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## *Original Contributions.*

### ANEURYSM OF THE THORACIC AORTA

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THE following case of aneurysm is of much interest. The patient came under observation in October, 1908, and the following history was obtained by Dr. Lemon:

Mrs. F., aged about 50, a widow, complained of severe pains from a large pulsating tumor in the upper part of the chest.

Her mother died at 77 from pneumonia. Her father is living and well, aged 83. A brother died in childhood. Has one sister living and well, aged 42 years. Her husband died at 51 years of age, from "athlete's" heart, after an illness of ten weeks.

Children: Miscarriage three, two of which were early in married life, and the other nineteen years ago, her last pregnancy. Full time children seven, four of whom are living and well. One child died at two months, cause unknown. Two died one day after birth, and one at the age of six years from meningitis.

There is no history of gout, rheumatism, or tuberculosis, and the children have in no case suffered from rashes, disease of the nasal mucous membrane, or anything indicating the existence of syphilis.

Mrs. F. had been a strong and healthy girl and woman,

doing ordinary housework until seven years ago. Then, after some heavy lifting, she began having fainting spells which would last about two hours each time, but unaccompanied by pain or suffering. These attacks were preceded by dizziness. A little later, pain, constant and boring in character, began behind the left shoulder, and for which no cause could be assigned. A diagnosis of rheumatism was made and the patient kept in bed for nine months.

Five years ago Roentgen rays revealed the signs of an aneurysm of the descending aorta. She was kept in bed for five months. The pain soon ceased.

Three years ago an enlargement about the size of a hickory nut appeared in front to the right of middle line. It grew very



FIG. I.

slowly for nearly two years, but has developed rapidly the last year. There has not been much pain during these years, although she has been attending to her household duties. About October 1st, 1908, she noticed some redness over the most prominent part of the enlargement, and the linen became stained with oozing of reddish serum. During the third week of October pain began suddenly again and caused her to keep her bed; the oozing was constant.

On October 24th the pain was severe, and a slight persistent bleeding occurred from the centre of a dark red area on the most prominent part of the enlargement. From this time until October 29th the condition remained much the same, except that the area of redness increased steadily in size, and the oozing increased slowly in quantity. Then a small hemorrhage occurred.

On October 30th a very great hemorrhage took place in the morning, and was accompanied by great pain. Although she

hemorrhage was controlled the patient became gradually weaker and died on the morning of the next day.

A partial autopsy was granted, and the following condition was found:

The tumor was found to be an aneurysm of the arch of the aorta. It had eroded the ribs and sternum, and projected transversely across the front of the chest in an upward direction from right to left, measuring about ten inches in length and four inches in width. It projected forward about four inches to the left of the sternum.

At the summit and in the centre of the reddened area a large

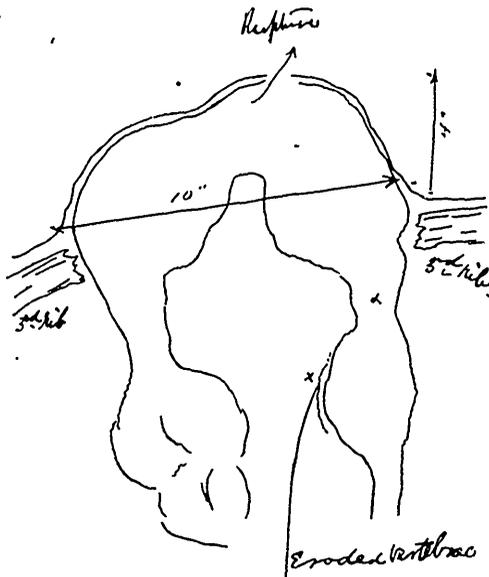


FIG. II. DIAGRAM OF ANEURYSM.

opening admitting the finger was found; through this the bleeding had taken place. Through this opening could be felt the eroded edges of the sternum, above and below, and at either side those of the costal cartilages.

Some difficulty was experienced in freeing the tumor, as it extended upwards behind the manubrium sterni. In the descending aorta was found another enlargement in the artery. It was very hard to the touch, and lay on the body of the fourth vertebra. Below this the artery was normal in size.

On removal of the whole mass, the lower part of the body of the third vertebra, the whole of the body of the fourth vertebra, and the upper part of the body of the fifth vertebra, were found to be eroded but smooth. A like condition was found on the an-

terior surface of the transverse process of the fourth dorsal vertebra, and of the rib. This aneurysm evidently caused the pain which began seven years ago, and was the one discovered two years later by means of the Roentgen rays.

On dissection this aneurysm was found to be channelled, the walls being formed by a hard mass of fibrinous and calcareous material. The second and largest aneurysm partially divided into two was in the ascending and transverse parts of the arch of the aorta. From this one the hemorrhage came. It was filled with a soft fibrinous deposit, and the blood channel through it was very tortuous. At the most prominent part the fibrine was dense and laminated. Around the opening through which the bleeding took place the deposit was firm.

REMARKS BY DR. M'PHEDRAN.

This case emphasizes the importance of persistent localized pain as a symptom of aneurysm of the descending thoracic aorta. This part of the aorta is fairly firmly attached to the spine, with the result that any enlargement of it will press upon the bodies of the vertebra and cause pain varying with the degree of pressure. Therefore, the pain is usually more severe when the blood pressure is increased. The irritation about the aneurysmal dilatation usually causes slight inflammatory exudate, which in time extends to the roots of the adjacent intercostal nerves and irritates them, causing pain which radiates along the nerves to their terminals, so that the pain is felt in all their cutaneous branches. It is for this reason that persistent pain along the course of one or two intercostal nerves becomes so significant of the existence of aneurysm. I have not met with such localized pain in any one past middle life, apart from other symptoms as *e.g.* tabes dorsalis which was not due to that cause. Undoubtedly it is possible for the pain to be excited by other causes, such as caries of one or more vertebra, a tumor or inflammation near the roots of the intercostal nerves. Two cases may be cited in illustration. Both were men over 60 years of age. In one the pain was in the course of the fourth intercostal nerve on the right side. The pain varied, but was seldom wholly absent. It was increased by worry, over-exertion and excitement. He was over-worked by the cares of a large business, and consequently somewhat neurasthenic. There was a slight deflection of a spinous process, but no signs of local disease of the vertebra. From the persistence of the pain, its aggravation by increase of blood pressure, and the absence of signs of other local disease aneurysm of the aorta was regarded as the probable cause. In Europe, whither he went for rest and advice, spinal caries was thought to be the trouble, and a brace was adjusted to

partially immobilize the spine. It was soon discarded as it increased the discomfort. A few months later sudden faintness occurred but he revived and passed a comfortable night. Although absolute quiet was enjoined, next day he went to the closet and on returning to the bed he suddenly collapsed, and died in a few minutes. There was not an autopsy but the symptoms all point to slight rupture of an aneurysm the day before death, with on the following day increase of the opening and free hemorrhage from which he died.

In the second case the pain was in the course of the fifth and sixth left intercostal nerves. The man was highly neurotic and had fairly marked gastric-hyperacidity, to which the pain was attributed at first. Rest and antacids relieved the pain but it recurred on exertion. On this account aneurysm was suspected. Later he sought advice at an American hospital, where he was greatly improved by two months' rest in bed. The condition was regarded as neurasthenic with hyperacidity, and a favorable prognosis given. After leaving the hospital the pain soon returned. The same diagnosis was given at an hospital in Europe and an encouraging prognosis given. The relief was this time of short duration and his condition grew steadily worse. A few months later a large tumor appeared in the left axillary region, the signs of which left no doubt of aneurysmal nature. He died about two years after the true cause of the pain was suspected.

The histories in these three cases are identical so far as the character and persistence of the pain is concerned. The duration in the woman's case is much longer because the aneurysm causing the pain was practically cured by the formation of firm deposit in its walls. The pain ceased because the aneurysm not only ceased to enlarge but contracted slowly, and the pressure on the vertebrae and the nerves was relieved. It was apparently a cured aneurysm. Had not the aneurysm formed on the ascending and transverse portions of the arch, she might possibly have lived in comfort many years.

That pain in an intercostal nerve may occur, and be of long duration, without apparent cause, in younger persons, is undoubted. Such a condition is at present under observation in a young woman, aged 22. She has had pain in the right third intercostal nerve for several years. The pain is persistent, and subject to severe paroxysms, but is often so slight that she is not conscious of it. There is tenderness along the course of the nerve to its termination at the sternum, the points of chief tenderness being under the inner border of the scapula. The Roentgen rays show no cause for the pain, so that the diagnosis remains uncertain.

## THE CLARIFICATION OF OUR CONCEPTS CONCERNING HYSTERIA

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THE recent discussion at the Paris Neurological Society<sup>1</sup> has done much to give precision to the vague conception so unfortunately attached to the word hysteria. It was in 1901 that the Society, after hearing the astonishing definition of Babinski,<sup>2</sup> began the inquiry which has fructified in the conclusions which now emerge after the elimination of poorly observed cases, clouded reasoning and ill-digested theories.

The suggestions at the root of the symptoms of hysteria, formerly believed to be autochthonous and durable, and termed stigmata, are generally, though not always, of medical origin. It is very significant that Bernheim<sup>3</sup> for fifteen and Babinski<sup>4</sup> for ten years have never seen hemianesthesia, contracted visual fields, dyschromatopsia, monocular polyopia, except in patients previously examined medically. The mode of genesis of these symptoms was first indicated by Bernheim<sup>5</sup>; and the writer has recently presented the theme in a translation of his communication before the congress of French neurologists at Lille.<sup>6</sup> Medico-legal examples in the making have recently been adduced by Brissaud,<sup>7</sup> as, for instance, that where Dupinet, who had found no hemianesthesia in a workman after an accident, saw it produced by the examination of another expert. It is impossible, however, to prove a universal negative; and to that extent Déjérine and Raymond are justified in believing that undoubted hysterical symptoms may arise independently of suggestion. But it must be remembered that hemiplegia of organic origin is a familiar sight, and that to the lay mind palsy connotes insensibility. Hence it is not astonishing that a man who believes a limb incapacitated, believes it also insensitive; this, however is a suggestion. The discovery of basal suggestions in hysteria is proportional to skill in psycho-analysis in genuine cases, and to detective shrewdness in cases arising from mythomania.<sup>8</sup>

Many so-called hystericals are in reality merely mystifiers, more or less conscious of their deviation from straightforward action. The following cases are examples:

A young girl<sup>10</sup> announced that on a certain day and hour she would die. When the time came she feigned death, resisting with astonishing fortitude all the stimuli used to awaken her from her apparent state of catalepsy or coma. This comedy lasted three days; then she arose and dressed herself, pretending to come out of a dream, and amused herself with the stupefaction of her fam-

ily and friends. When interrogated by her doctor, she confessed her trick, and said that she had never been so happy as she was while watching the efforts, threats and prayers of those around her. In spite of the confession, the same scene, more or less varied, occurred on ten other occasions, although she appeared to be a young woman of good heart and intelligence.

A second case is that of a man in hospital who confessed to concealing a hypodermic syringe in his rectum; and this was not all, for in a moment of exasperation an evacuation revealed two.<sup>10</sup>

Such cases have largely contributed to the confusion of our concept of hysteria. They must be eliminated from a discussion of its nature. So also must be excluded abnormalities of the tendon, skin, and pupil reflexes, which are not modifiable by suggestion.

Urticaria, dermatographia, eruptions, edema, hemorrhages,<sup>11</sup> ulcers, gangrene, and other circulatory or trophic perturbations,<sup>10a</sup> arise from chemical or structural abnormalities, whether in suggestible individuals or not, and have nothing to do with hysteria; nor is the temperature modifiable by suggestion; and the urinary, sudoriferous, and salivary secretions<sup>12</sup> are so only slightly, rarely, and in so far as the emotional attitude may be perturbed by a suggestion.<sup>11</sup>

The foregoing assertions must not be misinterpreted; for it must be remembered that the tendon reflexes may be suppressed by voluntary muscular contraction; and the cutaneous reflexes, such as tickling, may be inhibited by a strong effort of the will.

It must not be forgotten that many intoxicated states which paralyze the neurones which govern the reflexes also necessarily interfere with the psyche, and give rise among other symptoms to many of hysterical type. This by no means means the modification of reflexes by the hysterical symptoms; both are effects of a common cause; either may occur independently in accordance with the preponderance of the intoxication upon one or other part of the nervous system.

Many maintain that other psychoneuroses than hysteria are amenable to suggestion, Déjérine, for example, citing the false gastropaths, whom he calls neurasthenics. The writer has elsewhere<sup>14</sup> endeavored to elucidate this source of error, and shows how a false belief in one's inability to digest, whether implanted by medical suggestion or other (*i.e.*, a hysterical fixed idea), produces asthenia by slow starvation, and also malassimilation caused by the worry of food eaten under fear that it may disagree. The state induced is a secondary neurasthenia, and of course demands the Weir-Mitchell treatment; but the initial cause, the false idea, must be removed by psychotherapy, and until so removed may again cause failure of nutrition.

Patients suffering from mental debility, dream-like states, mental confusion, states of emotional perversion, etc., in so far as they are suggestible, are hystericals; but their whole syndrome cannot be removed by suggestion, as can cases of uncomplicated hysteria. For the differential characters of such states, I must again refer the reader elsewhere.<sup>16</sup>

The victims of what has variously been called cerebral neurasthenia, ideo-obsessive psychosis, *maladie de doute*, *délire de toucher*, and, latterly, psychasthenia, are the antitheses of the hysterical, though many of their symptoms may be imitated by suggestion, and so removed. The essential psychasthenic characters, however, do not accompany a symptom simulated in this way. I cannot better contrast these characters than in the following extract from *International Clinics*.<sup>14</sup>

"The very important diagnosis between hysteria and psychasthenia depends upon the following: Firstly, as to fixed ideas, their duration in hysteria tends to be long; for though they are easily buried and forgotten, they are to be resuscitated with great ease and infallibility, whereas in the psychasthenic the fixed ideas are very mobile, but keep recurring voluntarily, and indeed become cherished parts of the individual, and are far more difficult to eradicate than those of the hysteric. Secondly, hysterical ideas are evoked by well defined and not numerous associations, 'suggestions'; in the psychasthenic they are often evoked by apparently irrelevant associations, which are searched for by the patient: thus the '*points de repère*' are very numerous, cannot be predicted with certainty, and are often mere excuses for crises of rumination or tics. Thirdly, in the hysteric, the ideas tend to become kinetic; whereas the psychasthenic's constant state of uncertainty causes him to oscillate between 'I would' and 'I would not.' Inhibition is too strong to allow an act, but not strong enough to dismiss the obsession."

The anorexia in hysterics derives from a simple idea not to eat, suggested by imitation, extraneously or in a dream. Cases of true loss of the feeling of hunger are not hysterical, but accord with the "anorexia mentale" of Lesègue,<sup>15</sup> in whose days hysteria was ill differentiated. The anorexia of the psychasthenic is secondary to an obsession, usually of shame of body, of being fat, or of the act of eating, and is accompanied by numerous stigmata of the psychasthenic state.<sup>16</sup>

It must, however, be remembered that the neurasthenic state favors suggestibility, though it is not of the dynamic kind which the hysterical manifests, but is of a passive, aboulie character.

From the foregoing considerations it follows: (1) That from hysteria must be eliminated cases of trickery, simulation, and mythomania; (2) that to the syndrome of hysteria do not belong

modifications of the reflectivity; (3) that the vaso-motor and trophic neuroses have nothing to do with hysteria; (4) that other psychoneurotic states—such as psychasthenia, neurasthenia, cenesthopathia, mental debility and confusion, the early phases of dementia precox, dreamlike states, emotional perversions—must not be confounded with hysteria.

Having eliminated these negative characters, there remain the very definite conclusions which I quote again from *International Clinics*.<sup>17</sup>

“1. That all the symptoms which may legitimately be included under hysteria are imposed by suggestion.

“2. That the state of suggestibility derives from:

“(a) Faulty education, tending to perpetuate and fortify the natural suggestibility of the child.

“(b) Cerebral modifications due to organic causes, the action of which necessarily varies among individuals in accordance with

“(c) The hereditary constitution.”

For clarification of the issue we are indebted to Babinski and the discussions which his pertinacity has inspired in the Paris Neurological Society; and for a full account of the data, the reader is referred to the reports of these.<sup>18</sup>

Space forbids even a statement of the therapeutic and medico-legal corollaries of these conclusions. The latter were alluded to in the *Monthly Encyclopedia* of November last.<sup>19</sup> The former should clarify our understanding of much of the pseudo-scientific psychotherapy now becoming so rampant.

A clear conception of the psychological mechanism of hysteria will add enormously to the power of medical men in controlling the psychoneurotic element present in so many diseased conditions.

The hit-or-miss psychotherapy-of-encouragement in many cases does more harm than good. It is as dangerous therapeutically as digitalis or the knife in hands ignorant of pathology. The delicate judgments upon which the treatment depends certainly cannot be entrusted to the untrained. However subtle-witted may be a pedagogue, priest, or mental healer, he lacks the broad training in the fundamentals of clinical medicine in which unfortunately some men who specialize too early in their career are also deficient. Accordingly, the therapy of hysteria, as well as of the other psychoneuroses, can be entrusted with safety only to the physician; and he in turn must rise to the occasion by studying the pathogenesis of these as he now does that of arterio-sclerosis or glandular insufficiency. In the meanwhile, he must have recourse for advice, and sometimes for direction, to the few men who have already devoted themselves to this study.

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## *Selected Articles.*

### REMINISCENCES OF TWO OF TORONTO'S PRINCIPAL MEDICAL MEN IN THE EARLY YEARS OF THE CITY'S HISTORY.

BY WALTER B. GEIKIE, M.D., C.M., D.C.L., LL.D., F.R.C.S. (EDIN.), L.R.C.P. (LOND.).

EVERYWHERE in civilized countries, prominent members of the medical profession have in the past, and are now, playing an important part in making current history. It therefore appeared to me that this résumé would be most interesting to the readers of this JOURNAL were I to select from my address the portion which dealt with two of the most prominent Toronto medical men of a bygone generation. I can give but briefly, in a single paper, the story of two such lives as I have selected, and have had to rest satisfied with such facts as I could gather as might prove interesting to your readers in the medical profession of Ontario. I give first a sketch of Dr. Christopher Widmer, for a great number of years Toronto's principal medical man. He was born at High Wycombe, Buckinghamshire, England, May 15th, 1780. He entered the medical profession early in life, having passed his examination for his M.R.C.S. (Eng.) in 1803, only three years after the Royal College of Surgeons was founded. He soon became a distinguished surgeon and afterwards obtained the highest standing conferred by the Royal College of Surgeons, England, its Fellowship. He joined the army and became staff surgeon, attached to the 14th Light Dragoons, and in 1812, during the last war between Great Britain and the United States, came to Canada with his regiment. As the war was of brief duration, Dr. Widmer decided to remain in Canada, and settled in Toronto to practise his profession. His skill as a surgeon soon made his name famous over the whole Province of Upper Canada (now Ontario). His experience as a surgeon in Spain during the Peninsular War was very great. He wore a medal with five clasps, each of which bore testimony to his presence at a hard-fought battle—between the British army, under the Duke of Wellington, and the French army, under one or other of the famous marshals, selected by the French Emperor Napoleon the First, whose genius in the conduct of war was incredibly great, so much so, that but for the wonderful valor, the intense pertinacity, and the mar-

vellous skill of the Duke of Wellington and the able generals under him, in command of the best and bravest of soldiers, he would have laid the whole of Europe helpless at his feet.

The battles at which Dr. Widmer was present were Vittoria, Busaco, Fuentes D'Onoro, Talavera and Salamanca.

Dr. Widmer practised all the branches of his profession, as well as surgery, with marked success. When he settled in Toronto he was a young man of about 33 or 34 years of age. Before long he was made a member of the Legislative Council of Upper Canada. He was also a member of the Medical Board of Upper Canada. He was present at its first meeting in 1819, and was its President from 1823 till his death thirty-five years afterwards. He was much interested in all its work, and, taking everything into consideration, was perhaps its most useful member. The sittings of this Board were always held quarterly in Toronto. The responsibility of the examination work assigned to it was very great, as for many years it was the only examining medical board in Upper Canada. A candidate, having passed his examinations before it, obtained a license to practise, signed by the Lieutenant-Governor of the Province, and after the union of Upper and Lower Canada, by the Governor-General. Medical students living and intending to practise in Upper Canada, in very early days, could not obtain a medical degree in the Province. Almost the only persons having such a degree had taken it in some one of the then very few degree-conferring universities in the United States. These gentlemen had all to undergo examinations by the Medical Board just as Canadian students did. Candidates possessing recognized British qualifications received the Governor's license on presenting these, with the required identification, to the Board.

Dr. Widmer was a splendid specimen of a medical gentleman of Toronto's early days. For many years he lived on King Street East, nearly opposite what is now Ontario Street. Widmer Lane, still open, is on the west side of the lot on which his house stood. The dwelling was a frame house, square in shape, two stories high, and white painted, and its front was flush with the street. He, after several years, built a handsome brick two-story house on the south part of his lot, about fifty feet north of Front Street, the house facing the south. This house was taken down only about two years ago, and had, after the death of the doctor, for many years presented a very shabby, neglected appearance, surrounded with unsightly buildings of one kind and another. One could hardly conceive, to look at it, that it could have been the handsome residence it was during all the years Dr. Widmer lived in it. In this house he had his office, and did a great deal of surgical and medical work of all kinds. His widespread reputa-

tion attracted multitudes of patients not only from the city, but from the entire Province, and often far beyond it.

When Lord Sydenham was Lieutenant-Governor of Upper Canada his horse fell with him and broke his Lordship's leg. He resided at Kingston, and sent promptly for Dr. Widmer. In those days the roads were very bad, and travelling slow, but, with relays of fresh horses, the doctor got to Kingston as quickly as he could and attended to his patient. The case did so well, and Dr. Widmer's skill and services were so highly appreciated by his Lordship, that he made him a special present of a valuable gold watch. Dr. Widmer was a great worker, always busy, and pleased to be so, but however his time might be taken up by patients able and willing to pay him well for what he did for them, he was always delighted to do all he possibly could gratuitously for the deserving poor during sickness of any kind. I have heard many of his former patients speak of the great kindness and attention he had shown them when they were not in a position to remunerate him as they would have liked to have done, and they often added, "Yet he attended us as well as if we had been the richest people in the Province." For a few years Dr. Widmer took into partnership with him Dr. Deihl, a medical man from Montreal, as it had become quite impossible for him to attend to all his patients without an assistant. This partnership lasted nearly six years and a half, and closed May 1st, 1835.

Dr. Widmer was of medium height, somewhat taller than Lord Roberts, but having much the same figure and erect, soldierly bearing. He was quick and active in all his movements. I fancy I can see him now as he often dressed in summer, with his swallow-tailed blue cloth coat, with its black velvet collar, a light-colored vest, and nankeen trousers, and well-fitting low shoes, neatly tied with black silk ribbon. When looking at a patient for the first time or at whatever might be going on that interested him, he often stood with two or three of his finger-tips in his trouser pockets.

His full-length portrait, painted by request of the medical profession, is now in the General Hospital, and gives an excellent idea of his appearance during the last two decades of his life. I knew him very well, having been his clinical clerk at the Hospital in 1850 and 1851, and remember calling upon him not very long before his death. I found him much depressed, on account of the recent death of his favorite son, Christopher Rolph Widmer. He spoke with much feeling of the shock his son's death had been to him, remarking that it seemed sad to have him cut off in his early youth, and with his life, humanly speaking, before him, while he, his father, now old, and of comparatively little use in the world, was spared. I said what I could to cheer him, and

after he had warmly thanked me for calling upon him, he bade me good-bye, shaking hands with me cordially as he did so. I never saw him again. Very shortly after this interview, on a Sunday afternoon, May 1st, 1858, he walked to the cemetery to see his son's grave, and here, from the walk having been too much for him, and from the depth of feeling as he stood by his loved one's grave, he fainted. He was taken home as soon as possible, but never completely, or indeed to any extent, rallied, although conscious enough to answer a few times when spoken to. He died next morning, about six o'clock, May 2nd, 1858. He was buried on Thursday, May 7th, and a large concourse of his private and professional friends followed his remains to the cemetery, as a last and sad tribute to one who was much loved and greatly respected by all who knew him.

The next celebrated name, and one long associated with this city, and with Canada during a large part of the past century, is that of the Hon. Dr. John Rolph, M.R.C.S.E. He was born at Thornbury, England, March 4th, 1793. The family, *i.e.*, his father's family, came to Canada early in the century. The subject of this sketch did not leave his native country till 1812, in which year the vessel in which he took passage was captured by an American ship, war having been declared by the United States against Great Britain before the ship reached America. The then President, Mr. Madison, was good enough to send him a passport to Canada, a very kind act towards one held as a lawful prisoner, taken on board an enemy's ship at sea. He was sent to Batavia, N.Y., U.S.A., and there detained. Those in charge found him engaged in making what they thought were sketches of United States fortifications and defences of one place or another, and pronounced him a spy. This was found, however, to be a glaring mistake; the young man, only about twenty years of age, having been employing himself in working out some problems in Euclid as a pleasant way of occupying his time. Although the silly suspicion of being a spy was soon found to be quite groundless, it occasioned more or less needless delay. An exchange of prisoners being made, he, with the others, was sent to Canada. After the war was over, he returned to England, where he completed the important studies of his life. These embraced the two professions of law and medicine. He became a member of the Inner Temple, London, and was called to the English Bar in 1821. His medical and surgical studies he pursued under Sir Astley Cooper and others, and his tickets, signed by his teachers, are still in the possession of a member of his family. He had previously graduated in Arts in the University of Cambridge.

The hospitals in which he studied were Guy's and St. Thomas', then conducted under the management of one board, but for many

years past being managed as two separate hospitals, each having its own Board of Governors. Dr. Rolph's diploma, obtained from the Royal College of Surgeons, England, bears the date 1820, giving him the membership of that College. In 1821 he returned to Canada and soon entered the political arena. Being a man of rare culture and great ability, he was always anxious to obtain for his adopted country such political freedom as would promote the happiness and prosperity of her people. But the most advanced of the Reformers of those days never once thought of asking such privileges as all Great Britain's self-governing colonies now enjoy, under which, with sincere loyalty to the Empire of which they form so important a part, they at the same time practically govern themselves, enacting all their own laws in their own free Legislatures, under their own Government, which is responsible only to their own people. Canada, now extending from Sydney, C.B., to Victoria, B.C.; New Zealand, Australia (and a federated South Africa will soon be added to the list), in this way enjoy a freedom unequalled, I think, by any nation in the world. Dr. Rolph was elected a member of the Legislature of Upper Canada for Middlesex in 1824. He did not register till 1829 as a medical man in Canada, as, with his English diploma, he might have done at any time. He gave much of his time to the profession of law, and secured a very large practice, which increased year by year. He was regarded as having no equal, or at least very few indeed, in Upper Canada, as an eloquent and a successful pleader in the courts. One celebrated case of his may be here referred to, which was tried in 1825—the Randall case. It was tried at Niagara, Upper Canada. The question before the jury was practically whether or not Mr. Randall, a member of the Legislature, duly elected, was guilty of perjury in swearing that he had freehold property amply sufficient to qualify him as a candidate for the seat to which he was elected. Mr. Randall declared he owned the property he claimed. The Government of the day, however, had been bold enough to give a patent to another person, one Thomas Clark, and had declared Randall's title as merely a leasehold. "Yes," said Dr. Rolph, his counsel, "but the lease was legally made out and legally conveyed to Mr. Randall, and was for a period of 999 years."

After an absence of only five minutes, the jury brought in a verdict in favor of Mr. Randall. At this trial the appeal made to the jury by Dr. Rolph was one of the most powerful and effective efforts ever made by a barrister on behalf of his client before any Canadian court of justice.

Dr. Rolph was at that time residing in Dundas, and had taken into partnership with him his brother George. The doctor spent most of his time engaged in his law practice, his hands being

always so full of important cases that he found it difficult to overtake all the work that came to him. But even under these circumstances he gave more or less attention to medical cases.

As a speaker in Parliament he had few equals and no superior. His speeches on record, made on special occasions in the House of Assembly of Upper Canada, are even now well worthy of a careful perusal by all interested in the history of the Province. Having been dissatisfied with the decision in a case in 1828, Dr. Rolph (with Dr. Warren Baldwin and Mr. Robert Baldwin, son of Dr. W. Baldwin) threw off his gown and left the court. He believed that at that time it was all but impossible to get justice, and he resolved, therefore, to abandon the practice of law. He carried this resolution out in 1832, and transferred his practice to his brother George, at Dundas. He had, between 1828 and 1832, much unfinished legal business, which he completed, refusing, however, to take new suits. He now threw all his energies entirely into the practice of medicine, in which he had done a little in past years when so busy with his legal work as to leave him but little time to devote to anything else. Only a few years ago, one of the old judges, speaking of Dr. Rolph's giving attention to both law and medicine, said that he would have his horse standing near by, waiting for him, while he was pleading a case in court. Having finished his pleading, he would quickly leave the court and visit patients, carrying his medicines and instruments with him on horseback in his saddle-bags.

Thereafter Dr. Rolph was only known as a medical man, and forthwith became as famous in medicine as he had proved himself to be in law. He began to take pupils again as medical students, in limited numbers, whom he taught as no one else could, the various branches of the medical profession. He was full of enthusiasm as a teacher, and had the gift of making everything he taught glow with interest, and was successful in no ordinary degree in kindling even in students who were difficult to teach, and much more fully in those who were eager, and able to learn quickly, a great enthusiasm for the subjects as he taught them. This was the secret of his great and continuous success as a teacher.

Sir John Colborne, Lieutenant-Governor of Upper Canada (appointed 1828), recognizing his wonderful ability as a medical teacher, urged him to found a medical college in Toronto, and promised Government aid to set it going. This suggestion, unfortunately, was not acted upon. Had it been, how different—how much better and so much earlier might really good medical education have been put within the reach of every intending medical student in Upper Canada.

Dr. Rolph was married in Kingston to Miss Grace Haines, of that city, in 1834. Her parents had some years previously

came to Kingston from Leicester, England. The doctor was most fortunate in the lady of his choice, who was one of the brightest and ablest persons in Canada, and who to the end of his life was as that the best of wives could be to her husband. Mrs. Rolph survived her husband for twenty years.

As an illustration of Dr. Rolph's great kindness of heart, the following story, which should be included in every sketch of his life, however short, is full of interest. Two men in the early thirties were arrested and tried on a charge of stealing an ox. They were convicted by the jury, and sentenced to be hanged. People were horrified and shocked at the prospect of the early execution of the prisoners, and no one more so than Dr. Rolph, who had an office in the village of Vittoria, where they were to expiate their crime on the gallows, and who was much distressed at the thought of inflicting capital punishment for such a crime. He determined to ride to Toronto and intercede with the Lieutenant-Governor, Sir John Colborne. Before leaving on this errand of mercy, the doctor visited the Rev. John Ryerson. It was arranged that Mr. Ryerson, who was to attend the unfortunate men on the scaffold, would delay the execution as much as possible, by making the closing prayer as long as he could, in case Dr. Rolph's return should be in any way delayed. The doctor set out on his journey on horseback, and fully expected to be back some hours before the execution took place. He rode the swiftest horse that was to be had in the village. The people had little faith in his ability to make the journey in as short a time as he hoped to do, and still less faith in the Governor's inclination to interfere in the case. Time passed on; the people flocked from all the surrounding country, as was then the rule. Meanwhile, the men had ascended the scaffold, and Mr. Ryerson was asked to engage in the final prayer. He knelt on the scaffold and began what proved to be the longest and most remarkable prayer of the kind on record. He spoke softly to husband his strength, and prayed for about twenty minutes without creating any remark. He went on to the half-hour without any sign of Dr. Rolph's return. For another half-hour the prayer went on, and the people began to be restless. The sun poured down on their uncovered heads; the people, the sheriff, and even the hangman looked weary. Mr. Ryerson became tired, and even the poor wretches awaiting death were annoyed, for Mr. Ryerson had not told them of his agreement with Dr. Rolph. The murmuring rose higher and higher, yet Mr. Ryerson prayed on without stopping for a whole hour. From fatigue, his words were disconnected, his tongue dry, his voice husky, and unable to form words properly, yet he went on. He told friends afterwards that at last he did not know what he was saying, and that the only real prayer he offered during the

whole time was the silent one, "God hasten Dr. Rolph's coming." At the end of an hour and a half there was more or less uproar, tending to increase, when someone cried out, "Here comes Dr. Rolph!" Mr. Ryerson did not hear or notice the tumult, but kept on praying, his voice becoming weaker every moment. Dr. Rolph, on horseback, came near enough to be recognized and dashed right up to the very foot of the scaffold, himself too weak either to move or to speak. He held up a document in his hand, which was quickly taken by a man in the crowd, who cried out, "Reprieve! reprieve!" It was so. And thus the lives of two men were saved.

During the few years preceding the Rebellion of 1837, Dr. Rolph had occupied many positions. For a short time he, with Dr. Baldwin and Messrs. Dunn and Bidwell, were members of the Executive Council of the Province, but in consequence of the refusal of the Lieutenant-Governor to recognize the principle of Responsible Government, they all resigned. In 1836 he was elected member for Norfolk for the second time, and, having gone to Toronto to live, he continued his teaching of medical pupils. Dr. James H. Richardson is now, I believe, the only survivor of these early medical students. This paper cannot be extended to give any account of the troubles of 1837, in which Dr. Rolph, from his position as a prominent Reformer, because an advocate of Responsible Government, was necessarily more or less involved. It is now generally admitted that the Government of those days in Canada was unwisely arbitrary. Lord Durham, who was specially sent out in 1838 as Governor-General of Canada, and requested by the British Government to look into and report upon the condition of matters in the Canadian provinces at that time, said that had his own lot been cast in Canada at the time of the 1837 troubles, his sympathies would have been with the Reformers.

The attempt at a rising ended, as is well known, in a very small way. Some of those who were more actively involved in it had a reward offered for their capture. Dr. Rolph was one of these. He made his way safely out of Canada, though it was attended with a good deal of risk, as he had more than one narrow escape from being detained. He finally got across Niagara River into the State of New York, where, as a political offender only, he was quite safe. He went for a short time to New York City, and subsequently to Rochester, where he practised medicine successfully till 1843, when the Governor-General of Canada issued a proclamation pardoning all political offenders, upon which he immediately returned to Toronto. Here he resumed his medical teaching, but on a larger scale than before. Students gathered round him at once. He lived on what was then called Lot Street (now Queen Street), and there he practically began what soon afterwards became Dr. Rolph's Toronto School of Medicine. In

1851 the doctor got an Act of Incorporation for his school. For a very short time it went on in an unpretentious way. Its classroom and dissecting-room were in a part of a long shed in Dr. Rolph's yard, which was heated comfortably in winter, and where, after a time, assisted by others, he had all the students to teach that he could accommodate. They were exceedingly well taught in every branch of medical education, and better students never came out of any college, however well equipped, than those who received their education at this school. The way they passed the strict examinations of the Government Medical Licensing Board proved this completely, for none made a higher standing.

One of the earliest advertisements of Dr. Rolph's school was as follows: "Medical students who do not intend to enter the University will be, as heretofore, received by the subscriber, and conducted through the usual course of medical studies, with such additional aid as may be deemed advisable, and prepared for obtaining their diplomas from the Medical Board. (Signed) John Rolph, Lot St., Jan. 1st, 1844."

In 1848 the advertisement was changed, but is made even more brief: "The Session will commence on the last Monday in October, and end on the last Saturday in May, under Dr. Workman, Dr. Park, and the subscriber. (Signed) John Rolph. Toronto, Sept. 25th, 1848."

I attended the session 1849-50. Two or three additional names had been added to the Faculty. This was the last session held in the original lecture-room, where all necessary accommodations were provided to meet the needs of this, which was to become in a very short time one of the largest and best medical colleges in Canada, as the Medical Department of the University of Victoria College, with Dr. Rolph as its respected and revered Dean.

This great advance came gradually. In the summer of 1851 Dr. Rolph built a brick addition to his own residence, of which the first story formed a part, while the second was a museum, well filled with excellent anatomical preparations, and the third story was a convenient and well built new lecture-room, with all modern improvements up to that date. This lecture-room and the museum were entered by a stair leading up from the street (Queen Street West, then No. 53). These were not the only additions to the school accommodations made that year, for Dr. Rolph rented a brick building from Knox Church, used as a Sunday School before Knox Church was built, and then vacant. It was entered from Richmond Street, and with little expense a large lecture-room was fitted up, while for anatomical purposes there was ample room.

With two new lecture-rooms, and everything else that was needed, the school grew rapidly from year to year. Somewhat

unfortunately for it, Dr. Rolph was urged in 1851, and consented, to re-enter the Parliament of the then united Provinces of Canada, East and West, as they were called. He was elected member for Norfolk, his old constituency, and appointed Commissioner of Crown Lands in the Hincks Government. He continued in this position till 1854. This new state of things necessitated his giving up his medical school teaching for a short time, which was carried on as well as possible by his colleagues in his absence. They felt the loss of his teaching very keenly, and he himself was by no means sorry to resume in full what was his most congenial work, as he did not now desire to continue long in his Government and Parliamentary positions. The school after his return soon outgrew all the increased accommodation provided for it, and entered on a new phase of its existence. An unused church building on what is now Bismarck Ave., St. Paul's Ward (then Yorkville), was bought and converted into a very fine medical college, in which was provided everything likely to be required for a good many years. By arrangement with Victoria University, it had become its Medical Department, with Dr. Rolph as Dean.

Some difference in connection with the school arose between Dr. Rolph, who was the Dean of the Faculty, and his colleagues, soon after these last changes had taken place. Most of his colleagues had been educated in medicine chiefly, and some solely, by himself. The Victoria College Board supported Dr. Rolph on its being appealed to in the matter. On this account his colleagues resigned in a body just the day after the opening of the session of 1856-7. The University authorities promptly accepted the resignations which had been sent in, and directed the Dean, as the responsible head of the department, to fill the places of the gentlemen who had retired, as well and as speedily as he could. Although placed in an exceedingly difficult position, the Dean proved himself quite equal to the occasion. During the little more than two weeks it took him to complete new arrangements for carrying on the work of the session, Dr. Rolph alone kept everything going on in the college. He lectured during this period four or five times every day on the various subjects, to the entire satisfaction of the students, who, with hardly an exception, stood by their able teacher and Dean.

The high character of the Dean's teaching during this time made it even more difficult than it would otherwise have proved to fill the vacancies. At this time the writer was appointed Professor of *Materia Medica and Therapeutics*, to which chair the duties of another were very soon added, viz., those of *Midwifery and Diseases of Women and Children*; a large burden with which to begin, with no special preparation, the responsible duties of

medical teaching. With further and very willingly rendered help, the session was successfully completed.

Throughout Dr. Rolph's Deanship, which lasted till 1870, this medical school was singularly prosperous. He at first continued to use the name as advertised when the arrangement with Victoria College was first entered into, which was "The Toronto School of Medicine—the Medical Department of Victoria College." The professors who had resigned, as they constituted a majority of the members of the Corporation of the "Toronto School of Medicine," lost no time in renting a building from the University of Toronto, in which they established themselves under the old name of "The Toronto School of Medicine." They soon applied for an injunction to restrain Victoria College and Dr. Rolph from continuing to use the name of "The Toronto School of Medicine." The decision of the court was adverse to the Victoria College and Dr. Rolph (who acted as his own counsel), and the injunction was granted on the ground that, as "The Toronto School of Medicine" was a corporate body, no arrangement such as that alleged to have been made by "The Toronto School of Medicine" with Victoria College could be legally entered into without an Act of the Legislature, authorizing the School to make such an arrangement, and that, as this had not been done, the arrangement made was legally null and void. Unquestionably neither of the parties interested had thought of such a thing being necessary when the arrangement was entered into.

This decision was of no moment so far as Victoria College and Dr. Rolph were concerned. The students and the general public knew well that "Rolph's School," as it was called, was wherever Dr. Rolph was teaching, and the Medical Department of Victoria was thereafter advertised as such, with the addition of the words, "Commonly known as Rolph's School," which answered every purpose. With the Dean at its head, this Medical Department steadily grew in public favor year by year and was for a long time the most largely attended medical college in Canada. At length, in 1870, having become somewhat feeble from old age (being then in his 78th year), he resigned his position. His resignation was sent in just when it was, because some of his colleagues thought it right, notwithstanding his decided wishes to the contrary, that an "Assistant Dean" should be appointed, and the College Board saw fit to carry this recommendation into effect, upon which the venerable Dean forthwith resigned. The writer, whose views were in full sympathy with those of Dr. Rolph, also resigned at the same time.

The Medical Faculty of Victoria, as then constituted, never recovered from the shock it received by the retirement of its honored head, and of the other professors, who either retired with

the Dean, or soon afterwards. It came to an end during the session of 1874-75. About three years before this time, the Faculty had received permission to sell the Yorkville College building, and had obtained a lot and erected a new building on Gerrard Street, near the General Hospital. The Faculty soon after this resigned, and this new building came to be occupied by the Toronto School of Medicine, which carried on its school there till 1887, when, having joined the Toronto University as its Medical Faculty, it ceased to teach as a separate body.

Dr. Rolph did not live long after resigning his position as Dean, which self-respect and a high sense of honor alone prompted him to do. He retired to Mitchell, Ontario, and died October 19th 1870, and was buried there. His remains were removed to Toronto twenty-seven years afterwards, and he was buried by the side of his wife, in Mount Pleasant Cemetery. It is surely high time that something should be done to mark the last resting-place of one of Canada's most laborious public servants, and one of her very greatest men.

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#### WHILE THE CHILD WAITS.

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How long is it going to be before the women of the country wake up to the fact that there is a problem in connection with the homeless child as at present controlled by the local orphan asylums? How long before they realize that literally hundreds of thousands of lives are being delayed, shadowed, permanently marked? *The Delineator* has preached and preached. It has written to ministers, it has spoken to women's clubs, it has asked representative women to aid. Still we drift. There are the women of the National Congress of Mothers. What have they to say? It is just probable that they do not know even now that the problem exists. There are the women of the Federation of Women's Clubs; what have they to say? The ballot is not necessary in this instance to help the child. There are the women of the D. A. R. and of the Civic Improvement Clubs. And of the churches—shame that we have to speak of the churches last! We have asked President Roosevelt to do something to help. He stands ready to act when public sentiment demands it. We have need of women who will look into the problem of the homeless child, as we have preached it and as it is, and who will then get up and do something. There is a problem. We made it perfectly plain in Mrs. Daggett's article, "Where 100,000 Children Wait." How long is it going to be before the women of the country—the boasted strength and righteousness of America—wake up and find it out?

# The Canadian Journal of Medicine and Surgery

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## Editorials.

### A PSYCHOLOGICAL REFLEXION

THE selfsame person, according to the line of thought he may be in, or to his emotional mood, will apperceive the same impression quite differently on different occasions.

A lay M.P.P. eloquently expounding to a listening Legislature the advantages of the compulsory notification of tuberculosis

rouses the ire of five members of the Legislature who are doctors. The average layman would suppose that, as doctors, they would relish the speech of their lay colleague, would praise its good points and be lenient in dealing with its weak ones. On the contrary, the doctors rose, one after another, and proceeded to discredit the sanitary measure of the layman, all winding up with the one refrain that the compulsory notification of tuberculosis is absurd. A few days after the debate had occurred, two of these doctors made speeches informing the self-same Legislature that they really favored the compulsory notification of tuberculosis, and they moved that a commission be appointed by the Provincial Government to consider and report on the whole question of tuberculosis in Ontario.

Such conflicting methods of apperceiving impressions of the same subject remind one of the medical expert retained on one side of a case, who will not apperceive the facts in the same way as if the other side had retained him.

Again, the following is an explanation of a learned professor's opposition to the compulsory notification of tuberculosis. A physician may be an excellent practitioner, gaining, well into middle age, a great acquaintance with individual cases connected with disease. In this sense his conceptions increase during a long period, for his knowledge of practice grows more extensive and minute. But the larger categories of conception, the sorts of things, and wider classes of relation between things, of which some take cognizance, are got into the mind at a comparatively youthful age. If a physician has not seriously studied hygiene at college, or at least before thirty years of age, it is a thousand to one that its main conceptions and their applications to the prevention of disease will remain unknown to him through life.

J. J. C.

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### COMPULSORY NOTIFICATION OF TUBERCULOSIS

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COMPULSORY notification of tuberculosis has met with a fourth defeat in the Legislature of Ontario, the bill introduced by Mr. Downey, South Wellington, having been withdrawn after the second reading, March 30th, 1909, at the request of Sir James Whitney, Prime Minister of Ontario. Evidently the pear is not yet ripe. However, Mr. Downey, the eloquent promoter of this bill,

is not discouraged. In consenting to the withdrawal of the bill, he said that he would reintroduce it and reintroduce it, and he believed he would live to see the day when the predominant features of the bill would be embodied in the provisions of the provincial health regulations. Mr. Downey's confidence in the ultimate triumph of his sanitary measures does not seem misplaced, in view of a statement made during the debate by the Hon. Mr. Hanna, the minister who has charge of the Provincial Board of Health, that Mr. Downey's bill was regarded by the Provincial Board of Health as an ideal measure. In fact, this bill, though introduced by Mr. Downey, was really framed by the Provincial Board of Health. Now as it was strenuously opposed by five physicians, who, are members of the Legislature, it follows that, in relation to a most important hygienic measure, radical differences exist between physicians who occupy seats at the Board of Health, and other physicians who are members of the Ontario Legislature. All those physicians are public men. In justice to medical truth, of which they claim to be the exponents, in defence of their own conduct, the rivals should discuss this question before a jury of doctors at the approaching meeting of the Ontario Medical Association, so as to satisfy the public and the profession in Ontario as to the soundness of the arguments advanced in the Legislature for and against the compulsory notification of tuberculosis.

J. J. C.

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### THE BUR IN UNDERWEAR CAUSES PRURITUS

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In the December, 1904, number of this Journal, we published an editorial note showing that itching is sometimes caused by burs in the underwear worn by the patients. These burs cannot be entirely removed from the fleece employed in making yarn, from which woollen underwear is manufactured. They plague the wearers, when the offending garments are first worn, but the pruritus is not continuous, owing to the fact that the burs become detached by the destructive operations of the machine laundry or the milder vibrations of the domestic washing machine. The cure of this pruritus consists in substituting cotton or linen-mesh underwear for the woollen article, or in patiently dissecting out the burs from the offending underwear. An article on "The Signi-

ficance and Treatment of Itching," by Dr. Duncan Bulkley, New York City, appeared in the *Journal of the American Medical Association*, July 27, 1907. Under the head of mechanical irritants causing pruritus he says: "We find the irritability of the skin often occasioned by *harsh* underwear,—some persons experience much trouble when they first put on woollen underwear garments, and some think they can never wear them, on account of the itching they excite."

Under the head of the treatment of pruritus, Dr. Bulkley says: "The kind of underclothing is also sometimes of consequence, although I think its importance is frequently overestimated. I believe that most skins are better with pure woollen garments next to them, if the texture is fine and unirritating, although I find that a number do well with the linen mesh undergarments." He makes no reference to the presence of burs on the undergarments. Having had medical charge, for several years, of a large college for young men and boys, we were frequently consulted by the inmates for pruritus. In some of the cases the presence of burs in the woollen undergarments was revealed on examination. We well remember the incredulity with which this diagnosis of pruritus was received. However, the demonstration of a black, fine hair-like body, closely wound around and dipping in among the woollen yarn, offering a strong contrast to the latter in color; in new, unwashed garments of a firm outline, in older ones less distinctively marked, convinced the wearers that there was something in the underwear which they had not bargained for. In these cases, the parts of the body irritated were the hypochondriac, lumbar and umbilical regions—the parts about the waist. The affected skin was hyperemic, looking like the condition observed in erythema; in some individuals the rash resembled an eruption of hives limited to a certain region. The limbs were not much affected. The itching was most complained of during the day. The itching disappeared after the patient began to wear cotton or linen mesh underwear.

Our reason for writing this editorial is that Dr. Bulkley, while he has written a special article on pruritus, and while he incriminates harsh woollens as a cause of pruritus, does not mention the real cause of the harshness of woollen underwear. We may say that some manufacturers have tried to dodge the issue by turning

out underwear made of silk combined with wool; but the burs can be demonstrated in these expensive suits, just as well as in the cheaper ones.

J. J. C.

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### EDITORIAL NOTES.

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**Severe Criticism of Expert Medical Evidence.**—Severe comments on expert medical evidence were made by a leading counsel in a jury case tried in a Toronto court, March 24, 1909. The contention of the counsel, who represented the Crown Life Insurance Company, was, that a policy-holder in that company had committed suicide by taking a narcotic, hydrate of chloral, and that the company was not liable for the amount of the insurance, \$15,000. The counsel said: "I'm not going to use the methods of my learned friend by abusing the two learned men, whom I highly respect, just because they happen to give evidence against me. What I complain of is to see the doctors swayed. It pains me to see medical men taken up with the sides by whom they are hired. It is a most unfortunate thing. Here are you and I, mere honest men, and we see the learned medical men coming here and trying to draw a herring across the trail, by suggesting concussion of the brain, when they know and you know concussion of the brain had no more to do with this case than the laws of the Medes and Persians. Then another comes along with ptomaine poisoning, and uremic poisoning, and again the farce is once more gone through. It is a pitiable sight. I don't want anything but the truth," said he, near the end. "If you don't think that that man committed suicide, then say so. There is something more important than that the Crown Life Insurance Company should pay \$15,000, and that is that the machine of justice should not be put out of gear." The jury found that the deceased broker had not committed suicide. The cause of death, an overdose of a narcotic, was not disputed; but that it had been taken with a suicidal intent was denied. The insurance company lost the case.

**Poisoning by Hydrate of Chloral.**—Professor Liebrich has called attention to a curious circumstance, viz.: that, after a person has taken a dose of chloral, alcohol produces much more than its ordinary effect in flushing the face. This result seems to be

due to the paretic action of chloral on the arteries and capillaries as well as the heart. Naturally then, when treating a case of acute chloral poisoning all alcoholic stimulants should be avoided. In a well-known visiting list, under the heading of emergencies, the treatment recommended for poisoning by chloral is: "Empty the stomach, apply warmth to surface and give stimulants." The adjective non-alcoholic should have been placed before the noun *stimulants*. The remainder of the advice given is sound, viz.: Give strychnine (gr. 1-20), picrotoxin (gr. 1-20), atropine, digitalin, or amyl nitrite, oxygen inhalations, artificial respiration, electricity. In acute chloral poisoning, alcoholic stimulation would seem to be urgently demanded, for the patient's pulse is feeble, thready and irregular, the temperature below normal, respiration slow, the skin, particularly that of the forehead and extremities, may be covered with cold sweat, and is pallid and cyanotic. There is also great muscular relaxation, together with abolition of the reflexes. In his text-book of *Materia Medica, Therapeutics and Pharmacology*, Dr. Butler says: "The symptoms of poisoning from lethal doses of chloral are those of profound alcoholic narcosis, plus the specific chlorine action. In its depressing action on the heart, chloral is more pronounced than are other non-chlorinated members of the alcohol group." He thinks it is highly probable that the presence of chlorine is an important factor in this added toxic action in the circulation.

**The Treatment of Cancer by the use of Potassium Bichromate.**—Dr. Fenwick (Accrington (Eng.)), publishes a paper in *The British Medical Journal*, March 6, 1909, on the treatment of cancer by the use of potassium bichromate. His cases include scirrhus of the breast, epithelioma of the neck and face, and rodent ulcer. He employs a saturated solution of the salt, in most instances injecting seven minims into the growth every second day. Sloughing of the growth ensues, and it is extruded. Eighteen cases are reported by Dr. Fenwick. As an addendum to this paper, Dr. Pilkington, Philadelphia, who had studied this method of treating cancer under Dr. Fenwick, reports three cases of malignant disease treated by himself in America. Dr. Fenwick mentions that two of his successful cases had undergone surgical operations before receiving his treatment. One of these was a

case of cancer of the breast, which had been operated on at the Victoria Hospital, Burnley, August, 1907. In January, 1908, a lump about the size of a hen's egg appeared in the cicatrix. The bichromate of potassium injections were begun in January and the disease was cured in March, 1908. There has been no further recurrence. The patient has lost the cancerous cachexia and is looking well and strong. This was a case of secondary scirrhus. The second case was probably epithelioma of the lip although it is not so stated in the report. This patient was operated on surgically, at the Preston Infirmary, November, 1905. The disease returned in four months. Six injections were given by Dr. Fenwick, and the patient reported November 3rd, 1908, "I enjoy the best of health and have felt no effect of my lip since you treated it." The treatment is simple, inexpensive, and, in Dr. Fenwick's opinion, effects a lasting cure of rodent ulcer and epithelioma. In one of the cases reported by Dr. Pilkington, an extensive epithelioma involving the whole lower lip and the chin down to the margin of the lower jaw, with half an inch of the left angle of the mouth and upper lip, a cauliflower-like mass on the lip and a gland-like mass of about the size of a large grape were excised at the skin margin, the patient being under ether. A simple dressing was applied, until the following day, when the base of the growth was injected with half a gram of a saturated solution of potassium bichromate. Injections were made every other day, the dose being increased, until  $1\frac{1}{2}$  grams were used. There was considerable pain, which was controlled by a hypodermic injection of morphine, given a few moments before the injection of the solution of potassium bichromate. The slough separated early in August, 1907, about three months after treatment had been begun. The patient was discharged November 1st, 1907. In December, 1908, the patient was in good health, the cicatrix is soft, pliable and well supplied with blood vessels; there is but little deformity.

**Some Thoughts about Tea-drinking.**—In the London papers we observe that the War Office has sent a circular to all its girl employees warning them against excessive tea-drinking, especially between meals and with their luncheon. The point is well taken, and any honest tea-drinker will confess that the gloriously insidious draught cannot replace bread and meat as a working ration.

Neither, on the other hand, can bread and meat fulfil the office of tea, when life is trembling in the grasp of shock, or in a case of poisoning associated with low blood pressure or respiratory depression. At dawn, one summer's day, we well remember seeing a woman, who, after a night attack of cholera nostras, sat in a rocker unable to move, faintly breathing, with pulse just discernible, dejecta escaping audibly onto the floor. There was no alcohol in the house and even if some alcoholic liquor had been given the patient, she might not have been able to retain it. While the woman's husband ran for a near-by colleague, spying a brown betty on the top of the kitchen stove, we poured some hot tea from it into a saucer, and with a teaspoon placed some of the hot tea in the patient's mouth. This process was kept up intermittently for about twenty minutes, when the patient's pulse became fairly discernible. Our colleague, the late Dr. Fulton, who arrived about the same time with the husband, agreed with us, that the outcome of the case was a remarkable proof of the reviving power of hot tea in saving a patient from imminent death. J. J. C.

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#### PERSONALS.

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Dr. Ernest Jones (late of London, England) announces that he has established himself at 407 Brunswick Ave., Toronto, and that he confines his practice exclusively to nervous diseases.

Dr. John Caven returned to the city about April 1st, after spending two months in Florida, and "Richard is 'imself again," notwithstanding his harrowing experience on board the *S.S. Republic*.

Dr. A. T. Hobbs, Superintendent, Homewood Sanitarium, Guelph, is in Europe, taking up the study of mental and nervous diseases. He will spend some time in Berne, Munich, Vienna, Berlin and London, returning to Canada early in July.

We desire to tender our sympathy to Dr. P. G. Goldsmith on his recent sad bereavement. Dr. Perry Goldsmith, in the death of his father, lost a beloved parent, who was not only a respected and highly esteemed member of our profession, but for many years a citizen of note in Belleville.

The Shelton Electric Co., of Chicago, announce to our readers that they have opened a large and commodious place at 105 West 42nd St., New York City. This was necessitated, owing to the increased demand, and in order to take care of their export trade. Our readers will find their exhibit of vibrators, centrifuge and other electrical appliances to be very interesting and well worth a special call at the above address.

The G. Gramer Dry Plate Company, of St. Louis, take pleasure in announcing the addition to their staff of Mr. R. James Wallace, F.R.A.S., F.A.P.S., etc., the noted photographic investigator. Mr. Wallace comes direct from the Yerkes Observatory of the University of Chicago faculty, leaving the position which he occupied there as head of the department of photophysics to undertake the direction of the factory research laboratory. The possession of a thoroughly equipped chemico-physical research laboratory devoted especially to this work, and which is probably unequalled by any other worker in this country, guarantees the quality of test to which new products will be subjected, while the published work and prior commercial experience in trichromatism and general photo-engraving, assures intelligent consideration of the needs of this large and constantly increasing class of workers. Consultation upon special technical matters connected with the photography of light and color will receive prompt and careful consideration, and suggestions offered when necessary.

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## *Obituary.*

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### DEATH OF DR. P. GOLDSMITH, LATE OF PETERBORO

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DR. P. GOLDSMITH, of Toronto, died at Belleville on April 5th, very suddenly, of heart failure. He had been in feeble health for some time. He went there from Toronto a few days previously, on a visit, and died at the home of a friend. Dr. Goldsmith had practised medicine successfully for many years in Peterboro, Campbellford and Belleville. While in Belleville he was physician to the Deaf and Dumb Institute. He moved to Toronto about two years ago.

He was a prominent Methodist. A widow and family survive, among the sons being Dr. P. G. Goldsmith, of Toronto. Deceased was 64 years of age.

# Proceedings of Societies.

## PROVISIONAL PROGRAMME FOR THE ANNUAL MEETING OF THE ONTARIO MEDICAL ASSOCIATION

TUESDAY, JUNE 1ST, 1909.—MORNING SESSION.

### *Medical Section.*—10 a.m.

1. Paper—A. Sangster, Stouffville.
2. "Grave's Disease"—H. B. Anderson, Toronto.
3. Paper.—E. Ryan, Kingston.
4. "Differential Diagnosis of Cerebellar Tumors"—Ernest Jones, Toronto.
5. "A Case of Opium Poisoning"—A. Taylor, Goderich.
6. Paper—R. J. Dwyer, Toronto.

### *Surgical Section.*—10 a.m.

1. "Hodgkin's Disease"—W. J. O. Malloch, Toronto.
2. Paper—H. E. Hayd, Buffalo.
3. "Surgical Treatment of Gall Stones"—C. F. Moore, Toronto.
4. Paper—J. W. S. McCullough, Alliston.
5. "A Case of Appendicitis"—Everett Hicks, Port Dover.
6. "Malignant Tumors of the Neck"—A. Primrose, Toronto.

### *Section of Gynecology, Obstetrics, and Diseases of Children.*

1. "Occipito-posterior Position"—F. Fenton, Toronto.
2. "Use of Hyoscine and Morphine in Obstetrical Work"—C. H. Vrooman, Winnipeg.
3. "Case in Practice"—W. Spankie, Wolf Island.
4. "Toxemia of Pregnancy"—H. M. Little, Montreal.

### *General Session.*—2.30 p.m.

1. President's Address—H. J. Hamilton.
2. "Acute Septic Peritonitis"—J. B. Deaver, Philadelphia.

TUESDAY EVENING, 8.30 P.M.

1. "Results of the Serum Treatment of Cerebro-spinal Meningitis"—L. Emmett Holt, New York.
2. Paper—J. Alder, New York.

WEDNESDAY, JUNE 2ND, 1909.—MORNING SESSION.

*Medical Section.*—9.30 a.m.

1. "Symposium, Present Day Therapeutics."
  - (a) "Nihilism in Therapeutics"—J. T. Fotheringham, Toronto.
  - (b) "Nostrum Evil"—J. Ferguson, Toronto.
  - (c) "Tuberculin Therapy"—J. H. Elliott, Toronto.
  - (d) "Bier's Hyperemic Treatment"—S. H. Westman, Toronto.
  - (e) "Recent Advances in X-Ray and Radium Therapeutics"—C. R. Dickson, Toronto.
2. "Therapeutics of Digitalis"—V. E. Henderson, Toronto.
3. "Hypothyroidism"—W. B. Thistle, Toronto.

*Surgical Section.*—9.30 a.m.

1. Paper—C. B. Shuttleworth, Toronto.
2. "Repair of 3 cm. Defect of the Median Nerve, due to old Injury. Almost Complete Restoration of Function"—Ingersoll Olmstead, Hamilton.
3. Paper—J. S. Wardlaw, Galt.
4. Paper—R. R. Wallace, Hamilton.
5. Paper—A. MacKinnon, Guelph.
6. "Status Lymphaticus"—H. A. Bruce, O. R. Mabee.

*Section of Diseases of Eye, Ear, Throat and Nose.*—9.30 a.m.

1. Exhibition of Cases.  
Exhibition of Specimens, Instruments, etc.  
Demonstrations of New Methods.
2. Papers—
  - (a) "Influence of Light Rays on the Retina"—J. N. MacCallum, Toronto.
  - (b) Paper—W. F. Chappell, New York.
  - (c) "Bronchoscopy," etc.—D. J. G. Wishart, Toronto.

*Section of Gynecology, Obstetrics and Diseases of Children.*—9.00 a.m.

1. Symposium—Slightly Contracted Pelvis in Pregnancy and Labor.
2. Paper—A. E. McColl, Belleville.
3. "Ultimate End of Surgery with Special Reference to the Surgery of the Pelvic Organs in Women"—W. P. Manton, Detroit.

WEDNESDAY AFTERNOON.—GENERAL SESSION, 2.30 p.m.

1. "Copious Water Drinking in the Treatment of Typhoid Fever"—E. F. Cushing, Cleveland.

WEDNESDAY EVENING.—ANNUAL DINNER.

THURSDAY, JUNE 3RD, 1909.—MORNING SESSION.

*Medical Section.*—9.30 a.m.

1. Paper—J. Fisher, Stratford.
2. Paper—J. A. Bauer, Hamilton.
3. "Gastrogenous Diarrheas"—Graham Chambers, Toronto.
4. "Landry's Paralysis"—R. G. Kelly, Watford.
5. "Results in Vaccine Treatment of Certain Bacterial Diseases"—G. W. Ross, Toronto.

*Surgical Section.*—9.30 a.m.

1. "Movable Kidney"—W. McKeown, Toronto.
2. "Intussusception"—J. M. Elder, Montreal.
3. Paper—J. M. Rogers, Ingersoll.
4. Paper—Hadley Williams, London.
5. "Diagnosis and Surgical Treatment of Abscesses of the Liver"—L. C. Prevost, Ottawa.
6. "Chloroma"—W. W. Jones, Toronto.

*Section of Gynecology, Obstetrics and Diseases of Children.*

1. "Diagnosis of Genito-Urinary Diseases of Women"—Ellice McDonald, New York.
2. Paper—K. C. McIlwraith, Toronto.
3. Paper—A. Jackson, Bolton.
4. Paper—Allen Baines, Toronto.
5. Paper—F. Fenton, Toronto.
6. "Malignant Tumors of the Ovary"—F. A. L. Lockhart, Montreal.

*General Session.*—2.30 p.m.

Address in Medicine—Prof. Wm. Osler, Oxford, Eng.

## PRELIMINARY PROGRAM OF THE AMERICAN PROCTOLOGIC SOCIETY

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THE American Proctologic Society will hold its Eleventh Annual Meeting in Haddon Hall, Atlantic City, N.J., June 7 and 8, 1909, to which the profession is cordially invited to attend all meetings.

The officers of the Society are: President, George B. Evans, M.D., Dayton, Ohio; Vice-President, John L. Jelks, M.D., Memphis, Tenn.; Sec.-Treas., Lewis H. Adler, Jr., M.D., Philadelphia, Pa.

The Executive Council are: A. Bennett Cooke, M.D., Chairman, Nashville, Tenn.; George B. Evans, M.D., Dayton, Ohio; Samuel T. Earle, M.D., Baltimore, Md.; Lewis H. Adler, Jr., M.D., Philadelphia, Pa.

The program is as follows: Monday, June 7—Executive Council meets at 11 a.m.; first regular session at 2 p.m.; annual address of the President, subject: "Progress in Proctology," by George B. Evans, Dayton, Ohio.

### PAPERS.

"A Review of Proctologic Literature for 1908." Samuel T. Earle, Baltimore, Md.

"An Operation for Anal Pruritis." Thos. Chas. Martin, Washington, D.C.

"The Treatment of Pruritis Ani, including a Consideration of its Pathology." Wm. M. Beach, Pittsburg, Pa.

"Appendicostomy as an Aid in the Treatment of Malignant and Intractable Dysentery." John L. Jelks, Memphis, Tenn.

"A Consideration of the Prophylaxis and Treatment of Cicatricial Rectal Stricture." Alois B. Graham, Indianapolis, Ind.

"The Use of Spinal Anesthesia in Rectal Surgery." Collier F. Martin, Philadelphia, Pa.

"Vaginal Anus in the Adult, with Report of Two Cases." Louis J. Hirschman, Detroit, Mich.

"Tubercular Fistula with Extensive Infiltration, with Specimen Exhibited." Samuel T. Earle, Baltimore, Md.

"Abdominal Massage as a Means of Relief in Chronic Constipation, etc." Thos. L. Hazzard, Pittsburg, Pa.

"Intestinal Auto-intoxication: Its Treatment by Irrigation." Wm. L. Dickinson, Saginaw, Mich.

"Peritoneal Adhesions, with Specimen Exhibited." Jos. A. MacMillan, Detroit, Mich.

"Diseases of the Colon and Rectum as Caused and Influenced by Pathologic Conditions of other Abdominal and Pelvic Organs: Illustrative Cases." A. Bennett Cooke, Nashville, Tenn.

"Necessity for Routine Examination of the Rectum in Intestinal Diseases: Illustrative Cases." Dwight H. Murray, Syracuse, N.Y.

"Ball's Method of Operating on Internal Hemorrhoids." George W. Coombs, Indianapolis, Ind.

"Ball's Operation in the Treatment of Cases of Pruritis Ani, with Report of a Case in which Necrosis of the Flap Occurred." Louis J. Krouse, Cincinnati, Ohio.

"Test Diet: Its Value in Intestinal Disturbances." Jerome M. Lynch, New York City, N.Y.

"Primary Gonorrhoea of the Rectum in the Male." Alfred J. Zobel, San Francisco, Cal.

"Further Observations in the Use of Bismuth Paste in the Treatment of Rectal Fistula." J. Rawson Pennington, Chicago, Ill.

"Venereal Diseases of the Anus and Rectum." Jas. P. Tuttle, New York City, N.Y.

"Some of the Unusual Conditions which One Meets after a Number of Years Spent in the Domain of Proctology." Jos. M. Mathews, Louisville, Ky.

"Pruritis Ani: Its Etiology and Treatment." T. Chittenden Hill, Boston, Mass.

"Foreign Bodies in the Rectum and Sigmoid Flexure." Edw. A. Hamilton, Columbus, Ohio.

"The Treatment of Constipation." Samuel G. Gant, New York City, N.Y.

"A Consideration of Some of the Benign Growths of the Rectum." George J. Cook, Indianapolis, Ind.

"Malformations of the Anus and Rectum." J. Coles Brick, Philadelphia, Pa.

"Nevus of the Anal Region, with Report of a Case Associated with Internal Hemorrhoids." Lewis H. Adler, Jr., Philadelphia Pa.

## News of the Month.

### CANADIAN MEDICAL ASSOCIATION

For the forty-second annual meeting of the Canadian Medical Association in Winnipeg on the 23rd, 24th and 25th of August, 1909, transportation arrangements have been completed. For delegates, their wives and their daughters, (no others) from points east of Port Arthur the rate will be single fare plus twenty-five cents, for round-trip tickets, provided fifty or more are present holding Standard Convention Certificates. These tickets will be on sale from August 14th to 21st, final return limit from Winnipeg, September 25th. If Lake Ontario route is used, payment of the following arbitraries must be paid to the pursers of the Richelieu lines: During August, Toronto to Montreal, \$8.00; from Kingston to Montreal, \$4.50. During September, from Toronto to Montreal, \$6.65; from Kingston to Montreal, \$3.50. Upper Lakes: Going, \$3.50 additional; returning, \$8.50 additional. Side trips from Winnipeg one fare for the round trip, August 25th to September 24th inclusive. Alaska-Yukon-Pacific rates will apply for side trips to Pacific Coast points. Side trips to interior points in British Columbia will be announced in the annual circular issued in June or July 1st. Local convention plan arrangements will prevail for the West as far west as Laggan, and Coleman, Alberta. Lowest one way first class fare from British Columbia; date of sale of tickets beginning August 16th to 19th inclusive, with final return limit September 25th. Anyone can find out the single first-class fare to Winnipeg by enquiring of their station agents.

### THE TORONTO GENERAL HOSPITAL EX-HOUSE STAFF BANQUET

A VERY jolly dinner was held at the King Edward Hotel on Easter Monday night, the occasion being the annual re-union of the old internes of the Toronto General Hospital. Dr. Alex. Taylor, of Goderich, the oldest living ex-House Surgeon, presided, and delivered a most interesting address on the treatment that was carried out in 1869 and 1870 while he was on the staff.

In those days the house staff consisted of two members and

If a house doctor would give a patient, after confinement, a drink of cold water or advise the taking down of curtains to allow the fresh air and sunlight in, and if by chance, from some cause, the patient died, the blame was meted out to the cold water or to the fresh air or the light.

Dr. Taylor then described the introduction of the antiseptic spray into the hospital, and also referred in pleasant terms to some of his old teachers and chiefs:—Drs. Widmer, Beaumont, Bovellet, Hodder, Aikens, Bethune, Richardson, Geikie and Ogden.

Dr. O'Reilly capped the climax of Dr. Taylor's description by referring to the treatment accorded patients in the "Old Hamilton Hospital" in what he termed the "prehistoric days." An explosion of laughter followed every sentence of Dr. O'Reilly's description.

Toasts of "The King," "The President," "The Ex-Superintendent," and "The Present Superintendent," were drunk with great heartiness.

The following officers were elected for the coming year:—President, Chas. McGillivray, Whitby; Vice-President, Chas. E. Trow, Toronto; Secretary, Dr. N. E. Brown, Toronto; Treasurer, W. B. Hendry, Toronto.

Councillors: A. Ardagh, Barrie; Harry Hutchinson, Toronto, and Colin Campbell, Toronto.

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### PLANS FOR THE NEW GENERAL HOSPITAL

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THE plans for the new General Hospital are very nearly matured, and the building, which is to occupy the ten acres set apart for the purpose at College street and University avenue promises to be one which will open the eyes of the people of Toronto. The Plans Committee met recently, and got everything in readiness for the submission of their report to the Board of Trustees.

Before the plans are finally submitted to the Board, however, they will be examined by two experts, Mr. R. B. Howard, of Boston, and Christian Holmes of Cincinnati. Mr. Howard has been associated with the building of a number of hospitals, and is considered one of the leading experts in hospital construction. Mr. Holmes makes a specialty of hospital architecture, and is at the present time preparing an article on hospital construction for a medical encyclopedia. He is also actively interested just now in the building of a large municipal hospital in Cincinnati. He recently spent a year in Europe studying European methods of construction.

These two experts recently spent a week on the plans of the

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These two experts recently spent a week on the plans of the

hospital here. After they have passed upon them they will have to be submitted to the Board of Trustees. After they have been approved by the Board they will have to be amplified, and the working plans made. All this takes time. In addition, the site, which is at the present time covered with buildings, will have to be cleared.

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### DR. C. G. HEYD WINS COVETED POSITION IN NEW YORK

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WORD was received some weeks ago of the appointment of Charles Gordon Heyd, son of Louis Heyd, K.C., Toronto, to the position of interne in the Post-graduate Hospital at New York. This is a position much sought after by medical students all over the continent. A competitive examination is held to decide who will be appointed. Mr. Heyd passed head of the list.

Dr. Heyd is a graduate of Toronto University. He has for the past year been studying medicine in Buffalo. He is twenty-four years of age.

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### THE McCHARLES PRIZE

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IN view of the great interest now being taken by Canadians in all developments in the natural resources of the Dominion, the bequest of the late Aeneas McCharles, providing a fund for the purpose of recognizing the inventions or discoveries of special merit made by Canadians, will be welcomed by all.

The following extract from the will of Mr. McCharles, and the accompanying regulations drawn up by the Board of Governors of the University of Toronto governing the award as set forth below, give full details concerning the prize, which will be offered for the first time this year.

In connection with the bequest of the late Aeneas McCharles of Provincial Government bonds of the value of \$10,000, on the following terms and conditions, namely, that the interest therefrom shall be given from time to time, but not necessarily every year, like the Nobel prizes in a small way: (1) To any Canadian from one end of the country to the other, and whether student or not, who invents or discovers any new and improved process for the treatment of Canadian ores or minerals of any kind, after such process has been proved to be of special merit on a practical scale; (2) Or for any important discovery, invention or device by any Canadian that will lessen the dangers and loss of life in connection with the use of electricity in supplying

power and light; (3) Or for any marked public distinction achieved by any Canadian in scientific research in any useful, practical line. The following conditions, as passed by the Board of Governors, determine the method of award:

(1) The title shall be the McCharles Prize.

(2) The value of the prize shall be One Thousand Dollars (\$1,000.00) in money.

(3) The term "Canadian" for the purposes of this award shall mean any person Canadian born who has not renounced British allegiance; and for the purposes of the award in the first of the three cases provided by the bequest, domicile in Canada shall be an essential condition.

(4) Every candidate for the prize shall be proposed as such in writing by some duly qualified person. A direct application for a prize shall not be considered.

(5) No prize shall be awarded to any discovery or invention unless the same shall have been proved to the satisfaction of the awarding body, to possess the special practical merit indicated by the terms of the bequest.

(6) The order of priority in which the three cases stand in the wording of the bequest shall be observed in making the award; that is, the award shall go *caeteris paribus* to the inventor of methods of smelting Canadian ores; and, failing such inventions, to the inventor of methods for lessening the dangers attendant upon the use of electricity; and only in the third event, if no inventors of sufficient merit in the fields of metallurgy and electricity present themselves, to the inventor distinguished in the general field of useful scientific research.

(7) "The first award shall not be made before June, 1909.

A committee to make the award of the prize has been appointed by the Board of Governors of the University of Toronto.

It will be seen from these conditions that the Committee of Award is given a wide scope in making its selection, as the prize is open to candidates in every part of the Dominion, and is not necessarily confined to those who have made discoveries or inventions in recent years.

All communications in connection with this award should be addressed to the secretary of the McCharles Prize Committee of Award, University of Toronto, Toronto.

# The Physician's Library.

## BOOK REVIEWS

*Clinical Diagnosis and Treatment of Disorders of the Bladder, with Technique of Cystoscopy.* By FOLLEN CABOT, M.D., Professor Genito-urinary Diseases, Post-Graduate Medical School; Attending Genito-urinary Surgeon, Post-Graduate and City Hospitals, New York. Publishers, E. B. Treat & Co. New York.

Cabot's book should prove a useful guide to the general practitioner when looking for practical methods for the diagnosis and treatment of bladder disorders. While it would be quite impossible for the average man to make full use of such a book without a considerable clinical experience, yet with such a work, together with a supply of clinical material, he should make great strides toward the better understanding of the conditions with which he has to deal.

F. N. G. S.

*Soured Milk and Pure.* Cultures of Lactic Acid Bacilli in the Treatment of Disease. By GEORGE HERSCHELL, M.D., London, Fellow of the Royal Society of Medicine. Late Senior Physician to the National Hospital for Diseases of the Heart. Physician to the West End Hospital for Diseases of the Nervous System, and Physician to the Farringdon General Dispensary. Second Impression, ninth thousand. London: Henry J. Glaiser, 57 Wigmore Street W. Chicago: W. P. Keener & Co., Wabash Ave. 1909.

This work is an amplification of a paper which appeared in *The Lancet* of August 8th, 1908. It is divided into three chapters.

Chapter I.—Auto-intoxication and Intestinal Putrefaction.

Chapter II.—The Selection and Preparation of Lactic Acid Ferments for Use in Practice.

Chapter III.—The Administration of Lactic Acid and Ferments in Disease.

We have found this a very interesting little work. Like other works from the pen of Dr. Herschell it is very practical, and is intended as a guide to the use of the lactic acid ferments in disease. Some points of the work, such as the estimation of the ethereal sulphates, are rather technical for the majority of gen-

eral practitioners, but most of the tests are fairly simple, such as those for the diagnosis of intestinal putrefaction and fermentation.

The directions for the selection and preparation of the lactic acid ferments are very practical and necessary for an intelligent use of the lactic acid bacilli.

In Chapter III the diseases in which this treatment is indicated are enumerated, and much useful information is given in a new and most interesting class of cases. W. J. W.

*Epoch-making Contributions to Medicine, Surgery, and the Allied Sciences.* Being reprints of those communications which first conveyed epoch-making observations to the scientific world, together with biographical sketches of the observers. Collected by C. M. B. CAMAC, M.D., of New York City. Octavo of 435 pages, with portraits. W. B. Saunders Company. 1909. Artistically bound, \$4.00 net. Canadian agents: J. A. Carveth & Co., Limited, Toronto.

This exceedingly unique book has been "dedicated to Lord Lister," a delicate compliment to one of the world's masters of surgery.

It is all too true that far too many contributions to medical science too soon find their way into oblivion, and become buried before ever they receive their just meed of praise. This is not only the case as regards contributions of perhaps but mediocre merit, but altogether too frequently the use as to those showing research and experimental investigation. The author of this book has collaborated many very valuable and "epoch-making contributions to medicine, surgery, and the allied sciences" covering between four to five hundred pages. The volume consists of in all seven sections under the following headings: Antisepsis, Circulation of the Blood, Percussion of the Chest, Auscultation and the Stethoscope, Vaccination against Smallpox, Anesthesia, and Puerperal Fever. Under each such section is to be found on the opening page, portraits of world-renowned scientists whose discoveries have identified them with that particular subject. For instance, under "Antisepsis" we find a portrait of Lord Lister; under "The Circulation of the Blood," a portrait of William Harvey; under the chapter on "Percussion" we see an excellent likeness of Dr. Leopold Auenbrugger; under "Auscultation" a portrait of the celebrated Laennec; one of the immortal Jenner in connection with the section on "Vaccination," a portrait of W. T. G. Morton confronting the chapter on "Anesthesia," and one of Dr. O. W. Holmes, opening the section on "Puerperal Fever." Thus has the author of this splendid work paid tribute to those scientists in medicine whose names are known the wide world over.

The opening chapter on "Antisepsis" is Sir Joseph Lister's address on Antiseptic Surgery as read before the Surgical section of The British Medical Association at Dublin on August 9th, 1867.

These are but one or two of the salient features of Dr. Camac's book, and we heartily commend the volume to all. It is indeed unique and worth possessing.

W. A. Y.

*The Human Species.* Considered from the standpoint of comparative anatomy, physiology, pathology and bacteriology, By LUDWIG HOPP. Authorized English edition with 216 illustrations and 7 plates. Longmans, Green & Co., 39 Paternoster Row, London, New York, Bombay and Calcutta. 1909.

This book of 457 pages is full of most interesting data in connection with the evolution of the human species. The subject under discussion is always one of great interest to the comparative anatomist, as well as to all who are engaged in the study of evolution from whatever standpoint it may be viewed. The author has treated the subject as a comparative anatomist, but in addition thereto, most instructive and suggestive material is to be found recorded in connection with comparative physiology, pathology and bacteriology. The work is done by an anthropologist of no mean order, and the material which has been employed has been collected from very diverse sources. The illustrations are numerous, and the book is written in a style which is at once clear, concise, and most entertaining.

One would urge that the book should be widely read, as the material therein contained will prove, not only of great interest, but of very decided educational value to all who have to deal with the study of human form and function both in health and disease.

A. F.

*Lectures on the Pathology of Cancer.* By CHARLES POWELL WHITE, M.A., M.D., F.R.C.S., Pilkington Cancer Research Fellow. Publications of the University of Manchester. 1908. The volume contains 83 pages, with 33 illustrations.

This monograph will be found of considerable interest and value, giving as it does much information as the result of some careful research work done by Dr. White in the laboratories of the University of Manchester. The work is wholly confined to the pathology of the disease, but so elaborated that the author has suggested the bearing which these facts have upon the indications for treatment. A very broad definition of cancer is given by Dr. White, who states that "By cancer I understand any form of malignant disease," and in his first chapter he suggests a means

of classification of tumors which would permit of this definition, so that the term is not limited to carcinoma.

The most interesting part of the monograph is that in which the author deals with the cause of cancer, and in this he has attempted to trace the life history of the cells which go to make up the tumor growth, and has studied the various influences which limit proliferation as well as the relation which the tumor has to the organism in which it grows. He further studies such influences as chronic inflammatory conditions, heredity, the influence of civilization, sex, age, and site. In his final chapter the author has dealt with the principles of treatment based on his pathological investigations. The statement he makes in his chapter on treatment as the result of his study shows that little progress has been made beyond the point reached many years ago in the treatment of malignant tumors. The statement referred to is in the paragraph which we here quote:

"When the case is operated upon early enough to allow of complete removal, we have a fair prospect of complete cure. When, however, it has gone beyond the limits of surgical operation the prospects are at present almost hopeless. Surgery and medicine can still do much in the way of palliative measures, but we know of no remedy which will effect a cure."

This thesis will be found interesting to both pathologists and practitioners, dealing, as it does, with a difficult subject in which all classes of the profession are so intensely interested. A. P.

*Therapeutics of Circulation.* Eight lectures delivered in the spring of 1905 in the Physiological Laboratory of the University of London. By LAUDER BRUNTON, Kt., M.D., LL.D. (Aberd.), F.R.C.P., F.R.S. Consulting physician to St. Bartholomew's Hospital. Published under the auspices of the University of London with 240 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street, 1909.

These lectures by Sir Lauder Brunton are very interesting and eminently practical. The writings of this author are so well known and so much appreciated that it is not necessary to go into any detailed review of this book, but simply to state that it will be found of the same practical value to members of the profession as former writings from his pen, such as his book on "Disorders of Assimilation, Digestion, etc." and "The Action of Medicines." Dr. Brunton has the faculty of utilizing his skill as an experimental physiologist for the purpose of demonstrating the relationship which should obtain between physiological function and the principles should guide us in the treatment of disease. This monograph, a book of 280 pages, is full of practical suggestions in connection with such subjects as The Blood Pressure, The

Condition of the Circulation during Shock, and Various Disturbances of the Circulation in Angina Pectoris and Raynaud's Disease.

He further discusses the use of massage and the value of various drugs in disturbances of the circulation. The author deals also with the effect of nicotine upon the blood pressure and cardiac action, and concludes that "smoking in moderate doses does not seem to be injurious to grown-up people, but there appears to be a general consensus of opinion that it is very distinctly harmful to growing lads." The book throughout is repleté with the record of interesting observations and practical suggestions.

A. P.

*Saunders' Question Compend.* "Essentials of Bacteriology."

By M. V. BALL, M.D., formerly Instructor in Bacteriology at the Philadelphia Polyclinic. Sixth edition, thoroughly revised. 12mo volume of 290 pages, with 135 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company. 1908. Cloth, \$1.00 net. Canadian agents: J. A. Carveth & Co., Limited, Toronto.

The scope of this subject is broadening so quickly that we are not surprised at having another edition of this useful little work presented to us for review so soon.

We find it constructed pretty much on the same lines of the previous editions, viz., it claims to be an introduction to Bacteriology; to contain the essentials of larger works, and to serve as a guide in the laboratory of the student, clinician, and the sanitarian. These claims are fully justified in this edition of the work.

W. H. P.

*Third Scientific Report of the Investigation of the Imperial Cancer Research Fund.*

Under the direction of the Royal College of Physicians of London and the Royal College of Surgeons of England. By DR. E. F. BASHFORD, General Superintendent of Research, and Director of the Laboratory. Published by the authority of the Executive Committee. London: Printed and published by Taylor and Francis, Red Lion Court, Fleet Street, E.C. 1908.

This large volume, containing 484 pages with numerous illustrations, constitutes a short scientific report from the Imperial Cancer Research Laboratory, which is under the direction of Dr. Bashford. It is quite impossible in a short notice of the work to do justice to the volume under review. It represents the results of the indefatigable labor of a number of investigators, who have contributed most interesting facts, which have been established in their laboratory investigations.

Such intensely interesting subjects as the transplantation of malignant growths experimentally carried out in animals, and the results of surgical interference in such cases, are detailed in various experiments in mice. Reports of a large amount of experimental work in animals have been carefully recorded, and whilst the paper is largely of purely scientific value, yet attempts have been made to correlate the results obtained, and to apply conclusions to the principles which should guide the practitioner in the treatment of cancer in the human subject.

The study of statistics has led the author to the conclusion that "the frequency of cancer as a cause of death is so great that few families of large size escape."

Nothing but praise can be said for the magnificent way in which this report is put together. It does, indeed, require special genius for one to compile such a volume, which is replete with an enormous collection of facts derived from careful scientific investigation. The report is beautifully illustrated by numerous drawings and photographs.

A. P.

*A. Text-book of Operative Surgery.* Covering the surgical anatomy and operative technic involved in the operations of general surgery. Designed for practitioners and students. By WARREN STONE BICKHAM, M.D., Phar. M., Junior Surgeon, Touro Hospital, New Orleans; late Surgeon to Manhattan State Hospital, New York; late Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, (Columbia University), New York; late Instructor in Surgery, New York Post-Graduate Medical School and Hospital; late Instructor in Surgery, New York Polyclinic Medical School and Hospital; late Visiting Surgeon to Charity Hospital, New Orleans; late Demonstrator of Operative Surgery, Medical Department, Tulane University of Louisiana, New Orleans; Fellow of the New York Academy of Medicine, etc. Third edition, greatly enlarged, containing 854 illustrations. Philadelphia and London: W. B. Saunders Company. 1908.

This is the third edition of this well-known work, and opportunity has been taken to greatly enlarge it, and add many new illustrations which much increase its usefulness. The author having in mind, as he says, the great haziness with which final-year students and many practitioners view their general and applied anatomy, has adhered to a rigid system in writing his book, in which the anatomical features play a very prominent and bulky part. For instance, he takes the subject of operation upon each organ or group of tissues up under the following heads, viz.:

1. Surgical Anatomy; 2. Surface Form and Landmarks;
3. General Surgical Considerations; 4. Instruments used.

Much of the matter under the first two headings might be omitted from a work of this description, since it is all so fully found in our text-books of Anatomy. So much space having been devoted to this aspect of the subject, the clinical side has been almost completely neglected. So that the book will be found exceedingly useful to the student or graduate who is going up for higher degrees or post-graduate work, but for the man in actual practice it will be found necessary to supplement it largely.

In some smaller details, also, greater accuracy might have been achieved. Thus in excision of the shoulder, the old operation of complete removal of the rotators and sawing the bone through the surgical neck is described, while in amputation of the breast, he says "The arm is carried across the chest," instead of abducting it, as is now generally done.

The author admits that he has omitted certain operations, especially those of special surgery, but in describing two methods of entering the maxillary antrum, he might reasonably have described the operation of puncture or removal of part of the inner nasal wall. The description of arthrectomies is also very meagre.

However, the book is an excellent one, and well worthy a place among the best works of a surgeon's library. H. A. B.

*An Index of Treatment by Various Writers.* Edited by ROBERT HUTCHISON, M.D., F.R.C.P., Physician to the London Hospital, and Assistant Physician to the Hospital for Sick Children, Great Ormond Street; and H. STANSFIELD COLLIER, F.R.C.S., Surgeon to St. Mary's Hospital; Joint Lecturer on Surgery in St. Mary's Hospital Medical School; Surgeon to the Hospital for Sick Children, Great Ormond Street. Fourth edition. Bristol: John Wright and Sons, Ltd.; London: Simpkin, Marshall, Hamilton, Kent & Co., Limited; New York: William Wood & Co. 1908.

The Index of Treatment, which bears a considerable resemblance to the International Medical Annual, is composed of articles describing the treatment of all diseases medical and surgical. The management of labor complicated or not complicated is not described. It is arranged alphabetically, but there is a supplementary index. The more elaborate surgical operations are not described, but non-operative treatment, emergency work and minor surgery are fully dealt with.

There are seventy-nine authors, but in spite of the diversity of names, one does not recognize any marked differences in style.

The style is simple and incisive, showing that the authors have learned to condense their statements without becoming obscure. Many of the names of the authors are familiar to readers of the English and Scotch medical journals. There are 53 illustrations. The editors deserve to be complimented on the good appearance and completeness of their fourth edition, which deserves a large patronage.

J. J. C.

*The Causation of Sex.* A new theory of sex based on clinical materials, together with chapters on The Forecasting of the Sex of the Unborn Child, and on the determination or production of sex at will. By E. RUMLEY DAWSON, L.R.C.P., London; M.R.C.S., England, Fellow of the Royal Society of Medicine, late member of the Council of The Obstetrical Society of London, formerly resident Obstetric House Physician to the Westminster Hospital. With twenty-one illustrations. London: L. K. Lewis, 136 Gower St., W. C. 1909.

Mr. E. Rumley Dawson has ventured to place this small book before the profession only "after prolonged and careful study." His subject is undoubtedly a most difficult one, and one that has mastered most scientists up till the present date. A great many have looked upon The Causation of Sex as an almost unsolvable problem, and it is to the credit of the author of this book to have opened the subject and placed before the profession clinically facts that pretty well establish his contentions.

*Surgical Diseases of the Abdomen with Special Reference to Diagnosis.* By RICHARD DOUGLASS, M.D., formerly Professor of Gynecology and Abdominal Surgery, Medical Department, Vanderbilt University, Nashville; Ex-President of the Southern Surgical and Gynecological Association; Fellow of American Association of Obstetricians and Gynecologists; Member of the British Gynecological Association, etc. Illustrated by 20 full page plates. Second edition, revised and enlarged. Edited by Richard A. Barr, B.A., M.D., Professor of Abdominal Surgery, Medical Department, Vanderbilt University; Late Major and Surgeon, First Tennessee Infantry, U. S. Volunteers. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street. 1909.

The first edition of this work appeared in 1903, and in the present book there have been made only the necessary alterations which were required to bring the subject up to date. This edition is edited by Dr. Robert A. Barr of the Vanderbilt University, and his work has been well done. One special advantage of the method he has employed is that the reader is supplied with a very complete bibliography as an appendix to each chapter. The

author does not attempt to deal in detail with the technique of various operative procedures, but his object in writing a book is to consider the various surgical conditions of the abdomen as subjects for study from the standpoint of pathology and diagnosis. The principles of treatment are suggested, and the post-operative methods of dealing with the case carefully described.

Without any detailed analysis of the work done, one may say that it is an admirable guide to the surgery of the diseases of the abdomen, and is obviously compiled by an author who has utilized to the full his powers of accurate observation and skill in treatment.

A. P.

*Constipation and Intestinal Obstruction.* By SAMUEL G. GANT, M.D., LL.D., Professor of Diseases of the Rectum and Anus in the New York Post-Graduate Medical School and Hospital. Octavo of 559 pages, with 250 original illustrations. Philadelphia and London: W. B. Saunders Company. 1909. Cloth, \$6.00 net; half morocco, \$7.50 net. Canadian agents, J. A. Carveth & Co., Limited, Toronto.

The author in this book emphasizes the drugless management of constipation and obstipation (intestinal obstruction), something in connection with which he claims to have met with considerable success. He feels, and properly so, that sufficient attention has not been paid in the treatment of this condition to bodily movements, massage, mechanical vibration and electricity. Dr. Gant also points out the indications for the employment of non-medicinal measures to be used in the treatment of constipation, describing the technic of their application. His book throws a great deal of light upon a subject that has been touched upon too little by medical authors, and deserves a nice reception.

*Primary Studies for Nurses.* A Text-book for First Year Pupils Nurses. By CHARLOTTE A. AIKENS, formerly Superintendent of Columbia Hospital, Pittsburg, and of the Iowa Methodist Hospital, Des Moines. 12mo of 435 pages, illustrated. Philadelphia and London: W. B. Saunders Company. 1909. Cloth, \$1.75 net. Canadian agents: J. A. Carveth & Co., Limited, Toronto.

In her "Primary Studies for Nurses" Miss Aikens has published a book that will undoubtedly find a place on the book-shelf of many nurses starting their course in study. There are a number of books which have been published during the past few years for the use of nurses; but Miss Aikens' book seems to us to fill a want that is not supplied by other books on a similar subject. The book is divided into seven sections under the following headings:

Anatomy and Physiology, Hygiene, Bacteriology, Therapeutics and Materia Medica, Dietetics, Invalid Cookery and Questions for Self-examination and Review. The section that occurred to us as being perhaps more useful than any other is that devoted to Invalid Cookery, covering between sixty and seventy pages. We would commend this section particularly, as too much stress cannot be laid upon the proper teaching of Invalid Cookery to nurses, far to many of whom have altogether too little knowledge of this important subject.

W. A. Y.

*Text-Book of Diseases of the Nose, Throat and Ear, for the use of Students and General Practitioners.* By FRANCIS R. PACKARD, M.D., Professor of Diseases of the Nose and Throat in the Philadelphia Polyclinic Hospital, and College for Graduates of Medicine; Aurist to the out-patient department of the Pennsylvania Hospital. Philadelphia and London: J. B. Lippincott & Company.

This is one of the best of the many new books that have recently been issued. The author has endeavored to make his work one that appeals to general practitioners, and he has succeeded. The illustrations are good and well selected. The subjects are treated thoroughly, and while every remedy used is not necessarily mentioned, those that are referred to are the ones Packard himself has found of value. The book may be recommended as of value to general practitioners and students. The printing and general make-up of the volume is first-class.

P. G. G.

*Operations upon the Uterus, Perineum and Round Ligaments.* By W. J. STEWART MCKAY, M.B., M.Ch., B.S.C., Senior Surgeon Lewisham Hospital for Women and Children, Sydney; member of The Royal Society of Medicine, London. London: Balliere, Tindall & Cox, 8 Henrietta St., Covent Garden. 1909.

This is undoubtedly a splendid book. It consists of about 450 pages, of which 148 are plates. Dr. McKay's work gives undoubtedly the best series of half-tone plates showing operations upon the uterus, etc., that have yet come under our notice. Typographically, the book is a credit to any firm of publishers, and will ornament the shelves of the best medical library, private or otherwise. The book contains eight chapters dealing with the following subjects: Chapter one, Anatomical Points—Mechanism of Lacerations—Treatment of Recent Tears. Chapter two, Lawson Tait's Perineorrhaphy. Chapter three, Operations for Relaxed Outlet. Chapter four, Cystocele. Chapter five, Rectocele. Chapter six, Operations on the Lacerated and Hypertrophied Cervix.

Chapter seven, Displacements of the Uterus. Chapter eight, Curettage of the Uterus. Chapter nine, Dysmenorrhœa.

Though the book undoubtedly deserves it, lack of space alone presents us from quoting a list of its splendid illustrations. We question if any better medical illustrations have been executed and reproduced up to the present date. Each and every plate is a study in itself. The book amounts to nothing short of an atlas, and should find a large and ready sale.

W. A. Y.

*A Dictionary of Medical Treatment.* For Students and Junior Practitioners. By ARTHUR LATHAM, M.A., M.D., Oxon., M.A., Cantab., F. R. C. P., Lond. Physician and Lecturer on Medicine at St. George's Hospital, Senior Assistant Physician to the Brompton Hospital for Consumption and Diseases of the Chest. Philadelphia: P. Blakiston's Son & Co. 1908.

This work should prove of great value, as it was especially intended to do, to fourth year students and young practitioners. It is arranged in alphabetical order allowing of ready reference. Simply general lines of treatment are given, the extent of the work not permitting of more. Some treatments not touched on in most medical textbooks are taken up, such as the Schott-Nauheim Treatment, Fränkel's Exercises, and Artificial Feeding of Infants, and are most interesting. The author's position as physician at the famous St. George's Hospital, and at the Brompton Hospital for Consumptives, gives him ample opportunity for thoroughly testing the lines of treatment advised.

*The "Nauheim" Treatment of Diseases of the Heart and Circulation.* By LESLIE THORNE THORNE, M.D., B.S., Durham; M.R.C.S., Eng.; L.R.C.P., Lond.; Consulting Physician (in London) to the St. John's House of Rest, Mentone; late Medical Examiner, London County Council Technical Education Board. Third edition. London: Baillière, Tindall & Cox, 8 Henrietta Street, Covent Garden, 1909. (All rights reserved.)

This work has been written and published with the idea of giving the general practitioner a chance to prescribe or administer, where necessary, the baths and exercises which constitute the routine "cure," as practised for many years with such great success at the famous German watering-place, Nauheim.

Certain changes in the chemical constitution of the baths have been found necessary on account of the differences in climate. In this work are found complete instructions for the preparation and administration of the baths, as suited to the climate of England.

The physiological action of the baths and graduated exercises

which constitute the treatment are carefully dealt with. Many interesting cases are cited, with particulars. The author also gives a chapter on the selection of cases which will be found to react satisfactorily.

It is a well bound, carefully written little work of 94 pages, with 58 illustrations. Giving, as it does, in such concise form, the details of this justly famous "cure," it may be safely said that the profession at large will gain by its careful perusal.

W. J. W.

*Practical Points in Anesthesia.* By FREDERICK EMIL NEEF, B.S., B.L., M.L., M.D., New York. Price, semi-de-luxe cloth, 60 cents, postpaid. Library de luxe oozee flexible leather, \$1.50, postpaid. Surgery Publishing Co., 92 William St., New York.

This little book of some fifty pages has been read by us with considerable pleasure. The subject undertaken is one of which altogether too little is known, especially by students, and also by many graduates. The author has brought together in small compass many valuable points in anesthesia, describing first the apparatus which he has found most convenient and efficient, and from that carries the reader quickly, but clearly, through the course of the ordinary anesthetics, touching on complications which arise, and their most efficient treatment. The subject is not gone into minutely, but the principal points are condensed in this brief work which can be read in a short time, and which should prove of great benefit, both to undergraduates and also to those in their early years of practice.

*Vaccination.* By THAS. A. HODGETTS, M.D., L.R.C.P., London, Chief Health Officer of Ontario; Deputy Registrar-General, Ontario; Member and Secretary Provincial Board of Health, Ontario; Member Royal Sanitary Institute; Fellow Royal Institute of Public Health. Second revised edition. Toronto: Printed by L. K. Cameron, Printer to the King's Most Excellent Majesty, 1908.

"Future nations will know by history only that the loathsome smallpox has existed and by you has been extirpated."—James Jefferson in a letter to Jenner.

"Vaccination should be a passport of entrance to the public schools, to the voters' booth, to the box of the juryman, and to every position of duty, privilege or honor granted either by the state or by the nation."—James Nevins Hyde.

Such words as above, from the pen of such men as Thomas Jefferson and James N. Hyde, we find on the title page of this little book, and should in themselves prove a sufficient answer to

those members of the Board of Education in Toronto who were asinine enough to vote against enforced vaccination in our public schools a year or more ago. Such men have more right to dwell with Governor Chambers across the Don than occupy positions of public trust.

Dr. Hodgetts is to be congratulated upon this booklet. It is full of valuable and practical material, scientifically written, splendidly printed and freely illustrated. W. A. Y.

*The Surgery of the Ear.* By SAMUEL J. KOPETZKY, M.D., Attending Otologist Children's Hospitals and Schools, etc., New York City. Illustrated with sixty-three half-tone and line drawings, and eight charts and four colored plates. New York: Rebman Co., 1123 Broadway.

Ear work is progressing rapidly of recent years, and this with the amount of new work that has been introduced makes it necessary that the ear should appear separate from the nose and throat.

The author has endeavored to give in a comparatively small form some methods that have been fully tested. He has not permitted himself to be carried away by any fads or fancies with which literature now so profusely abounds, nor does he appear to be carried away by the lust for operations. In a book, however, devoted solely to the surgery of the ear one would have expected to find a little more on the surgery of the labyrinth.

The book is well illustrated and contains most of the sound procedures in the aural surgery of to-day. P. G. G.

*Surgical Diseases of Children.* A Modern Treatise on Pediatric Surgery. By SAMUEL W. KELLEY, M.D., Professor of diseases of Children, Cleveland College of Physicians and Surgeons; Surgeon in Chief, Holy Cross Home for Crippled Children; Pediatric St. Luke's Hospital and City Hospital; Pediatric and Orthopedist St. Clair Hospital; President of Section on Children, American Medical Association, 1901; President of Association of American Teachers of Diseases of Children, 1908; Member of Association of Military Surgeons of the United States. 765 pages. New York: E. B. Treat & Co. 1909.

We look on this volume as one of marked improvement on any former publication. Dr. Kelley has carefully abstained from introducing any more medicine into the various subjects than he could help, thereby excluding a vast amount of unnecessary padding and trespass upon the field of the physicians. The straight practical manner of describing the various diseases dealt with, discloses the work of a man of large experience, and

one who has had a rare fund of material to work on. It is thoroughly up-to-date, the very latest ideas upon serum diagnosis and treatments, vaccine therapy, opsonic indices, etc., being given thoroughly.

The general surgeon or orthopedic specialist as well as the family physician or pediatricist will find this work an excellent reference hand-book. The book is well printed and the general style of illustrations is very fair.

A. B.

*Diseases of the Digestive Canal (Esophagus, Stomach, Intestines).*

By DR. PAUL COHNHEIM, Specialist in Diseases of the Stomach and Intestines in Berlin. From the Second German edition, edited and translated by DUDLEY FULTON, M.D., Lecturer on Medicine, University of Southern California, Los Angeles. Illustrated. Philadelphia and London: J. B. Lippincott Company.

This is a translation from the second German edition. It is a work of 373 pages, including the index; there are 334 illustrations and an appendix, with table to assist in diagnosis without a test breakfast, and dietetic treatments in the various diseases.

The size of the work has been kept down by excluding physiological, pathological and anatomical subject-matter. The author has confined himself to the practical course given by him for years in his polyclinic. In this way the work is rendered very practical and calculated to help the busy general practitioner. The methods of diagnosis are full and satisfactory and the treatment more complete than in many of the larger works. We can safely recommend this little book to our friends.

W. J. W.

*Saunders' Pocket Medical Formulary.* By WILLIAM M. POWELL, M.D., Author of "Essentials of Diseases of Children." Containing 1831 formulas from the best known authorities. With an appendix containing Posologic Tables, Formulas and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fetal Head, Obstetric Table, Diet-lists, Materials and Drugs used in Antiseptic Surgery, Treatment of Asphyxia from Drowning, Surgical Remembrancer, Tables of Incompatibles, Eruptive Fevers, etc., etc. Ninth edition, adapted to the 1905 Pharmacopoeia. Philadelphia and London: W. B. Saunders Company. 1909. In flexible morocco, with side index, wallet and flap, \$1.75 net. Canadian agents: J. A. Carveth & Co., Limited.

The ninth edition of Saunders' Medical Formulary reached us recently. In looking it over, we find it is a considerable improvement upon its predecessor, and has been enlarged to some extent.

This little book contains quite a valuable collection of prescriptions which will doubtless prove of considerable value to the busy physician. It also contains a dose table, a list of incompatible, the average weight of the different organs of the body, a list of useful gargles, the doses of drugs for atomization and inhalation, the dates of eruption of the different teeth, a list of the eruptive fevers, and a useful chapter entitled "Surgical Remembrancer." The book will be found of considerable use in daily practice.

W. A. Y

*Operative Nursing and Technique.* A book for Nurses, Dressers, House Surgeons, etc. By CHAS. P. CHILDE, B.A., F.R.C.S., Eng., Senior Surgeon, Royal Portsmouth Hospital. London: Bailliere, Tindall & Cox, 8 Henrietta St., Covent Garden. 1909.

Dr. Childe's little volume on Operative Nursing is full of exceedingly practical material, and should be found more than usually helpful to the nursing profession, especially those just entering upon their duties. The volume consists of seven chapters in all, and covers the following subjects: The Modern Surgical Nurse. Antisepsis and Asepsis in Operative Surgery. The Patient in the Ward before Operation, Duties of the Ward Sister, Nurses, Dressers, etc. The Patient in the Theatre, Duties of the House Surgeons, Theatre Sisters, Nurses, etc. The Patient in the Ward after Operation, Duties of Ward Sisters and Nurses. The Selection of Instruments, etc., for Operation. Operations in Surgical Homes and Private Houses. The book does not contain any information on nursing generally, but deals with the one subject of Surgical Nursing, that allied with Operative Surgery. The volume is the outcome of a series of lectures delivered to the nurses of the Royal Portsmouth Hospital.

*Parsimony in Nutrition.* By SIR JAMES CRICHTON-BROWN, M.D., LL.D., F.R.S., Lord Chancellor's Visitor in Lunacy. London. London and New York: Funk & Wagnalls Company. 1909.

This is the revised and expanded address to the Section of Preventive Medicine at the meeting of the Royal Institute of Public Health at Bexton, England, in July, 1908.

This work is a protest against the present-day tendency to reduce the proteids in our dietary to a minimum. It deals with the Fletcher "chewing" theory and the going without breakfast, and shows that both the ancient Greeks and the most advanced peoples of the present day have not unduly restricted their animal dietary. The dietary standards of Voit and Chittenden are compared, and while that of Voit fits in very well with the

amounts of food used as a matter of experience by the various races of mankind, the Chittenden standard is said to be too low. While the athletes and soldiers on whom Chittenden experimented seemed to thrive on this low proteid, the prisoners in the British prisons suffered severely from hunger on a somewhat stronger diet, and it was found necessary, after a full Government inquiry, to feed them very much better.

The author holds that long enough time has not elapsed to decide the effects of a reduced dietary, and thinks in time it would result in disaster.

W. J. W.

*The Semi-Insane and the Semi-Responsible* (Demifous et Demi-responsables). By JOSEPH GRASSET, Professor of Clinical Medicine at the University of Montpellier; National Member of the French Academy of Medicine, and Laureate of the Institute. Authorized American edition. Translated by Smith Ely Jelliffe, M.D., Ph.D., Clinical Professor of Mental Diseases, Fordham University, N.Y.; Visiting Neurologist, City Hospital, New York. New York and London: Funk and Wagnalls Company. 1907.

This most interesting book on a most interesting subject appears now in English.

The question of the responsibility of the criminal, and the different methods in which he should be treated, if insane, has been a subject on which a great deal has been written, but the dividing line between sanity and insanity is so indefinite in many cases, that lawyers and doctors seem very often to get at cross purposes. Medical men are apt to estimate insanity from the scientific standpoint, but the lawyer estimates responsibility in cases of insanity as being defined by the statute, and so we have "medical insanity" and "legal insanity," and accordingly endless differences of opinion.

This book is calculated to demonstrate the fact that the trial judge, together with the medical expert, decides not only what is to be done with the accused criminal who is entirely responsible, or to the accused criminal who is entirely irresponsible; but also what is to be done with the criminal who is partially responsible, and who unfortunately most frequently needs to have his actions adjudicated upon. In this medium position is the accused criminal who has an "attenuated responsibility." He is the person who should be placed successively in a prison and in a hospital, as he ought to be both punished and treated. The subject is one which treats of a vast number of people who are more or less responsible for their acts according to the amount of insanity that enters into their mental makeup. This is a very difficult subject to deal with, from the fact that many people might

think, from this book, that everybody is a little crazy, and therefore that it is unnecessary to trouble oneself to make these fine distinctions. But criminals are not all equally responsible or irresponsible, and no hard and fast rule can be applied to all alike. This book makes excessively interesting reading, because of the viewpoint of the author. He deals with the semi-insane in such a variety of positions: those in literature and on the stage, those in society, and their social value. There are chapters also on the refutation of the doctrines which deny the existence of the semi-insane, followed by clinical proofs of the existence of this condition, constituting a medical study. There is a long article on the rights and duties of society towards the semi-insane, and lastly, semi-responsibility, together with the consideration of all that that term opens up.

To judges and lawyers, as well as to medical men, this book will be of intense interest.

A. J. J.

*A Text-Book of Genito-Urinary Diseases.* Including Functional Sexual Disorders in Men. By DOCTOR LEOPOLD CASPER, Professor in the University of Berlin. Translated by Charles W. Bonny, B.L., M.D., Associate Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. P. Blakiston's Son & Co., Philadelphia, Pa.

The work, as the title indicates, deals with diseases of the bladder, kidneys, ureters, urethra, testicles and seminal vesicles. Methods of examination and diagnosis are very clearly set forth. The chapters on cystoscopy, urethroscopy and the use of the urinary segregator are very complete and well illustrated. So also with the chapter devoted to diseases of the prostate. The various operative procedures for removal of the prostate gland are clearly described and illustrated. The work contains excellent chapters dealing with tuberculous disease of the bladder and kidneys. Taken as a whole the book seems to be quite abreast with the latest advances in the diagnosis and treatment of the various disorders of the genito-urinary system.

*Mind and Its Disorders.* By W. H. B. STODDART, M.D., F.R.C.P. London: H. K. Lewis, 136 Gower Street, W.C. 1907.

In his book, "Mind and Its Disorders," the author has well succeeded in his object—that of providing the student and practitioner with a succinct account of our existing knowledge of mental diseases.

The work is based on the author's own observations, extending over a period of twelve years of careful clinical research into the nervous phenomena associated with mental disorders; to which Dr. Stoddart has added freely—as he states himself—the

knowledge gained and published from time to time by other neurologists, his aim being—as stated before—to deal with his subject as completely and thoroughly as possible. He has succeeded very well.

Realizing the importance of possessing a thorough knowledge of what is, or may be, normal, before attempting to study, or discuss to any extent, the signs of the abnormal, the author commences with an excellent description of Normal Psychology; following this he deals with the Psychology of the Insane and finally discusses Mental Diseases.

The arrangement here is very satisfactory, especially from the standpoint of the student, and the author deserves great credit for it.

The book is freely and excellently illustrated, and is suitably bound. The publisher, H. K. Lewis, has succeeded very well with this edition.

D. C. M.

*Personal Hygiene in Tropical and Semi-Tropical Countries.*

A popular manual, written for the use of foreigners residing in the Philippines, Cuba, and other portions of the Tropics. By ISAAC WILLIAMS BREWER, M. D., Member of the American Society of Tropical Medicine. Philadelphia: F. A. Davis Company, Publishers.

Owing chiefly to the exigencies of modern commerce it has become necessary for many business men from northern countries to sojourn in the Tropics. For the enlightenment of such this Manual of Hygiene is invaluable, and will be the means of spreading scientific knowledge of the conditions of life in warmer climates.

Differences in temperature and atmospheric conditions are carefully dealt with. The sections on clothing, water supply, foods, dwellings, disposal of excreta and waste are especially interesting, and are followed by others on the commoner tropical diseases and their treatment.

Be he professional or layman, anyone contemplating a tropical cruise will find this manual invaluable.

*Principles and Practice of Physical Diagnosis.* By JOHN C. DACOSTA, Jr., M.D., Associate in Clinical Medicine, Jefferson Medical College, Philadelphia. Octavo of 548 pages, 212 illustrations. Philadelphia and London: W. B. Saunders Company. 1908. Cloth, \$3.50 net. Agents for Canada: J. A. Carveth & Co., Limited, Toronto.

Dr. DaCosta is engaged in teaching clinical medicine, and his book describes, with other related data, the instruments of precision and the methods of research he recommends to students in

the study of normal and abnormal thoracic and abdominal anatomy. Due credit is given for information obtained from authorities engaged in similar work.

Physical diagnosis reposes on a knowledge of surface and deep anatomy, with recognition and correct interpretation of changes caused by disease. It is a study in topography; the thorax or abdomen of the patient becomes, for the time, a sort of map, which reveals normal and abnormal states of parts or organs to the watchful eye. Added to this is the knowledge acquired through the senses of touch and hearing, and when a logical mind interprets the facts derived from all these different avenues of information, an exact diagnosis is reached.

Many of the clinical conditions described in this book are illustrated from photographs of hospital patients. Those showing pathological conditions from model-studies and figures standardized to Cunningham, sphygmograms and cardiograms, supplied by skilled co-operators. A creditable performance, it merits a large patronage by students and physicians.

J. J. C.

*Practical Dietetics: With reference to Diet in Disease.* By ALIDA FRANCES PATTEE, graduate, Department of Household Arts State Normal School, Framingham, Mass.; Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City; former instructor at Lakeside, St. Mary's, Trinity, and Wisconsin Training School for Nurses, Milwaukee, Wis.; St. Joseph's Hospital, Chicago, Ill.; Special Lecturer at Bellevue, Mount Sinai, Hahnemann, and the Flower Hospital Training Schools for Nurses, New York City; St. Vincent de Paul Hospital, Brockville, Ontario, Canada. Fifth Edition. A. F. Pattee, Publisher, Mount Vernon, New York, 52 W. 39th St., New York.

It is but five years since we received the first edition of Miss Pattee's excellent book on Practical Dietetics, and since that date, it has run through five separate and distinct editions. This, perhaps, proves that the book is of considerable value, and has been appreciated by its readers. Though, perhaps, the additions made to the fifth edition are but few in number, the book as a whole is one to be recommended to nurses generally. We understand that it has been accepted by a large number of the hospital authorities of the United States Army, and been also recommended for use by several state boards of examiners of nurses. In Canada it has been adopted by the military authorities for use in the permanent schools of instruction, so that the authoress has every reason to feel gratified. The fifth edition consists of about three hundred pages, and will be found to contain a great fund of information regarding the subject of diet, foods for the

sick room, etc., etc. A book of this kind is undoubtedly needed in many of our Canadian hospitals, where far too little attention is paid to the subject of invalid cooking, something that is just as important in the treatment of patients as a knowledge regarding wounds, etc.

*Bacterial Food Poisoning.* A Concise Exposition of the Etiology, Bacteriology, Pathology, Symptomatology, Prophylaxis and Treatment of So-called Ptomaine Poisoning. By PROF. DR. A. DIEUDONNE, Munich. Translated and edited, with additions, by DR. CHARLES FREDERICK BOLDMAN, Bacteriologist, Research Laboratory, Department of Health, City of New York. Authorized translation. New York: E. B. Treat & Company. 1909. Price, \$1.00.

This work is one of more than usual interest. Bacterial food poisoning is very common, and there is no doubt more of it than we at present recognize. The author divides the meat poisoning into three classes, viz., (1) Poisoning due to eating the meat of diseased animals, and usually associated with the bacillus enteritidis or bacillus paratyphi. (2) From eating putrefied meat, and usually associated with bacillus proteus and bacillus coli. (3) Due to sausage poison, and produced by the anerobic bacillus botulinus. Besides meat poisonings, poisonings due to fish, cheese, cream and puddings, potato, canned goods and metallic substances are given separate chapters. The symptomatology, prophylaxis, bacteriology and treatment are given.

We are delighted with the little work and think it should be read, not only by all medical men, but also by teachers of domestic science and those in charge of restaurants and diet kitchens.

W. J. W.

*Proceedings of the Royal Society of Medicine.* Vol. II., No. 4, February, 1909. Longmans, Green & Co., 39 Paternoster Row, London; New York, Calcutta, Bombay. Price, seven shillings and sixpence net. All rights reserved.

The February volume of the Proceedings of the Royal Society of Medicine contains the following sections: Anesthetics, Study of Disease in Children, Clinics, Dermatological, Electro-Therapeutical, Epidemiological, Laryngological, Medicine, Neurological, Obstetrics and Gynecology, Odontological, Pathology, Surgery, and Therapeutical and Pharmacological. Under the section for "The Study of Disease in Children" we find four articles from the pens of such authors as Drs. David Forsyth, T. R. Whipham, J. Porter Parkinson and A. J. Jex-Blake. The article by Dr. Whipham is splendidly illustrated with half-tones of different conditions of the kidney, both externally and on section. Figure

three, showing a section of the right kidney and countless minute cysts, is one of the best specimens of this condition we have seen in a long time. The article by Dr. J. Porter Parkinson on "Rheumatoid Arthritis in Children" is also illustrated and is well worthy of careful perusal. Under the Dermatological Section we find articles by Drs. J. L. Bunch, G. W. Dawson, E. Graham Little, J. H. Sequeira, A. Whitfield and G. Norman Meachen. Under the Obstetrical Section there is a capital article by Mrs. Stanley Boyd, M.D., her article being perhaps more than usually interesting on account of women physicians contributing, but seldom to the pages of a medical publication.

*Appendicitis and other Diseases of the Vermiform Appendix.*

By HOWARD A. KELLY, M.D. With 215 original illustrations, some in colors, and three lithographic plates. Philadelphia, Montreal and London: J. B. Lippincott Company.

The appearance of Dr. Howard A. Kelly's work on appendicitis has been looked forward to for some little time past. We have already taken occasion to say in this Journal in past years that any book from the pen of such an author as Dr. Howard A. Kelly would receive a very hearty reception by the medical profession throughout Canada. Dr. Kelly has undoubtedly made a place for himself in the surgical world and he deserves all the praise thus far meted out to him.

This book is undoubtedly a credit, not alone to the author, but to the publishers as well. It is printed upon beautiful plate paper, the half-tone illustrations and the illustrations in color being splendid reproductions. We have rarely had the pleasure of seeing quite as good a color illustration of acute appendicitis as that appearing on the frontispiece. This plate shows (a) Acute Appendicitis, (b) Chronic Appendicitis, (c) Mild Acute Catarrhal Appendicitis, (d) Typhoid Appendix.

The book covers in all about five hundred pages, and is divided into twenty-five chapters as follows: History, Anatomy of the Vermiform Appendix, Physiology, Bacteriology, Pathology, (four chapters), Etiology, Clinical History, Diagnosis, the Leucocytes in Appendicitis, Appendicitis and Typhoid Fever, Appendicitis in Youth and Old Age, Typhlitis, Treatment Previous to Operation, Operative Treatment, Abscess in the Neighborhood of the Appendix, Peritonitis, Care of the Patient after Operation and Post-operative Sequelæ, Appendicitis in Gynecology and Obstetrics, Neoplasms, Specific Infections of the Appendix, Hernia of Appendix, Medico-legal Aspects of Appendicitis.

We heartily commend Dr. Kelly's most recent effort.

W. A. Y.

*Nervous and Mental Diseases.* By ARCHIBALD CHURCH, M.D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in North-Western University Medical School, Chicago; and FREDERICK PETERSON, M.D., Professor of Psychiatry, Columbia University. Sixth edition, revised and enlarged. Octavo volume of 944 pages, with 341 illustrations. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$5.00.

That this comprehensive work has already reached the sixth edition, the first one appearing in 1899, attests its merit and popularity beyond question.

The section on Neurology (650 pages) is rich in illustrations, and while complete in the elucidation of principles, it is at the same time concise; in it the more recent teachings of modern investigators in this field are presented as briefly as their importance will permit. A new chapter of much interest appears on psychasthenia, differentiating it from neurasthenia and limiting it to middle ground between nervous and mental diseases; it embraces such conditions as obsessions, phobias, impulses and kindred manifestations of defective inhibitory power.

The section on mental diseases (nearly 300 pages) includes an exhaustive review of recent problems in psychiatry prepared by Dr. Adolf Meyer, Director of the Pathological Institute of the New York State Hospitals. In this review the doctrines accepted by Kraepelin, Ziehen and Wernicke are separately examined and compared with each other in order that the reader may easily become acquainted with their individual views on psychiatric questions.

N. H. B.

**THE SEAL OF THE ACADEMY OF MEDICINE, TORONTO\***

In these days, when so much interest centres in the question of a pure milk supply, when not only the public, but even the Legislature are taking active steps to ensure our sick ones a pure, healthy milk, it will interest the readers of this Journal to know that up to April 1st but one Toronto dairy had secured the Seal of the Academy of Medicine.

The firm referred to are S. Price & Sons, owners of Erindale Farm, the home of "Certified Milk." This concern have always been ready and willing to take whatever steps were necessary to guarantee the delivery of pure milk to Toronto's citizens. They welcomed, rather than otherwise, the appointment of the Academy of Medicine Milk Commission, whose members for almost six months past have been subjecting to the closest scrutiny the product of the different milk depots in our city. The Commission a short time ago issued a Seal of their approval to any firm whose milk was proved to be practically free from bacteria and that contained the proper percentage of butter fat and proteids, whose cows had been tuberculin tested, and the dairies living up to other certain rules. As a proof of this, the following printed announcement appeared recently on the programme of meetings at the Academy of Medicine, which speaks for itself:

**NOTICE.**

The Milk Commission of the Academy desires to advise the Fellows that the following dairy farm is now producing certified milk conforming to the standards of the Commission:

PRICE'S DAIRY, 255 QUEEN ST. EAST.  
Telephone, Main 7303.

The Commission unhesitatingly recommends it to your consideration and patronage.

All inquiries, suggestions or criticisms should be addressed to the Secretary, W. L. T. Addison, 9 Queen's Park.

It is indeed a matter for congratulation that a firm, which for years have concentrated their efforts to supply only the best, should be thus honored. Medical men should take notice of this, bearing in mind that any of their patients for whom they prescribe Price's Certified milk will be getting an article that is as nearly pure as it is possible to be.

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\*Publisher's Department.