.

Patient.—A. Y., German, aged 40, single, a cook, entered the Cook County Hospital, March 17th, 1905.

History.—His family history is negative. He is a moderate smoker, never drank spirits and but little beer. He had several venereal sores about eight years ago; one of these was a hard chancre. This was followed by secondaries, such as sore-throats, alopecia, mucous patches and eruptions. About seven years ago he suffered from what he calls acute articular rheumatism. His joints were swollen and painful for three months, and the disease disabled him altogether for about six months. Last September he experienced severe pains in his left thigh which he considered rheumatic. After the application of some liniment he discovered that not only was his thigh smaller and weaker, but that his left eye was also turned inward and that he saw double. A two months' stay in the hospital brought about much improvement, and subsequent treatment at the Illinois Eye and Ear Infirmary completed the cure. The condition of the thigh, however, has remained unchanged.

He now comes to the hospital on account of severe pains in the entire right half of his face, which affect principally the right ear, but also involves the lower maxillary region. For a week he suffered constant pain, which even a tooth extraction failed to relieve.

Examination.—The patient is a small, poorly nourished man of middle age, who talks rather rapidly and stammers considerably. His face presents a typical peripheral facial paralysis. The wrinkles on the right half of his forehead have disappeared, the right eye does not wink, the right half of the face has lost all expression, the right corner of the mouth droops, while the left is drawn up high. When he attempts to wrinkle his brow the right half remains motionless. Sniffing is only done with the left half of the nose, in speaking only the left half of the mouth functionates, and in an attempt to uncover the upper teeth, only the left side responds.

In an effort to close the eyes, Bell's phenomonon is elicited on the paralyzed half of the face, to wit: the affected lid fails to completely cover the eye-ball, and, instead, the latter turns upward and outward so as to hide the iris.

The pupils are equal and react well to light and in accommodation. While there is subjective pain in the region of the ear,

there is no tenderness over the mastoid, and objective sensory disturbances can not be elicited. No signs of external or middle ear disease can be found. There is no nerve-deafness. The tongue is protruded in a straight line. Taste is markedly impaired in the anterior two-thirds of the right half of the tongue. The post-cervical and inguinal glands are slightly enlarged.

The left thigh is considerably smaller than the right, and its strength is greatly reduced. There is tenderness at the point of exit of the sciatic nerve. When the sciatic is put on the stretch there is some pain. The thigh muscles on the left side are soft and flabby and present distinct atrophy.

On the middle third of the right leg there is an old scar of about the size of a half dollar, which ha. pigmented edges and a pa cent-like centre, evidently the remains of a tertiary syphilid. There is a distinct perforation of the soft palate, painless, and therefore unknown to the patient, probably syphilitic in origin. The grip in both hands is about equal and normal. Sensation is nowhere disturbed. The superficial reflexes are present everywhere. McCarthy's reflex is absent on the right side. The deep reflexes are normal in the upper extremities. Kneejerk is exaggerated on right side, and considerably reduced on the left side. The Achilles jerk is present bilaterally, but somewhat less marked on the left side. Gait is about normal. Co-ordination shows nothing abnormal. The eye-grounds are normal.

Large doses of mercurial inunctions and of potassium iodid up to twelve drams daily failed to produce any decided improvement during a course of treatment of two months' duration. The only change noted was a disappearance of the pain in the trigeminus region, which can not positively be attributed to the antisyphilitic treatment. The patient has now left the hospital and treatment had to be discontinued.

Summary.—We find in this patient, with undoubted syphilitic antecedents and with the positive stigmata of syphilis, a right trigeminus neuralgia, a right-sided peripheral facial neuritis, neuritis of the left sciatic and left anterior crural nerves. These various nerve affections must be ascribed to syphilis, as we are unacquainted with any other single etiologic factor capable of producing such irregular nerve lesions.—*Jour. A. M. A.*

Oral Surgery.

IN CHARGE OF
E. H. ADAMS, M.D., D.D.S.

FORTY-NINE CASES OF ARTIFICIAL DENTURES SWALLOWED.

It is rather wonderful to notice nature's tolerance in some cases, and the apparent lack of sensation manifested by several patients who swallowed plates and retained them in the œsophagus for a considerable time, several months in two cases, without the slightest suspicion that there was any particular trouble—only a sore throat. It is rather wonderful, too, that some of these plates, carrying from six to ten teeth, could have been swallowed at all, and when we notice that plates carrying five, six, and even seven teeth have passed entirely through the digestive tract without any injurious effects or much discomfort, it helps us to realize that we are really wonderfully made. It is also interesting to note that six cases were operated upon—three œsophagotomies, two laryngotomies, and one tracheotomy, and all recovered. Several of these operations were performed nearly fifty years ago. Of a series of forty-nine plates swallowed, thirty-four were of metal, eight of vulcanite, and seven of material not mentioned. (These statistics were obtained from a complete file of the *Dental Cosmos.*)

The number of teeth on the various plates was as follows: One without any, five had one each, ten had two each, four had three each, six had four each, five had five each, three had six each, two had seven each, one had eight, one had nine, one had ten, and in ten the number of teeth was not mentioned. Many of them had clasps, which were probably the most dangerous parts, and were doubtless the cause of several of the deaths. I think it likely that most of these plates were of the "horse-shoe" variety, carrying one or more of the upper front teeth. This style of plate was a very common one, the custom among dentists for many years being to make either a full denture or a "horse-shoe" carrying "a set of four," or a "set of six" front teeth. This might account for the cases in which the plates remained in the esophagus so long without discomfort, the palatal portion of the plate fitting closely to the wall of the esophagus, and not offering much obstruction to the passage of food. The conditions under which the plates were swallowed were the following: Seventeen during sleep, ten during fits, mostly epileptic, one during puerperal con-

vulsions, seven while eating or drinking, one during a fall, thirteen conditions not mentioned. Of the forty-nine plates, nine lodged in the pharynx, twenty-seven in the esophagus, two in the trachea, and one in the stomach. Nine passed through the entire digestive tract without giving the patients any trouble, although several of these must have lodged somewhere in the stomach or intestines, as shown by the time occupied in passing through. One was not found, although the patient died and a post-mortem was held. Three of those lodging in the esophagus were pushed through into the stomach and passed on without difficulty, making a total of twelve that passed through the bowels. Of these three had two teeth, one had three, one had four, two had five, two had six, one had seven, and in two the number of teeth was not mentioned. One of the most interesting tabulations is that of the number of days occupied in the passage of these plates. One was two days, two were three days, one was five days, two were seven days, one was nine days, one was twelve days, one was one hundred and eleven days, and in three, time not mentioned. It is rather remarkable that the plate which was in the body one hundred and eleven days did not cause any serious trouble. We would think that there would have been an erosion of the tissues where it was lodged, or that it would have caused an obstruction. Of the nine plates lodged in the pharynx, one caused immediate death by lodging above the epiglottis and closing it. Another remained in the pharynx four and one-half months and was removed post-mortem, the patient dying of bronchitis. Five were removed through the mouth, by the finger or forceps, after remaining in the pharynx varying periods of from a few hours to five months. The plate that remained in for five months was a rubber piece carrying five teeth, swallowed during sleep. The patient had complained of sore throat, but never suspected having swallowed the plate. The other two were removed by pharyngotomy and recovered. A peculiar result of one of these operations was the changing of the patient's voice from tenor to bass, supposedly on account of the vocal cords being thickened afterward.

Of the twenty-seven plates of the series that became lodged in the esophagus, two caused ulceration of the aorta and death, one was pushed down the esophagus nearly to the stomach and remained there three months, when death intervened. Three were pushed into the stomach and passed through the bowels. One remained in the esophagus nineteen days, was pushed into the stomach, and was vomited ninety-seven days later, making a total of one hundred and sixteen days in the body. Five others were either vomited or coughed up, one of the patients dying eight days later as a result of inflammation. Another remained in the esophagus fifteen months and the patient, who had swallowed it

during a fit, never suspected it to be the cause of a sore throat during all these months. This plate was coughed up. Ten of this group were fished out *via* the mouth, having remained in from a few hours to three and one-half months. Three were removed by operation of esophagotomy, and all three patients recovered.

Of the two in the trachea, one caused death in a short time, the other was removed by operation and the patient recovered. The one mentioned as having lodged in the stomach was fished out with an esophageal coin catcher. One plate carrying two teeth was swallowed, and the patient died a week later. The plate could not be found post-mortem. There were ten fatalities out of the forty-nine cases, as follows: Four caused ulceration through wall of esophagus into aorta, pericardium, or lung. One died of bronchitis, one on account of closure of the glottis, one lodged in the trachea, causing asphyxia, one was found low in the esophagus, post-mortem, death having occurred in three months; one died of inflammation after having vomited the plate, and one died a week after swallowing a plate, but it could not be found post-mortem. Thirty-nine patients recovered; of these cases, twelve plates passed through the entire digestive tract, fifteen were fished out through the mouth, six were vomited or coughed up, and six were removed by operations through the neck.—Arthur D. Black, *Northwestern Dental Journal* E. H. A.

A CASE OF HEREDITARY SYPHILIS OF THE MOUTH.

The author reports the case of a woman, aged thirty, who consulted him regarding an acute pain localized upon all of the upper incisors. The patient informed Dr. James that previous to the onset of the pain she had received a blow upon the upper jaw. Consequently, it was natural to presume, as did Dr. James, that the pain was the result of this traumatism. The gums were deeply inflamed and the upper right central incisor protruded slightly from the alveolus. An incision was made in the gum over this incisor and was followed by the discharge of a small amount of purulent matter. The area was explored through the opening thus made, when it was found that the hard tissue of the jaw was the seat of inflammatory phenomena. The lancing and removal of the pus did not result in any improvement whatever, but on the contrary, shortly after the intervention, the pain became almost unbearable. The maxilla necrosed, and as a consequence of this the author found it necessary to extract three of the upper incisors. Several sequestra were removed, but still conditions remained *in statu quo*. By this time the author began to suspect that the cycle of disturbances was due to syphilis,

and upon close questioning the mother and the obstetrician who had been in attendance at the child's birth, found that during the period of gestation she had suffered several times from grave syphilitic manifestations. In accordance with this almost positive diagnosis a specific treatment was instituted, and it was not long before the patient recovered entirely.—Dr. M. James, influential.—*Deutsche Monatschrift für Zahnheilkkunde,* March, 1903. E. H. A.

PAPILLOMATA OF THE TONGUE.

THE author reports the case of a young girl, aged fourteen, who presented upon the dorsum of the tongue a strawberry-shaped tumor, flattened on the upper part and adhering to the tongue by a pedicle.

The tumor developed rapidly, having acquired that comparatively large size inside of four weeks after its first appearance. A diagnosis of epithelioma could not be established for the reason that this variety of tumor never develops upon the median line of the tongue, and, furthermore, because such objective symptoms as papillary swellings around the pedicle and indurated mucous membrane with white leucoplakia spots were entirely absent, and the tumor itself was neither friable nor did it have any tendency toward bleeding. It was not a syphilitic condyloma, as tumors of this variety never develop singly, and their appearance is always accompanied by a fissured condition of the tongue, mucous plaques, and without the silvery appearance of the tumor under consideration. The probability of the tumor being of a tuberculous nature was also entirely eliminated, as these usually develop upon an ulcerated base.

Having excluded the malignant tumors, the next step in the diagnostic study consisted in ascertaining to which variety of the benign group the tumor could belong. It was not a cyst, a lipoma, or a fibroma, tumors which evolute under the mucous membrane, but unquestionably a papilloma. In this connection the writer calls attention to the necessity of classifying papillomas not under the group of benign tumors, but under that of the malignant variety, as they not infrequently become eventually transformed into sarcomas and epitheliomas. The removal of a papilloma should imply something more than the ligating of the pedicle. The tissues at the base of the pedicle should be cut out, including part of the underlying muscular tissue, and the wound should be closed by means of sutures. Such operations may be performed under cocaine anesthesia.—Prof. Berger, of the Hopital Necker, *Revue Trimestrielle Suisse d'Ontologie,* November 1st, 1905. E. H. A.

The Canadian Journal of Medicine and Surgery

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Editorials.

PATENT MEDICINES AND THE CANADIAN INLAND REVENUE DEPARTMENT.

THE Canadian Inland Revenue Department issued February 27th, 1906, a bulletin containing the results of analyses of patent medicines and headache powders. A matter of public interest is the report in the bulletin on the alcoholic content of patent medicines,

which have been and are extensively advertised in the newspapers and magazines of Canada. The analyses and the report thereon by the chief analyst at Ottawa are probably the first steps taken before such patent medicines are placed under the ban of the Canadian law. This would mean, that patent medicines, containing excessive amounts of alcohol, would be classed as alcoholics, and their wholesale and retail vendors required to pay special taxes thereon. The following patent medicines are mentioned in this bulletin as containing so small an amount, if any, of effective drugs or medicines, and so large an amount of alcohol, that their use as intoxicants is not uncommon: Atwood's La Grippe Specific, Cuban Gingeric, De Witt's Stomach Bitters, Dr. Bouvier's Buchu Gin, Rockandy Cough Cure, Duffy's Malt Whiskey, Gilbert's Rejuvenating Iron and Herb Juice, Hostetter's Stomach Bitters, Kudros, Peruna, Dr. Fowler's Meat and Malt. The only one of these preparations largely sold in Canada is Peruna.

In an editorial published in the January issue of *The Southern California Practitioner,* p. 33, it is stated that: "On November 25, 1905, the Commissioner of Internal Revenue, U.S., acting under the ruling of September 12, 1905, that certain patent medicines containing excessive amounts of alcohol should be classed as alcoholics and their wholesale and retail vendors required to pay special taxes thereon, declared, that the Department had carefully analyzed a number of such patent medicines and had placed under the ban of the law the following." Here follows a list of patent medicines precisely similar to that one reported in the Canadian bulletin to which we have just referred.

It also appears that the order of the United States Internal Revenue Department went into effect against the manufacturers of these remedies on January 1, 1906, and will go into effect against retail merchants of the same on April 1, 1906, these time extensions having been granted to allow those who purchased these remedies in quantities and in good faith to dispose of them. We are, therefore, quite justified in thinking that the Inland Revenue Department of Canada will imitate the action taken by the Internal Revenue Department of the United States in regard to the above-mentioned patent medicines.

We do not think, however, that the manufacturers of these patent life-savers will immediately go into liquidation. In fact,

it may be, that they will go on doing business as before—turning out medicinal alcoholics for the benefit of an appreciative public. And a considerate white, black and yellow public in Canada will probably continue to buy these alcoholic preparations from retailers, at advanced prices; but the Canadian redman will have to try some other patent medicine.

Another matter referred to in this bulletin—headache powders—is deserving of note. Mr. A. McGill, assistant to the chief analyst at Ottawa, in presenting the results of the analyses of headache powders, says: "If there be any different degrees of toxicity in the use of these drugs, it remains for the medical fraternity to pass a verdict upon the matter. I may say, however, that the habitual use of any substance so potent in its physiological effects as acetanilid must be attended with danger to the person who uses it."

In reference to the medicinal use of acetanilid, Butler ("Text-Book of Materia Medica, Therapeutics and Pharmacology," 1902) says that, "Acetanilid is contraindicated in low fevers, at any rate, in repeated doses; in fatty or dilated heart, blood disorders, advanced tubercular disease and exhaustion from hemorrhages."

Its action in neuralgias, particularly when associated with monobromated camphor, is quite favorable. As many practitioners know, the pains of neuritis, lumbago, gastralgia, sciatica, dysmenorrhea, and nearly every kind of headache usually yield to its analgesic effect.

Without enlarging here on the therapeutic applications of acetanilid, it may be remarked, *en passant*, that there are several proprietary preparations in the Canadian drug market which are said, by different chemists who have analyzed them, to be mechanical mixtures of acetanilid and one or more such substances as sodium bicarbonate, caffeine, ammonium bromide, salicylic acid, sodium salicylate, etc.

The headache powders analyzed by Mr. McGill are of this class, for he remarks: "It will be noted that in most cases the depressant effect of acetanilid upon the heart is sought to be counteracted by the addition of caffeine, carbonate of sodium, or other drug of like character."

Acetanilid administered in ordinary doses, at proper intervals, and associated with correctives, cannot be declared to be a

poison, and its sale in the form of headache powders, although undesirable, will continue. Habitual consumers of that drug and its congeners, however, do not ask for headache powders; antipyrin, antifebrin and phenacetin are sold to them by the ounce package. These silly people dose themselves, *larga manu,* and sometimes the dose is too large. But that is another story. Perhaps, the coroners might say something about it. J. J. O.

PROPOSED AMENDMENT TO THE PRESENT ONTARIO ACT CONCERNING STATIONARY ENGINEERS.

THROUGH the kindness of Mr. Charles Mosely, Chairman of the Central Committee of the Stationary Engineers of Ontario, we have secured a copy of a proposed amendment to the present Ontario Act concerning stationary engineers, and also a reprint of an editorial on the subject from the February, 1906, issue of the *Engineering Journal of Canada.* The main provisions of the proposed amendment are:

1. The Lieut.-Governor-in-Council to appoint a board consisting of a chairman and —— members for the purpose of examining applicants and granting certificates to all persons operating steam boilers of 50 horse-power or over.

2. It shall be unlawful for any person to operate any boiler of 50 horse-power or over unless he has a certificate, granted under the provisions of this Act.

3. It shall be unlawful for any person to employ an engineer to take charge of a boiler of 50 horse-power or over unless such person holds a certificate under the provisions of the Act, and any person who shall be guilty of operating, or any employer who shall employ any person to operate, a boiler contrary to this Act, shall be deemed to have committed a misdemeanor and shall, upon conviction, be fined not less than —— dollars and not more than —— dollars for each offence.

4. Every engineer who shall be in charge of any steam plant coming under the provisions of this Act at the time it comes into force or any engineer who has had two years' experience and who applies before the expiry of one year, shall, upon proving his character and upon paying the prescribed fee, receive a cer-

tificate for the term of two years, and such certificate must be renewed from time to time as it expires; provided, however, the Board shall have power to revoke any certificate upon proof of incapacity, drunkenness, or improper conduct.

5. Any person who feels himself aggrieved by the decision of the Board of Examiners, shall have the right (upon notice being given to that effect) to appeal to the Minister of Agriculture.

6. All candidates for certificates, except as provided for in section 4, shall furnish evidence of their good character, and of having at least three years' experience, either as assistants in an engine room, or boiler room, or as having full charge, and shall submit to such examination, written or oral, as the Board may determine.

From the statements made in the editorial referred to above, it appears that the license law for stationary engineers in Ontario is only optional, while in all the other Provinces of Canada a compulsory license law, in some cases civic, in other cases provincial in character, is in force.

There is no good reason why an amendment to the present Act, to make the stationary engineers' license compulsory in Ontario, should not be made law. No drunken or incapable man should be tolerated in such a responsible position for any reason. There are engineers who are capable employees and sober men, though they are not as fluent of speech or as ready with the pen as some of their compeers. No injustice would be done them under the amended Act, as they would be protected under the terms of Section 4 of that Act.

For those engineers who are ambitious to excell, who look for high pay, examination is the true test of efficiency. It is the means employed to ascertain the capacity of a prospective lawyer or physician. It must be remembered, however, that engineers should not only understand their duties and be able to explain the reasons for their actions to examiners, but that they should be willing and able to do their work faithfully and well. A knowledge of his duties is not the only desideratum in a stationary engineer. A stationary engineer, who is often his own fireman must also keep his engine clean and in good condition if the best work is to be got out of it, and if dangerous accidents are to be prevented.

J. J. C.

ANTI-VACCINATION WINS AT THE TORONTO BOARD OF EDUCATION.

On March 1st, 1906, the members of the Toronto Board of Education, who are opposed to compulsory vaccination in the schools of this city, won, by a practically unanimous vote, Mr. Levee's motion to strike out the requirement of a vaccination certificate for admission to the schools being carried by a vote of 10 to 0. Mr. Levee's argument was based on two pleas, the individual liberty of parents and the impropriety "of introducing vile animal matter into the systems of children."

Dr. W. W. Ogden, a physician of Toronto, who is also a member of the Board of Education, spoke against the motion, and gave statistics to show the benefits of vaccination. He moved to refer the question to Dr. Sheard, M.H.O., but this motion was lost.

The following quotation from a letter sent us by Dr. Sheard, March 3rd, 1906, throws some light on the vaccination situation in Toronto at the present time: "So far as vaccination is concerned, the people of this city appear to prefer running the risk of the disease and subsequent quarantine to being vaccinated. The trouble with the whole question is the extreme mildness of the disease. If the mortality was 35 per cent., as it used to be in old epidemics of smallpox, the public would view the matter differently; but as it is at present, with the mortality below one per cent., they do not think the epidemic worth bothering with."

This being the opinion of the Medical Health Officer of Toronto, it would be quite useless for physicians to pelt the anti-vaccinationists of Toronto with the statistics of severe and deadly epidemics of smallpox. True, they, the anti-vaccinationists, would acknowledge, 450 persons died of smallpox at Gloucester (England) in 1895, and 1,600 others who survived bore the usual lasting evidence of the disease on their faces. True, from June to December, 1885, 3,175 persons died of smallpox in Montreal. True, that, though the present type of smallpox is mild, a virulent form of smallpox may attack the people of Toronto at any time. However, whatever fate betide, anti-vaccinationists would sooner bleed for an age at the shrine of individual liberty than sleep for a moment in the chains of vaccination. Very well, gentlemen, continue to persist in your devo-

tion to your carefully-calculated convictions; but who is going to pay the piper? Dr. Sheard tells us that, "The total expenditure for mild smallpox in Toronto during the year 1905 was $7,029. Of this item the quarantine cost $3,648 and the maintenance of smallpox patients $3,381."

Should your anti-vaccination seed fall on good ground, in ten years' time, a considerable proportion of the population of this city will be unvaccinated. An unvaccinated population cannot be protected against smallpox, by faith in anti-vaccination, by quarantine, or by hygienic measures. Virulent smallpox will visit Toronto in the future, as it has in the past, and in that year, when it does come, the cost of quarantining smallpox and treating smallpox patients will cost a good deal more than $7,029.

Should not a percentage of the cost of arresting so dolorous an epidemic be assessed on anti-vaccinationists, and the unvaccinated smallpox patients, who will be responsible for it? If anti-vaccinationists and unvaccinated adults erect themselves into a hygienic cult, holding opinions on medical and health matters opposed to the well-grounded convictions of the physicians of the whole world, should they not be made to back their opinions with their dollars, and, if not, why not? J. J. C.

HELLO!—GIVE ME THE HEAD OFFICE OF THE BRITISH MEDICAL ASSOCIATION.

THE other evening a few physicians were discussing the coming of the British medical men to the meeting in Toronto in August. Some one present struck a true note in remarking, "Let us play fair; they have not the time nor perhaps sufficient curiosity over in the Old Country to inform themselves as to the details of every-day life in this 'bloomin' Colony,' so let us tell them straight just what kind of weather, etc., to expect during their visit here."

Acting on our friend's suggestion, and having once been a "bloomin' Britisher" coming alone to this blessed spot, that now is home, sweet home, in its truest sense, in the spirit in which this commonplace word to the wise is spoken, let it be accepted by our esteemed confreres, whom ere long we will have the honor of calling "our guests."

With doctors the first consideration is, of course, bodily comfort. In this connection may we remark that we "shed" our flannels early in the summer, place mosquito netting over our beds, fly screens on our windows, wear light clothing, Panama hats, our handkerchiefs gracefully tucked inside our collars to keep them from melting away; palm leaf fans are often carried, and life is a summer morning. Perchance, after a day's heat, a jolly crackerjack of a thundershower may come up and cool off the atmosphere, the mercury dropping anywhere between ten and fifteen degrees; then we slip on our summer overcoats. Let our British friends bring a trousseau of cool as well as warm habiliments and be prepared. The weather-to-be is always advertised in the morning papers, so nobody taps the barometer in the hall —in fact, there are few halls that are adorned with barometers— it saves time to read the "probs." out of the papers. The quantities of fruit, vegetables, ices, and iced drinks that are consumed here will be a revelation to the dietetic, whose stomach is trained to lead the simple life. In Toronto, open trolley cars (not trams) run everywhere, on and off the tracks, occasionally; transfer tickets are obtainable, and a person may ride until he is sleepy for five cents. Tally-hos call at our best hotels and give a "see Toronto" drive, lasting about two hours, for one dollar. Our hotel accommodation is, on the whole, good, and all the comforts of home (with bath-room) may be had for from three-fifty to five dollars a day, including meals, nothing extra for ice nor grate fires. The ordinary physician, visiting a friend's home, who is unaccompanied by his valet, may be dismayed when he finds the row of boots, he left outside his sleeping apartment door, unbrushed in the morning. No Canadian maid will brush boots, and few households keep a "buttons." The reason is, American men wear patent leather shoes, and all over town shoe-shine parlors are situated, where one is comfortably seated, and while reading a paper "Swipsey" "shines 'em bully, sir, for a nickel." This, we know, will seem an odd custom to one to the manor born. Our laundries are tear factories, and lucky be the man who has, like the tramp, a button to which to sew a new shirt. But it's good for trade, and so a blessing in disguise.

August is the month that our city is almost deserted, the families filling hotels and cottages at all the summer resorts and

the seashore, so, unfortunately, many of our handsomest residences will be closed and some of our most delightful and hospitable people absent from town. However, the country clubs, the steamers to all points on Lake Ontario, and the many "half-rate" excursions arranged for by the Entertainment Committee, will fill every minute and no doubt prove very enjoyable to those accustomed to less sunny skies and landscape, be it ever so beautiful, obscured to view by the fogs for which John Bull holds the patent.

Some one may ask, What are the really Canadian physicians and their homes like? They are as a rule comfortably housed; they rise early in the bright summer mornings, and during leisure hours ride, golf, row, are all fond of sports, and enjoy easy hospitality, lingering late in the evenings on the broad piazzas that constitute the almost universal parlors during the summer time in America. In a word, the formula for an all-round Canadian is: Of Scotch, keep all you can lay your hands on—one drachm; of Irish wit, laughter and blarney, an ounce and a half; of English stolidity and conceit, a half a drachm; of French, enough spice to flavor the mixture and make the devil of a good fellow. Directions: Shake well and the mixture will keep strong and pure for ever and a day, and

> "The eternal Sáki from that Bowl has pour'd,
> Millions of bubbles like us, and will pour."

Don't expect to find the minor details of life here exactly as they are "at home," friends. Frequently, indeed, have we Americans (for we have taken the oath of allegiance ages ago to this lovely Canada of ours) been the source of suppressed merriment to Britishers while travelling in Europe, but still more often, perhaps, a good-natured laugh on the part of Americans is heard at the expense of some fussy Englishman unaccustomed to our ways and means. A case in point was told recently, by a clever newspaper woman, of an occurrence in the dining car of one of our popular railroad lines. As nearly as memory serves us, we repeat it: An Englishman entered a dining car, seated himself, and, calling a waiter, gave the following order, in a loud tone of voice, "Waitah, bring me chops, very well done; coffee, very black coffee; dry toast, very dry toast, be sure its very dry and

very hot, don't ye know." The waiter went to the pantry end of the car and said, languidly, "Chops, toast and coffee," sauntered back to his post with a grin. At a nearby table an American, with laughing eyes, but grave face, said, "Waiter, bring me a glass of water and be sure its wet, very wet!"

Until we smile together, adieu. W. A. Y.

EDITORIAL NOTES.

Flagrant Violations of the Post Office Regulations.—We notice in the *British Columbia Pharmaceutical Record* (Dec,. 1905), that flagrant violations of the post office regulations, by using the mails for the conveya- - of questionable and illegal articles into Canada, and also pernicious literature advertising the same, are charged against some parties unknown in the United States. It is also stated in the same editorial that these criminal articles may be readily obtained in prominent Canadian departmental stores. It appears that, if asked for the article by name, a druggist may sell any of the articles or drugs without note, comment or advice, as long as he observes the poison regulations. Should he, however, become acquainted with the probable condition of his customer, the sale becomes by that knowledge illegal, and he is rendered liable to two years' imprisonment. The criminal law on this subject is very clear, and we print it for the information of our readers: "Chap. 162, sec. 48, Criminal Law of Canada.—Everyone who unlawfully supplies or procures any poison or other noxious thing, or any instrument or thing whatsoever, knowing that the same is intended to be unlawfully used or employed with intent to procure the miscarriage of any woman, *whether she is or is not with child,* is guilty of a misdemeanor and is liable to two years' imprisonment." It is really a serious matter, that the Canadian mails are regularly used to introduce from the American side emenagogues, abortifacients and aphrodisiacs. A remedy for this evil may not be easy to find. However, we commend the discovery of the same to the serious consideration of the Canadian post office authorities. The officers of the Canadian Customs, doubtless, know of the evil complained of, and could give the required information to the Department of the Canadian Postmaster-General.

Bulletin No. 110 (Tincture of Ginger.)—In Bulletin No. 110 "Tincture of Ginger" (Laboratory of the Inland Revenue Department), we find some memoranda regarding the alcoholic preparations of ginger. These preparations appear on the Canadian market under three distinct names, viz., tincture of ginger, essence of ginger, extract of ginger. The British Pharmacopeia, 1898, defines Tinctura Zingiberis as follows: Ginger, in No. 40 powder, 2 ounces; alcohol (90 per cent.), a sufficient quantity. Moisten the powder with two fluid ounces of the alcohol and complete the percolation process. The resulting tincture should measure one pint. This gives a solution of 1 in 10. Of 62 analyzed samples of Tinctura Zingiberis, the following report is given in the bulletin:

Genuine	46	samples	=74.2 per cent.
Doubtful	2	"	= 3.2 "
Adulterated	14	"	=22.6 "
Total	62	samples.	

The term "adulterated" has reference to the alcoholic strength only. Essence of ginger is not recognized by the British Pharmacopeia of 1898. In earlier editions a Tinctura Zingiberis Fortior, ordinarily called essence of ginger, was defined as ginger percolated with alcohol, to form 1 in 2. This strong solution of the oleo-resin of ginger could be employed, by dilution with alcohol, to prepare the ordinary tincture. Of 23 analyzed samples of essence of ginger the following report is given:

Equivalent in alcoholic strength to the tincture	15	samples	=65.22 per cent.
Nearly equivalent to the tincture	1	"	= 4.33 "
Not equivalent to the tincture	7	"	=30.45 "
Total	23	samples.	

Extract of ginger has no official recognition. It is usually weak in alcohol. Of 23 analyzed samples of extract of ginger the following report is given:

Equivalent to the tincture	5	samples	=21.73 per cent.
Not equivalent to the tincture	18	"	=78.27 "

While essence of ginger is quite frequently up to the strength of the Tintura Zingiberis (70 per cent. of the samples reported in the bulletin reaching this standard) the extract of ginger is usu-

ally very weak in alcohol, only 21.73 per cent. of the samples imported reaching the standard of the Tinctura Zingiberis.

Olive Oil and Cotton-Seed Oil.—In Canada the terms salad oil and olive oil are used synonymously by many people, who when purchasing salad oil suppose that they are getting olive oil. In Bulletin No. 111 (Laboratory of the Internal Revenue Department, Ottawa) A. McGill places the respective merits of the two oils fairly before the reader. He says: "While it is certain that cotton-seed oil lacks the peculiar flavor of olive oil, it is probable that, so far as food value goes, it may be little inferior to that article. Certain highly refined grades of cotton-seed oil may be regarded as valuable foods, and, as these take the place of olive oil in the making of salads, it is perhaps not unnatural that they should be termed salad oils. It is, however, much to be regretted that such brands of cotton-seed oil are not sold under some characteristic name, such as cotton-seed salad oil, thus making their fraudulent sale impossible. The samples reported by the analyst are classified as follows:

Genuine olive oil	66	samples.
Doubtful	2	"
Cotton-seed oil sold as salad oil	24	"
Cotton-seed oil sold as olive oil	16	"
Total	108	samples.

The cotton-seed oil industry belongs to the southern states of the neighboring republic. Of late years a large part of this oil has found a market as a food. It can be refined so as to imitate olive oil, or mixed with a beef stearine so as to imitate lard, with profits from 25 to 100 per cent. greater. Cotton-seed oil, oleum gossypii seminis, is much used in pharmacy. As a comestible, however, olive oil, owing to its old-time reputation and its well-proved merits, holds a higher place in popular esteem than its American rival. Cotton-seed oil, properly labeled, should be sold on its own merits, and no effort to simulate the label of a manufacturer of olive oil should be permitted.

Lunatic and Idiot Asylums of Ontario.—We extract a few items of interest from the Thirty-Eighth Report of the Inspector of Public Charities and Prisons, upon the Lunatic and Idiot Asylums of Ontario. At the close of the year ending 30th Sept.,

1905, 5,092 insane persons were confined in the Provincial Asylums for the Insane, which are situated at Toronto, London, Kingston, Hamilton, Mimico, Brockville, Cobourg, and Penetanguishene; 24 were confined in the Homewood Retreat, Guelph, a private institution; there were 33 insane convicts in Kingston Penitentiary; 21 insane and idiotic persons in the common gaols; 742 in the Asylum for Idiots at Orillia; there were 95 applications on hand for admission to some one of the insane asylums; 206 applications on hand for admission to the Orillia Asylum for Idiots. So that the total number of insane and idiotic persons, known to the Department, 30th September, 1905, was 6,213. During the year ending 30th September, 1905, 6,711 patients were on the asylum registers and actually under treatment. The result for the year are tabulated as follows:

Discharged cured	315=4.69	per cent.
Discharged improved	84=1.25	"
Discharged unimproved	45= .67	"
Escaped	18	
Died	343=5.11	"
Transferred from one asylum to another.	72	
Remaining in asylums 30th Sept., 1905.	5844	
Total	6711	

Tuberculosis caused 43 deaths; senile decay, 37; epilepsy, 29; exhaustion of mania, 22; phthisis, 20. If the 20 deaths ascribed to phthisis are added to the 43 deaths ascribed to tuberculosis, the total mortality from that cause, viz., 63, is by far the greatest factor in the mortality of the insane for the past year. Of 5,834 patients in residence, 30th September, 1905, 5,038, viz., 86.35 per cent., of the whole have been in residence for periods of from *one to twenty years* and *upwards;* 1,030 have been in residence from ten to fifteen years; 643 for twenty years and upwards; 538 from fifteen to twenty years. Table No. 12, which shows the grades, callings and occupations of the 29,331 patients admitted into the asylums since their installation, reveals that housekeepers head the list with 5,434 cases; laborers follow with 4,680; farmers, 4,368; domestic servants of all kinds, 3,725. The next large numbers are: Unknown or other employment, 2,962; no occupation, 1,467. The extraordinary difference is apparent when it is noted that the next two classes are, wives, with 650 cases, and carpenters, with 471. 40 lawyers appear on this list and 65 physicians.

The Thirty-Sixth Annual Report of the Inspector of Prisons and Public Charities (upon the Hospitals and Charities, etc.) of the Province of Ontario, being for the Year ending 30th September, 1905.—It is not possible in an editorial note to do more than to mention some of the interesting and important matters dealt with in the introductory to the report on hospitals and charities, etc. We hope, however, that many of our readers will ask the Inspector, Dr. R. W. Bruce Smith, for this report, as the physicians of this Province ought to be in a position to judge for themselves of the work done and the advances contemplated in the hospitals, refuges and orphanages of Ontario. Among the matters discussed in the introductory are: The new hospital at Toronto; the educational function of an hospital; training school for nurses; consumptives in hospitals; education in regard to consumptives; registration of private hospitals; the care of feeble-minded women; county houses of refuge; the undesirable immigrant class; orphanages. The 60 hospitals of Ontario had, as the report shows, a successful and progressive year:

Number of patients in the hospitals October 1st, 1904...	2,491
Number of patients admitted during the year.....	34,351
Births in hospitals during the year.....	1,483
Total under treatment during the year.....	38,325

The above figures do not include persons receiving treatment and medicine as extern patients. The following useful statistic is also extracted from the report:

Number of deaths in Ontario hospital during the year.	2,103
Percentage of deaths to number under treatment.....	5.49
Total number of days' stay in the hospitals.....	798,423
Provincial grant to hospitals	$110,000.00
Amount received from all sources.....	787,871 28
Subscriptions, donations, etc	147,831.67
Total expenditure for hospitals, (including capital account).....	1,226,482.86
Average cost of each patient per diem.....	1.13
Percentage of provincial grant to total maintenance expenditure.....	.12

The Seventy-Fourth Annual Meeting of the British Medical Association at Toronto, Canada, August 21st to 25th, 1906.—A Toronto medical correspondent of the *British Medical Journal* contributes a fine article, which appears, in parts, in two successive issues of that journal, viz., Feb. 3rd and 10th, 1906. The correspondent writes entertainingly of the early history of Toronto

and its great expansion in recent years, mentions with praise its hospitals, asylums and orphanages, and likewise alludes to its exhibition and the city parks. Descriptions, accompanied with illustrations, are given of notable structures, such as the University of Toronto, the Medical Buildings of the University of Toronto, the Legislative Building, Queen's Park, and the Municipal Building, Queen Street West. Mention is also made of important buildings, viz., Osgoode Hall, (Law Courts), Massey Music Hall, St. Michael's Cathedral (Catholic), St. James' Cathedral (Anglican), Metropolitan Methodist Church, St. Andrew's Church (Presbyterian), and others. To intending travellers information is given as to the trans-Atlantic trip, the best means of reaching Toronto, by boat or rail, the transcontinental tour, railway rates, hotels, etc. J. J. C.

PERSONALS.

Dr. Allen Baines and Mrs. Baines recently returned after spending a few weeks in Jamaica.

Drs. H. B. Anderson, Chas. H. Hodgetts, J. T. Clarke, and Jas. M. MacCallum are tendered congratulations upon the recent gift to each of a son and heir.

Dr. and Mrs. W. H. B. Aikins, Dr. and Mrs. Henry Oldright, and Dr. Alex. McPhedran have left Toronto to attend the International Medical Congress at Madrid, Spain.

Obituary

DEATH OF DR. MATTHEW WALLACE.

March 3rd, 1906, Dr. Matthew Wallace, a well-known and highly esteemed physician of Toronto, died at his residence, corner of Queen and George Streets, after an illness of over seven months. Last September he underwent an operation for the removal of an abdominal tumor; but, as the disease proved to be malignant, the removal of the tumor was not attempted. Dr. Wallace graduated as M.B. from the University of Toronto in 1880, M.D.C.M. University Victoria College, Cobourg, 1880, and became a member of the College of Physicians and Surgeons, Ontario, 1880. He practised always in Toronto. The deceased was an earnest worker in connection with St. Michael's Hospital. In religion he was a Catholic. Being of a very charitable disposition, he was much beloved by his patients, many of whom belonged to the poorer classes.

Deceased leaves a widow, one girl and four boys, the eldest child being only thirteen years of age.

The funeral, which was held March 6th, 1906, from the family residence to St. Paul's Catholic Church, and thence to Mount Hope Cemetery, was largely attended.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

THE POSITION OF TORONTO ON THE QUESTION OF VACCINATION.

TORONTO, MARCH 13TH, 1906.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY:

Dear Mr. Editor,—The Board of Education of the City of Toronto, by its recent action in deciding to abolish the rule compelling evidence of successful vaccination before children can be admitted to school, has occasioned considerable surprise to those citizens who look to the School Board to support and lead in all matters of an educational character. Their attitude in this matter is the more open to criticism because they give as their only reason that a petition signed by over one thousand people made such a request. Many of these were doubtless individuals who were not in the slightest degree capable of forming any conclusions regarding vaccination, pro or con, and the anti-vaccinationists are claiming no small degree of credit for converting people to their pet fad in consequence of the School Board's action.

Every medical man knows that for years past there has been an organized body, known as the Anti-Vaccination League, whose business has been that of preparing literature and pamphleteering against vaccination. These publications abound in alarming, untruthful statements, adroitly prepared for the ignorant and ill-informed; and framed with the express purpose of sapping the results of evidence and faith in well established, tried, and proven methods. Such statements are often of the wildest character; for instance, when the claim is made that such diseases as cancer, consumption, chronic skin diseases, blood poisoning, and gangrene are common occurrences, and distinctly traceable to vaccination.

They submit evidence long since refuted by the Royal Commission on Vaccination, and re-print it with all the force and reiteration of established fact, knowing that it has been disproved. The statement contained on page 239 in their pamphlet, "Vaccination a Delusion," published by the Anti-Vaccination League. is a fair example. It, is there stated:

"Several other cases were detected at Sheffield, and were adduced by Mr. A. Wheeler in his evidence before the Commission (6th Report, p. 70); and many others are to be found throughout the Anti-Vaccination periodicals. But the difficulty

of tracing such mis-statements is very great, as the authorities almost always refuse to give information as to the cases referred to when particular deaths from smallpox are recorded as 'unvaccinated.' Why this effort at secrecy in such a matter if there is nothing to hide?"

The facts regarding all these details are fully set forth in the report of Dr. F. W. Barry, of Sheffield, who was appointed by the Local Government Board to conduct an exhaustive investigation into the whole matter, and which report stands forth a monumental testimony to the value of vaccination. The report was further submitted to Sir George Buchanan, for criticism and analysis, who reports thereon as follows:

"First, of the children under ten years of age living in Sheffield during 1887-88 under the common conditions of infection in the whole borough," per thousand of the number of children in each class:

The attack-rate of the vaccinated was	5
The attack-rate of the unvaccinated was	101
The death-rate of the vaccinated was.....	0.09
The death-rate of the unvaccinated was.....	44

"Under the general circumstances of the Sheffield epidemic, therefore, the vaccinated children had, as compared with the unvaccinated children living in the town, a twenty-fold immunity from attack by smallpox."

Despite all the doubts which Dr. Alfred Russell Wallace has tried to throw into the minds of the people in Sheffield, let us read what Dr. John Robertson, Health Officer of the City of Sheffield, has to say upon the matter in his published report for 1903, page 26:

VACCINATION AND SMALLPOX.

"It is desirable when dealing with this subject to call attention to the fact that all our trouble and anxiety should not have been necessary had efficient protection been obtained by vaccination. Those who neglect to keep themselves in a condition of immunity from smallpox cause great and needless expense and anxiety to the large population who are properly protected. If every person kept himself in the condition which the nurses at the hospital and the Health Department staff must do there would be no smallpox—no hospital and other expenses. In this respect attention has been recently drawn to the custom in Germany of nursing cases of imported smallpox in a general hospital, where all the patients are so well protected by vaccination that special hospitals are unnecessary."

Such statements as the above, showing the results ten years afterwards, and the report of Dr. Barry, and Sir George

Buchanan's masterly analysis, could have no weight with the School Board when compared with the graphic and melodramatic appeal as set forth in the following terms from the Self-Protecting Pamphlet of Alfred Russell Wallace, published and distributed under the auspices of the League, when he states in the preface and opening chapters, "I appeal from the medical and official apologists of vaccination to the intelligence and common sense of my fellow-countrymen," and he forthwith proceeds to appeal in this opening stanza:

"To-day in all its dimpled bloom,
The rosy darling crows with glee;
To-morrow in a darkened room
A pallid, wailing infant see,
Whose every vein from head to heel,
Ferments with poison from my steel."
A. H. Hume.

After this what is there left to say? Such an array of facts and irrefutable arguments appear to have been quite convincing enough to settle the question for the Board of Education of the City of Toronto.

For my own part I wish, however, to place on record the fact that I have been steadily and persistently vaccinating the public in the City of Toronto for thirteen years; that a very conservative estimate would be 3,000 vaccinations per annum, which would constitute a grand total of upwards of 39,000 vaccinations, done directly under the supervision and authority of the Health Department of this city; that if such glaring maladies, ordinarily or even exceptionally, occurred as the anti-vaccinationists seek to make out, I must have had a very large number of such cases brought to my notice. Instead, however, beyond a few moderately sore arms, readily getting well with a few days' simple common-sense care, I am not aware that a single case of permanent disability or disease has ever occurred, and I challenge all the anti-vaccinationists in the country to prove the contrary. Further than this I would say, that I have had many nurses and employees who have been vaccinated and re-vaccinated by me, who have lived amongst smallpox, and who have enjoyed perfect health, free from disease of any character.

Within the last five years there have been in Toronto 135 cases of smallpox, with 22 new introductions. Only last month a young lady affected with smallpox travelled up and down on the street cars of this city while suffering from the disease. As the spots were becoming very angry she concluded that she would take a car to consult her physician, who, upon seeing her, notified me that he suspected the disease to be smallpox, and as a result the girl is now under my care.

Shortly before Christmas, 1905, the western portion of this

city was considerably agitated because a young man at the Jameson Avenue Collegiate Institute had attended there whilst suffering from smallpox, and had passed through all the stage of the disease, and at the same time mingling with the pupils of the institution without interference. It was feared a serious outbreak could not possibly be averted, yet the disease did not spread to any extent.

These are two instances which I claim fairly well illustrate that for some reason or other the people of the City of Toronto are not to any great degree at present vulnerable to the infection of smallpox. I claim the reason is to be found in the thirteen years of quiet, persistent vaccination that has been conducted by the Health Department and physicians of this city. I claim the citizens of Toronto are those of this Province at present best protected by vaccination, and I justify that claim by the statistics compiled from the reports of the various portions of the Province by the Provincial Board of Health. In the year 1905, just concluded, 56 cases of smallpox occurred, and were treated in the Smallpox Hospital of this city. Among these cases only two were vaccinated. The statistics for the City of Montreal show that in 1902 there were 361 patients cared for and treated in the Smallpox Hospital. Of these 322 had never been vaccinated, and of the rest only three showed any vaccination marks.

In the recent outbreak in the western portion of this city a nursing child was found to be suffering from a moderately severe smallpox eruption, on account of which it became necessary to remove the infant with its mother to the Smallpox Hospital. I strongly advised this unaffected lady to be vaccinated. She demurred slightly, as she had been frightened by the anti-vaccination pamphleteers, but consented to my vaccinating her, which I did on two different occasions, with the result that she nursed her child and lived amongst smallpox patients for five weeks without contracting the disease. On the same street I removed another child suffering from the same disease. Subsequently, in the house, the mother of the nursing infant showed evidence of the smallpox. This lady had not been recently vaccinated. I urged the immediate vaccination of her nursing babe, and the removal of mother and child to the Smallpox Hospital, which was done, and although the vaccinated nursing child nursed from its mother throughout the disease, with the exception of a couple of days when the fever was at its height, and lived in the Smallpox Hospital with smallpox patients, for five weeks, till the mother was convalescent, it showed not the slightest degree of ill-health, and to-day is a ruddy, chubby, rosy monument to the protecting influence of vaccination.

Professor Osler, in speaking of the disease, says: "Perhaps

the most remarkable instance in modern times of the rapid extension of smallpox occurred in Montreal in 1885. For some years previous vaccination had been neglected in the city, as many of the French-Canadians are opposed to it, consequently a large unprotected population grew up in the city. On February 28th, 1885, a Pullman car conductor, who had travelled from Chicago, where the disease had been slightly prevalent, was admitted into the Hotel-Dieu, the civic smallpox hospital being at that time closed. Isolation was not carried out, and on the 1st of April a servant in the hospital died of smallpox. Following her decease, with a negligence absolutely criminal, the authorities of the hospital dismissed all patients not showing any symptoms of the disease. The disease spread like fire in dry grass, and within nine months there died in the city, of smallpox, 3,164 persons."

The trade and commerce of Montreal was ruined for a decade, and the city was ostracized, because of the neglect of the protection which vaccination afforded.

I challenge the whole brood of anti-vaccinationists, either in the City of Toronto, or in any centre of the world, to submit the evidence of any man of respectable standing or of scientific attainments, whose personal experience and knowledge is contrary to mine. I submit in this connection the following extract, given on page 31 of the report of the Public Health Committee of the London County Council, and for the City of London, England, for the year 1902:

"(*d*) Vaccination or re-vaccination of persons exposed to smallpox infection. The accumulation of a large number of unvaccinated children in London rendered of especial importance during the recent epidemic the promptitude with which vaccination was offered to the inmates of invaded houses and the willingness of the inmates to accept the services of the vaccinator. The reports of a few of the medical officers of health tell of the actual results obtained under the circumstances which existed. Thus Dr. Davies gives account of 1,673 persons known to have been exposed to infection of smallpox in Woolwich. Of these, 1,171 were vaccinated within three days of exposure to infection, or had been vaccinated the previous ten years, and only one of these persons contracted smallpox; 420 'contacts' refused vaccination or were otherwise unprotected by vaccination in the ten years before or within three days after exposure to infection, and 47 of these persons contracted smallpox; eight contacts had never been vaccinated before exposure to infection and not vaccinated within three days of exposure, and of these two were attacked."

I further submit the statement of Henry D. Littlejohn, M.D., Medical Officer of Health of the City of Edinburgh, who in dealing with the smallpox epidemic of that city of the year 1901, says, page 5:

"Such, my Lord, has been the conduct pursued by your Medical Officer of Health with regard to the existing epidemic, but I cannot close this short statement without impressing upon your Lordship and Council that this and other large towns will be subject from time to time to invasions of smallpox, unless the compulsory provisions of a Vaccination Act be extended to Scotland.

"If the poor do not look after their own interests with regard to such a disease, ultimately they and all classes of society suffer in consequence. It is the duty of the public to take all possible measures for self-protection, and in the present case the remedy is so easy and efficacious that every one who neglects to avail himself of it is chargeable with gross carelessness, and might justly be subjected to legal enactments."

Yet, while this testimony could be multiplied by the volume, if one had the time and the patience, the anti-vaccinationists are circulating among the people of this city the report that vaccination is admitted by even reliable medical authority to be no protection and a fake; that it is even being performed by medical men simply for the purpose of increasing their professional revenues, and is a worn-out, exploded delusion, menaced with dangers.

The above gentlemen, whose opinions I have quoted, are the paid officials of leading cities, sworn to faithfully employ every proper method and use every effort to protect the health of the community of which they are in charge. Are they falsifiers of the truth or are they not competent to judge between cause and effect?

The iniquity is in the fact that a body controlling the High Schools and Public Schools of our city, and having charge to that extent of its educational interests, should show no better judgment than to thus cast aside all evidence and authority.

Faithfully yours,

CHARLES SHEARD, M.D.,
Medical Health Officer.

ONTARIO SOCIETY FOR THE REFORMATION OF INEBRIATES.

199 Victoria Street,
Toronto, Feb. 8th, 1906.

To the Editor of The Canadian Journal of Medicine and Surgery:

Dear Sir,—On behalf of the Ontario Society for the Reformation of Inebriates, we desire to notify you that the Society is now prepared to undertake the care and treatment of inebriates, more particularly of the indigent class. Arrangements have been made for giving home treatment in suitable cases, and with one of the hospitals of Toronto to receive, for a period of from one to three weeks, such cases as require hospital care. A medical officer has been appointed to administer treatment; there is a Medical Consulting Committee, the functions of which are of an executive character, and a Probation Officer to take the supervision of inebriates subsequent to treatment. Dr. A. M. Rosebrugh is the Medical Officer; Drs. Wm. Oldright, E. J. Barrick and W. Harley Smith constitute the Consulting Committee; while W. J. K. Bellamy, Esq., is the Probation Officer.

We greatly desire your cordial co-operation in this movement, first, in inducing inebriates to avail themselves of the advantages offered by this Society, and secondly, in maintaining a friendly interest in such cases subsequent to treatment.

The treatment extends over a period of three weeks; in many cases it may be conducted at the home of the inebriate, while in others, hospital treatment may be required, but not necessarily for the full three weeks.

For the purpose of husbanding the limited resources of the Society, and also with a view to the encouragement of self-respect and ambition on the part of the inebriate, the cost of treatment is to be understood as a loan to be repaid as soon as convenient after treatment. The cost of home treatment will not exceed $10.00 in all, while hospital treatment will be from $4.00 to $5.00 a week extra.

The Probation Officer will give a helping hand subsequent to treatment, and will act in the capacity of a friendly Christian visitor and adviser, assisting in obtaining employment, etc.; he will endeavor to place the inebriate on a higher plane of life and living, and also, if possible, in touch with the church of his choice.

Yours truly,

George M. Wrong, *President.*
A. M. Rosebrugh, *Secretary.*

News of the Month.

BRITISH MEDICAL ASSOCIATION—ABSTRACT OF MEMORANDUM FOR OFFICERS OF SECTIONS.

Meetings of Sections.—The Sections will meet on Tuesday, Wednesday, Thursday and Friday, August 21st, 22nd, 23rd and 24th, at 9.30 a.m., adjourning at 12.30 p.m. each day.

Sectional Committee of Reference.—The President, Vice-President and Secretaries of each Section will form a Committee of Reference, and shall exercise the power of inviting, accepting, declining, or postponing any paper, and of arranging the order in which accepted papers shall be read.

Guests.—Papers by guests will be presented upon invitation. If the Committee of Reference desires to invite persons to read papers in the Section who are not eligible to become members of the Association, their names should be submitted for the approval of the Council. If it is desired to ask any such persons to attend the meetings of the Section and take part in the discussions a general permission to issue such invitations should be obtained.

All papers read are the property of the British Medical Association, and may not be published elsewhere than in the "British Medical Journal" without special permission.

Discussions.

Secretaries are requested to communicate to the General Secretary a preliminary statement of the arrangements made for the discussions in the Section to be laid before the Council at the earliest possible moment. This should consist of a statement of the subjects selected, together with the names, if possible, of the gentlemen who have undertaken to open the discussions.

Papers.

The offer of a paper should not be accepted on its title alone, and save under exceptional circumstances no paper should be accepted for reading until it has been sent to the secretaries.

Secretaries are requested to communicate to the General Secretary of the Association, 429 Strand, London, W.C., not later than June 15th, a complete list of papers approved and accepted for reading.

It is suggested that the secretaries resident in the United

Kingdom should collect papers from members there, and the secretaries in Canada should deal with all papers in the Dominion and the United States.

Only titles of papers which have been accepted, and which may be reasonably expected to be read, should be included in the programme of sectional proceedings.

Offers of papers ought not to be accepted in excess of the number likely to be read. Failure to observe this condition leads to many inconveniences and gives rise to complaints of unfair preference.

REPORT IN THE "BRITISH MEDICAL JOURNAL."

A report of the actual proceedings of the Section will be published in the *British Medical Journal*, and in any communication addressed to persons who offer papers to be read in a Section two things should be made quite clear:

1. That papers read are the property of the British Medical Association, and cannot be published elsewhere than in the *British Medical Journal* without special permission.

2. That the authors of papers not read have no claim for the publication of their papers in the *British Medical Journal*. *Papers cannot be taken as read.* If not read they form no part of the proceedings of the Section.

Secretaries are requested to co-operate in preparing the report of the proceedings of their Section for publication in the *British Medical Journal* with the reporter of the *British Medical Journal* appointed to the Section, and to hand to him all matters for publication for transmission to the editor of the *British Medical Journal*, 2 Agar Street, Strand, London, W.C.

The attention of authors should be particularly directed to the time limit (see below), and the text of papers submitted for publication in the *British Medical Journal* as part of the report of the Section should represent what is actually read to the Section.

It is important that each author should hand the text of his paper in proper form for publication to one of the secretaries of the Section immediately after it is read. It should be made clear that neglect to comply with this request may result in the omission of the paper in question from the proceedings of the Section subsequently published in the *British Medical Journal*.

Time Limit.—The attention of the Council of the Association has been called to the non-observance by readers of papers of the rule as to the time limit, which is as follows: "No paper must exceed fifteen minutes in reading, and no subsequent speech must exceed ten minutes." The attention of Presidents and Secretaries of Sections is particularly requested to this rule.

Honorary Local Secretaries,

DR. F. N. G. STARR,
PROFESSOR J. J. MACKENZIE,
DR. D. J. GIBB WISHART,
} The Medical Laboratories, University of Toronto, Toronto, Ont.

FIFTEENTH INTERNATIONAL CONGRESS OF MEDICINE, LISBON, APRIL 19th TO 26th, 1906.

THE Executive Committee of the Fifteenth International Congress of Medicine has made sure of a considerable number of apartments (rooms with one bed, or, in the greater number of cases, rooms with several beds) at six, eight and ten francs a bed, according to the list. Board is also provided in some lodgings at fifteen francs a head. The tickets can be got at the Rocio Station (on arriving at Lisbon by railroad) for the eight days during which the Congress lasts.

Meals can be easily got at restaurants and hotels in Lisbon, as well as at the restaurant of the Congress. Lodgings will be distributed as the demands for them come in. Demands should be sent in before March 31st to Mr. Manoel Jose da Silva, Palacio Foz, Praca dos Restauradores, Lisbonne, who has charge of this part of the business.

Railway fares have been definitely settled with French, Spanish, and Portuguese railroads, which allow members of the Congress to return by a route different from the one by which they go, with a reduction of 50 per cent. in the price, on condition that the trip both ways is made by rail.

The Committee of the Congress will begin immediately to send out special uniform cards for the railway companies of the three countries. We have just learned that the Italian railway companies will also grant the 50 per cent. reduction.

DISTINGUISHED HONORS FOR PROF. MACALLUM, F.R.S.

PROF. ARCHIBALD B. MACALLUM, Professor of Physiology at the University of Toronto, has received the high honor of election as a Fellow of the Royal Society of London. This is one of the most distinguished scientific honors, and was conferred on Prof. Macallum in recognition of his research work in physiology. There are only two other Fellows of the Royal Society in Canada.

Dr. Macallum was born in Westminster township in 1858, and after being for some time a school teacher, entered the University, graduating in Arts in 1880 and Medicine in 1889. He has been admitted by the College of Physicians and Surgeons, but has never practised. From 1884 to 1887 he was a Fellow of the University. and in the latter year was appointed a lecturer in physiology. In 1891 he became professor in that subject in

the medical faculty, and associate professor in the Arts faculty a year later. He is a member of the University Council. His research work has been chiefly in problems of cell physiology and cell chemistry, and the results of his work have appeared in several scientific journals.

In 1885, 1896 and 1897 Dr. Macallum was President of the Canadian Institute. He was Chairman of the Toronto Executive Committee in connection with the meeting of the British Association here in 1897, and was vice-president of the section on physiology during the meetings.

UNDERGRADUATES HONOR PROF. MACALLUM.

PROF. A. B. MACALLUM, of the Medical Faculty of Toronto University, who recently received the distinction of being made a Fellow of the Royal Society, was presented, on March 10th, with a beautifully illuminated address by the undergraduates of the Medical College.

The address expressed greetings and sincere congratulations that "years of faithful labor in the cause of scientific research have at last been rewarded by the highest honor and most significant distinction to which a scientist can attain. It marks its recipient as one whose consistent effort and untiring zeal have contributed materially to the body of the world's scientific knowledge.

They rejoiced not only as students of a university over which the distinction cast a lustre, but as Canadians, whose name and fame had been exalted not a little thereby.

But the greatest consideration that prompted their pleasure was the feeling of each one that he had a personal friend in Prof. Macallum, who had their interests at heart, and taught his students not only devotion to their high calling, but inculcated in them those high principles that tended to the making of men and the development of character.

The hearty and prolonged applause of the students when the address was handed to the Professor evidenced the sincerity of their congratulations.

Prof. Macallum, in replying, said he believed he had the confidence of the medical students, and he valued that even more highly than the degree of F.R.S., because it counted much in his efforts for the future of the medical profession and in beating down what is not sane in public life and in professional life.

Dean Reeve and Dr. McKenzie also spoke briefly and added their congratulations.

DR. F. LEONARD VAUX TRANSFERRED TO TORONTO.

Among the recent appointments to the permanent militia force is that of Dr. F. Leonard Vaux, of Ottawa, who becomes Major in the permanent Army Medical Corps and moved to Toronto a few weeks ago. He was born in Brockville, and is a grandson of Thos. Vaux, of Ottawa, one time Accountant of the House of Commons. He is a son of Dr. Harry Vaux, of Toronto. He was educated at the Brockville Collegiate Institute and Trinity Medical College. He graduated with honors in 1895. He was house surgeon at the Toronto General Hospital in 1895-6, resident surgeon at Mount Sindi Hospital, New York, in 1896-98, and medical superintendent of St. Luke's Hospital in 1898.

Dr. Vaux has a record of valuable service in South Africa. He obtained his commission first as lieutenant in the 42nd Regiment, was appointed lieutenant in the Army Medical Corps in January, 1900, and sent to South Africa with the second contingent to be attached to the Royal Army Medical Corps. He served as subaltern in the 19th Brigade Bearer Company under Major C. E. Nichol, R.A.M.C., from February to November, accompanying General Sir Ian Hamilton to Pretoria, Lydenberg, and Komatieport. After returning to Canada *via* London he was sent with the South African Constabulary to South Africa in March, 1901. He returned to Canada, September, 1902.

He holds the honorary rank of captain in the Imperial Army, and has the Queen's medal and three clasps, and the King's medal and two clasps.

Dr. Vaux developed an early fondness for military life. His father was medical officer of the 42nd Regiment for sixteen years, and the present major when only eight years old accompanied him to camp.

Major Vaux has attended twelve camps of instruction, was attached to the 10th Royal Grenadiers in 1895, and holds a first-class infantry certificate and a first-class equitation certificate. He is qualified by active service for the rank of major in the Army Medical Corps.

His great grandfather on his mother's side served in 1837, and his maternal grandfather in 1866. A great uncle was an officer in the Royal Navy, and was present at many engagements in the early Victoria era.

Major Vaux married last year Miss Edith Sparks, of Ottawa, a lady of beauty and talent, who is on her father's side a Sparks of Essex, and on her mother's a Stewart of Appin. She is a cousin of Mrs. Clifford Sifton.

AUTOMOBILE, THE DOCTOR'S FRIEND

BY DR. GODFREY, OF MIMICO.

FROM a rather dubious owner of an automobile, I have become enthusiastic, and now wonder why any physician who has work on the road should be without one.

Outside of the original price, the machine has cost me three cents per mile. This includes repairs, renewal of the batteries, gasoline, dope, oil, carbide, etc., in short, everything to make it go, and keep it going.

To a medical man it makes the grind of general practice a pleasure. After a forty or fifty mile drive during the day you are able to have a quiet dinner and a good cigar feeling as other men, and not as a slave. If you have a night call; well, all you have to do is to walk out to the stable, turn on your lights (use an acetylene Pilot), and with half a turn of the crank you have something that will take you there at twenty miles an hour, and you are back in half the time it requires with a horse or street car.

The fortunate part of a motor for a medical man in the country is that his horses can be turned out to pasture, when to be on the roads would be very hard on them; for what medical man likes to see his horses on a hard dusty road with a July sun hitting them square on the head, and with the certain knowledge that when he reaches his destination they will have to fight the flies. So it is, especially "In the good old summer time," the motor has every other method of locomotion beaten a mile in more ways than one.

I know little about the merits or demerits of any other machine than my own, a Model "C" Ford, but know enough about it to leave it alone except to see that there is plenty of oil, gasoline, electricity and water in the proper places, and though I had practically no instructions on either the mechanism or operation of my car, I have never failed to drive home, nor in fact had a more serious problem to tackle than a dirty spark plug, a matter of but a few minutes work to change.

It may be that I am too enthusiastic, and that my troubles will come in a bunch. Well, let them! All I can say is that after months of service I am more than satisfied, and believe no doctor should be without a good reliable motor.

From the number of machines being sold this season and under process of construction, it is apparent that though the automobile will never supersede "Man's noblest friend," the horse, yet for general utility and added speed and convenience, its use has become an imperative necessity.

The coming International Automobile Show to be held in Toronto, March 31st to April 7th, will enable those interested in

automobiles to compare the latest makes and prices, as I believe nearly half a million dollars' worth of machines will be exhibited by manufacturers of the United States, England, France and Canada.

ITEMS OF INTEREST.

Physicians Desiring to Dispose of their Practices will secure an easy way of doing so with a minimum amount of publicity, by taking advantage of the Canadian Medical Exchange, conducted by Dr. Hamill, 75 Yonge Street. He has been conducting this important department of medical affairs for twelve years, and the great majority of medical sales have passed through his hands during that time to the entire satisfaction of vendor and vendee. A partial list of his offers will be found among our advertising columns in each issue of this journal, the complexion of which, of course, changes from month to month.

The Ontario Medical Association.—The President again desires to call the attention of members of the Ontario Medical Association to the annual meeting for 1906. As was announced some time ago the meeting will be called at 8 p.m., Monday, August the 20th, the evening preceding the inauguration of the British Medical Association's meeting, and will take the form of a purely business session. The prestige of the greater meeting to follow should not diminish the sense of responsibility of the members to their local society. Such important business as the closing of the business of this year and the intelligent preparation for a successful meeting in 1907 demands a wide and sympathetic interest in the welfare of the Association.

Toronto Hospital Bill.—The first reading was given on March 10th to the bill respecting the Toronto General Hospital, which provides among minor amendments that there be twenty-five trustees, instead of five, as at present. They shall be appointed as follows, Government 8, subscribers 7, University 5, city 5. Power is given to expropriate land, while still retaining all its present powers. Should the trustees under the power of this act expropriate the block of land south of College Street, west of Elizabeth Street, north of Hayter and Christopher Streets, and east of University Street and any portion thereof, then those portions of Avenue Street, Avenue Lane, Centre and Christopher Streets, lying within said limits shall be closed and the fee therein shall be vested in the trustees.

The Physician's Library.

BOOK REVIEWS.

Movable Kidney. A Cause of Insanity, Headache, Neurasthenia, Insomnia, Mental Failure, and other Disorders of the Nervous System; a Cause, also, of Dilatation of the Stomach. By C. W. SUCKLING, M.D. (Lond.), M.R.C.P., Consulting Physician to the Queen's, to the Children's, and to the Orthopedic and Spinal Hospitals; formerly Professor of Medicine and Materia Medica in the Birmingham School of Medicine; author of "Diagnosis of Diseases of the Brain, Spinal Cord and Nerves"; also of "Treatment of Diseases of the Nervous System," etc. London: H. K. Lewis, 136 Gower Street. 1905.

The title of this work is sufficient to suggest its scope and perhaps its quality. It is the statement of the views of a practitioner who possesses a very limited field of vision when he seeks to connect cause and effect. He finds that many patients suffer from the innumerable symptoms which we at present classify as indicating the condition called "neurasthenia." On examination the patient is found to have a movable kidney. *Ergo* neurasthenia is caused by the movable kidney. He even goes further and operates on the movable kidney; incidentally, it is to be assumed, he lays his patient up in bed for a few weeks with suitable diet and proper hygienic surroundings; the patient's condition is improved or possibly cured. With great profundity of thought and argument he concludes that the stitching up of the movable kidney has cured the neurasthenia. So also is it possible, in the view of our author, to cure such maladies as insanity, headache, dilated stomach, etc.

It is hardly necessary to occupy space in discussing the work seriously; it embraces a style of argument which unfortunately is becoming too common. So common, indeed, that we find our author appealing with some effect to the "neurologist" and the "gynecologist" as supporting his theories. His impressions from reading current literature apparently being to the effect that the specialists in the two departments of medicine referred to were unanimously committed to the support of his theories. Fortunately there are exceptions even among neurologists and gynecologists.

Possibly our author has done good. If he can succeed in

attracting attention to the movable kidney as a cause of these grave disorders and can further succeed in persuading patients and practitioners that these disorders can be cured by a simple operation, then he has succeeded in substituting an operation of very minor moment for one of a much more grave character. The stitching up of a movable kidney is a very much less serious matter than removal of both ovaries. The arguments for the latter operation would be as strong as the former in the minds of individuals of the mental bias of our author, and it is to be hoped that the author of the present work may succeed in convincing the large group of practitioners who suffer from the same obliquity of vision as he does, that it is only necessary to stitch up the kidney and not necessary to sacrifice such an important organ as the ovary. By this means many of the disastrous results which have been manifest in former years as the result of much unnecessary mutilation will possibly be averted. To that extent good may be accomplished by the publication of this book and possibly by easy stages it may be possible to finally lead these docile members of our profession to the belief that it is really not necessary to conduct any major operation at all in a disease which is general in character and in the majority of instances has no local cause. A. P.

The Practice of Medicine. A Text-Book for Practitioners and Students, with Special Reference to Diagnosis and Treatment. By JAMES TYSON, M.D., Professor of Medicine in the University of Pennsylvania, and Physician to the Hospital of the University; Physician to the Pennsylvania Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Fourth edition, revised and enlarged, with 200 illustrations, including colored plates. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1906.

Professor Tyson's text-book on the practice of medicine is a valuable addition to the library of a physician. Representing, as it does, the personal observations on disease of an acute observer, made in particularly rich fields of hospital and private practice during a period of some thirty-five years, its perusal produces a most favorable impression on a medical reader.

Professor Tyson has from his long experience been able to demonstrate the soundness of the opinions he expresses in this work. Even when he differs with the opinions of other authorities his own opinions are couched in studiously moderate language.

We look upon the work as a safe and trustworthy text-book, an authoritative work on the many subjects falling within the scope of the practice of medicine.

Professor Tyson has been fortunate in enjoying the assistance

of able collaborators, who have aided him in bringing this great work to its present state of perfection. It is unnecessary to allude to the popularity of the work, the first edition having been brought out in 1896, and the work before us being a copy of the fourth edition. An important addition to the present edition is the section on animal parasites, which has been revised by a colleague of the author, Dr. Allen J. Smith. A considerable number of illustrations have been introduced into this section, which serve to make the text more easily understood.

The work is well printed and bound, and in every way is deserving of professional approval and patronage. J. J. C.

The Prevention of Senility, and A Sanitary Outlook. By Sir James Crichton-Browne, M.D., LL.D., F.R.S., Lord Chancellor's Visitor in Lunacy. London and New York: The Macmillan Company. 1905.

"The Prevention of Senility" was an inaugural address delivered before the Preventive Medicine Section of the London Congress of the Royal Institute of Public Health, July 20th, 1905.

"A Sanitary Outlook" was a presidential address at the London Conference of the Sanitary Inspectors' Association, Aug. 17th, 1905.

These two addresses are well worthy of the perusal of all interested in vital economy, and as length of days is the best sanitary outlook, the two addresses make a suitable combination for a very pleasant and useful little book. E. H. A.

A System of Medicine. By many writers; edited by Thomas Clifford Allbutt, M.A., M.D., LL.D., D.Sc., F.R.C.P, etc., Regius Professor of Physics in the University of Cambridge; Fellow of Gonville and Caius College; and Humphrey Davy Rolleston, M.A., M.D., F.R.C.P., Physician to St. George's Hospital and to the Victoria Hospital for Children; sometime Fellow of St. John's College, Cambridge. Volume I. London: Macmillan & Co., Limited. New York: The Macmillan Co. 1905.

It is true that the life of any system of medicine is, at the best, but limited. Realizing this, the authors of this work have wisely decided not to wait till their previous one has become stale and out of date, but to commence now their process of revision and publish one volume each year, and by that means keep their system of medicine to the forefront, in order that it may be looked upon truly as one of the representative works on the great and ever-widening subject of Practice. Volume I. shows not a mere passing revision, as too many books are subjected to, but a very

careful re-editing almost throughout its pages. The first article, entitled "The History of Medicine," is by Professor Allbutt himself, assisted by Dr. Payne, of St. Thomas' Hospital. It is delightfully written, and a thesis of no mean ability. Two chapters drew our attention in particular, "The Hygiene of Youth," by Dr. Clement Dukes, of Rugby Hospital, and "Old Age," by Sir Hermann Weber (Royal Hospital for Diseases of the Chest, Ventnor), and Dr. F. Parkes Weber, of the German Hospital, London. Dr. E. Symes Thompson, of the Consumption Hospital, Brompton, contributes a most practical article on "Life Insurance," while our friend, Prof. Adami, of Montreal, contributes a well written chapter, entitled "Inflammation." Among other contributors are Sir Lauder Brunton, Professor Woodhead, Dr. Eustace Smith, Mr. Jonathan Hutchinson, Prof. Wm. Watson Cheyne and Sir Dyce Duckworth.

Operative Treatment of Chronic Constipation. By W. ARBUTHNOT LANE, M.S., F.R.C.S., Surgeon to Guy's Hospital, and Senior Surgeon to the Hospital for Sick Children, Great Ormond Street. London: The Medical Publishing Company, Limited. 1904.

This paper by Mr. Lane deals with material published at various times in the *Clinical Journal* and *Lancet,* from June, 1901, to January, 1904. The author reviews the pathology, symptoms, causation and treatment of gastro-intestinal changes, associated with obstinate constipation. In his surgical treatment the author divides bands and adhesions, and where this is not sufficient he sidetracks the colon by cutting through the illium about 6 inches from the valve, and inserting it into the sigmoid or upper rectum. We have not met cases requiring more than the division of bands and adhesions, but where such cases exist there can be no doubt but the more radical treatment advised by Mr. Arbuthnot Lane would be effectual and produce immediate results.

W. J. W.

Food and Diet in Health and Disease. By ROBERT F. WILLIAMS, M.A., M.D., Professor of Practice of Medicine in the Medical College of Virginia. Philadelphia and New York: Lea Bros. & Co. 1906.

This handsomely bound little volume of nearly 400 pages is arranged in somewhat of a different way with regard to grouping of the individual foods than is usual; instead of being grouped as animal and vegetable, that is, they are arranged according to the predominating alimentary substances which they contain, and this distinguishes them better from the point of view of their prac-

ical uses in the body. The writer has drawn liberally on many of the standard works on dietetics It might be difficult, perhaps, to write a book on this subject if one did not do so.

The chemistry of food, physiology of digestion, cooking and the proper use of foods in health, the quantity of food, proteid foods, carbohydrate foods and salts, together with the proper preparation of food, are all thoroughly gone into, as also the use of non-intoxicating as well as alcoholic beverages.

A very small portion is devoted to the feeding of infants and children, but what there is is so good that it makes one wish there was more of it.

Taking up the subject of food in disease, one is not struck by any great difference that may exist between what we find here and what we find in other writers. Perhaps we all get used to seeing the printed tablets, and they become more or less stereotyped in everybody's mind.

The latter part of the book contains a large number of very useful receipts, which are of the greatest value not only to medical men but to nurses. No medical man should be without this book if it was only to be used as a book of reference.

A. J. J.

The Diseases of Infancy and Childhood. For the Use of Students and Practitioners of Medicine. By L. Emmett Holt, M.D., Sc.D., LL.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Columbia University, New York; Attending Physician to the Babies' and Foundlings' Hospitals, New York; Consulting Physician to the New York Infant Asylum, Lying-in-Hospital, Orthopedic and Hospital for the Ruptured and Crippled. With 241 illustrations, including eight colored plates. Third edition, revised and enlarged. New York and London: D. Appleton & Co. 1906.

The advances made in diseases of infancy and childhood during the last few years have made it desirable that the subject be thoroughly revised and the editions brought up-to-date. This has been done by Professor Holt in this the third edition of his well-known work.

An effort has been made to keep down the size of the new volume. This has been done by confining the work strictly to its legitimate sphere and in some chapters making reductions.

The principal changes from the second edition are in the articles on the examination of the sick child, hypertrophic stenosis of the pylorus, diarrheal diseases and dysentery, vaginitis, cerebro-spinal meningitis, mental defects, chondro-dystrophy, diphtheria and status lymphaticus. The work is of a convenient size, is concise as one could wish, yet covers the ground fully and will be

found invaluable either to the student as a text or the general practitioner as a reference. It contains 1,174 pages, including an index. W. J. W.

The Man of the Hour. By OCTAVE THANET. Toronto: McLeod & Allen. Cloth, $1.25.

The story begins when "Young Ivan," the hero, is the smallest and most lovable of boys. He is the son of a plain American, a "Captain of Industry," and a beautiful, poetic Russian princess, her heart on fire with love for the poorest of her countrymen. The hero chooses to live among the poor, and works out the problem of life amid ever-changing scenes. When he at length takes his dead father's place, he is a man indeed possessed of unfailing courage, the knowledge that is power, and the highest ideals. One pauses to wonder if the authoress looks upon her perfectly drawn character as a prototype of the American man of to-morrow, a composite evolution of the union of foreigner with native. W. A. Y.

A Manual and Atlas of Orthopedic Surgery. Including the history, etiology, pathology, diagnosis, prognosis, prophylaxis and treatment of deformities. By JAMES K. YOUNG, M.D. Illustrated with over seven hundred photographs and line drawings, mostly from original sources. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1905. Canadian agents: Chandler, Ingram & Bell, Ltd., Toronto.

No work hitherto appearing upon orthopedic surgery has presented such a wealth of illustration and such sumptuousness in paper, binding, etc. It is a leader in the art of bookmaking.

The author, on his part, has undertaken a work almost encyclopedic in its range and, when all is summed up, has done his work well. Surgery, as it deals with deformities, is here set forth with considerable fulness of detail, in its earliest beginnings, its history, development and latest achievements.

The work is not without its defects. The specialist will miss the accuracy of definition, the sharpness of description, the perspicacity of language and the clearly expressed choice of methods which have proved themselves the best, which are so much prized by the surgeon who seeks for assistance in a time of doubt. The general practitioner will find many methods of treatment described and will be lost in the very wealth of illustration and the number of plans of treatment proposed, without giving the indication which he has a right to expect of the author as to the methods which have proved themselves most effective.

It is doubtful whether the term *varus* should be used to signify two distinct elements of deformity which usually, it is true, are

found together but which frequently are found present separately. Would it not be better to confine the term *varus* to signify that condition of the foot where the inner border is concave and use the term *supinatus* to indicate the element of rotation so often co-existent? As an instance of inaccuracy in the use of terms (page 772) one may quote, "It demands in most cases a combination of operative, mechanical and orthopedic treatment" (referring to club-foot). Surely the term "orthopedic" should be quite enough to include both operative and mechanical treatment.

Notwithstanding minor defects, which it would be unreasonable to unduly accentuate, the author is to be warmly congratulated upon having given to the profession probably the most ambitious and successful presentation of orthopedic surgery which has appeared in any language. B. E. M.

The House of a Thousand Candles. By MEREDITH NICHOLSON. Illustrated by Howard Chandler Christy. Toronto: McLeod & Allen. Cloth, $1.25.

The interesting story of a young man's inheritance, full of incident from cover to cover, almost the whole gamut of a newsboy's scale of horrors, as he sings out his evening paper, are depicted in a fresh and crisp style. "A wreck, a murder, a fire alarm—whichever ye like—have a paper, sir?" W. A. Y.

New Methods of Treatment. By DR. LAUMONIER. Translated and edited from the second revised and enlarged French edition by H. W. SYERS, M.A., M.D. (Contab.), Physician to Out-Patients, Great Northern Central Hospital. London: Archibald Constable & Co., Ltd., 16 James Street, Haymarket. 1904.

The author of this book has undertaken one of the most difficult tasks, namely, the description and discussion of the new remedies which are of known value. In the present day such a vast number of new remedies are brought constantly to the notice of every medical practitioner, both through the journals and also very largely by the ever-present drug agent, who is always ready to leave samples—that it makes it exceedingly difficult for the average practitioner to choose the valuable from the worthless. The work is most scholarly in its style, and as dealing with this particular part of medicine is one that should be read by all those who wish to be, and whose position requires them to be, up-to-date.

The author also deals not alone with drugs, but with the serums and the question of neurons and nervous re-actions. The well-recognized, or classical methods, as also those which are known to be imperfect, have not been introduced into this work. One feature, however, which perhaps distinguishes it from other books

of a similar character, is that at the beginning of each chapter there is a summarized account of the pathological physiology and pathogeny of disease of such a nature that the mechanism of therapeutic action may be deduced from a knowledge of the functional operations which give rise to it. A. J. J.

Materia Medica, Pharmacy and Therapeutics. Including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Practical Pharmacy, Minute Directions for Prescription Writing and Avoiding Incompatibility; also the Antidotal and Antagonistic Treatment of Poisoning. By SAMUEL O. L. POTTER, A.M., M.D., M.R.C.P. (Lond.); formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco; author of the "Quiz-Compends of Anatomy and Materia Medica," "An Index of Comparative Therapeutics," several articles in Foster's "Practical Therapeutics," and "Speech and Its Defects"; late Major and Surgeon of Volunteers, U. S. Army. Tenth edition, revised and in great part rewritten. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1906.

This, the tenth edition, has geen practically rewritten and corrected to conform with the U. S. Pharmacopeia. Over one hundred new articles have been inserted—much obsolete literature has been left out. The nomenclature of the U. S. Pharmacopeia has been strictly followed in the sections on materia medica and pharmacy. Many preparations of the British Pharmacopeia have been mentioned. A good useful book in every department.

A. J. H.

The Surgical Treatment of Chronic Suppuration of the Middle Ear and Mastoid. By SEYMOUR OPPENHEIMER, M.D., Otologist and Laryngologist to Gouverneur Hospital and to Mount Sinai Hospital Dispensary. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1906. Pp. 425.

The first part of this work deals with the affections of the middle ear and their operative treatment as effected through the external auditory canal. A chapter is devoted to the anatomy of the part, another to preparation of the patient for the operation. The treatment of granulation tissue in the middle ear, the so-called polypi, is specially full and satisfactory. The difficult question as to when removal of the ossicles is indicated is debated, and the conclusion reached that "in all cases of chronic suppurative otitis media, conversatism should demand this operation prior to the performance of the mastoid operation."

Caries of the tympanic walls is next considered, and those cases where there is constant or intermittent suppuration, but

good hearing, with no immediate indication for operative procedures.

Part II. takes up the mastoid operation. Naturally a good deal more space is devoted to a consideration of the anatomy and landmarks. The mastoid operation is dealt with under two heads, the simple operation—that is, the opening of the antrum through the mastoid process—and the radical operation, in which the tympanic cavity, attic, antrum, and mastoid, are all thrown into one cavity. The radical operation, while not always necessary, gives greater security, and has practically supplanted the simple operation. The great drawback is that the operation is but the beginning of the treatment, for the later dressings and care of the parts are just as essential to success.

The paper, print and illustrations—some forty-six half-tone plates—and the soundness of its surgical teaching, make this a most valuable addition to one's library. J. M.

St. Cuthbert's. By Robert E. Knowles. New York, Chicago, Toronto, London, Edinburgh: Fleming H. Revell Company.

Scotch talk, staunch Scotch characters, life centralizing around the kirk, death-bed scenes sketched minutely, love scenes inartistic with nothing left unsaid, here and there a lighter touch, even a smack of "a wee drap," and the odor of a peppermint "sweetie," make an odd contrast to the pervading gloom that hangs Scotch-mist-like over half of the pages. The work of a clever man, no doubt, but appealing strongly only to one class of readers, those who consider 'tis all of life to live a Scotchman and to die a Presbyterian. W. A. Y.

Dose-Book and Manual of Prescription-Writing: with a List of the Official Drugs and Preparations, and the more important Newer Remedies. By E. Q. Thornton, M.D., Assistant Professor of Materia Medica, Jefferson Medical College, Philadelphia. Third edition, revised and enlarged. 12mo, 392 pages, illustrated. Philadelphia and London: W. B. Saunders & Company. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. 1905. Bound in flexible leather, $2.00 net.

A glance at the contents of Dr. Thornton's book fully explains its attainment of a third edition. In addition to the consideration of the official and the more important non-official preparations intended for internal administration, weights and measures, solubilities, and incompatibilities, attention is given to the grammatic construction of prescriptions, illustrated by examples. In revising the text for this edition Dr. Thornton has made it con-

form with the new (1905) Pharmacopeia, the radical change in strength or name of many chemicals, drugs and preparations already official, and the admission of many newer remedies necessitating the rewriting of a number of sections. We notice in the appendix an addition of much value—a table showing the change in strength of important preparations, and also a list of average doses for adults in accordance with the new Pharmacopeia. Dr. Thornton's Dose-book is, as it always has been, accurate and up-to-date. A. J. H.

A Text-Book of Human Physiology. Including a Section on Physiologic Apparatus. By ALBERT P. BRUBAKER, A.M., M.D., Professor of Physiology and Hygiene in the Jefferson Medical College and in the Pennsylvania College of Dental Surgery; Lecturer on Physiology and Hygiene in the Drexel Institute of Art, Science and Industry. Second edition, revised and enlarged, with colored plates and 356 illustrations. Philadelphia: P .Blakiston's Son & Co. 1905.

It must be gratifying to the author and to the publishers to have the second edition follow so soon after the first.

The changes and additions are neither numerous nor lengthy. A small amount of new matter is introduced in the sections relating to the chemistry of the proteids, the chemistry of digestion, the movements of the intestines, the production of lymph, the nerve mechanism of the heart, and the physiology of vision. The added material makes these topics more complete and accurate.

We are sure the generous reception given to the first will be repeated with the second edition. A. E.

Differential Diagnosis and Treatment of Disease. A text-book for practitioners and advanced students. By AUGUSTUS CAILLE, M.D., Fellow of the New York Academy of Medicine; Member and ex-President of the American Pediatric Society; Professor of Diseases of Children, New York Post-Graduate Medical School and Hospital; Visiting Physician to the New York Post-Graduate and German Hospitals; Consulting Physician to Isabella Home and Hospital. With 228 illustrations in the text. New York and London: D. Appleton & Co. 1906.

The presentation of "clinical experience" and not "therapeutical details" seems to have been the author's object in writing this book, and from a short and rapid run over one or two sections, we think that he has succeeded fairly well. The work consists of thirty-one chapters under the following captions:

Introduction: The Requisites of the General Practitioner, his

relation to the community and to specialism. 1. Technique of Diagnosis and the Clinical Laboratory. 2. General Therapeutics. 3. Pediatrics. 4. The Digestive System. Nutrition and Diet, Diseases of the Organs of Digestion, Gastrological and Proctological Memoranda. 5. The Circulatory System: Diseases of the Organs of Circulation, of the Blood, the Lymphatic System, Management of Dropsy and Effusion. 6. The Respiratory System: Diseases of the Organs of Respiration, Rhinology and Laryngological Memoranda and Formulary. 7. The Genito-Urinary System: Diseases of the Genito-Urinary Organs, Urological and Gynecological Memoranda. 8. Diseases of the Bones, Muscles, Joints, Orthopedic Memoranda. Remarks on Massage, Vibration, Dry Hot-Air Treatment. 9. Infective Fevers and Methods of Prevention and Disinfection. 10. Faulty Metabolism and Diseases of the Ductless Glands. 11. Neurological Memoranda. Remarks on Electricity and its Therapeutic Uses. 12. Dermatological Memoranda and Formulary. 13. Ophthalmological and Otological Memoranda and Formulary. 14. Anesthesia, Poisons and Antidotes, and Miscellaneous Disorders. 15. Keeping Case Records and Accounts. 16. Index.

The Surgery of the Diseases of the Appendix Vermiforms and Their Complications. By WILLIAM HENRY BATTLE, F.R.C.S., Surgeon to St. Thomas Hospital; formerly Surgeon to the Royal Free Hospital; Hunterian Professor of Surgery at the Royal College of Surgeons of England, etc., and EDRED R. CORNER, M.B., B.C., F.R.C.S., Surgeon-in-charge of Out-Patients in St. Thomas Hospital, and Assistant Surgeon to the Great Ormont Street Hospital for Sick Children; Erasmus Wilson, Lecturer at the Royal College of Surgeons, etc. London: Archibald Constable & Co., 16 James Street, Haymarket. 1904.

This work is practically a compilation of the opinions held by the various writers on this subject written from the practical surgeon's standpoint. The literature on this subject is so extensive that it necessarily must have been a work of some magnitude to consult the different writers, monographs and journals, etc., but this has evidently been done, and then we have the opinion of the practical surgeon before whom a constant stream of these cases is daily passing.

The views of the physician and pathologist have as far as possible been summarized, and are presented to the profession from the surgeon's standpoint in such a way that they shall be of the most practical value.

The advisability of amputation by the clamp method is strongly discussed. There is further a section on acute abdominal

disease, carcinoma, tubercle and other diseases of the appendix, and a chapter on life insurance. This latter is unusual in any work of this kind, and indeed the writer points out the fact that as seventy-five per cent. of the fatal cases occur in first attacks, there is no way in which life insurance companies can protect themselves except in a general way. All cases are divided into two classes—those that are not operated on, that is, medical cases, and those that have been operated on, or surgical cases; and as the general opinion is that in medical cases further trouble generally results, these writers naturally lean to the theory of early operation.

The whole subject is thoroughly discussed, and put in a very forcible and clear manner. A. J. J.

A book of interest to the medical profession particularly, now in the press, is entitled "On Leprosy and Fish-Eating," by Jonathan Hutchinson, who was formerly president of the Royal College of Surgeons. It comprises statements as to the history of leprosy, its nature, its prevalence in different countries, and the conditions under which it has disappeared from many. Facts are brought forward to show that it is not ordinarily contagious, and that its real cause is the use as food of badly cured fish. There are chapters on the influence of sex in relation to leprosy, of religious creed, and poverty. An account is given of the author's tours in South Africa and India, and the measures for the suppression of leprosy are fully discussed. The volume contains maps and illustrations. Publishers: Archibald Constable & Co., Ltd.

Pamphlets Received.

"Thirty-Eighth Annual Report of the Inspector of Prisons and Reformatories of the Province of Ontario, being for the year ending 30th September, 1905." Printed by order of the Legislative Assembly of Ontario. Toronto: Printed and published by L. K. Cameron, Printer to the King's Most Excellent Majesty. 1906.

"Thirty-Eighth Annual Report of the Inspector of Prisons and Public Charities, upon Lunatic and Idiot Asylums of the Province of Ontario, being for the year ending 30th September, 1905." Printed by order of the Legislative Assembly of Ontario. Toronto: Printed and published by L. K. Cameron, Printer to the King's Most Excellent Majesty. 1906.

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