

# Dominion Medical Monthly

And Ontario Medical Journal

---

VOL. XXIV.

TORONTO, JUNE, 1905.

No. 6.

---

## Original Articles.

---

### PRESIDENT'S ADDRESS—ONTARIO MEDICAL ASSOCIATION.\*

BY W. BURT, M.D., PARIS, ONT.

---

*Ladies and Gentlemen,*—I cannot fully express myself for the honor I received at your hands at our last annual meeting. My voice is not strong enough to express my appreciation of your good will towards me and my confreres from the West. I feel my inability to do justice to the position to which I have been exalted, and I will crave your patience and sympathies for a brief space of your time.

I cannot vie with those who have preceded me in this honored chair; I can only strive to emulate them. We have already an honored list of Past Presidents, and, while the time now is short when I will be with them, I feel that my interest in this Association will ever increase as the years roll by, and I can never for a moment believe that our Association will ever wane, but that its usefulness and power will increase from year to year, and that it will be a standing authority on Provincial matters concerning our profession.

I am sure we may well feel proud to-day to celebrate the 25th anniversary of our existence. We have arrived at the quarter-century mark in a very healthy and prosperous condition, and I do not fear—I feel I can be prophetic—that those who will celebrate the fiftieth anniversary of this Association will, when it arrives at the half-century mark, find that medicine has made even greater

---

\*Delivered before the Ontario Medical Association, June, 1905.

stride during the second quarter than during the first, and that our Association will be credited with promoting in no small degree the welfare of the people. I feel that we here in Ontario would be unworthy of our noble calling if we had not brought into existence the Ontario Medical Association and given it our encouragement and support. Among our neighbors to the south, the people of the United States—I came near saying Americans, but, as is well known, we, as Canadians, claim that title ourselves—the State Association is a great factor in the building up and ennobling of all the higher ideals of life and is considered one of the best authorities on all matters pertaining to the control of the profession and the health of the people. In this I feel we should vie with our neighbors, and not be behind in any matter pertaining to the health of the province. There is no reason why Ontario should not be to the fore in the fight against the enemies of life. There is much that is of a provincial nature—the work of the Provincial Board of Health, the care of the insane, the public hospitals, the relief of inebriety, medical legislation, including medical education. A matter of no little importance, too, as it brings the members of our profession into closer touch with each other. It is to the benefit of the individual member. He cannot fail to have his mental horizon extended—in union there is strength.

It has been said that surgery has about reached its limit and that there is little left for us to do in the way of improvement. Surgery is in as active a stage as ever. While much of the work that is being done now appears marvellous compared with the work of a quarter of a century ago, there is no doubt, and many of our surgeons recognize it, that there is still in sight a great field for improvement, and that we may be looked upon as Lilliputians compared with those who will do the work at the end of the next quarter or half century. While our knowledge is actually great, it seems little after all, when we consider the possibilities of the future. When the tubercle bacillus was made known to us we were congratulating ourselves that the white plague would disappear forever. Although we are wondrous wise, we have no reason as yet to boast of any great wisdom. No matter how much we quarantine the microbes they still produce—I say this advisedly—such diseases as the white plague, enteric fever, the infectious diseases and many others, and by their flank movements get in their deadly work. On the part of the physician it will always be a fight to the finish—the French proverb, *Après la mort la Médecin*, expresses it aptly—on the part of the microbe a fight to the death. The discoveries that have already been made impress us only too strongly that research work must be pursued on a larger scale than ever, and our multi-millionaires, benevolently, philanthropically inclined, in their later days at least, could not do better than aid in the great work of research. While we can felicitate ourselves

for much that has been done in the matter of serum treatment, especially in diphtheria and rabies, we may look forward to even greater things; great as these advances seem, the possibilities seem greater. The surgeon, as is well known, is too often the victim of so-called blood poisoning. It has claimed as its victims many of the most skillful and cultured of our profession, besides placing many others near the brink of the great beyond. It is needless to mention names, they are well-known to us all. There are many living to-day who feel that they have narrowly escaped the jaws of death—I might say the jaws of the microbe—and only a vigorous constitution, or a rather attenuated attack of the microbe, has spared them a few years more. I appeal again to the philanthropist to assist us in our work of research. There is no fight on now of greater import than the battle against the disease-producing microbes. As it is, I rather think the microbes have a little the best of it, perhaps a good deal the best, but I hope ere long through the work of research, aided and abetted by the lovers of humanity, that the microbe will suffer defeat, in fact, be annihilated, or at least rendered harmless. And while I am on the matter of research work, let me pursue it a little farther. It is not our ignorance of the habits of the microbe that many diseases are prevalent; take for example the somewhat common disease of diabetes melitus—how little is known concerning its origin, its prevention and successful treatment? And again, take the epileptic—their number is legion. There are being, very properly, sanatoriums established for their care and maintenance. We are well aware that the great majority of epileptics are epileptics to the end. These are simply examples to show what a great field there is for research work other than what the microbes give us. It would be well if many of our clever gold kings would study medicine, and pursue with their surplus wealth the great field of research. I think it would be better if they would use it for the establishment of schools for research work, wherein those who are known in our profession for their abilities may pursue the work. We are well aware that a school of this kind has been established in Washington by the king of the iron industries. While I am not jealous of our neighbors—I am indebted very much to them—I would like to see in this fair province of ours a school for research work in medicine that would be untrammelled, unfettered by the want of financial support. This is not unreasonable. It was through the air of Ontario that the telephone wire first came into use—not in one of our large centres, but from a country residence, Tuteia Heights—to the now City of Brantford. I can recall how I was thrilled when listening in the first Brantford Office to music produced at the country residence of Prof. Bell.

Canadians have already done considerable research work. While it may be that research work can be carried on in our larger cities

to greater advantage, it has been well shown that in preparing the student for research work many of the smaller schools do as efficient work, if not more so, than the larger ones. Personal supervision of the teacher is one the greatest helps in preparation, and this, as a rule, is better carried out in the smaller schools. However, our larger schools, by increasing the staff, are giving recognition to the fact that individual attention is one of the greatest helps to student life. Many of the improvements and advances in our profession have not been due to the laboratories of our Universities, but have been thought out during the daily rounds, let me say, of the country physician. I ask you to recall Ephraim McDowell.

Not to be behind our smaller cities in Ontario, Toronto, everyone will be glad to know, is about to make a great effort to be up-to-date in the matter of hospital extension and library work. There is no doubt that, if successful in their undertaking, research work will receive a great impetus. While it may seem a matter of great renown for him who succeeds in the field of research and gives to the world something new, it is no less praiseworthy for him whose lifework consists in administering all that is latest and best for the relief of human suffering. There may be a scintillation of truth in the fact that if a man has little desire to enter the field of research before middle life he is not likely to do much after, but it is an incontrovertible fact so far as the application of what is already known to be beneficial, to be helpful for the relief of suffering humanity, the powers of the physician, his experience, his judgment, his power of discernment, increases as the years roll on and do not cease until disease or a ripe old age superannuates him. The author of "Bonnie Brier Bush" tells us that it created a scandal in his country for any citizen to "slip awa'" before sixty, and that persons above ninety were understood to be acquitting themselves with credit and brushed aside the opinion of seventy as immature.

You will agree with me, I am sure, that the sum of human happiness could be materially increased by the stamping out of some preventable diseases—diseases that may be totally avoided, diseases that are under the control of the individual and society. The gynecologist, the genito-urinary surgeons, the neurologist, will tell you that a great deal of their work is due to the gonococcus and syphilis. What diseases more loathsome? You will admit, I am sure, that these are preventable diseases. What diseases are more contagious? What diseases leave their dire results in the human system more than these do to be handed down to the third and fourth generation? And yet they are preventable, wholly preventable. It is not for me to discuss the phases of social life that produce these, but in many instances useful, innocent lives should be protected. It is true in the practice of our profes-

sion, in operations on the syphilitic, numbers have been inoculated and lives of usefulness marred. What more obnoxious than a syphilitic with mucous patches or an epithelioma on his lips, or a specific sore throat, offering his pipe to a comrade or participating in the Communion in any of the Christian Churches where the individual cup is not used. I feel sure if the laity could understand the disastrous results of oral sepsis, there would be no dissenting voice in the use of the individual Communion cup. The physician can evidently curtail much misery, but he needs the help of the public to stamp it out altogether. It needs a greater concern on the part of every one in social and moral reforms, a cultivation of higher ideals. You may attribute it to ignorance or want of education. These are but scapegoats. If it is due to want of education, then let me say that the people of our large centres are lamentably ignorant, and just here I beg to state in my opinion the ends of justice would be as well secured by taking the oath with the hand uplifted, as that impure method of kissing the Bible—a Bible that has done untold service. What more impure? To return again to the disease-producing germs, a well-known characteristic of the microbe is that it is cowardly, it will not attack many subjects unless their systems become weakened, as is the case of many young people, from want of proper nourishment, from living in closely-crowded, ill-ventilated tenement houses, or from working longer hours than is consistent with a healthy system. It is acknowledged that these are factors that go to swell the victims of the white plague. If people were to fall in love with fresh air, sunlight, wholesome food and cleanliness in their youthful days, and regulate their hours of work as much as many do after contracting the disease, the demand for sanatoriums would be much less. A great interest is being taken in the erection of sanatoriums for pulmonary phthisis, and, while I hope that it may continue, I feel that the work in this direction should grow less and less from year to year as the death rate becomes reduced. The great arteries which keep up the supply of consumptives, pulsate stronger and stronger in many places. If ever we can boast ourselves a great people, and vie with other nations, if ever we can sustain the reputation of our country for prowess, for culture and refinement, it will be by so altering, so modifying the strenuous life that we live that we shall not permit any feeding grounds, any culture grounds, for the microbe that we shall be able to remove all sources of the dread malady. It does seem that while great efforts are being made for the cure of the afflicted, our thoughts, our energies, are not sufficiently concentrated and aimed at the faults of our national life in many respects.

You are all familiar with the harrowing details of the lives of the children in the coal regions of our neighbors to the South during the great strike of the miners three winters ago. I need not

repeat here that these mines were veritable hot-beds for the spread of the white plague. The coal mines are not the only culture grounds for the dire disease. I may refer you also to the culture beds of the cotton mills of the North and the South, where child labor has been and is much in evidence. But why, you may say, am I talking about my neighbors? Are we as a Province free from the culture beds? As you are aware, I belong to a town which is noted for its woollen industries. It possesses the largest woollen mills of our fair Dominion. I would like to say that our civilization, our christianity, was of that type that we could boast that we are abreast of other people ; other nations, that we are living in a land where there are no culture beds—no culture grounds—for the white plague, in a land where child labor is unknown, and where our neighbors cannot point at us the finger of scorn. My fervent prayer to-day is—would it were so. After all, the churches that we see towering above us, the magnificent works of the architect, after all the efforts of our various leagues with their Christian influences, after all the sermons that are preached and prayers offered up, to say that we are living in a land where child labor exists is to say that a most lamentable condition of affairs exists, and that our neighbors can point at us the finger of scorn, and that we, too, lack much that might strengthen and support the props and bulwarks of a great country. We are much indebted to some of our noted women for some of the greatest reforms the world has ever seen. What was it, I ask, moved the world to the abolition of slavery more than anything else, and made Lincoln free the slaves, if only as a matter of military expediency, if not the writings of the author of Uncle Tom's Cabin? No one has written more strongly or more pathetically on behalf of growing childhood than Mrs. Browning in "The Cry of the Children." I will give you but two lines :

"And they look up with their pale and sunken faces  
And their looks were dread to see."

And yet there are those who cannot see that the factory labor of children is slavery. In Greater New York, we are told, some sixty thousand school children go hungry every morning to school. It is needless to say they are unfit for their work. In great London, we are told, the number is vastly greater. In Toronto—well the latest report has not been handed to me. In regard to this matter a prominent weekly paper, published in Toronto, states : "Of the many terrible things in some of our great cities, this is one of the most awful to contemplate." I need not enlarge on this subject. The results are self-evident. Is it any wonder that many systems are vulnerable to attacks of the white plague and other diseases? The work of prevention seems almost insuperable, but it should not be so. If we could but eliminate from the make-up

of the individual and our nations' representatives the words "grasp," "graft" and "greed," and we possessed more of the altruistic spirit, our national life would be in a more healthy condition and the jails and the tombs would have fewer occupants. If our children are starved, our nation cannot be well developed. We must build up a nation by building up the individual. We must have a sound body for the in-dwelling of a sound mind. Inasmuch as a nation is made up of individuals, as matter is composed of molecules, the perfection to which we bring each individual goes far to establish on a firm basis, the bulwarks of a nation. Any nation that will permit or encourage child labor is bankrupt, morally, socially and politically. With the lamentations of the mother and daughter ringing in our ears, may Canada show forth to the world her greatness, her godliness, and emancipate this fair province of ours from the disastrous consequences of the white plague, and may we be first and foremost in this respect among the nations of the earth. It would go a long way to strengthen the bulwarks of our nationality and help to produce a healthy, happy and contented people.

I would not like to admit that in the early history of the world physicians were a much better class than exists to-day, but it is indisputable that in olden times people lived as many hundred years as they now do tens. How is it? I would not like to say that they had better Boards of Health. I can only answer that there is a Divinity who is the author of natural laws, that natural laws are Divine laws, that there may be an alteration in our well-known laws governing youth and old age by the Divine will, and that the cycle of life of the present time, as compared with that of the olden times, is a vivid illustration of the fact. Natural laws are God's laws, and if the Almighty sees fit to change the laws, the properties of matter, it will be done as it was done in the shortening of the natural period of our lives.

I feel that I would not be doing my duty if I did not call your attention to a most pressing matter, that of the indigent and wealthy inebriates. This subject should not be disregarded or passed over lightly. The Ontario Society for the Reformation of Inebriates should receive our strongest support, and I sincerely hope that the Government of to-day will see its way clear to aid this Society, and help to carry on the work which it is endeavoring to accomplish. While here again the prevention of inebriety should not be lost sight of, a great advance would be made in the citizenship of our Province if we were to put in force the measures adopted by Great Britain and the United States. It is well recognized that what many an inebriate needs is to be placed where he cannot have the source of his trouble, and be treated with that sympathetic kindness that he needs, and he will be grateful for the help given him. No one can help feel, if the wishes of society

be carried out, another strong prop would be placed in our nation's manhood. But I would go farther—I believe that the wealthy inebriate would be very grateful if taken care of. The inebriate in many cases only requires to have the proper restrictions enforced. The inebriate himself frequently desires the restrictions, and there are cases where it may be said that the inebriate has lost his self-control, has not sufficient moral force left to impose the restrictions himself, and what is needed is that he shall be taken charge of by his friends and the restrictions carried out for him. This cannot, as a rule, be done without adopting some one or all of the measures the Society has proposed. I hope that the indefatigable worker of the Society, Dr. Rosebrugh, and the other members, will soon have the satisfaction of knowing that their efforts in this direction will be crowned with success.

Another matter that should not be lightly passed over is lodge practice. In regard to lodge work I have long since expressed my views. Some may say that I should not express myself, because I have never taken up lodge practice—it is not necessary to practice an evil to know the evil. The so-called free attendance is no doubt a drawing card on the one hand, and the prospect of an immediate clientele of patients, an alluring bait to the young practitioner on the other. My own opinion is that lodge practice has no redeeming features. Not many years ago the Supreme Chief Ranger of one of the fraternal societies, in one of his addresses, stated that the free medical attendance—I do not use the term “free” absolutely—saved his order some millions of dollars. I only wish to state that this would have been a nice fund for the fatherless and the widows of the deceased members of our profession. It is only too well known that many in our profession, faithful workers during their lifetime, have left but a pittance to their loved ones. I do not hesitate to say that both the fraternal societies and the physicians would be on a more enduring basis, on a more solid foundation, if the societies had their benevolent funds with the lodge physician left out. It is so in many, if not all, of the United States, and from them we might well take a lesson. And just here I would wish to state what will commend itself, I am sure to every one, that in many cases a trained nurse should be engaged by the order instead of drafting members who have been at work all day to do more work at night. The interest of the patient demands it, and just here let me state that a great deal of the success of the physician is due to the trained nurse. The trained nurse has come to stay. If anyone wishes to pursue this subject further I will ask those of you who have not read the last chapter of Dr. John Beattie Crozier's work on “My Inner Life,” to do so. There you will find a better statement than I can give you, and in the language of a well-known writer, of the disastrous results of lodge work or club practice as it affected him in his home in Eng-



land. Dr. Crozier is a graduate of Toronto University of '72, of the same year as our lamented Zimmerman. Our Osler was of the same year, but left us for McGill at the end of his second year. Dr. Crozier, as many of you are aware, was an old Galt boy, and is now receiving an annuity from the British Government for his work as a philosopher. Crozier's work at the G. G. S helped to stimulate many a less apt student. He has done much research work, but it was hunting for an ideal. Had he turned his attention to medical research I have, no doubt, no microbes would have kept out of his way. I think, however, you will find his writings in regard to lodge work solid. Crozier is one of Canada's famous sons, of whom we have great reason to be proud.

A short reference to another subject and I am done. You are well aware that there could not be a more important subject than public hygiene, and especially that part of it which comes under school hygiene. It needs a great deal more attention than has been paid to it. The hygiene of the schools is in a somewhat crude state, and a little more attention would bring the sanitation of our schools up-to-date. Our knowledge of what is required is not deficient. It seems a matter of neglect, pure and simple. A minister of health, which we have not yet, would be one of the most important portfolios that any government could have. Good health is one of the greatest assets that an individual or a government can possess.

Many subjects I must leave untouched. It is well understood that in the medical profession there must be a division of labor, but whatever department we pursue, we must do so with "prudence, promptness and patience." These are the graces of the soldier, so well described by Miss Harris. They may well be the graces of the physician, for the practitioner of medicine, in its widest sense, is a soldier always, a combatant, fighting the enemies of life, striving to keep death as far off as possible. Even on the battle field he never shrinks from danger, he is doubly, thrice-fold, a combatant—a parting word to doubting ones. The thought that the cycle of life, changed as it is to a short period, is manifestly due, not from any want of skill on the part of the medical profession, but to a Divinity, to God alone, does not need a very strong faith to believe. It is proof itself, and if we believe in this great change of the cycle of life, why can any one take exception to the Immaculate Conception, the Resurrection and the Ascension? Contrary to much that has been said of the physician's belief, he has certainly been one of the strongest supporters and exponents of Biblical history. We have been placed here to work out many problems, and if we make use of the means of the research that has been given us, the mist and the clouds which hang over us, may be cleared up and it will be given us to know much of what is seemingly mysterious. We have no conception of such phrases as

*boundless space or in the beginning.* It may be given us to explain much that is now mysterious, but it will only be done by honest, faithful work, not by the methods of so-called Christian Scientists, but by the labors of those who will enter the great field of research work into nature's laboratories and the special laboratories for research.

---

## APPENDICITIS IN RELATION TO PELVIC DISEASES AND PREGNANCY.\*

---

BY A. LAPTHORN SMITH, M.D., M.R.C.S., (ENG.).

Surgeon-in-Chief of the Samaritan Hospital for Women; Gynecologist to the Montreal Dispensary to the Western General Hospital and Consulting Gynecologist to the Women's Hospital, Montreal; and Professor of Gynecology in the University of Vermont, Burlington. Fellow of the American, British and Italian Gynecological Societies.

---

That no machine is stronger than its weakest part is an axiom which may be accepted without argument. Our beloved and revered Oliver Wendell Holmes described a machine which was so well constructed that it had no weakest part and which all went to pieces at once; but that was a poetic license. As a matter of fact the axiom is true, and were it not for some weak link which breaks first every chain would hold forever.

The human body is the most complicated piece of machinery that has ever been constructed, and were every part used as nature intended it to be there would be no weakest part and it would go on working much longer than it does. But unfortunately owing to changes from the natural to the artificial modes of life there are some parts of it less used than others, and these parts become the weakest ones. Although we have fallen into the erroneous habit of speaking of work as being a cause of disease, we will generally find on closer analysis that it is really idleness of an organ that kills it. If we walk on our legs they become stronger, but if we hire another man to carry us his legs become stronger and ours become weaker. If we masticate our food from childhood up we will have a jaw big enough to hold all our teeth and the latter will be sound; but if we have our food masticated by machinery, or if we swallow it without mastication at all, our jaws will become smaller so that there will not be room for our teeth, while even if some of them are removed so as to make room for the others, the latter will

---

\* Abstract of paper read before the American Gynecological Society, Niagara Falls meeting, May 24th, 1905.

be poorly nourished and are easily attacked by the bacteria of decay.

Owing to our present methods of living the vermiform appendix is the least used part of the human mechanism. From our knowledge of comparative anatomy we can safely conclude that at one period of man's history the appendix of the cecum was such an important organ that a human being who had one the least bit shorter than his neighbor's had a slightly lesser chance of surviving in the struggle for existence. At a time when one had to consume enormous quantities of coarse roots and leaves, which was the only food to be had during the winter, the man who was a few quarts short of appendical juice was soon left behind in the struggle; he had fewer children to inherit his appendical shortcoming; while the one who had an extra long one flourished accordingly, and handed his appendical advantage down to a numerous progeny. Just as we say now that an army crawls on its stomach there may have been a time in man's evolution when his success in life depended on the length of his appendix. Now all this has been changed; our ancestors began by picking out the roots that were most easily digested and then they stored up nuts and other fruits to last them through the winter, with the result that they could get along very well with a few inches less of appendix. When they took to eating meat and other foods which were digested in the stomach the appendix became a few inches shorter, and when they began to cook their food so that it was digested before it reached the cecum the *raison d'être* of the appendix ceased altogether. So that at the present time, Sir Wm. McEwan's high opinion to the contrary, notwithstanding, it is not only of no advantage to have a long appendix, but, on the contrary, it is a handicap and source of danger to have one at all. Indeed it is quite conceivable that it may only be a question of a few thousand years for the cecum itself to follow its five-foot appendix into the historic realms of things which have been. We may safely say that there is no organ in the human body, not even excepting the coccyx, which is less used than the vermiform appendix is to-day, and being the least used it is by long odds the weakest.

An organ which is weak even in the healthiest, must be still weaker in the unhealthy. Who are the unhealthy? Those who are deprived of fresh air, sunshine, proper food and exercise. Here we have the explanation of the truth contained in the well-worn joke, that it is fashionable to have appendicitis because most of the wealthy people have had it; and it also explains the unjust accusation which we so often hear, that appendicitis was invented by the doctors in order to reap a harvest of operation fees. The reason why the rich woman in the city is a fit subject for appendicitis is because she is the most unhealthy specimen of her race, for she habitually gets the smallest possible amount of fresh air, sunshine,

proper food, and exercise. Anyone who knows her mode of life must admit this ; losing several hours of sunlight while she is sleeping late in the morning, several hours more while driving about in a closed carriage to darkened stores, and all the while attending lunches and card parties from two to six in the afternoon. As for air, what with the doors and windows of her bedroom closed, what with the overcrowded condition of the badly ventilated shops, the still worse ventilation of the lunch and card-room during the afternoon, and the dining-room and theatre in the evening, who can get less air than she does? As for food, many of the items on her bill of fare are lacking in the proper elements, and even if the exhausted woman had the right kind of food she could not digest it, and hence another source of weakness. But it is for want of muscular exercise that the rich city woman suffers most of all ; the muscles of the arms, legs and abdominal muscles, all have their work done for them by paid substitutes, while the exercise of the heart and lungs is reduced almost to the vanishing point. Can any one say that such a woman is healthy even before marriage? But when she marries and becomes either infected or pregnant, or in some cases both, she becomes one of the weakest specimens of her race. Is it not evident that if any one is a suitable subject for the decay of her least used organ, she is that one. There are many thousands of such women, and they would all do well to have that useless organ removed before they embark on the perils of pelvic disease or pregnancy. For in all of them the appendix is on the verge of decay and only waiting for a temporary increase in the number of colon bacilli for it to be attacked with ulceration, perforation and gangrene. When the heavy and badly-nourished appendix drops down into the pelvis and touches the infected tube, adhesions are formed which we so often find attached to the latter when we are operating for its removal.

During pregnancy the digestion, which may have been outraged for years, breaks down completely and the appendix is then worse nourished than ever. Peristalsis is inverted ; there is vomiting and obstinate constipation, a condition in which, by actual experiments, the number of colon bacilli is enormously increased. Their function in the economy is to disintegrate dead or dying organic material ; if they are not too numerous and if they remain in the intestine they do no harm ; but when the latter or any part of it becomes weakened, the colon bacilli migrate into its walls and cause ulceration. If the circulation of the patient is bad and the quality of the circulating fluid is poor there is nothing to prevent the ulceration from going on to gangrene and perforation with its general infection of the peritoneal cavity. If, on the contrary, the quantity and quality of the circulation is fairly good phagocytosis takes place and the weakened appendix is strengthened and walled

off by adhesions consisting of organized lymph and omentum and the general peritoneal cavity is saved.

Considering how near the appendix is to the pelvic organs and how often it is affected by the same causes which affect them, such as constipation, poor circulation, etc., and remembering that an infected appendix may dip into the pelvis and infect a congested or inflamed Fallopian tube even of the left side and in view of the lessened resistance of the economy in general, and of the appendix in particular, during pregnancy under modern conditions the writer believes that many cases of supposed pelvic disease and puerperal septicemia are due to disease of the appendix. In the case of the Fallopian tubes I am sure of it for in more than a dozen cases when I have been operating for the removal of pelvic abscess I have found the right tube, and in one case the left, with the appendix imbedded in the adhesions. I have had no death in my midwifery practice since twenty years, and before that time, although I had two from general peritonitis, we did not know enough about the appendix to even suspect that it might have had anything to do with the condition.

But the literature contains many authentic cases of appendicitis during pregnancy, and when I look back on my experience of many pregnant women who complained of pain in the right side, I am convinced that many of them were suffering from mild appendicitis or from the dragging upon adhesions of the appendix to the right tube, to the uterus, or to the wall of the pelvis. If this point were especially looked into by those who have an opportunity of making *post-mortems* on women dying during the last week of pregnancy, much light might be thrown on the subject of these severe but ill-defined pains which so many pregnant women complain of.

As all our studies and deliberations lead up to the one great end, viz., that we may give our patients better preventive and curative treatment, let us inquire what should be our treatment in these cases so that we may the better relieve suffering and save life.

Perhaps in no department of medicine has greater progress been made during the last twenty-five years than in the treatment of pelvic diseases and in the care of the pregnant woman. Previous to that time removal of pus tubes, tubal pregnancies and of tumors of the uterus and the ovaries, while they were yet small enough to remain in the pelvis, was very rare. At that time it was no uncommon thing to see a woman with a pelvic abscess which was allowed to burst into the bladder, rectum, or vagina, and even through the abdominal wall, die from prolonged and exhausting suppuration. At that time, too, it was the exception to give the pregnant woman any treatment whatever until she sent for her own or any other doctor to attend her in her confinement. In both these respects a great improvement has taken place; pus tubes are now recognized before

irreparable damage has been done by the protective adhesions thrown out by nature, at least before disastrous rupture has taken place into other cavities. While the pregnant woman is receiving more and more attention earlier and earlier in her pregnancy, in order to prevent as well as to remedy the ills which modern methods of living are bringing upon her, there yet remains much to be done, and in no direction more than in the direction which forms the subject of this discussion.

So that with all due conservatism the writer feels convinced that in all operations for pelvic diseases the vermiform appendix should be suspected, examined, and if found guilty removed. And women who are known to have appendicitis should be urged to have it removed before marriage or at the latest before the third month of pregnancy if it causes trouble. While the writer does not wish to go quite as far as that, still he thinks that it is a question worthy of discussion whether it would not be better to remove the appendix at a time when there would be no death-rate, from those women who are almost certain to require its removal sooner or later and in whom a late operation gives such a high mortality.

If the above data are correct, and of course they are open to criticism and correction, we know fairly well what kind of women are almost certain to be attacked with appendicitis, and in them at least an ounce of prevention is worth a pound of cure.

---

## REPORT OF A CASE OF CARCINOMA OF STOMACH.

---

BY W. J. MCCOLLUM, M.D., TORONTO.

---

The following are the clinical and pathological notes of a case of Carcinoma of Stomach. The case was reported to the Toronto Clinical Society at the November meeting, 1904, when the patient was presented. The pathological specimens were presented at the February meeting, 1905:

James S—, aged 44 years: born in Scotland, and a resident of Canada for past eight years.

*Family History.*—Nothing important; no history of Carcinoma.

*Habits.*—Carpenter by occupation; heavy drinker for past ten years or more.

*Past Illnesses.*—Has always enjoyed good health; never had any serious illness; never suffered from dyspepsia.

*Present Illness.*—Was in perfect health up to March 20th, 1904, when he had a very severe hemorrhage from the stomach. This

came on, without any previous warning, about 10.30 on a Sunday night, as patient was undressing. He felt a sensation of nausea and went to the bath-room to vomit, where his wife heard him fall and found him in a state of unconsciousness. I saw the patient shortly afterward and found him much collapsed, very pale, with a rapid pulse. He had vomited about a quart of bright red blood.

Abdominal examination at this time was absolutely negative; no tumor, enlargement of liver, or any gastric or intestinal symptoms.

Patient recovered quickly from effects of hemorrhage, and after remaining in bed ten days, he resumed his work at end of three weeks, in apparent perfect health and with a weight of 156 pounds, the heaviest he had ever weighed.

I did not see patient again, after April 10th, until July 1st, when he came to my office. During this interval he had been working steadily, but when consulted on July 1st he was much reduced in weight (loss 25 lbs) and was feeling weak and unable to continue his work. Complained of absolutely no gastric symptoms except loss of appetite, had had several attacks of weakness, followed several hours afterwards by tarry stools.

Examination of abdomen at this time showed liver dullness normal, lower border of stomach about one inch above umbilicus. In upper part of abdomen to left of middle line, and just below left costal margin, a sense of resistance could be felt, over left rectus muscle, but no dullness or tumor could be detected.

*Examination of Stomach Contents.*—Complete absence of free Hcl.; no lactic acid or Oppler-Boas Bacillus. Tube passed without difficulty. Diagnosis of Carcinoma of Stomach situate away from either orifice was made.

About 10th of July patient went to Boston for a trip and did not return until October 10th. In Boston he was examined by several physicians, and was told he had no cancer of stomach but was suffering from anemia. I saw him again on October 18th and sent him to St. Michael's Hospital.

*Examination at Hospital.*—Patient much reduced—110 lbs.—marked Cachexia; blood examination showed Haemoglobin 50%. Patient complained chiefly of weakness and pain in right upper abdomen, no vomiting or gastric symptoms, no hemorrhage, bowels regular, appetite poor but no difficulty in swallowing.

*Examination of Abdomen.*—Liver dullness increased to about four inches below right costal margin in mammary line, marked bulging in upper part of abdomen on right side. Palpation reveals a tumor extending about four inches below ribs on right side, smooth, and moving with respiration; small firm mass felt on left side, below left costal margin. This can only be palpated during deep respiration.

Stomach extends below to a line about one inch above umbilicus.

*Examination of Gastric Contents.*—Absence of free Hcl.; no lactic acid or Oppler-Boas Bacillus.

*Examination of Thoracic Organs.*—Normal.

*Examination of Urine.*—Normal.

*P. M. Examination, Jan. 6th, 1905.*—Primary Carcinoma involving anterior wall and lesser curvature of stomach, pylorus and cardia perfectly free. Immense secondary growths in liver, which practically filled the abdomen and extended below crests of ilium, secondary growth also present in pancreas, and transverse colon.

The points of interest in this case were :—

1. Initial Symptoms--Severe hemorrhage. This occurred in the absence of any gastric symptoms whatever and without any warning. With a history of alcoholism it suggested cirrhosis of liver.

2. Absence of gastric symptoms throughout whole course of disease; patient only had two or three vomiting attacks from beginning of disease to the end. There was no flatulence or distress or pain after eating. Cancer of the stomach, when not situate at either orifice, may give rise to few gastric symptoms.

3. Early and persistent absence of free Hcl. This was found to be absent early in the disease, before any tumor could be detected, and in the absence of any gastric symptoms except a history of hemorrhage and a loss of weight. It was certainly of considerable aid in making an early diagnosis.

4. Absence of lactic acid and of the Oppler-Boas Bacillus.

Though frequent test meals were given lactic acid was never detected, nor was the Oppler-Boas Bacillus. The explanation of the absence of lactic acid is probably the absence of stagnation in the stomach due to no pyloric obstruction.



## Selected Article.

---

### THE OSLER DINNER.

---

ON Tuesday evening, May 2nd, at 8 p.m., more than 500 physicians from many parts of this country, Canada, and one from Cairo, Egypt, sat down to the farewell banquet, given in the ball-room of the Waldorf-Astoria, in New York City. The guest of honor was Prof. William Osler, and the occasion for the banquet his approaching departure to take up the duties of Regius Professor of Medicine of the University of Oxford. The occasion proved a most happy one, perfect in all its details, and the Committee deserves the thanks of the medical profession for the care that must have been exercised to make the evening so thoroughly pleasant.

The toastmaster of the evening was Dr. James Tyson, of Philadelphia, one of Professor Osler's oldest friends, and the one who wrote the letter of invitation that brought Professor Osler from Montreal to Philadelphia, and gave him the opportunity for the larger career which has stamped his personality on American medicine.

Professor Tyson said that Dr. Osler had very naturally, because of his career in Canada as well as in the United States, attracted the attention of physicians all over the country in the broadest sense and had had an influence wider than any other medical man of his generation. This influence is due not alone to his medical character, but to the breadth of his intellectual sympathies and to the classical, biblical and poetic laws with which his name has always been associated, and which he knew so well how to make subservient to his purposes in the illustration of great principles of medicine. In introducing Dr. Shepherd, Dr. Tyson said that Dr. Osler's oldest friend would be better able than any one else to tell the story of the guest of the evening as a student and teacher in his younger days.

*Student and Teacher.*—Dr. F. J. Shepherd, of Montreal, spoke of Dr. Osler in Montreal, and said that in spite of the passage of thirty-five years since they graduated together in 1870, Osler looked no older, scarcely, and was not at all changed in disposition from the medical student that he at first learned to know. As a student Osler had been known, not for devotion to his books, nor as one whose main effort was to succeed in passing his examinations, but rather for his attention to the post-mortem room, and to whatever hospital work he could succeed in getting, though these features of the medical course were much less prominent than they are at present. While a serious worker, he was never looked upon as one of those who, in the modern term, was a "grinder," but on



DR. WILLIAM OSLER.  
REGIUS PROFESSOR OF MEDICINE OXFORD UNIVERSITY.

the contrary was known and loved for his social qualities, for the kindness of his disposition, and for the numerous friends that he made. In his young days there was the characteristic grain of humor that has so often been exhibited in after-life. While he did not graduate high in his class, there is a special note in the proceedings of the convocation, the Canadian name for commencement, which shows how thoroughly his medical studies were appreciated by the faculty. A special prize was awarded to Dr. Osler's graduation thesis because of the originality it displayed and the research it evinced, and because of the collection of pathological specimens accompanying it, which were presented to the Museum. In the light of his after studies, it is interesting to note that some of these specimens, still in the college museum, concerned the ulcers of typhoid fever. When next Dr. Shepherd met Osler, he was engaged in writing the thesis of the Royal Society of England, of which he had become so highly honored a member. During his teaching days in Montreal, Osler was known for his devotion to his work and his faithful attendance at medical society meetings. His success as a teacher was in accordance with the efforts which he put forth and the interest displayed in his work. He became an inspiration for his students, and was able to rouse interest in original investigation on their part, such as had never before been seen. His personal magnetism enabled him to gather around him a group of young men, all of whom felt the precious stimulation of his own abiding interest in all medical problems. In other words, even in these early days before he was thirty, Osler displayed the qualities which later were to make his influence felt far and wide in the medical profession here in America. He did not allow his practice to trouble him very much at any time in Montreal, and if he kept office hours those at the college were not particularly aware of the fact. He never kept a chariot and, as he used to say himself, this was probably for the benefit of mankind, since those who ride in chariots kill their hundreds, while those walk kill only their tens. His influence for good over the students in Montreal was felt far beyond the domain of their scientific education, and there is many a young man of those days who felt that he owed to Osler the turning point in his career that made him realize the value of high ideals in life. It is no wonder that he left Canada then with the good wishes of his colleagues in the college, of his students, old and recent, and of the medical profession who had learned to value him. Now that he has united the professions of the United States and Canada by the sympathetic qualities of his genius, his Canadian brothers will indeed welcome him back to the Mother Country, feeling that another stage of his evolution had been passed that would make him even more broadly useful.

*Dr. Osler in Philadelphia--Teacher and Clinician.*—In introducing Dr. J. C. Wilson, of Philadelphia, who spoke to the toast of

"Osler in Philadelphia as a Teacher and Clinician," Dr. Tyson said that though Philadelphia had long been considered the medical center of the United States, there was no doubt in the minds of those who were best in a position to know, that Dr. Osler's coming to Philadelphia marked an era in Philadelphia Medicine.

Dr. Wilson said :

In the face of this programme I cannot express surprise at being called upon to address you, nor can I indulge in the ancient apologies for lack of preparation for an unexpected honor. I may say to you, however, in confidence, that for some weeks I have wondered why I was selected for this purpose and what I am expected to say. During this time I have often thought of the country minister who, finding himself somewhat ahead of his congregation, started to pray in the empty church with much fervor and in a loud voice for *force*. As he was about concluding one of his deacons, coming in, said to him, "Parson, you are praying for the wrong thing ; you don't want *force*, you want *ideas*."

We cannot think of Dr. Osler in Philadelphia without thinking of him before he came to us and since he left us. His whole previous career was a preparation for his work there ; his half decade of work there was, it now seems, a necessary period of training for the great decade and a half at Johns Hopkins, and the rounded half century since he left off knickerbockers a complete and progressive course of development and preparation on this side the Atlantic for the crowning period of an illustrious life upon the other side. No part of it could have been left out.

Shakespeare's "Home-keeping youth are ever dull of wit" has the fault of most sweeping generalizations. It is true, they mostly are. But not always. It depends upon the home. Populations have left New England, but who ever heard of anyone leaving Boston? Yet the Boston wit retains the old flavor. From most other places the bright spirits migrate. It has been said that the test of the true American is the impulse to move on. If this be true, Dr. Osler is the very type of an American. And the remarkable thing is that the farther he moves the more he is missed. There is no authentic record of the state of mind of that far settlement of Ontario which he left in early infancy nor of the nature of the repast by which his departure was celebrated. But when he left Toronto there was tears and sorrow and something to eat, and when he left Montreal, the same with singing, and when he took his departure from Philadelphia we had emotions which we could not suppress, together with terrapin and champagne ; and now that he is going to leave the country there is universal sorrow and the largest medical dinner ever cooked. Yet there he sits, the embodiment of that imperturbability which he has so charmingly described as a medical accomplishment, but which we know to be essential to the mental make-up of a peripatetic philosopher.

I may be permitted to speak of Dr. Osler in Philadelphia from two points of view: First, the influence of our quiet Quaker life upon him, and, second, his influence upon us.

First, then, we at once sought to make a practitioner of him. But of that he would have none. Teacher, clinician, consultant, yes, gladly; but practitioner—no! and that with emphasis. This was partly due to his knowledge of affairs, partly to his temperament. One star differeth from another star in glory. His light was to be bright and guiding, and seen of all men. Not for him the dim and shaded light of the sick room, the patient daily service to the weary sufferer, the tiresome round of daily calls, and vexatious failure of the approved method to accomplish the desired result. He recognized his metier and carried out his plan. And this gave him time and opportunity, and of both he made supreme use.

To an institution traditions are what character is to a man. The traditions of the University of Pennsylvania deeply impressed him. Morgan, Shippen, Kuhn, Rush, Caspar Wistar, were to him living personalities. His actual associates were such men as Agnew, Stillé, Leidy, Pepper and others whom we all know. The lives and characters of these men were not without influence upon the young Canadian, trained in the best way by association with men like Bovell, Howard and Ross, and familiar with the best methods and results of British and Continental Medicine.

Not less important was his connection with the College of Physicians, with its cherished traditions and magnificent library. Nor is the part played by the Pathological Society to be overlooked. Here he brought his best work, the result of long and keen study, illustrated by the findings in the post-mortem room at Blockley, and always met in large measure the sympathy and admiration of the younger men.

So from point to point during the five years he was with us, at the best period of his life, he found the stimulus of tradition, of opportunity and of appreciation.

What did he do for us? He made himself agreeable to the older men, and demonstrated to the younger men how medicine should be learned and taught. He broadened our conceptions in regard to the inductive method in medicine. Facts, facts—always the facts. The facts of the ward, of the microscope, of the laboratory, of the post-mortem room. He made it clear to some of the younger men who are now reaping the reward of their work, that it is not necessary for every man to be a practitioner in the ordinary sense, but that long years of hospital and laboratory work constitute a better equipment for the teacher and consultant. He inspired his students with enthusiasm for letters, and taught them the rare rewards that come of searching the medical scriptures. He showed that in the democracy of our profession any man is

free by a principle of self-selection, to attain the most coveted post of distinction and honor. He pointed out not only to us but to all men how fine and noble the profession of medicine is for those in it who are fine and noble.

He ornamented his discourse with quaint allusions to Holy Writ and "The Pilgrim's Progress," but did not in those days say much about Montaigne and the Religio Medici, and rarely alluded to Plato or Marcus Aurelius. Nevertheless, he helped some of us to do a little thinking.

At length, after the fashion of the nautilus, he builded a more stately mansion, and left us. We would have fain kept him. But that could not be. Without him the Department of Clinical Medicine at Johns Hopkins, mother of many teachers, might have been childless.

The Old World has given to the New many and great physicians. But these gifts have been returned not so much in number as in kind. The father of Brown-Séquard was a Philadelphian. Marion Sims passed many years, and did much of his best work in London and Paris, and now to the list is added another imperishable name.

I asked a bit ago who ever heard of anyone leaving Boston. There is one famous case—a Boston boy who became the greatest American. There are points of resemblance between that great philosopher and this great physician. In both are manifest vigor of body and intellect, untiring energy, unflinching interest in things and men, manysided knowledge with the wisdom to use it, that quality known as personal magnetism and the gifts of leadership. Philadelphia is fortunate to have been the home of Franklin and the abiding-place of Osler.

There are many things I could say of Dr. Osler, were he not here, that I will not say in his presence. What we leave unsaid he must take for granted. When we are deeply moved we do not say the thing that is next our heart. We take refuge in commonplaces, in persiflage. It is an Anglo-Saxon—an American—trait. I speak not as a Philadelphian but as an American, when I say that it is a good thing for us that he came among us. Not only by precept but also by example has he been an uplifting influence in our professional life. How far-reaching that influence is this company attests. There are men here who have crossed a continent to break bread with him to-night. The source of that influence is to be sought not merely in his accomplishments as a physician, not in his learning, not in his wisdom, nor even in his well-balanced and buoyant temperament, but in that basic principle which all recognize but none can define, which for want of a descriptive name we call character. It is character that tells, and to character all things are added.

Now that he is going away we note that he has a trait that so

many of us lack—greatness in little things—method, system, punctuality, order, the economical use of time. These have been the handmaids to his greater gifts. These have enabled him to widen his usefulness to lands beyond the seas.

“Seest thou a man diligent in his business? He shall stand before kings.”

*Dr. Osler in Baltimore—Teacher and Consultant.*—Dr. William H. Welch, of Baltimore, spoke to this toast. He said that it is always hazardous for contemporaries to attempt to pass judgment on those with whom they have been brought intimately in contact. It always seems worth while, however, that a generation should realize what it considers the value of the work of the men whom it most admires and the reasons for that admiration. It would, indeed, be a precious document if we could have some idea of how much the medical men of his generation thought of Sydenham, and if we could have some notion of the way in which they regarded his ideas, practical, scientific, and ethical. We are then making history for a future generation, and there is no doubt that the man who is being honored to-night exemplifies the highest ideal of the medical profession in his generation. When sixteen years ago Dr. Osler came to Baltimore, the main purpose of the faculty was that the hospital should be an integral part of the medical school, and that opportunities should be afforded for higher clinical training. It seemed for this purpose that students should be made a part of the machinery of the hospital, and it is to Osler that the working out of this part of the plan is due. This, indeed, represents his contribution to medical teaching here in America. He had stood out originally for a broader preliminary education, for the improvement of medicine than had been the custom before, though he had realized also that many of the men who had done well in the past had succeeded in doing so even with the drawback of defective education. When it is announced that only those holding college degrees would be admitted as students at Johns Hopkins Medical School, he said jokingly, “Dr. Welch, it is a fortunate thing that you and I come in as members of the faculty, otherwise we might not be able to secure admission to the school at all.”

His most striking contribution to the life at Johns Hopkins has been the interest which he has aroused among the students and the personal influence which has enabled him to bring out in them the best of their intellectual and moral points. It is no wonder that his students love to call him Chief, for even the medical profession of the country has learned to have something of that strange feeling toward him, and he has done more than any other American medical man of our generation to bring harmony into our professional ranks. The spirit of friendly co-operation which characterizes the medical societies of to-day is due not a little to Osler's incentive and to his genial qualities. His personality was con-

stantly felt as that of a friend rather than a teacher, and his friendliness was marked by some delicious traits of humor. In Baltimore, he will be very much missed for this as well as for his great teaching qualities. No more will Dr. Thayer come home at one in the morning from some medical meeting to find the placard on his door announcing that he does medical practice for fifty per cent. less than any one else in the neighborhood, and when Dr. Opie comes to town, there will be nobody to tell the reporter of his distinguished athletic prowess, the many medals that he holds for athletic events. Many a joke has Osler played on the reporters, but they have more than repaid him in recent times, although it was all unconsciously.

*Dr. Osler—The Author and Physician.*—Dr. Abram Jacobi, of New York, spoke to this toast. He said :

Years ago, on some public occasions, the subject of to-night's onslaughts commended me for having passed six years of my post-graduate existence without writing, or rather publishing a single line, and seemed to congratulate those whom it might concern, upon my discreet literary behavior then and ever afterward. Him, however, I praise for having written and not ceased to write these several decades ; for him art has certainly been long, and opportunities he has not allowed to be fleeting. Indeed, the better part of an afternoon I have spent at the library of the New York Academy of Medicine in the pleasurable occupation of copying the titles of his books, and lectures, and addresses, and pamphlets, and papers.

But lo ! and behold my disappointment. Part of his books, of which there are, after all, only a dozen or thereabout, in fifty or more editions, he has not even produced himself. For you will admit, and he must confess, that it is only the first editions that should be credited to the author ; all the subsequent ones are due not to him, but to the greediness of the public. There are even those who pretend to know that he is no better than a tyro in publishing, in that he never had title pages ready for binding, after every fifty sales, with the inscription : "second thousand," "twentieth," or "ninetieth thousand."

Of cyclopedias and translations he kept going or aided in keeping going, I counted only fifteen ; his shortcomings, however, are most surprising in connection with his sterility compared with the rest of the world's journalistic output. We take in the New York Academy's library one thousand medical (excuse the word, it does not always fit) magazines : the affliction of the Surgeon-General's library is still more deplorable. Now imagine, there are many hundreds of them to which Dr. Osler never contributed so much as a line or as a "how do you do." Indeed, I could not mention the names of more than forty (British and German included) that can boast of his name on their indexes.



You see, therefore, that you have reason to be displeased with some shortcomings of the much-praised and much-loved man. For there are really a great many things he has not said—the James Jeffries of the perilous yellow variety of the press had to do it for him ; many things he has not done, many books he has not written and many addresses my “equanimity” is reluctantly forced to admit he has not delivered.

You all remember that your friend Horace, when you were young with him, said it was difficult not to write a satire. On the strength of that he found it easy to write as many as eighteen and cut right and left. Our criticism of our guest should, however, not be altogether adverse ; indeed there are six hundred here who are of the opinion that no encomium heaped on this friend of ours exaggerates his deserts. Still I know how to excel Horace, for though it be ever so difficult not to pronounce a eulogy, there will be no eulogy of mine here to-night.

I want our guest to feel comfortable among us. That is why I shall become as little personal as possible ; and as the occasion is propitious and you are bound not to interrupt me except on the strongest of provocations, I shall merely try to draw the picture of a medical man such as I have carried in my mind all my life as an ideal to be coveted, but never to be realized by any but the physician whom, provided he is at the same time a “philosopher,” Plato calls “godlike.”

Let us imagine a boy with a healthy body, a sturdy heart and an open mind, with as thorough a general, in part classical, education as the training of two decades will afford. His information is drawn both from books and through his trained senses. That young man's inclinations will be toward natural sciences, anatomy and biology ; in his clinical studies towards etiology. Perhaps he remembers from his Aristotle, that “whoever sees things grow from their origin will appreciate their nature and beauty,” and is slow to stop before a problem that appears to be beyond solution. His clinical work as a student and a graduate will be carried on upon the same lines. In late years his hospital will continue to be a school to him, but at the same time a temple, at whose doors he will leave behind him selfish motives ; he will give the same time and attention to the poor that he bestows on those outside ; where he looks for knowledge he will do so without making the patient recognize that he is a means to an end ; he never forgets that the poor in a hospital, cut off from the world, has nobody to rely upon but his doctor ; and his soul goes out to those who suffer most. Indeed, let us of the hospitals not forget that. In that way two thousand years ago Christians were made, and nowadays socialists and philanthropists. Many of those who greet us with hungry looks are dying or going to die. Indeed, “*morituri nos salutant.*”

In his private relations he will prove what he is, a gentleman.

The Molière period of wigs, and big talk, and sophistical bravado, the food of the credulous, has, or should have passed. Still, you know there is much credulity left amongst the well clad and well fed classes, whose education is limited to what their mental blinders, allow them to see, inside and outside Legislatures. There would be less of it if medical men would talk to the people: less Greek and Latin after the fashion of an ill or overtrained nurse, and more common sense in an intelligible language. Indeed, it is easy to explain in simple words what we so clearly understand ourselves, even to a legislative committee solemnly considering the needs of the people. To that class of plain speaking osteo- and kinesipathy do not belong. That is why they mean nothing beyond ignorance and quackery.

While doctoring with therapeutics, remedial and other, our man will sustain his patient with words and looks coming from the heart, making no cheerless prognoses within hearing, and though his own temperament and foreboding be gloomy, not letting the patient suffer from that source. For, indeed, there are those who, like Osler's friend and companion, Thomas Brown, are of the opinion that "*mundus non tam diversorium quam nosocomium videtur, moriendi potius quam vivendi locus.*" The world is less a place of delectation than a hospital, more a spot to die than to live in. In consultations, before and after them, he cannot help being strictly ethical. While he recognizes his duties to the patient, he owes regard and respect to the colleague. The complaint you sometimes meet in the lay public, that there is too much etiquette among doctors, is flimsy. I wish there were more of it. No patient was ever harmed by the attendant or consultant behaving like what they are, or should be, gentlemen. A consultation should be a pleasure, a lesson, and a support to the attending physician. What our friend practices himself he will teach his students in few words, but incessant examples. Perhaps he remembers his Seneca: "*Longum iter est per præcepta, breve et efficax per exempla.*" Precepts travel slowly, examples swiftly, by a short and efficacious cut. There was my good old Frederick Nasse; his kind looks and words, his gentle smile—they have all gone these fifty-four years, but are ever present to my mind. At the bed-side, in the quarters of the city poor, or in the wards, he was the friend of the sick, our friend, with the same kindliness, geniality and urbanity, that have since warmed my soul in the hospital wards of—Johns Hopkins.

As he instructs students, so he teaches his colleagues in the profession and in professorial chairs. In so doing he is always kind, but not always in *their* way. *Amicus Plato sed magis Amicus veritas.* He loves Plato, but what he loves more, is truth. As a member of medical societies he is active, no committee work is shunned, though a smaller man might do it, nobody is more energetic in filling the programme of an evening, nobody more conscious

of the good medical societies can do to themselves, their members and the public, and nobody more eager to disseminate his own convictions of their important functions.

This teaching, however, is not limited by the fences of his acre or his town. He is of the apostles who are told to travel and instruct and edify. He goes round about the village teaching. He is here and there, and everywhere, obeying the invitation of those who want to look into his eyes and listen to the spell of his voice. A thousand miles are to him like one. To him medicine is no private or narrow business; he is the statesman in medicine, which to him is not a trade, but a vocation and a religion.

I take the man I speak of to be an American, one of us. He looks about and finds it is not all that is good. Having spent his labor, time and genius, on improving his facilities, of teaching and learning, he may succeed to the extent of his own locality and school, but he cannot change what must be brought about by the slow progress of laborious and general evolution. When he says publicly and as often as he thinks it may do good, not that we have no great men nor efficient teachers, but that clinical facilities and methods of almost all our undergraduate schools are behind what they were in Europe fifty years ago, he is found fault with, perhaps ostracised. The least that is said against him is that he betrays our secrets to foreign lands. They forget that it is not he that betrays our conditions, it is our students, our young graduates who, by crowding into our own post-graduate and European clinics proclaim, as it were, from the housetops that they came to seek what they lacked at home. You must have noticed that the emigration to Europe of our laboratory students is no longer as numerous as it was years ago, but the search for clinical advantages has not abated. So if you meet a preacher in the desert, do not stone him. In ten years, or twenty, we shall admit he was right. Perhaps it may dawn upon some of us that what we took for invective, was the sensational lie of a penny-a-liner spy, and what our distrust mistook for a frown was the pity and sympathy of a humorist.

As he works for the future so he looks back into the past. A science, a profession is best understood when studied in its origin and gradual unfolding like the human organism, which is never comprehended except through the study of the embryo and the child. The history of medicine is to him, however, only a link in the chain of human events, one of the most important parts of universal culture, in which wars and kings are only upheavals and incidents. That is why it should be studied by the people at large as a part of their education. It will be understood when presented in a comprehensible form. You all remember the classical histories written by William Osler on the internal medicine, and by W. W. Keen on the surgery, and R. T. Chittenden on the

physiological chemistry of the nineteenth century, and published by the *Sun* four years ago. My medical ideal does much more. The loving connection between medicine and the world, between the profession and the public is not platonic, it is active. Being a conscientious citizen of the profession he feels his obligations as a citizen of the state and of human society. He will work for the consolidation of the profession, for the suppression of quackery and all other forms of infectious disease; for the improvement of our school system, our streets, our subways and water supplies, for the repeal of bad laws, and the introduction of good bills.

That is what your ideal medical man will do. Smaller men must be satisfied with performing only a share of it. But none of us here or elsewhere, has a right to shun common duties. Next to performing great tasks is for us who cannot reach the highest aims, the ambition to work in their service. Ideals are not reserved for those who walk on the mountain tops of human existence. No man or woman should be without a heart, nor without an ideal, and the sense of responsibility to the Commonwealth of which they form a part.

Doctor Osler! Have I involuntarily drawn some, or many, or most of the outlines of your picture, or have I not? I do not know, but I could not help while speaking, beholding you before my mind's eye. Still, being neither an orator nor a poet, nor a savant like yourself, I know my language cannot reach my aspirations nor your deserts. Do not explain, or excuse, or deny, either seriously or humorously. Your natural gifts you are not responsible for, so there is really no need of an apology. The life-long work you invested in your aims and ideals has ever been a labor of love and no hardship. You have not exerted yourself to earn thanks, and expect none. So when you enjoyed your incessant and fruitful toil, we have sympathized and profited. When you, fulfilling the obligations to science, the profession and the world, found inscribed in the innermost of your heart, added to the riches of mankind, we have admired and harvested. Your character and learning, your sound judgment and warm heart, your generosity and consistency have gained thousands of friends. Friends made by such as you are not of the every-day's stamp. There is nobody here or outside that came near you that has not been attracted, improved and inspired by you. These are simple statements in the plain every-day words of one who, being so much older in years than you, was glad to sit at your feet and listen to you, no matter whether you are heard in Montreal, Philadelphia, Baltimore or Oxford. As a sort of explanation of your intellectual growth and success, I have heard you speak of your indebtedness to favorable circumstances and to the influence of your descent. Be it so, for as your friend Thomas Brown, without, I believe, thinking of you, said three hundred years ago: *Non mediocris felicitatis est ad virtutem nasci.*"

(Sent. II, Par. II, p. 178 Merryweather—" it is no mean felicity to be born with the imprint of virtue." So your heirloom has actually become ours, indeed ; and we take pride in it almost like yourself. What your father and your good old mother, who are often on your lips, have done to shape you, they have done for us also. Tell her we send her greeting and the expression of our reverence and of our wish she may, as we do now and ever, enjoy her son long after this, her ninety-eighth year, and of our gratitude to her, the British mother of one of the greatest benefactors of the medical profession of America.

*Presentation of "Cicero de Senectute."*—Dr. S. Weir Mitchell, of Philadelphia, then presented Dr. Osler with a translation of Cicero's immortal essay on old age. Dr. Mitchell said that the gift undoubtedly fulfilled one quality of the true gift, inasmuch as it was something that the givers would like to keep themselves. As to the appropriateness of it there could be no doubt, and, indeed applause of the guests showed already that they realized its aptness to the occasion. One reason of this appropriateness is that Cicero must be regarded as an anticipatory plagiarist, since he had said in a famous passage of this essay, "It is very desirable for man to expire at the right time." As Cicero was probably about sixty years of age when he wrote this essay, he did not state as definitely as the newspapers claim the guest of the evening to have stated just what was the right time for a man to expire. As to his own selection as the presenter of the gift, Dr. Mitchell said he was the youngest man present, and was therefore naturally chosen to make the presentation, to the most venerable member of the American medical profession. It concerned a subject which the ladies never attained, and the translation had been made by James Logan, the friend and adviser of William Penn. The printing of this copy had been done by Benjamin Franklin, and it bears the date 1744. Franklin said very appropriately in the preface, that as it was only old men who would be apt to read an essay on old age, therefore the type selected had been especially large, in order that no straining of the eyes might remind them of how much the departing years were taking away from them. This was a story told by the kindly old pagan philosopher of the declining years, the declining years in the sense perhaps, that one is compelled to decline all the good things and yet find many subjects for consolation in the years as they go.

With a fervent "God bless you!" Dr. Mitchell made the presentation, and wished that Dr. Osler should find in the years as they passed only the renewal of the satisfaction that had been his in the friends and the influence for good of other days.

Dr. Tyson, in introducing Dr. Osler for the response to the toast, said that usually occasions like this and eulogies such as Dr. Osler had listened to came to old men, and therefore had their

elements of sadness, inasmuch as they represented the farewell to the work of a lifetime. It is not the end of a career, however, that is celebrated to-night, but the entrance upon a new sphere of activity; and it is not "Good-bye" that is said, but a cordial "Aufwiedersehen," for it cannot be said that the medical profession of America shall not have the benefit of Osler's presence and of his genial oratory many times in the years to come.

*Osler's Response.*—Dr. Osler said that he could not but feel that the happiness which came to him in the midst of all these manifestations of friendship was undeserved. He felt that he had been singularly blessed in the friends that he had made. He would yield to no man who claimed to have more or better friends than he had, and for this he can say, "God be praised!" If success consists in getting what one wants, and being satisfied with it, then, indeed, success had been his, since friends so precious have come to him. Always, however, there has been the feeling of lack of desert of the privileges that have come. When the invitation to present himself as a candidate to the position of clinical medicine at Philadelphia reached him at Leipzig, Dr. Osler was inclined to think that it must be a joke. He was not sure with regard to it until two weeks later a cablegram reached him to meet Dr. Weir Mitchell in London. Boston measures men by brains, it is said New York by bawbees, and Philadelphia by breeding. It was Mitchell's task to test his breeding. He did so by having him eat cherry pies and noting how he disposed of the stones. As Osler disposed of them discreetly, the breeding question was settled. Friends had spoken during the evening of his influence on Philadelphia. What he felt as one of the most precious things in his life was the influence of Philadelphians on him who have been the colleagues of such great men as Pepper and Leidy and Agnew and Ashurst, was of itself a liberal education in medicine, a suggestive influence in medical education and in teaching, whose power could not be exaggerated.

At Johns Hopkins there had come the opportunity to do for America what had been so well done in Germany, to make a great teaching clinic. If he has accomplished anything, Dr. Osler feels it is by the introduction of Teutonic methods into American medical education. He cannot but feel supremely thankful then for the opportunity for this that was presented at Johns Hopkins.

*American Hospital Opportunities.*—Dr. Osler said that even on an occasion like this he felt that he must say a word with regard to the hospital opportunities that are being wasted in America. In every town of 50,000 inhabitants in this country, there could be a good medical clinic from which would be issuing regularly distinct contributions to medical progress. For this, however, there must be a change in hospital equipment and methods of appointment. If a few men guided the destinies of hospitals instead of

many, and if they were not too often the bone of political contention, then much might be accomplished that now failed. There would have to be properly paid assistants who would remain as resident physicians at the hospital, not for a year or two, but for many years. If this were done, then America would accomplish more for clinical medicine in five years than Germany could do in ten.

Dr. Osler himself has cherished three personal ideas: Do the day's work well, to act up to the Golden Rule and to cultivate equanimity. To do the day's work well may seem too practical to be an ideal, but it is an ideal. To let the future take care of itself, and to do the thing in hand as well as possible, represents the only hope for the successful accomplishment of good work. The Golden Rule is an ideal only if it is applied, not alone to the professional brethren, but also to patients and to all those with whom one comes in contact. As for equanimity, it is the only thing that insures anything like happiness in life. Equanimity that enables a man to take success with humility, to enjoy even his friends with humility, and to suffer sorrow and trial without being cast down.

Dr. Osler feels that he has made mistakes, that they have been of the head and not of the heart. He has loved no darkness, he has sophisticated no truth. He has allowed no fear to paralyse his efforts. He leaves his friends with sorrow and yet with feelings of profoundest joy over their manifestations of kindness to him and his, and he feels that the bonds, though loosened, are not severed.—*Medical News*.

## Clinical Department.

### A Case of Tumour in the Third Ventricle. O. J. KAUFFMANN, M.D., in *British Medical Journal*.

J. R., aged 40 years, was admitted into the infirmary on September 24th, 1904. He was comatose, and breathing deeply and stertorously, but could draw up his arms and legs in response to peripheral stimulation. The left side of the face appeared rather flatter than the right, and it was thought that there was slight weakness of the left eyelids. Temperature, 101°; pulse, 88; respiration, 23. The condition remained practically unchanged for twelve hours, until about 8 a.m. next morning, September 25th. In that period he had several times passed urine and feces in bed. The temperature had gradually fallen to normal. At the hour named, consciousness began slowly to return, and by noon he had recovered sufficiently to make rational replies to questions of a simple nature, though he had still much confusion of thought, was inclined to yawn, and, if left undisturbed, quickly dropped off into quiet, natural sleep. He had no recollection of the seizure on the previous day, nor of having been brought to the Infirmary. Temperature, 98°; pulse, 72; respiration, 24. Urine normal. Knee-jerks equal and moderate; plantar reflexes equal in extent and rapidity, and both flexor. No trace of hemiparesis, hemianæsthesia, or hemianopia, and no speech-defect. The tongue was protruded mesially, and there was no trace of facial weakness, either during rest or an exertion of the muscles. The patient was completely blind in each eye from early infancy, the corneæ showing many opacities, rendering the pupils difficult of definition; they were, however, equal and rather small.

*The history* was as follows:—For twelve months before the apoplectic seizure above detailed, the patient had been continuously an inmate of the workhouse. Apparently there had been no reason to suspect any grave illness until September 24th, the day of his admission into the Infirmary. On that day he was noticed to vomit several times, but did not keep his bed. About 9 p.m. he was found unconscious and stertorous, and was transported to the Infirmary.

On September 30th, the patient having apparently regained his usual health, he was allowed to get up, and found his way about in his accustomed manner. Four days later, looking and feeling quite well, and presenting no vestige of paralysis, he was sent back to the workhouse. No definite diagnosis as to the cause of the apoplectic attack was made.



On October 25th, twenty-one days after his discharge, he was re-admitted in a semi-conscious state, and unable to reply to questions. He resisted handling, and the conjunctival reflexes were present. He vomited once, and threw his arms about restlessly. At 10.30 p.m. the coma had deepened, his face was flushed, and respiration stertorous; the temperature had risen to 104.6°. Both plantar reflexes were brisk and extensor. An hour later he died.

It may be inferred that for about twelve months before his first admission the patient had enjoyed apparent good health. It is almost certain that during that period he had not suffered from vomiting or severe headache, for it is customary to transfer persons thus affected to the Infirmary without delay. The fundi of the eyes could not be examined owing to the corneal opacities.

*Post-mortem Examination.*—The body was remarkably well built and proportioned, and well nourished. The scalp rather hyperæmic, and the bones of the skull thicker than normal. The dura adhered extensively and strongly to the calvarium. The pia mater looked abnormally dry on the surface, and felt tacky, not smooth like the normal pia. The cerebral gyri were much flattened and the sulci narrowed, as from considerable intra-cerebral pressure. On cutting the infundibulum in removing the brain, a large gush of cerebral fluid occurred. Apart from the compression, the surface of the brain was healthy, and there was no meningitis. The optic nerves, tracts, and chiasma were very thin, and of yellowish color.

*Description of the Tumor.*—The tumor, as large as a small hen's egg, roughly resembling the same in shape, and measuring two inches in length by one and a half inches in greatest breadth, occupied the greater part of the third ventricle, the cavity of which was considerably dilated by the growth. It had apparently originated in the choroid plexus of the third ventricle, and was completely encapsuled in the layers of the velum interpositum, which membrane appeared a little thin where it was stretched over the tumor, but showed no other morbid change. The choroid plexuses of the lateral ventricles were healthy. The veins of Galen were easily traced over the hinder part of the upper surface of the growth. Superficially to this ran the body of the fornix, much thinned, expanded, and softened by pressure. Pretty free rocking movement could be imparted to the tumor with its capsule, and it was held in position by this alone, being unconnected with any part of the brain structure. By gently shifting the growth, the three commissures could be seen, intact as to continuity, though lengthened by recession of the corpora striata and thalami. Behind the posterior pole of the tumor, the commissura habenularum appeared, looking quite normal. The pineal body had become adherent to the lower fold of the velum encapsulating the tumor. On cutting the velum laterally on each side, it became easy to turn back the

tumor, thus exposing the widened cavity of the third ventricle and infundibulum, and the flattened opposed surface of the basal ganglia. The pulvinar in each side was somewhat small and shrivelled—a condition associated, in all probability, rather with the atrophy of the optic tracts than with the intraventricular pressure. The foramina of Monro were not recognizable.

When the brain was freshly opened, the growth having its upper part alone exposed, had very much the appearance of a fresh oyster, possessing the same greenish-grey tint, and apparently a very similar consistency. It was, in fact, so soft as to give the impression of a very slack cyst. But after hardening in formalin, it acquired a yellowish-pink color, and a firmly gelatinous consistency, with a tendency to gape on section. The cut section looked uniformly grey, with the exception of a few opaque white specks, widely scattered.

Microscopic examination was very little successful. Freshly cut frozen sections displayed the structure poorly; and still less was made out from sections cut in paraffin after hardening in formalin. The growth consisted of small cells, roundish and oval, situated in a matrix, which later formed the greater part of the mass. There was a total absence of blood-vessels; but many lacunæ were distributed through the matrix, looking like lymph channels; their walls showed no special structure, and they gave the impression as having been merely hollowed out of the matrix. The tumor cells were granular, showing no nuclei, stained a diffuse pink with Von Giessen's stain, and showed no systematic grouping. The matrix was, to all appearance, structureless, and took a pale yellowish-pink color. Several other nuclear stains failed to show nuclei in the cells.

I regard the growth as being a degenerated sarcoma, probably most fittingly to be termed a myxo-sarcoma. For its duration no data are forthcoming, but it is certain that it had grown slowly, judging from the great enlargement of the third ventricle and the absence of symptoms.

## Therapeutics.

### Hemorrhoids.

According to T. C. Hill, in *Boston Medical and Surgical Journal*, it should be within the province of every general practitioner to treat successfully the more common rectal diseases, including hemorrhoids. Hemorrhoids may be classified, according to Hill, into external and internal, and of the former the most common forms are the thrombotic and the external connective tissue hemorrhoid. The thrombotic form is an extravasation of blood at the margin beneath the skin covering the external sphincter. It is a very painful condition, which usually lasts for two or three days, or until the clot has been absorbed and the pressure relieved on the nerves supplying the parts. They are usually caused by straining at stool, lifting, or by paroxysms of coughing. The treatment of this condition is simple and effective by first injecting, with a sharp-pointed needle, a 1 per cent. solution of eucain as follows: With the left index finger and thumb grasp the peri-anal skin near the tumor and pinch for a moment to render the part numb, and then insert the needle very superficially just under the skin, slowly injecting the whole of the top of the tumor. Then with a curved bistoury transfix the base of the swelling and cut outward, and if necessary use a curette to remove the clot and pack firmly with a strip of iodoform gauze and allow it to remain for twenty-four hours to prevent the formation of another clot. This procedure, Hill says, is always successful.

The "connective tissue hemorrhoid" is made up of redundant folds of peri-anal and anal skin, caused by stretching this region by large hard fecal masses. A slight laceration is produced and a mild infection takes place. In the treatment of this form, when the external sphincter is acutely inflamed, but not hypertrophied, a palliative course of treatment is recommended. Constipation must be relieved. After bathing the parts with warm water and drying, he advises those procedures recommended by Goodsall and Miles, of London, of removing all adherent secretions and previous ointments, wiping the anal region with olive oil on cotton wool and then apply the following ointment:

R. Zinci oxidi ..... ℥ii  
 Linimenti camphoræ ..... ℥ss  
 Lanolini ..... ℥i

M. Ft. unguentum. Sig.: To be applied locally at night, and during the day dust the parts with the following powder:

R. Zinci oxidi ..... ℥ss  
 Pulv. camphoræ ..... ℥ii  
 Pulv. amyli ..... ℥x

M. Ft. pulvis. Sig.: To be applied locally during the day.

After the acute symptoms have subsided remove by excision, first anesthetizing with the eucain solution and excising the hemorrhoid with curved scissors and allow it to heal by granulations, or, if the base is too broad, the wound may be united with catgut sutures. Only two or three folds should be removed at one time, in order to avoid contraction of the anus. As to internal hemorrhoids where the patients complain of bleeding and protrusion takes place, operation is recommended in all cases. The author favors the injection method in skilled hands in such cases. He proceeds as follows: Empty the bowel by means of a saline cathartic and a large enema of soap and water; render the parts aseptic by means of a bichlorid solution and slowly inject the following:

R.	Acidi carbol.....	.ʒii
	Acidi salicylici.....	ʒss
	Sodii biboratis.....	ʒi
	Glycerini (sterile) q. s. ad.....	ʒi

M. Sig.: Inject six to twelve drops slowly.

After the injection the hemorrhoids should be replaced within the bowel and a suppository containing one grain (.06) of pulverized opium inserted and a T bandage applied with moderate pressure over the anus. The bowels should be moved with cascara on the second night and daily thereafter.

While the writer does not believe in the exclusive use of this method, he is of the opinion that in properly selected cases where the external sphincter is somewhat relaxed, or can be dilated without much discomfort to the patient, perfect results may be obtained. But where the hemorrhoids are not large or are over three in number they may preferably be treated radically by ligature method.

Gant, in *New York Medical Journal*, states that the non-operative treatment of hemorrhoids consists in placing the patient in bed in a recumbent position, restricting the diet to liquids and semi-solids, giving laxatives and applying the ice bag and astringent remedies to reduce the swelling and inflammation. If strangulation is present with pain and spasm of the sphincter hot water compresses should be applied and suppositories containing morphin, gr. ¼ (.015), each inserted as necessary. If hemorrhage is present a small plug of gauze, about the size of the little finger and three inches long, should be inserted, moistened in a 2 per cent. silver nitrate solution or a 10 per cent. ichthyol or 50 per cent. balsam of Peru. But he is of the opinion that non-operative treatment is only palliative and must be followed sooner or later by operation. The operations most frequently employed are: 1, the clamp and cautery; 2, ligature; 3, excision; 4, injection.

This author prefers the clamp and cautery or the ligature methods. In uncomplicated cases he prefers the office treatment, and he has discarded cocain and eucain, and operates under local anesthesia by distending the tissues with sterile water.—*J. A. M. A.*

## Physician's Library.

---

*International Clinics.* Volume I, XV. Series, 1905. Edited by A. J. O. KELLY, M.D., with the collaboration of leading members of the medical profession throughout the world. Price per volume, \$2.00. Issued quarterly. Philadelphia: J. B. Lippincott & Co.

The present volume of this fine series of clinical reports and advances in medicine, is before us, and is one of the best, if not the best, it has been our privilege to examine. An especially valuable feature of this volume is the department devoted to the progress of medicine during 1904, which is clear, concise, and covers the entire ground. Anyone who desires to keep abreast of the progress in the various branches of medicine will appreciate this department, as they will profit by it. It is a pleasure to endorse such a good work as the "International Clinics."

---

*Diseases of Metabolism and Nutrition.* Part VI. Drink Restriction (Thirst Cures), particularly in obesity. By PROF. CARL VON NOORDEN and Dr. HUGO SALMON. Authorized American Edition. Translated under the direction of Boardman Reed, M.D., Philadelphia.

This number of the series of monographs or clinical treatises on the pathology and therapy of disorders of metabolism is a small 8vo. 86-page cloth book of price 75 cents. It is published by E. B. Treat & Co., New York, and is an interesting, as it is an instructive pronouncement of the highest practical importance. Prof. Von Noorden proves that a great many drink too much, to the infinite danger of heart, stomach and kidneys. The monograph will well repay all who wish to get it.

---

*The International Medical Annual: A Year Book of Treatment and Practitioners' Index for 1905.* Twenty-third year. Price \$3.00. E. B. Treat & Co., 241-243 West 23rd Street.

No one who desires to keep in touch with the advances made in the profession of medicine each year, can afford to neglect providing himself with a copy of this book. Necessity has forced the publishers to issue the Annual in larger form, and we think this will meet with the approval of the profession. This volume is well illustrated.

---

*Merck's 1905 Manual of the Materia Medica*, is a ready-reference pocket book for the physician and surgeon. It is a veritable store-room of useful information.

*Conservative Gynecology and Electro-Therapeutics.* A practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. BETTON MASSEY, M.D., attending surgeon to the American Oncologic Hospital, Philadelphia; Fellow and Ex-President of the American Electro-Therapeutic Association; Member of the Société Française d'Electro-Thérapie, American Medical Association, etc. Fourth Edition, Revised, Rewritten and Greatly Enlarged. Illustrated with Twelve (12) Original, Full-Page Chromo-lithographic Plates; Twelve (12) Full-Page Half-tone Plates of Photographs taken from Nature, and 157 Half-tone and Photo-Engravings in the Text. Pages xvi-468. Royal Octava. Extra Cloth. Beveled Edges. Price, \$4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Within recent years the advances in electro-therapeutics have been very great, and many general practitioners are employing electricity far more than formerly. As electricity has proven itself a therapeutic agent of considerable value in gynecology, the revising of this well-known work is timely. It is beautifully illustrated and can be recommended. There are four entirely new chapters on the treatment of cancer alone.

---

*A Text-Book of Materia Medica:* Including Laboratory Exercises in the Histologic and Chemic Examinations of Drugs. For Pharmaceutic and Medical Schools, and for Home Study. By ROBERT A. HATCHER, Ph.G., M.D., Instructor in Pharmacology in Cornell University Medical School of New York City; and TORALD SOLLMANN, M.D., Assistant Professor in Pharmacology and Materia Medica in the Medical Department of the Western Reserve University of Cleveland. 12 mo volume of about 400 pages. Illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Flexible leather, \$2.00 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto.

Students of medicine, as well as pharmacy students, will undoubtedly welcome this work. The authors are teachers of much experience, and in this forelying book present a work on the subject of materia medica in an entirely new way, teaching by actual experimental demonstration. Part I. comprises a guide to the study of crude drugs, both official and unofficial; while in Parts II. and III. the histologic and chemic examinations of drugs are considered in a scientific, yet clear and simple manner. All the histologic descriptions are supplemented by laboratory exercises of important drugs, so that the student becomes insensibly acquainted with their construction. Throughout the entire work general stress is laid on the recognition of adulterations. We can strongly recommend this work as reliable, practical and excellent in every way.

*Studies in the Psychology of Sex—Sexual Selection in Man.* I. Touch. II. Smell. III. Hearing. IV. Vision. By HAVELOCK ELLIS. 6 $\frac{3}{8}$  x 8 $\frac{7}{8}$  inches. Pages xii-270. Extra Cloth, \$2.00, net. Sold only by subscription to Physicians, Lawyers and Scientists. F. A. Davis Company, Publishers 1914-16 Cherry Street, Philadelphia.

This volume gives evidence of painstaking, scientific observation on the part of the author, who follows up his subject with the keen scent of the true researcher after scientific truths. Histories of several cases are given in detail. These books will stand as authorities on the subject; are to be complete in five numbers, and it is the only English edition sanctioned by Mr. Ellis.

---

*The Ophthalmic Year-Book.* A Digest of the Literature of Ophthalmology with Index of Publications for the year 1903. By EDWARD JACKSON, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic, with forty-five illustrations. The Herrick Book and Stationery Co., Denver, Col.

The contents of this book contain digests of current literature on Refraction, Accommodation, Ocular Movements, Diseases of the Conjunctiva, Diseases of the Cornea, Diseases of the Sclera, The Pupil, Vocal Tract, Retina, Optic Nerve, Crystalline Lens, Vitreous, and also on Toxic Amblyopias, Glaucoma, the Bacterial apparatus, Diseases of the Lids, the Orbit, Tumors, Injuries, Sympathetic Diseases, and chapters on general Ophthalmology and general operative measures. In addition there are lists of books and Journal articles on the subject for 1903.

---

*A Text-Book of Diseases of Women.* By CHARLES B. PENROSE, M.D., Ph.D., formerly Professor of Gynecology in the University of Pennsylvania. Fifth Edition, Thoroughly Revised. Octavo volume of 539 pages, with 221 fine original illustrations. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Cloth, \$3.75 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto.

With astonishing regularity a new edition of this excellent text-book is called for, and it appears to be in as great favor with physicians as with students. Indeed, this book has taken its place as the ideal work for the general practitioner. The author presents the best teaching of modern gynecology, untrammelled by antiquated ideas and methods. In most instances only one plan of treatment is described.

The new edition has been carefully revised, much new matter has been added, and a number of new original illustrations have been introduced. In its revised form this volume continues to be an admirable exposition of modern gynecology.

*A Hand-Book of Surgery.* For Students and Practitioners. By FREDERIC R. GRIFFITH, M.D., Surgeon to the Bellevue Dispensary, New York City; Assistant Surgeon at the New York Polyclinic School and Hospital. 12mo volume of 579 pages, containing 417 illustrations. Philadelphia, New York, London: W. B. SAUNDERS & Co. 1904. Flexible leather, \$2.00 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto.

Dr. Griffith has given us a little work of great merit. It is a brief outline of the principles and practice of surgery, written as concisely, as is possible, with clearness. We are sure it will be valuable alike to the student and the practitioner, because the entire subject of surgery is covered, including all the specialties, as Diseases of the Eye, Ear, Nose and Throat; Genito-Urinary Diseases; Diseases of Women, etc. There are also articles on Life Insurance, Rape, Sexual Perversions, Microscopy, and on many other subjects of great importance to the practising surgeon. There are 417 illustrations, selected for their clearness, accuracy, and general usefulness. We predict that Dr. Griffith's work will be to Surgery what Dr. Stevens' Manual is to Medicine.

---

*A Text Book of Obstetrics.* By ADAM H. WRIGHT. Professor of Obstetrics, University of Toronto, Obstetrician and Gynecologist to the General Hospital, Toronto, Canada. With two hundred and twenty-four illustrations in the text. Price, \$4.50. New York and London: D. Appleton & Co. Canadian Agents: Geo. N. Morang & Co.

The essentially practical character of this book is its leading feature, and will consequently appeal to both student and practitioner. Wright's obstetrics will assuredly take first place with Canadian students hereafter as a text-book, and will be sure to meet, from its clear, concise and authoritative style, with a warm reception at the hands of those attending United States colleges. Its publication marks a distinct epoch in Canadian medical life—authorship in Canadian medicine—and Dr. Wright is to be heartily congratulated upon his work. As a teacher of obstetrics for the past seventeen years, those who have passed under his tuition, will welcome this product of his knowledge and experience. The illustrations are splendid, probably the best which ever adorned any text-book on obstetrics, many of them being original.



# Dominion Medical Monthly

And Ontario Medical Journal

EDITORS:

GRAHAM CHAMBERS, B.A., M.B.      WALTER McKEOWN, B.A., M.D.

ASSOCIATE EDITOR:

T. B. RICHARDSON, M.D.

MANAGING EDITOR:

GEORGE ELLIOTT, M.D.

Published on the 15th of each month. Address all Communications and make all Cheques, Post Office Orders and Postal Notes payable to the Publisher, GEORGE ELLIOTT, 203 Beverley St., Toronto, Canada.

---

Vol. XXIV.

TORONTO, JUNE, 1905.

No. 6.

---

## COMMENT FROM MONTH TO MONTH.

---

As we have already announced, the thirty-eighth annual meeting of the Canadian Medical Association will take place this year in Halifax, under the presidency of Dr. John Stewart of that city, who, along with his Executive Committee and Programme and Committee of Arrangements, is ardently working for the complete success of this meeting, the first which has been held in Halifax since 1881, when the number present just numbered fifty-three. If a united effort be put forth by the vice-presidents and local secretaries in the different provinces, especially in Nova Scotia, Prince Edward Island, New Brunswick, Quebec and Ontario, there should be a largely attended meeting. There are indications that Montreal and Toronto are both going to send down good contingents. Daily there are additions to the list of contributors, whose names we will publish in a later issue. This year all delegates will travel on the usual STANDARD CONVENTION CERTIFICATE plan, which means that every delegate, when purchasing single first-class fare to Halifax, must get from the ticket agent a standard convention certificate for himself, his wife, or daughters, if they accompany him. Delegates will kindly bear in mind that they do not have

to get any special certificate from the General Secretary. If fifty are present holding STANDARD CONVENTION CERTIFICATES, all will be returned free to Montreal. Montrealers will, as well as delegates from Quebec, be returned for single fare. If there are three hundred present holding these STANDARD CONVENTION CERTIFICATES, all will be returned free to their original starting point. This applies to all parts of Ontario, Manitoba, the North-West Territories and British Columbia. Delegates from points west of Port Arthur will not be allowed to use the upper lake routes when travelling by this certificate plan in either direction. In all cases return transportation *must* be arranged for at Halifax. The usual time limit for conventions will be allowed for points east of Port Arthur, namely, three days before and three days after the meeting. Our readers will kindly extend this information as much as possible, and those who intend contributing papers and being present are requested to notify the General Secretary, Dr. George Elliott, 203 Beverley Street, Toronto, without delay. No arrangements can be secured for return *via* Boston or New York after the meeting; and those desiring to be routed thus should ask for tourists' tickets. Arrangements are in force, by Standard Certificate Plan, for boat trip from Toronto or Kingston to Montreal or Quebec *via* the Richelieu and Ontario Navigation Company's line.

---

There has recently been revived, through the medium of the public press, a rumor which gained some attention four or five years ago, to the effect that several influential medical men of Toronto were seeking to have established a medical department in connection with McMaster University. Just how far matters have gone in this direction we do not know, but at a time when the scheme of amalgamation between the University of Toronto and Trinity University medical faculties is working satisfactorily and being perfected from month to month, and when Toronto's great rival in Canada, McGill, is extending and taking in the medical faculty of Bishop's College University, the present time would seem to be most inopportune for any attempt to re-establish rival medical interests in this city. Nor is the reason for so doing quite plain, unless it be that the proposal for a new university hospital has excited the ambitions of would-be teachers. Anyway, the next five years will be a most important period in the history of the medical life of this city. In that time we ought to see completed the new General Hospital, and hospital construction and extension will be a theme uppermost in the minds and conversation of the medical fraternity. It will be a subject which will require the most careful thought and consideration and will require to be dealt with by the

ablest men of the profession as well as by the ablest men in University administration. Of the six hospitals in the city where facilities can be afforded for clinical instruction, three already admit students to walk their wards. Of the others, we believe that one at any rate is prepared to provide for clinical instruction, and the scheme has already been advanced in some medical quarters that it would be well for all if a hospital trust were to administer the affairs of all, and that some of the members of the staffs of these, where they are considered qualified, be added to the clinical department of the medical faculty of the University. This is rather a large scheme, and very few would care to grapple with it. On the other hand, if it be proposed to have a hospital solely and alone for the University and its medical students, a body which will probably average between six and seven hundred students per annum, it is questionable if it would be able to provide sufficient clinical material for the requirements of such a number.

---

The Toronto Clinical Society is bringing to the attention of the Ontario Government the desirability of establishing mental wards in general hospitals. It may not be generally known that this step has been tried in the Albany, N.Y., Hospital, and has proven successful, so successful, in fact, that the Association of Hospital Superintendents of the United States and Canada has the matter under discussion. What are the reasons for seeking the establishment of these mental wards? First, in all asylums there are instances of transient accommodation; second, there are patients who require this transient accommodation before commitment to a State asylum, and they should have it in a hospital; third, there are mild cases of insanity which could recover in a hospital; fourth, victims of drugs require such wards; fifth, then there are rapidly developing cases of delirium and dangerous forms of mental disorders following surgical operations and anesthesia. Surely these are sufficient reasons to establish such wards in connection with general hospitals. There is one point in connection with this coming procedure in hospital administration, and that is that if these wards be established their construction must be carried out in a separate pavilion, and disregard of this essential architectural feature will practically destroy the efficacy of its establishment. It will prove interesting to here record the operations of this mental ward in the Albany Hospital for the first two years when it was in its experimental stage, that is, up to February 29th, 1904. There were treated 331 patients, of whom 110 recovered, 96 improved, 88 unimproved, 25 dying, and leaving 14 under treatment. In these cases all forms of mental disorder were represented.

A correspondent has written us asking us to urge upon the attention of the Medical Council of Ontario at its coming annual session the desirability of conducting examinations for the Ontario College of Physicians and Surgeons at London in addition to conducting them at Toronto and Kingston. Whether any good end would be served by advocating the holding of examinations at London for the benefit of those students being graduated from the Western University we do not know other than saving to the students at London the necessary expense involved in coming to Toronto, which is not great. No doubt examinations could be conducted at London without any great amount of outlay on the part of the Medical Council, and probably London, being the seat of a Medical Institution, has as much right to the distinction as Kingston.

---

By the death of Dr. James Thorburn, which took place at his residence in this city, after an illness of two weeks, on the 26th of May, the Canadian medical profession loses a distinguished member. Dr. Thorburn during the active practice of his profession enjoyed an extensive and lucrative practice, had been surgeon to the Grand Trunk Railway, Professor of Materia Medica and Therapeutics at the University of Toronto, President of the Ontario Medical Council, President of the Canadian Medical Association, and Medical Director of the North American Life Assurance Company. He was a fine type of the family physician of days gone by, and had reached to a good age as it goes in the medical profession, namely, seventy-five years. Dr. J. D. Thorburn, the well-known specialist of diseases of the nose and throat, was a son, and Dr. Bruce L. Riordan, Grand Trunk Railway Surgeon at Toronto and well known all over Canada, was a son-in-law. The funeral, which, in spite of a drenching downpour, brought out a large number of the profession from the city and prominent citizens, was held on the afternoon of the 29th of May. Dr. J. Alexander Hutchison, senior Grand Trunk Railway Surgeon, was present from Montreal.

## Editorial Notes.

**London Correspondence.**—A great wave of what may perhaps be called alcoholic intemperance is sweeping over the medical profession in this country. A few weeks ago a conference was held at which the use of alcohol in any form and for any purpose was condemned by Sir Victor Horsley with an ultra-vigor vigor; his denunciations were re-echoed by Sir William Broadbent and other high priests of the medical synagogue. Now, Sir Frederick Treves, evidently feeling it due to himself not to be outdone in this direction, has pronounced a curse almost as strong and as sweeping as that of Ernulphus, which the curious may find in that improving work, "Tristram Shandy." Speaking at a meeting of the Church of England Temperance Society the other day, he declared that alcohol is distinctly a poison, the use of which should be regulated just as strictly as that of any other poison. It is, moreover, an insidious poison, producing effects for which the only antidote seemed to be alcohol itself. It is not an appetizer, and even in small doses it hinders digestion. It profoundly modifies the nutrition of the body with the results that drunkards are ill-nourished. Its stimulating effect only lasts a moment, and after it has passed off the capacity for work falls enormously. It brings up the reserve forces of the body and throws them into action, with the result that when they are used up there is nothing to fall back upon. It may be remembered that Treves was for two or three months in South Africa, and his testimony is that on the march to Ladysmith the soldiers who were drinkers fell out as though they were labelled. Dealing with the action of alcohol on nerve centres, he said the use of alcohol is inconsistent with surgical work or with any work requiring quick, keen, and alert judgment. He said that the use of alcohol is emphatically diminishing in hospital practice and among the professional men who work hard during the day. The idea that a young healthy person wanted alcohol he pronounced to be preposterous; they might as well want morphine or strychnine. He concluded by saying, that having spent the greater part of his life in the operating room, he could state that there were some persons he did not mind operating upon and others that he did, but the person whom of all others he dreaded to see enter the operating theatre was the drunkard. About the same time, at a meeting of the Women's Total Abstinence Union, Mr. Vickerman H. Rutherford denounced alcohol as a great factor in national inefficiency, and he expressed a wish that doctors would cease to play down to public ignorance by prescribing alcohol in any form. A week or two ago there was a conference of physicians at

Leicester, to hear an address by Dr. G. Sims Woodhead, Professor of Pathology at Cambridge. There, too, alcohol was denounced as the root of all evil, physical and moral, and one practitioner after another rose to express his agreement with the learned lecturer. It is all right enough, but it would be a good deal more edifying if the doctors followed their own virtuous precepts a trifle more strictly. When a physician who has been eloquent in prescribing alcohol as an unclean thing goes straight to the nearest bar and ask for an *apéritif*, which he follows up with a dinner where champagne and other wines flow freely, and even the deadly liquor is absorbed without apparent scruple or repugnance, one may perhaps be forgiven for not taking very seriously professions made on public platforms. It is the fashion just now to condemn alcohol, and even sensible men have to follow the lead of the fanatics. The difference between precept and practice is well illustrated by a story told of the late Sir Andrew Clark. Very likely your readers have heard it before, but it will bear repetition. Sir Andrew was an ardent apostle of temperance, and as he had a command of unctuous verbosity almost as great as Gladstone's, he was naturally much in request at teetotal meetings. A country doctor one day brought him a leash of patients for consultation, and the lion was so pleased with the proceeds of the morning's hunting that he asked the yokel to stay to luncheon and then accompanying him to a meeting where he was to discourse on the evils of drink. The country practitioner was greatly impressed by what he heard, and expressed his approval in terms so flattering that the orator asked him to go home and dine with him. At dinner the guest was not a little surprised to be asked by the denouncer of alcohol to join him in a bottle of champagne. Another followed, and perhaps a third. At any rate the great man unbent so much that the little man ventured to hint at the inconsistency between his teaching and his practice. Whereupon the famous physician delivered himself to the following effect: "My dear fellow, I have a vast correspondence which I cannot possibly attend to till after dinner. I am then so tired that I cannot deal with it unless I have some champagne—and when I have had some champagne, I don't care whether I deal with it or not!"—*The Medical News*.

---

**The Nature of the Silver Reaction in Animal and Vegetable Tissues.** As a reagent in histology silver nitrate has been of the utmost service in elucidating the structure of certain tissues. The nature of the selective action of this reagent, however, has so far not been cleared up, although a great number of investigations have been made as to what the compound is that is formed and as to the changes which take place on its

exposure to light. Some observers have maintained that the silver compound is a mixture of a chloride and an albuminate, both of which become colored when exposed to the light, while others have assumed the presence of an albuminate compound only. The point is that when a silver salt is added to a solution of one of certain organic compounds and the mixture is exposed to light a more or less colored product soon appears, the formation of which is regarded to be due to reduction. The question has been very thoroughly studied by Dr. A. B. Macallum, professor of physiology in the University of Toronto, and his conclusions, which are embodied in a paper recently read before the Royal Society, seem convincing as to what really takes place when a silver salt reacts with tissues. Professor Macallum started his investigation under the impression that the reaction of proteids with nitrate of silver in sunlight is due to the presence of chlorides only, in which case it is obvious that if proteids could be thoroughly freed from chloride the former would give no reduction compound with the silver salt. He therefore proceeded to prepare proteid absolutely free from chlorides and to subject the product to the action of silver nitrate under the influence of sunlight. He found that the egg albumins and the serum albumins and globulins, which had been carefully treated with a view of eliminating haloid salts, did not yield any reaction whatever with the silver nitrate reagent, even after weeks of exposure to bright sunlight, although the original unpurified material in every case gave an intense reduction effect. Similarly, the gelatin of commerce gave an intense reaction with the silver reagent in sunlight, but on the elimination of the haloid salt—that is, chloride—no reaction with silver nitrate, after remaining two weeks in sunlight, was obtained. Even crude preparations of commerce gave no change after being purified from chlorides in the way indicated. Similar results were obtained with vegetable proteids. From this investigation it seems clear that the reaction which animal and vegetable tissues give with nitrate of silver may be attributed to halogens in haloid form and possibly to taurine and creatine, and that proteids and gelatin do not when freed from traces of haloid give the slightest color reaction with the reagent. As to taurine and creatine, these occur in animal tissues in such inappreciable quantity as probably to be outside consideration. The result is that by appropriate selection of tissues of animal and vegetable forms for treatment with the reagent it is possible to determine with a considerable amount of certainty and a very great degree of accuracy the distribution of chlorides and perhaps also of other haloids in various cytological elements. Professor Macallum is pursuing this very interesting inquiry, and already he announces two highly-important results—namely, that intercellular material and structures, including the so-called cement substance of Von Recklinghausen, are rich in chlorides, and that normal nuclei of

animal and vegetable cells are absolutely free from them. The experiments incidentally have a bearing upon the action taking place on the sensitised photographic plate.—*The Lancet*.

---

**University of Toronto.—Department of Hygiene.** By the erection of the new Medical College Building of the University of Toronto, greatly increased accommodation has been provided for the Museum of Hygiene, and for the reception of additions to the collection.

This circular is therefore addressed to engineers, architects, builders, plumbers, manufacturers of household appliances, foods and clothing fabrics, and to other persons interested in sanitary and domestic science, with the object of increasing the collection of such articles, including samples and models, as may be of interest from a sanitary point of view. In addition to new and ideal appliances, old specimens of plumbing, water pipes, etc., illustrating defects leading to insanitary conditions, will be welcomed.

It is requested that, when contributions are likely to involve much expense in carriage, fitting up, etc., particulars regarding the same be furnished, and a reply awaited before they are forwarded.

All articles accepted will be placed on exhibition, with the names and addresses of the donors attached.

Contributions and communications may be addressed to Dr. Wm. Oldright, Professor of Hygiene, Medical Department, University of Toronto, February 24th, 1905.

---

**The Banquet to Dr. Osler.** Although Dr. Osler did all of his public work in this country while a Professor in Philadelphia and Baltimore, a great dinner was given to him in New York on the second of May, just before his proposed departure to England, to enter upon his duties as Regius Professor of Medicine in the University of Oxford. The giving of the dinner in our city was a tacit recognition that the Medical Centre of the United States of America is on this Island, and this we believe every judicial medical mind will admit. The guests were about five hundred in number, and as far as we have been able to see from the list they were exclusively physicians, from Baltimore, Philadelphia, Boston, the Province of Ontario and New York. This was perhaps the largest dinner ever given to a Professor of Medicine in this country, perhaps in any other country. Dr. Osler was most heartily received by his friends, for all there were his friends. An exceedingly lucid and interesting analysis of the qualities which had led



to his success were given by the presiding officer, Professor Tyson, of Philadelphia, by Professor Shepherd, of Montreal, Professor Wilson, of Philadelphia, Professor Welch, of Baltimore, and Professor Jacobi, of New York.

Professor Shepherd gave a very interesting picture of Dr. Osler's life as a student, as a man chiefly concerned in acquiring knowledge and not simply getting ready for examinations. He gave a sketch of his Post-Graduate study in Europe, and he considered that although Professor Osler was not a teacher in Montreal for a long period, that he made a very marked impression and somewhat guided the work there, even up to the present time. Just so Dr. Wilson, in a very charming portraiture of Dr. Osler's medical career in Philadelphia, indicated that Philadelphia felt the impress of his enthusiastic teaching in all their medical circles. Dr. Wilson remarked that scarcely anyone had ever left Boston except Benjamin Franklin, and he classed Franklin and Osler together as men of somewhat of the same attributes. Dr. Welch's jolly and interesting introduction enlivened the large gathering to the highest point. It is said that Welch, Halstead, Kelly and Osler are to be painted by Sargent in London, as a group of the Professors of Johns Hopkins. The presentation of "Cicero de Senectute," by Dr. Weir Mitchell, was of the highest interest. Dr. Mitchell was most cordially received, as in his semi-humorous vein he delineated the qualities of the host. Of Dr. Osler's address it is hard to speak in such space as we have for this most interesting occasion. He spoke of his own personal ideals:

"I have three personal ideals. First, to do to-day's work well and let to-morrow take care of itself. I owe any small success I may have attained to that above any other. Second, to act the Golden Rule toward my professional brethren and my patients. Third, to cultivate a certain measure of equanimity, to meet success with equanimity, to meet grief, pain, anguish and suffering with equanimity befitting a man.

"I shall not worry so long as I carry the memory of the past you have given me. My mistakes have been of the head, not of the heart. I have loved no darkness, sophisticated no truth, nursed no delusion and showed no fear."

Dr. Osler said that Dr. Weir Mitchell and Mrs Mitchell were the cause of his coming to Philadelphia, and the great novelist and neurologist insisted to Dr. Osler that the breeding of any man appointed to a Chair in Philadelphia was most important. "Give him cherry pie and see how he disposed of the stones, and that would tell whether he was fit to remain a Professor in Philadelphia," he said. "I ate cherry pie and disposed of the stones discretely and so I got the chair." The dinner was also enlivened by a song composed and sung by the *Saint* Johns Hopkins Gastric

Quartette, at the dinner to Dr. Osler, at the Walled-off Castoria, New York, May 2, 1905.

“Look at his arteries,  
Judge of his age by these,  
Scarce thirty-five.  
May he ne'er pass his prime  
In symptom or in sign,  
Younger in spite of time,  
Long live our chief.

CHORUS: God save the mighty chief,  
We part from him in grief,  
God save our chief.  
God save our Regius Prof.,  
Our hats to him we doff,  
God save our Regius Prof.,  
God save our Prof.,

—*The Post-Graduate.*

### A LETTER FROM HOME.

Dear Jim: The crops is doing well,  
The calf is big enough to sell;  
I've traded off the brindle cow,  
And we ain't got but one just now.  
The hosses all is fat and sleek,  
Except that Bob is ruther weak,  
But that ain't nothing very queer;  
We've had him nigh on twenty year.  
I think I'll put the bottom field  
In corn and oats; it oughter yield  
A heavy crop; the land is rich,  
And just the thing for oats and sich.  
There ain't no news to speak of, Jim;  
Miss Susie Jones is just as trim  
As when you saw her in the fall.  
The folks is well; I guess that's all—  
But stop! I 'most forgot 'bout dad.  
I 'xpect the news'll make you sad.  
You know that dad was getting old;  
Just sixty years had o'er him rolled,  
And so, I must regret to say,  
*We chloroformed poor dad to-day.*  
And that is all the news until  
I write again.

Your brother,

BILL,

—*Maryland Med. Jour.*

## News Items.

---

### CANADIAN.

DR. SLATER, of Emerson, Man., has moved to Winnipeg.

DR. GORDON F. JACKSON, of Ottawa, has decided to locate in Norwood.

DR. WALTON, Winnipeg, has commenced practice in Snowflake, Man.

DR. CHAS. F. MARTIN has returned to Montreal from Washington, D.C.

DR. HARRINGTON has returned to Dauphin, Man., from a trip to California.

CHATHAM, N.B., is once more clear of smallpox. There were in all sixty cases.

DR. W. A. YOUNG, Toronto, has returned from Atlantic City and Philadelphia.

DR. MORROW, of Arthur, has been appointed a coroner for the County of Wellington.

DR. BURNS WALKER, Niagara Falls, has gone to Orillia to practise with Dr. Gilchrist.

ONE hundred and fifty-six children were admitted to the Montreal Baby Hospital during 1904.

THE question of a Medical Faculty in connection with McMaster University, Toronto, is being revived.

DR. W. D. BRYDONE JACK, Vancouver, B.C., has been in New York and other eastern cities for some weeks.

DR. W. O. CLARK, Winnipeg, has been appointed Medical Superintendent of St. Boniface Hospital in that city.

A NEW hospital is to be erected at Moosomin, N.W.T., to accommodate twenty patients. The cost will be \$8,000.

DR. W. F. BABB, of London, formerly of Fullarton, has entered into partnership with Dr. J. McWilliam, of Thamesford.

DR. CRAWFORD, Niagara Falls, has taken into partnership Dr. Horace H. Elliott, late house surgeon in Toronto Hospital.

DR. R. M. CUMBERLAND, who graduated at Toronto this spring, will assist Dr. Harper, of Alliston, Ont., during the summer.

DR. G. A. WOODRUFF, of Winnipeg, formerly of Middleville, has passed his exams in medicine in Manitoba University.

DR. D. J. MCKAY, of Ingersoll, Ont., left on Wednesday for Maddock, North Dakota, where he will continue his practice.

DR. J. P. KENNEDY, of Wingham, has been appointed associate Coroner for the County of Huron by the Ontario Government.

DR. CARLAW, of Colborne, left a few days ago for Chicago, where he will pursue a post-graduate course in medicine and surgery.

DR. W. J. PATTERSON, late of Norwood, has joined the ranks of Barrie's medical men, having taken the office of the late Dr. Vivian.

DR. J. A. DUNCAN, who has been engaged at his profession at Church's Ferry, North Dakota, for some months, has returned to Elora.

DR. GUNNE, of Dauphin, Man., has moved to Rat Portage, (now Kenora), where he will join his brother, Dr. Wm. Gunne, in practice there.

DR. WM. H. TYE, who has been practising medicine in Chatham for some years, has gone to Kansas City, Mo., where he will in future reside.

DR. S. MCCALLUM, Thornbury, Ont., has gone to New York, where he intends to spend some weeks in a post-graduate course in the New York hospitals.

DR. AMBROSE STANTON, son of Thomas Stanton, of Pontypool, has been chosen Senior House Surgeon to Sir Patrick Manson, at Greenwich Hospital, one of the most desirable posts in Old London.

MR. I. H. CAMERON and Dr. H. A. Bruce, Toronto, are going to England for three months and will attend the British Medical Association meeting.

DR. W. SARGENT, Springbrook, has purchased the medical practice in Colborne carried on for some months past by Dr. Douglas, and will remove there.

DR. ALLAN McLAUGHLIN, a native of London, Ont., has been appointed head surgeon at the Marine Hospital at Naples, and attached to the United States Consulate in Naples.

EIGHTEEN nurses have recently been graduated from the Training School in connection with the Winnipeg General Hospital. This is the largest class, with one exception, in the history of the school.

DR. JAS. BRIEN, of Essex, is organizing a company to erect a hospital there. The ground will be purchased within a short time, and work will be begun on the building in time to have it completed by next fall.

DR. W. L. COULTHARD, who was practising for a number of years in Rossland, has taken up his permanent residence in Vancouver. He will be associated in practice with Dr. L. N. Mackechnie, of that city.

DR. H. F. SHANKS, for a quarter of a century in the British medical and civil service in India, Egypt, the Straits Settlements and the Fiji Islands, has located in Victoria, B. C., and will practise there for the future.

A DEPUTATION of Toronto medical men recently waited on the Ontario Government, asking for participation for the other hospitals of Toronto in the grant which the Government proposes to the Toronto General Hospital.

HOUSE SURGEONS, WINNIPEG GENERAL HOSPITAL.—Two men of the staff of the past year, Dr. S. J. S. Pierce and Dr. Brown, have decided to remain for the coming year. The other men appointed are Doctors Harry Murdoff, H. W. McGill, A. Rondeau and B. A. Hopkins.

DR. CHARLES O'REILLY, the retiring Medical Superintendent of the Toronto General Hospital, has had presented to him an address and a handsome table desk and arm-chair of quarter-cut golden oak, by the official and nursing staff of the hospital, over which he so long was superintendent.

GOVERNMENT GRANTS TO ONTARIO INSTITUTIONS.—Estimates for the following institutions were passed:—Asylums, Toronto, \$115,406; London, \$146,485; Kingston, \$92,809; Hamilton, \$134,875; Mimico, \$83,110; Brockville, \$92,369; Cobourg, \$26,622; Penetanguishene, \$42,984; Orillia, \$76,852; Woodstock, \$18,020; Central Prison and Mercer Reformatory, Toronto, \$68,800 and \$31,995 respectively; a total of \$931,327.

MCGILL MEDICAL FACULTY APPOINTMENTS.—The following recommendations of the medical faculty in reference to appointments to the teaching staff for the coming session were approved: For appointment, J. A. Henderson, M.D., to be lecturer in anatomy; W. M. Fisk, M.D., to be lecturer in histology; H. B. Yates, M.D., to be lecturer in bacteriology, and J. D. Cameron, to be lecturer in gynecology. For reappointment: J. A. Springle, M.D., lecturer in anatomy (applied); J. R. Roebuck, B.A., lecturer in chemistry; A. A. Robertson, M.D., lecturer in physiology; John McCrae, M.D., lecturer in pathology; D. A. Shirrea, M.D., lecturer in neuro-pathology; R. A. Kerry, M.D., lecturer in pharmacology and therapeutics; J. W. Scane, M.D., lecturer in pharmacology and therapeutics; D. D. MacTaggart, M.D., lecturer in medico-legal pathology; C. C. Campbell, M.D., lecturer in clinical medicine; W. F. Hamilton, M.D., lecturer in clinical medicine; S. Ridley Mackenzie, M.D., lecturer in clinical medicine; A. A. Bruere, M.D., lecturer in clinical medicine; A. E. Garrow, lecturer in surgery and lecturer in clinical medicine; J. M. Elder, M.D., lecturer in clinical surgery; J. A. Hutchison, M.D., lecturer in clinical surgery; D. J. Evans, M.D., lecturer in obstetrics; F. A. L. Lockhart, M.D. lecturer in gynecology; W. W. Chipman, lecturer in gynecology; J. J. Gardiner, M.D., lecturer in ophthalmology and otology; J. W. Stirling, M.D., lecturer in ophthalmology and otology; and W. C. M. Byers, lecturer in ophthalmology and otology.

---

## UNITED STATES.

THE OSTEOPATHIC BILLS before the Legislatures of New York and Pennsylvania, have been defeated.

DURING the past winter there was introduced into fourteen State Legislatures bills which had for their object the regulation of the sales of patent medicines. In all save one state, the bills were "killed."

SERUM FOR TYPHOID FEVER.—Drs. John S. Fulton and William Royal Stokes, of the Maryland Board of Health, claim to have discovered a serum for the treatment of typhoid fever, after nearly four years of investigation and observation.

---

### BRITISH AND FOREIGN.

A DEATH under chloroform during labor is announced from Melbourne, Australia. Only one medical man was present, and at the inquest, the coroner referred to the advisability of always having two medical men present at the administration of an anesthetic.

AN EIGHTY-YEAR-OLD MEDICAL STUDENT.—The Russian Minister of Education has authorized the admission of a man past eighty years to examination before the Examination Committee of Kieff University of St. Valdimir, for the degree of Doctor of Medicine.

RADIUM ADVANCES IN PRICE.—Research work with radium is at a standstill, owing to the scarcity of this metal and its consequent rise in price. An ounce now comes at \$3,000,000. It is stated on the authority of an expert, that not more than  $\frac{1}{2}$  ounce has been manufactured since Professor Curie discovered it.

SAINT BARTHOLOMEW'S HOSPITAL in London, in spite of the large subscriptions of the King, the Queen and of their friends, is once more in pecuniary difficulties, and the question is being seriously discussed of removing it to a much less costly site in the suburbs among more healthful surroundings. Few are aware that it was founded by Rahere, the famous court jester of King Henry I. It seems that while still a young man his conscience began to trouble him and led him to make a pilgrimage to Rome, where he fell ill, and being in fear of death made a vow that if he recovered, he would build a hospital on his return. He did recover, journeyed home, and his intentions are said to have been confirmed by a vision of Saint Bartholomew, who pointed out Smithfield to him as the best site for his purpose.

It was a most unpromising place at that time, being outside the city walls, little better than a marsh, and with an unsavory reputation as the locale of hideous executions. However, it had the recommendation that its land was of no value, and King Henry, who probably regarded the whole affair as a joke, readily gave his jester a grant of the land.

Rahere set to work first to build the church and then a priory. Having no money to pay for the building, he adopted a singular expedient. Wearing his cap and bells, he started men carrying stone and mortar as a jest. The humor of the thing spread, and vast numbers joined in the joke of erecting a building under such conditions. Though constructed in this way at a minimum of cost, part of the original building, dating from 1102, remains intact to this day.

The original hospital was a part of the priory. On the dissolution of the monastery under Henry VIII., it passed to the Crown, but at the instance of Sir Richard Gresham, then Lord Mayor of London, it was reestablished as a hospital, with a royal endowment. Damaged by the great fire in the reign of King Charles II., it was rebuilt at the beginning of the eighteenth century, and has been added to since. Harvey, who discovered the circulation of the blood, was for thirty-four years physician there.—*Marquise de Fontenoy.*



## Special Selection.

---

### A REVIEW OF THE ANEMIA COMMISSION UPON HOOK- WORM DISEASE IN PORTO RICO.

---

The Commission appointed by the United States Government in February, 1904, for the "*Study and Treatment of Anemia in Porto Rico*" has submitted a report to the Governor of that island. This report covers 209 pages, and is printed both in the Spanish and the English language.

The Commission was composed of experts in their special field, and the amount of work accomplished by these gentlemen, and the exceedingly painstaking manner in which they attended to every detail of the subject stamps this enquiry as one of the most scientific and thorough investigations ever undertaken in the cause of public health.

As early as 1899, Dr. Bailey E. Ashford, who later became a member of this Commission, discovered the parasite *ankylostoma* in the feces of anemic patients who were then crowding the field hospitals of Ponce. This was the first positive evidence that the disease in Porto Rico, known as *anemia*, was not the ordinary form, but *ankylostomiasis* or *uncinariasis*, produced by the parasite sucking the blood, and so prevalent did this disease become during the ensuing years that fully ninety per cent. of the population became affected.

When the Commission appointed by the Government of the United States began its investigation in Porto Rico, it established a hospital consisting of tent-wards, first at Bayamon and later at Utuado, the most anemic districts of the island.

The object of the treatment was first to remove the parasite and then to kill the anemia. To kill the parasite, thymol, malefern and betenaphthol were given, but the preference was for thymol. First, the patient received a purge of salts, and then on the following day he was made to fast until one o'clock, and then was given thymol in doses not exceeding four grammes; then another purge was given to remove the bodies of the parasite killed with the antiseptic. The purpose of the first purge was to clear the intestines of mucous etc., so as to allow the thymol to act. The thymol and purge treatment was continued once a week until the feces showed no more *uncinaria*.

While thymol kills the parasite and the purges remove them from the intestines, also diminishing the amount of toxines in the

system, these remedies only clear the field for a reconstructive process in the blood, which is necessary to restore the extremely anemic patient to health.

Iron was given in the severe cases of anemia. *Pepto-Mangan (Gude)* was the only proprietary remedy reported by the Commission, the other remedies used being pharmacopocial preparations. That over eighteen pages of the report should be devoted to cases treated with Pepto-Mangan proves the high regard in which the Commission held this preparation, and establishes the unrivalled clinical value of Pepto-Mangan (Gude) in one of the most severe forms of anemia, that of *uncinariasis*, or miner's anemia.

In reading the report of the Commission, the unbiased character of the work stands out clearly, and yet the results obtained point so distinctly to the supremacy of Pepto-Mangan (Gude) that even if numerous other records were not available to prove the clinical value of this remedy, this report alone would suffice to establish Pepto-Mangan at once as the foremost hematinic known. The eighteen cases in which the Commission used Pepto-Mangan (Gude) in the treatment of *uncinariasis*, were selected on account of their extreme severity, and thus these cases represent the most crucial test to which any iron preparation can be subjected. The results obtained with this treatment were extremely gratifying. In nearly all of the cases we find such notes as these: "Excellent condition," "Completely cured," etc., while the difference between the low count of the red cells and the low percentage of hemoglobin (some cases showing only 11 per cent.) at the beginning of treatment with Pepto-Mangan, and the nearly normal findings at the conclusion, affords convincing proof of the efficiency of the medication.

A noteworthy fact is that none of the patients showed any digestive disturbance after the administration of Pepto-Mangan, although the remedy was used for many weeks in each case. When we remember the extremely low state in which most of these patients were found on admission, and the fact that several suffered from gastro-intestinal symptoms incident to their disease, this detail is by no means to be underestimated.

The observations of the Commission were made under Government control, and therefore the report may be regarded as a supreme test, and the efficacy of Pepto-Mangan in one of the most severe forms of anemia is proved beyond a doubt.