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NOSTRUMS AND PROPRIETARY MEDICINES.

By JOHN HUNTER, M.B., Toronto.

THE attention of physicians, through articles in the medical press, as also that of the laity, by the effective and fearless exposures made by such journals as *Collier's Weekly* and the *Ladies' Home Journal*, is being aroused to the evils arising from the more or less indiscriminate use of secret, patented, or trade-marked nostrums, and the commercial products known as proprietary medicines. In dealing with these subjects time and space only permit of their brief consideration under two heads: I. Existing Conditions; II. Remedial Measures.

EXISTING CONDITIONS.

It is as true in medicine as in morals, "That whatsoever a man soweth that shall he also reap," and the malevolent effects of ignorance, indifference or indolence become quite as apparent in the medical as they do in the physical world when "thorns and briars" are allowed to usurp the place of the "olive and myrtle trees." Contrast the character of the harvest reaped, down through all the past centuries, from the unselfish, unwearied labors of the "great masters," with that of the harvest we are now reaping, from the utterly unscrupulous and mercenary methods by which pharmacy and therapeutics are exploited.

In anatomy, physiology, pathology—in fact in every other branch of medical science, practitioner and student alike can turn to a very extensive, scientific, pure literature uncontaminated by mercenary motives, but alas, alas, for pharmacy and therapeutics, have we not allowed, nay, worse still, have we not aided, business acumen, with unlimited capital, and inspired by insatiable greed, to use every device at its command to sow "tares" in these fields? We have robbed ourselves of the plausible excuse of the husbandmen in the biblical parable for avariciousness did not need to wait for professional slumber. Our ignorance of materia medica, and our wanton apathy in regard to rational and scientific therapeutics, have left these fields practically uncultivated hence the luxuriant crop of "tares" in the way of nostrums and proprietary medicines.

Are we not as physicians hand in hand with forces as so fully degrading to every sense of professional ethics as they are astounding

in their magnitude? With what assurance agents enter our offices to exploit their wares. These are specially trained in the best methods of dealing with us. They are taught to flatter, to jolly, or to dispute, whichever means are most likely to overcome professional scruples, or idiosyncracies, that might hinder the introduction of their samples into the sick room.

The manufacturers and exploiters of these nostrums and "proprietary" —in plant, in capital, and in literature—rival the foremost business, industrial or transportation companies. There are not only the large manufacturing establishments, who have won world-wide reputations for their enterprise, intelligence and integrity, as well as for the high character and utility of many of their goods. These firms believe that a good character is the best asset a company or an individual can have. In addition to these reputable houses, there are "a thousand and one" pharmaceutical or chemical companies, many of which are pseudo concerns, whose business-head may consist of an ex-agent of one of the large establishments, a quack doctor, a pettifogging lawyer, and an expert "ad" writer, and whose only capital and plant consist of cheek, a drug or compound with a trade mark, and a side-door, secret entrance to some manufacturing house, willing to put up their nostrums as a side-line.

The literature spread broad-cast by the large establishments, but more especially that of the pseudo concerns, is as varied in form, in truthfulness or fraudulency of character, as it is limitless in quantity. On the tiniest wrapper found in the pill box, as on the ponderous and innumerable pages of the monthly or big weekly ethical (?) journals, every tint of the rainbow that dyer's art can reproduce, and every shape of letter and mould of type that printer's skill can devise, are utilized to their full extent to foist upon the attention of an unwary profession and a too credulous public, every nostrum and proprietary medicine that there is "any money in" for the manufacturer or exploiter of it.

The commercial world may reel and stagger under the exposure of its financial methods, and the revelations regarding the adulteration of foods may shock humanity, but deplorable and disgusting as these are, may not the state into which pharmacy and therapeutics have fallen, bring even a more poignant regret to conscientious physicians? What assurance have they, that through ignorance of its composition, they may not prescribe one of these audaciously emblazoned and treacherous compounds, and thus paralyze cardiac or respiratory centres, and destroy the lives they sought so anxiously to save.

The volubility of the agent, the attractive appearance of the samples, and the positive assurance of the gilt-edged literature, so effectually mesmerize us that we do not appreciate our need of a rational and

scientific system of therapeutics. We act like the "creepers" that fasten their tendrils around the first object they meet. Our faith is pinned to one after another of these nostrums or "proprietarys" until the chilling blasts of experience prove how worthless they are. Go into any drug store and see the array of bottles and packages, from which only one or two prescriptions have been filled. We cast aside what was prescribed yesterday, either because of its worthlessness or harmfulness, or else we are more attracted by the newer fads of to-day. What a contrast between our methods in therapeutics and our methods in every other branch of our work? Take in surgery, for example. A new modification of some operation is suggested by a competent surgeon, but before it is accepted it is submitted to the most critical tests that our knowledge, experience and judgment can devise. In therapeutics we use no such tests; we simply accept the statements of the agent or his literature. From twenty to eighty per cent. of the prescriptions written by all classes—from the erudite university professor, down through the rank and file to the medical employee, of the lodge, factory, or departmental store—call for compounds, the composition and manufacture of which are the secrets of mercenary concerns, or exploiters. Have not materia medica, pharmacy and therapeutics become the "submerged tenth" in medicine?

Not only have commercial interests demoralized our therapeutics, but they have usurped the throne of professional ethics in our drug stores. Twenty or thirty years ago the drug store was practically a medical laboratory, and the druggist—or chemist, as he was frequently called—belonged to the learned professions. His gold rimmed spectacles, frock coat, and refined manner, gave dignity to his calling. He looked upon the dispensing or compounding of drugs as a special attainment and gave it almost his sole attention. The sale of goods was the work of the apprentice. What a change to modern druggist and drug store! In the up-to-date drug store the proprietor or manager must be a man of business aptitude and training. His style of dress, manner and speech, become a member of the "Board of Trade" rather than one of a learned calling. The dispensing of prescriptions is only an incidental part of the commercial enterprise. One or many clerks may be employed and his, or their, qualifications are absolutely unique. In other shops, clerks have as a rule certain lines of goods to handle, but the drug clerk must be able to decipher the most illegible writing, and to translate unclassical and ungrammatical Latin. He must know the names of all drugs and their doses, as well as keep the shelves supplied with nostrums, proprietary and quack medicines in order to be able to meet the demand of any applicant for the quickest and surest cure for his or her ailment. In addition to all this there is the business side. Dur-

ing the one, two, or three, hours the clerk is at work on a doctor's prescription he serves many swains and their sweet-hearts with ice cream sodas, washes the tumblers and spoons, selects the best brands of cigars for young and old sports, sells brushes, nursing bottles; in short everything pertaining to the needs, fads, or fancies of the nursery, bath or lady's boudoir.

Is not the modern drug store conducted on as purely commercial lines as are our dry good stores and groceries? The chief attraction in summer is the sissing soda-water fountain, and the windows and show cases are all dressed so as to attract trade. Is not the commercial spirit the most dominant and rampant factor in pharmacy and therapeutics?

REMEDIAL MEASURES.

Pooh, pooh, this discussion as we may, or ostrich-like try to hide our heads in the sands of our ignorance, indifference, or indolence, the unpleasant fact still remains, viz., that materia medica, pharmacy and therapeutics, as compared with the other branches of medicine, are in a morbid state. Our knowledge of these is lamentably defective, our literature rankly unscientific, and our practice empirical and erratic to the last degree.

The first in order of remedial measures is a radical change in the curricula of our medical colleges. The most competent teachers should be provided, and these should be enthusiasts. We have altogether too much nihilism in therapeutics. Time and facilities for teaching these subjects profitably and intelligently should be provided. The importance and value of a thorough knowledge of materia medica and therapeutics should be indelibly impressed on the mind of every medical student. The whole realm of animate and inanimate nature is a field for research work in these branches. How much more profitable this kind of work would be to most of our students, than gazing down on an operating table, when as a rule they can only see the back of the surgeon as he works away in a small, dark cavity? Most physicians write at least one hundred prescriptions for each operation they perform. Therapeutics should be taught not only rationally and practically but in minute detail. The mere enumeration of principles is not sufficient. A suitable selection of drugs should be made and the properties of these thoroughly learned, in order that the student might know how to prescribe them so as to get their full medicinal effects.

The old delusion, that the more vile and rank a mixture looked, and tasted, the more virtue there was in it has long passed away. Patients now demand their medicine in an attractive and palatable form, and it is because we have not acquired the art of prescribing such mix-

tures that nostrums, proprietary and quack medicines have come into such general use. When physicians have learned the art of prescribing standard remedies in an attractive and palatable form the field of rational and scientific therapeutics will be reclaimed.

The individual physician can do a great deal to remedy existing evils. He should replenish his library with the best literature to be procured on these subjects. It is in the welfare of his patients, as well as in the highest interests of scientific medicine, that he should not be led astray by mercenary or fraudulent literature into prescribing nostrums whose composition is unknown. Every one of us should take the time necessary to become thoroughly acquainted with all the drugs and remedies we need to use. The man who says he has not time to do that which he ought to do as a duty, is either ignorant or indolent, his methods are faulty, or else he is deceiving himself or deliberately lying.

Again, every physician should point out to his patients the evils arising from the indiscriminate use of any drug or remedy. A word about the placebo. Does not the use of these foster a morbid reliance on drugs? Why not frankly tell such patients that dietetic and hygienic measures are all that is necessary? Have we any right to deceive a patient in order to retain him or her?

Our medical associations and societies should use every means at their command to mitigate these evils. Far more attention should be given to materia medica and therapeutics at our meetings. Committees should be appointed to investigate all new remedies.

Our medical journals should positively refuse to advertise any preparation, drug or compound, whose composition and qualities are unknown. The objection raised against this publicity is that it would not be fair to ask a company or individual to divulge knowledge that has taken much time and money to obtain.

Our answer to this objection is, that the character of the individual or company, is his or its best or worst asset, besides cannot unscrupulous imitators by more brazen and fraudulent methods make competition as keen in secret nostrums as in those remedies whose composition is known? In any case, no medical journal, manufacturer, or exploiter, has any right to imperil the lives of others for gain or any purpose whatever. The preservation of life is a sacred trust, committed to the individual, to society, to the nation, and to the race. Any act that imperils it unlawfully is a crime. Fraudulent nostrums may cause death, either by failing to furnish needed help to the patient, or by destroying the vitality he has, therefore the advertising or prescribing of them is a criminal act.

It is an easy task to specify remedial measures for our "besetting sins" in pharmacy and therapeutics, but how difficult to carry them out. Let us gather inspiration and courage from the examples set us by the "great masters" in medicine, and from the poet who sings:—

Be strong!
We are not here to play, to dream, to drift,
Who have hard work to do and loads to lift,
Shun not the struggle—face it; 'tis
Duty's gift.

Be strong!
Say not the days are evil, who's to blame?
And fold the hands, and acquiesce—Oh, shame!
Stand up, speak out, and bravely, in
Duty's name.

Be strong!
It matters not how deep entrenched the wrong,
How hard the battle goes, the day how long,
Faint not—fight on! To-morrow
Comes the song."

MEDICAL THOUGHTS, FACTS, FADS AND FANCIES.

By JAMES S. SPRAGUE, M.D., Stirling, Ontario.

("Read not to criticize, but to adopt, to consider, to reject, or to confirm.")

WITH *Religio Medici* before me and its masterly, yet logical fallacies of deduction, and winged subtilities more or less misleading in expression, yet in sentiment so dignified, and the rapid succession of imagery very noticeable and even in disquisition so subtle and so prolix, I even hesitate to write, although not agreeing with many views Sir Thomas Browne thus speculatively advances and with words "assonatal and alliterative" even when in musical phraseology clothed. He says: "Let them not therefore complain of immaturity that die about thirty;" having reached six decades I do not regret, but as an oak tree I consider my roots to earth have taken greater firmness. However, I do believe in this, his view: "There is, therefore, some other hand that twines the thread of life than that of nature." And the other is to me the belief that I should write this.

Why should I? I do so, for this logical and well-defined reason. That I feel within me the desire, even the necessity; for the *furor scribendi* evidently is an incentive; and this is attributable in part to an early, pre-medical period in my life in which for one year as a daily writer for *Inter-Ocean* of Chicago this *furor* had inception, and full exercise; and even since those days an awakening occasionally arises

of which this is an illustration, and it is advisable to resist not the spirit in any good or well arranged consideration. Sufficient as argument or explanation for *apologia pro mea* is this, fully believing the critical reader will, while reading this, observe my request—named under the title of this paper.

While thus engaged in this most pleasing labor, or better described as recreation, it is with sorrow the most profound that by the death very recently of a fellow collegian and graduate (Dr. ———, of Toronto), and the deaths of two others—fellow graduates—I am admonished of the swiftness of time and the vastness of an external existence. Yes, these deaths, within one year, of very dear companions occasion much thorough self-inspection and reflection, and thus while these admonitions of man's frailties are considered and, too, the medical lives of these and others inspected, it is lamentable that they, in too many instances, did nothing to advance the interests of our profession—nothing to advance its literature or, in brief, to sustain honest medical journalism, by contributions. Even when it is considered that those who *were*, were as brilliant as those who *are* yet with us. Yet other interests and positions in life wherein more assured and greater financial results were expected and promised alienated their affections, in younger years, from their first love, and the result may be expressed in a very few words, in fact two lines of words recounts the medical life, and such simply tell the date of graduation and the number of years in practice, while the balance of the half column notice of death mentions positions held in political life and other data incident to the past life, and if *the* two lines medical were left out, said records were not necessary to have linked with them the name of a doctor, for the varied positions held any ordinary man could have held with every confidence and respect. Considering the great expenditure of time and money, such as are necessary in the acquirement of the degree of doctor—in medicine—and no profession or calling exacts more, is it not to be regretted so many of our best men, when really becoming the most useful to our Commonwealth, should be allured by that sacred thirst for money to leave our ranks? Why is it? The answer is evidently expressed in these following words, and in fact one line, *e.g.*, For many reasons the practice of medicine, except in a very few instances, cannot be relied on as whole support during an average lifetime, and a careful enquiry will reveal facts illustrating this statement. Such considerations as these are seldom, if ever, noticed or introduced in our journals, and as our lives are so isolated, and individual environment somewhat limited for study, no definite conclusions can be named. However, one fact is this, the average country doctor, with much self-denial, can live and raise a respectable family, and with still greater personal denial of the

luxuries he can educate his sons, and if wise in younger days he has secured a few old line life insurance policies, the widow and family will see more cash than has ever dazzled their eyes. The most rigid frugality and exactness in collections on the part of the country doctor—who wholly depends on his labor—are demanded if old age sees not want or an absence of the usual comforts of life. It is an old saying: "Once a Freemason always a Freemason." As regards the truth of this there are not many proofs, but it is a truth that a doctor never retires—if so, the novelist only is acquainted with him, but if retired ministers of the Gospel are to be named I can, and you can, give a long list. I never knew a retired doctor, unless he was an invalid, but I do know several village blacksmiths who have abandoned their trade and are sufficiently wealthy to live their full allowance of years in fair luxury, and in these several instances I know full well these men had no side shows or interests in accumulating their wealth. Yet wealth is not all there is worth acquiring. Pleasant memories of deeds done, in which self was not considered, are cheering. Happy, indeed, is he who has "Deposited upon the silent shores of memory images and precious thoughts that shall not die and cannot be destroyed." "Had I in my reminiscences those so happily possessed by Doctor ——," said the multi-millionaire, "I would most readily part with the greater part of my wealth," another proof of "If I lose myself, I save myself." To return to *Religio Medici*, I must admit its many virtues, especially its style of composition—its *felicitas curiosa*—worth study by the philomath, and by him who wishes to be a vexillary among men of letters. As a "soul intoxicated with God," evidently his masterpiece is a successful thrust at atheism, with which then the profession was charged—and even so in our days. Yet he takes no delight—nor either do we—in the study of those "wingy mysteries in divinity and airy subtleties in religion that have unhinged the brain."

"A man is sane morally at thirty, rich mentally at forty, wise spiritually at fifty—if ever," and to study *Religio Medici* (for such must be a study) various reflections arise. However, his definitions, his paradoxes, "the dignity of sentiment, the multitude of abstruse allusions," and his style—the equal of that of Milton or Dryden—are commended, for no better study awaits us than the study of such masters of art and the noble researches of kindred spirits whose investigations were directed in contemplating the grandeur, and the heaven-born attributes, qualities and possibilities of ordinary man. No richer study awaits the classical scholar among us than *Religio Medici*. To him and to those who are ignorant of the great works of the *fathers*—and believe medicine was but of yesterday—and its only *masters* those of the last century, let them read and be convinced that although all is not in "the

dust of the schools," yet many treasures are being unearthed. Even as those material at Pompeii—to be copied, not equalled; to be adored, and to have many copyists whom the world praises even as *masters*.

Such are thoughts in the quiet hours of study and unceasing research, fully believing with Emerson:—"Men walk as prophecies of the next age. Step by step we scale this mysterious ladder; the steps are actions; and the new prospect is power"—in this fully believing, and that this paper is much superior to my many similar papers sent to and published by the *Lancet* in the earlier seventies, when Dr. Fulton, my dear friend, was editor-in-chief.

SIR CHARLES HASTINGS, THE FOUNDER OF THE BRITISH MEDICAL ASSOCIATION.

By JOHN FERGUSON, M.A., M.D., Toronto.

AT this time, when the British Medical Association is before the eyes of the medical profession of Canada, a few words on its founder may not be amiss.

Charles Hastings was born at Ludlow, in Worcestershire, in the year 1794. The family of Hastings was an old one in the county and had given the famous Warren Hastings to the services of the state. Charles was the sixth son of the Rev. James Hastings, rector of Martley, in Worcestershire. He was educated at the Grammar School of Martley. While at school he was very fond of sports and did not show any special fondness for his books. At the age of 16 he was apprenticed to Mr. Jukes and Mr. Watson, surgeons at Stourport. During his apprenticeship he gave a good account of himself, and at the end of two years was sent to walk the hospitals in London. When in his 19th year, his friends put forth his claim for the vacant position of house-surgeon to the Worcester Infirmary, Messrs. Jukes and Watson strongly supporting his claims. He received the appointment by a majority of one vote over his competitors. He held the position until 1815, when he resigned to enter the University of Edinburgh. During the period he was house-surgeon he carried on many scientific investigations along with Dr. Wilson Phillips, of the Infirmary, on the nervous system. He kept careful notes of the cases treated in the Infirmary, and founded its museum. At this early period in his life he displayed great taste for order and method in the work of the Infirmary as well as in his own. From a very early period he showed a strong bent towards scientific study.

When a student in Edinburgh he came under the teachings of Gregory, Munro, Duncan, Hope, and Gordon. In this way he imbibed

a taste for physiology and chemistry, as well as for medicine. It is stated that he was the only student of the university who had a microscope of his own. Notwithstanding the fact that he possessed rather poor health, he made marked progress in his studies, and carried on many important researches on the circulation of the blood in the arteries, veins and capillaries, especially as to their independent contractile power.

He was appointed clinical clerk to Dr. Home. The conditions of the Royal Infirmary in those days were very bad, and he induced Dr. Sims, a fellow-student, to ask for an investigation. As a result of this action a committee was appointed with Jeffrey, the first editor of the *Edinburgh Review*, as chairman. Many important improvements resulted from these efforts. He was elected president of the Royal Medical Society of Edinburgh. His thesis for the degree in medicine was on the contractile power of the vessels. In 1818 he received the appointment of physician to the Worcester Infirmary. Two years later he published his work on the "Inflammation of the Mucous Membranes of the Lungs," in which he elaborated his teachings on the blood vessels and the nature of inflammation.

His reputation in Worcester and the surrounding country soon rose and his practice became a very extensive one. He realized the danger of overlooking the scientific side of the profession in the midst of the many claims upon his time arising from the conduct of a large practice. This induced him, along with a few friends, to start the *Midland Medical and Surgical Reporter*, in 1828. A short time afterwards he entered into correspondence with his friends as to the advisability of organizing a medical society. On the 19th of July, 1832, a meeting was held in Worcester, when it was agreed to form the Provincial Medical and Surgical Association. Dr. Hastings was mainly instrumental in formulating the rules for the new association and mapping out its policy in his inaugural address.

Although Hastings had the true prophetic eye, he did not see all the great achievements that were to be accomplished by the association he was instrumental in founding. In 1856, the association changed its name from the Provincial Medical Association to that of the British Medical Association, a name which is honored the world over, and especially throughout the British Empire. As the association has branches in all the British colonies and possessions, might it not now be possible to still further enlarge the name to one of a truly Imperial character?

He acted as secretary of the association until 1843, when he resigned and was elected president of the Council and treasurer. In 1849 he was elected president of the association at the Worcester meeting. The members of the association at the Liverpool meeting, in 1839, presented him with his portrait in oil, by Faulkner. In 1850, on the strong

recommendation of many members of the association, he had the honor of knighthood conferred upon him.

Sir Charles Hastings was a man, like Hunter, of wide sympathy. He saw life whole, he realized what he could accomplish and went straight on after his ideals. He took a keen interest in his profession, in the study of public health, in natural history and the sciences, and was the founder of the Natural History Society of Worcester and its museum. He was the inspiring mind that started Sedgwick and Murchison on the work of investigation which led to such important results. Sir Richard Owen, the eminent naturalist, visited on one occasion the Hastings Museum, and indulged in language of high praise for what Sir Charles Hastings had done for the natural history of Worcestershire, and said: "This is just what a provincial museum should be." A splendid bust of him was placed in the Worcester public library and another in the museum.

His long connection with the infirmary in Worcester was of the utmost value to that institution. His mind was one all for advancement, improvement, and the formation of a true spirit of friendship in the ranks of the profession he loved so much. He was an ardent disciple of "sweet reasonableness."

One of the most important things that stands to his credit is the reforms in the Medical Act. In 1837 the British Medical Association appointed a Medical Reform Committee. It was not until 1858 that these efforts were crowned with success, and in that year the association was in a position to pass a vote of thanks to the Right Hon. W. F. Cowper, M.P., for his able support of the Medical Act. Sir Charles Hastings was one of those nominated by the Government for a place on the Medical Council. This was truly due him, for he had acted as chairman of the committee on legislation, and was the draughtsman of the various measures which came before the House of Commons.

He was a man of untiring energy, and his mind was ever impelled in two directions, the one that of the betterment of the medical profession, and the other the advancement of general science. In addition to what has been said regarding his founding the Natural History Society of Worcester, he was one of the founders of the British Association for the Advancement of Science, his name being among the original members.

In 1832, he attended its second meeting, in Oxford, when his friend Dr. Buckland was president, and Mr. Murchison had charge of geology.

His attainments in physiology were of such a character while he was a student at Edinburgh as to induce the University authorities to offer him the chair in the subject as soon as he graduated. His health,

however, was not robust and he decided to seek the softer climate of his own county. What was thus Edinburgh's loss, ultimately became the profession's gain.

After a long and painful illness, he peacefully breathed his last on the 30th July, 1866, in his 73rd year. The man is gone but his works remain. Of him it can be said with much confidence: *Inter homines sapiens, inter sapientes medicus.*

RED CROSS CONVENTION.

The final text of the revised Red Cross convention, whereby practically all the nations of the civilized world agree upon rules in the matter of the treatment of the sick, wounded and dead members of the hospital corps, and nurses in time of war, shows many changes from the antiquated convention of 1864. The main features of the new convention follow:—

Chapter 1 is devoted to the wounded and sick. Each belligerent is required to care for the sick and wounded officers, soldiers and others attached officially to the enemy's army who fall into its hands. Should one belligerent be compelled to abandon sick and wounded on the field and leave members of the hospital corps, and material for their care, such sick and wounded become prisoners of the enemy, subject to stipulations made by the belligerents for the exchange of prisoners after each engagement. The final occupant of the field shall adopt measures to find all the wounded and dead and to protect them against pillage before the final disposal of the bodies by burial or incineration. The occupant of the field is charged with a scrupulous examination of the bodies of the enemy. There shall be a reciprocal exchange of information, relative to the dead, and all letters, personal objects and valuables round on the field of battle shall be gathered and transmitted to the other side.

Chapter 2 provides for the immunity of members of the field hospital corps. The immunity shall cease, should those in question commit acts prejudicial to the enemy, but the carrying of arms by members of the hospital corps, the presence of picket or sentinels around a hospital, or the presence of the arms of wounded within a hospital do not constitute grounds for the waiver of such immunity.

Chapter 3 details the protection to be accorded to the various branches of the hospital corps, the members of which are exempted from treatment given prisoners of war. Other chapters provide for the protection of hospital material and the immunity of convoys conducting evacuations, and require that the various governments adopt a repressive law against commercial use of the Red Cross emblem.

CURRENT MEDICAL LITERATURE

MEDICINE.

Under the charge of A. J. MACKENZIE, B.A., M.B., Toronto.

STOVAINE AS A LOCAL ANÆSTHETIC.

In the *B. M. J.*, May, 12th, Mackenzie reports the results of the use of this local anæsthetic in 60 cases, many of them at the Central London Throat Hospital, and all for minor operations, about the nose, throat or ear. He found that a ten per cent. solution was the most satisfactory, and applied it on a pledget of cotton wool. His experience leads him to postulate as follows:—

- (1) Stovaine equals cocaine in local anæsthetic action.
- (2) Stovaine does not induce general toxic symptoms in ordinary anæsthetic doses.
- (3) Stovaine, like cocaine, induces ischæmia of the erectile mucous tissues.
- (4) Stovaine should not be left in contact with mucous surfaces for longer than fifteen minutes, lest its powerful irritant action be followed by sloughing and ulceration.

ON THE SPIROCHÆTA PALLIDA AND ITS VARIATIONS.

In the *B. M. J.*, May 12th, there is an article by MacLennan describing in full the results of the writer's studies in over fifty syphilitic cases. In most of these cases the sore, the secondaries, the glands, and the blood were examined by making from four to ten film preparations, and various methods were used, but generally it was found that the method of the stain did not make much difference, as the spirochætes, if present, were demonstrable by all methods. Forty of the series were females, and in them the positive results regarding the spirochæta pallida were comparatively few (eight positive), although in all cases the small bodies to be mentioned were found. It would seem that the spirochæta is not found in numbers commensurate to the severity of the lesion.

The methods of staining are described and the writer then goes on to speak of the minute particles found in the deeply-stained film—found in many cases of the rash, where the spirochæta was absent. It would seem that this is not the sole infective agent, if it is one indeed, as while filtering removes the infective agent, absence of spirochæta does not mean absence of infection. Moreover, where present, the spiroch-

æta is easily detected, and yet it is absent in many syphilitic sores, though present in others in the same patient. The form *S. refringens*, which has different staining powers from the *S. pallida*, is found in advanced cases with unclean sores, while the second is found commonly in new infections, with slight lesions. Here it is found in association with the smaller bodies of which the writer speaks, and this leads to his conclusion that these are developmental forms. It is suggested that the spirochæta is also a development form formed by growth of these particles, and the cytorrhcytes is another, and the writer gives illustrations of forms which may be representations of the stages in the life history of this protozoon.

THE PATHOLOGY OF THE THYROID GLAND.

In the *B. M. J.*, June 2nd, there is an article, the report of an address by Professor Kocher, of Berne, on the pathology of the thyroid gland, with special reference to that of exophthalmic goitre. He first describes this disease as characterized invariably by a swelling of the thyroid gland. At first this is soft, vascular, and generally accompanied by a bruit, later comes the diffuse increase of all parts of the gland, with a consistency harder than normal. Exophthalmos may be absent at the beginning and, on this account, the popular name is an unsuitable one; but there is noticeable in the earliest stages a sudden retraction of the upper lid when the patient is made to look steadily at the examiner, or to look up suddenly. Other symptoms are more important than the exophthalmos, tremor, nervous agitation, congestion of the lips, eyes, and face, perspiration with every effort or every emotional influence, the eye lids may be red or swollen, yellow-brown pigmentation may be noticed at the lids and around the mouth. The patient may complain of headache, want of sleep, vomiting, diarrhœa, extreme psychical susceptibility or depression, or may have undergone rapid emaciation. Tachycardia is always present and suggestive. It must be noted that tachycardia, with hypertrophy of the thyroid, is not necessarily Graves' disease. There is a set of cases where pressure from the enlarged thyroid on the cervical nerves causes tachycardia and irritable heart. These are readily relieved by timely operation, but are not to be classed with exophthalmic goitre; and the symptoms are not due to altered secretion.

The cases which are included under the term *cachexia strumipriva* after excision, and *cachexia thyropriva*, are also to be carefully excluded. They indicate a hypothyrosis and the symptom complex is not analogous to that of the real affection.

The true cases are classified under three headings:—

I. *Vascular Goitre and Struma Vasculosa*.—This variety is characterized by a rather rapid vascular swelling of the gland, with great

dilatation of the vessels and bruit and thrill. Tachycardia is always present, tremor as a rule, exophthalmos is often wanting, and these yield readily either to medical, surgical, or combined treatment. The author has had 14 of these cases. Four cured medically, ten by operation.

II. *Struma Gravesiana Colloides*.—These cases are such as have had an ordinary colloid goitre, on which the changes characteristic of Basedow's disease, have been superimposed. Sometimes the procedure is reversed, but in either case the symptoms are not so severe as in the true *exophthalmic goitre*. 72 of these cases are reported; 60 have been operated upon without one death, 51 cases are cured, seven lost sight of, and two are better. The operations varied from excision to ligation of one or more arteries.

III. *Typical Basedow or Graves' Disease*.—Of these cases Kocher has seen 140, and operated on 106. 62 cases report cures, 34 of these perfect; nine cases are greatly improved; there have been nine deaths, and five have died later of other diseases. With the exception of the nine cases, all have been at least benefited.

Whether in these cases the disease is due to a thyrotoxic affection, a dystyrosis, as suggested by Horsley, or to a simple exaggeration of the normal function, hyperthyrosis, is still open to discussion. In the examination of specimens from these cases it is seen that the histological character of the gland is altered, the epithelium assumes a high cylindrical type, forming papillary excrescences in the lumen of the vesicles, which does not contain the ordinary colloid material, but seems empty because the secretion was liquid; the gland is vascular and hyperæmic. Moreover, the glands in the neighborhood are constantly swollen in severe cases, due, it is claimed, to a greater irritation of the glands by the lymph of the vasa afferentia, as a consequence of greater activity of the organ that furnishes the lymph. Further proof of this is furnished by the examination of the blood, which shows an increase in the lymphocytes even up to 60% of the leucocytes, and among these there are many atypical forms, while Dr. Nägeli has found 2 to 3% of myelocytes.

Another proof of the great activity of the gland is furnished by chemical analysis which indicates that the amount of iodine in the colloid material present is greatly increased. So, too, the fact that the extent of improvement is accurately measured by the amount of diminution in extent of active gland produced by operation, suggests that hyperactivity is the cause of the symptoms. All this might be true for the theory that it is an irritant, an altered secretion that causes the trouble, but Kocher points out that administration of extracts of the normal gland or of iodothyryn gives rise to the same symptoms as Graves' disease.

THE VEGETABLE JUICE CURE FOR CONSUMPTION.

In *The Medical World*, June, two letters appear discussing the "vegetable juice" used by Russell, of New York, and Friedrich, of Cleveland, in the treatment of pulmonary tuberculosis. The method of preparation as advised by Russell is as follows:—

"Equal parts by weight of the following vegetables, the skins, pods, etc., being left on, and thoroughly scrubbed and rinsed in cold water, chopt quite fine in an ordinary chopping bowl, and the pieces put in a grinding machine (he recommends a machine made in Philadelphia called the Quaker City Mill F, No. 4). The pulp thus made is squeezed in a coarse muslin cloth to express the juice. The juice is made fresh every day, and kept on ice till needed. Two ounces are taken twice daily after any two meals. Dr. Russell says that before using this he was aware that 'a something' was lacking in his treatment. After various experiments he concocted the juice made from the following: Apples, beets, cabbage, carrots, celery, parsley, pineapples, summer squash, spinach, onions, potatoes, sweet potatoes, radishes, peas, turnips, tomatoes, string beans, and pie plant. The amount of juice extracted from these vegetables varies with the season of the year, being more in the summer and fall than during the winter months. It also varies according to the power used in grinding and expressing."

The remainder of the treatment consists in overfeeding, eggs and milk up to eighteen eggs per diem, with fresh air.

 THE SEMINAL SECRETION AS A SOURCE OF ALBUMINURIA.

Every physician has been frequently confronted with the puzzling occurrence of traces of albumin in the urine of patients in whom there is absolutely no sign of a renal affection. Some of these patients are young men, apparently in excellent health, who perhaps come to the practitioner because they happen to have been refused a life insurance policy. At first in such cases we are apt to suspect cyclic albuminuria, but a closer investigation, and especially a chemical study of the isolated proteids obtainable in these urines, show that in the majority of cases the albuminuria is due to an admixture of seminal fluid, or of minute amounts of secretion from the genital tract. A history of genitourinary infection or of disease or disturbance connected with the seminal apparatus will often be disclosed in these cases upon inquiry. While the suspicion of an admixture of seminal fluid has been expressed by more than one writer in commenting upon the albuminurias of healthy young men, a scientific proof of the origin of the proteid found in the urine in these cases was lacking until in a very recent article (*Russkii Vrach*, No. 7,

1906), Slovtsoff reported that he was able to isolate from the prine of such persons an albumose similar to that which occurs in seminal fluid. For the precipitation of this peculiar proteid, Slovtsoff recommends a solution of sulphosalicylic acid, and notes that the precipitate so formed is soluble on the application of gentle heat. The discovery of spermatozoa in the urinary sediment would, of course, give a clue to the origin of the albuminuria, but unfortunately these elements are not always to be found in instances of this sort.—*Medical Record*, May 12th.

SURGERY.

Under the charge of H. A. BEATTY, M.D., M.R.C.S., Eng., Surgeon Toronto Western Hospital;
Chief Surgeon Canadian Pacific Railway, Ontario Division; and
Consulting Surgeon to the Orthopedic Hospital.

A POSTERIOR INCISION IN OPERATIONS FOR APPENDICITIS.

A method has been recently described by Sheldon, in which the appendix is reached through Petit's triangle.

The patient is placed on the left side and a large support put under the left loin, thus bringing the appendix nearer the incision by depressing the right side of the pelvis. An incision is made from a point one-half an inch behind the highest point of the crest of the ileum toward the tip of the twelfth rib. The length of the incision depends on the obesity and the body form of the patient. The anterior border of the latissimus dorsi muscle is located, freed by blunt dissecting and retracted posteriorly. This exposes the outer border of the quadratus lumborum muscle, the lumbar fascia, and the aponeurosis of the transversalis. A transverse incision, one-half to one inch above the crest of the ileum, is made, beginning at the outer border of the quadratus lumborum and extending forward parallel to the fibres of the transversalis, as far as is necessary to secure sufficient room to operate quickly. The subperitoneal fat is pushed aside with the finger, covered with a piece of gauze. The peritoneum is opened near the forward part of the incision and the peritoneal incision enlarged in a posterior direction. On opening the peritoneum the cecum presents itself in the wound. The appendix is amputated in the usual manner and when drainage is not necessary the wound is sutured in layers, with catgut and silkworm gut. Sheldon has never found it necessary to ligate a vessel during the operation, and seldom has it been necessary to check temporary bleeding with hemostats. In clean cases the operation has no advantages over the method ordinarily employed, except that it is followed by less shock and abdominal distress than is a laparotomy through an anterior incision. In obese cases the operation is more rapid and is less likely to be followed by hernia. In

all cases requiring drainage the operation is preferable to the old method. The abscess is opened in the most dependent part and the infected area can be treated without coming in contact with the omentum or small intestines. Retroperitoneal infection is drained much more efficiently than is possible through an anterior incision. Sheldon has operated on 58 cases by this method and has found no disadvantages.

IMPROVED OPERATION FOR HYPOSPADIAS.

In the *Journal of the American Medical Association* Dec. 2nd, 1905, J. Coplin Stinson describes his method in operating for hypospadias involving the glans and penile portion of the urethra.

The objects of operative procedure are these—the curvature of the penis must be remedied; the natural orifice of the urethra must be made of normal size, and a fresh urethra must be made from this orifice to the end of the glans. The satisfactory way of fulfilling these indications is:—(1) To perform an external perineal urethrotomy and insert a large tube into the bladder, thus draining away every drop of urine so that the plastic operations which are done later will heal primarily. (2) To remedy the incurvation, the urethra is dissected from its surroundings. (3) A new urethra is formed in the glans and body and anastomosed with the dissected up old urethral orifice. (4) To cover over the raw surfaces on the glans and body, the hood is utilized. (5) Correction of the convexity and the transverse constriction on the anterior or upper surface of the body is done by making an inch long vertical incision backward in the median line through the skin and subcutaneous tissue. After operation the patient is to be kept sufficiently under bromides and chloral to control erections.

THE TREATMENT OF INCARCERATED HERNIA.

Boix (*Deutsche Med. Wochens.*, No. 27, 1905) uses ethyl chloride spray locally in preference to ether on account of its more rapid and intense action, producing a local anemia and diminution in the size of the tumor and a dilatation of the ring. This method is to be used in cases before resorting to an operation or where an operation is refused, or impossible to perform. This method may be entrusted to the patient to be used until the arrival of a physician.

THE OPERATIVE TREATMENT OF PROSTATIC HYPERTROPHY.

G. E. Muennich (*Beitraege z. kl. Chir.*, Bd. xlv, Hft. 2), in a most exhaustive article, details the experiences and technique of Mikulicz's clinic in dealing with prostatic hypertrophy. He believes that every hypertrophied prostate that causes symptoms should be removed, if there is no specific contraindication to operation. The perineal route is the one of choice, offering, as it does, less difficulty, with good results. Every patient must be acquainted with the possibility of impotence following the operation. The internal vesicle sphincter and anterior urethral wall should be preserved intact. The suprapubic route is indicated in those cases where the prostate is not sufficiently enlarged to be palpable *per rectum*, and yet where the enlargement can be made out, on cystoscopic examination. The Bottini operation should be used in only those cases in which prostatectomy is refused and catheter life should be advised only when the patient positively refuses all operative intervention.

I. K. I. METHOD OF STERILIZING CATGUT.

F. W. Johnson advocates this method of sterilizing catgut. He declares that in every case in which the method has been criticised, it has been the fault of the user, and not that of the method. In the first place, clean, strong gut should be used. He uses gut that is almost white; it has no odor and is free from fat. Before sterilization, each strand should be thoroughly stretched. In the method he describes, the gut should be wound on wide reels if possible, and too much gut must not be put on one reel, for the solution must find easy access to the deeper layers of gut. Before using, the gut should be swashed through sterile water, but not allowed to soak in it. The reel can then be placed on a sterile gauze pad, and after operation dropped back into the common jar. The solution is: Iodine, one part; iodide of potassium, sufficient to saturate, and distilled water sufficient to make one hundredth parts. Reels made of papier maché are found to give excellent results. The writer gives the advantages of this method as being the absolute certainty of a sterile gut, ease of preparation, healing by first intention, and an animal suture material that will not slip, and that will tie like silk. Large sized gut is sterilized to its very centre. Gut sealed in tubes in the I. K. I. solution and kept out of the light, will become friable in about three months. This gut should not be used in plastic work in the vagina, as to those tissues the iodine is irritating, and thus an excellent culture medium is made for micro-organisms. The writer appends the favorable reports of Martina and Page on this method.

MR JONATHAN HUTCHINSON ON SYPHILIS AND ITS
TREATMENT.

Most appropriately and opportunely the Hunterian Society have recently devoted two evenings to a general discussion on Syphilis and its Treatment, and the members were fortunate in securing the presence of Mr. Jonathan Hutchinson to open the debate. He commenced by referring to the decreasing virulence of and mortality from this disease in the United Kingdom. In 1875 the deaths from syphilis numbered 2,140, in 1904 the mortality was only 1,834, whereas had the mortality from this disease kept pace with the increase of population the number of deaths would have reached 3,000. This improvement was due to more effectual methods of treatment, and in some measure to the fact that the disease is generally milder in type. In the year 1835 to 1838 Judd and others obtained excellent results without mercury, using iodide of potassium, but the use of this drug securely established the mercurial treatment and led to a better knowledge of the precise uses of both of them. A century since all venereal sores were treated by mercury. When the non-syphilitic nature of many such sores was recognized mercury was withheld until secondary symptoms were manifested, and this period of withholding mercury coincided with the increased mortality. Lastly, when the small dose plan was introduced, mercury was robbed of its terrors and was employed at the earliest moment with a view to the suppression of the secondary stage. Ptyalism is objectionable and injurious. As much mercury as can be borne should be introduced into the blood. Everything that mercury could do could be conveniently effected by the one-grain grey powder pill with Dover's powder taken from three to seven times daily. Respecting treatment and the sequelæ of syphilis, Mr. Hutchinson advanced the following propositions:—

1. It was now almost universally acknowledged that mercury ought invariably to be given in the primary and secondary stages of syphilis.

2. That the earlier it was begun the better, provided the diagnosis be certain.

3. That it was possible to prevent entirely and to anticipate the secondary symptoms, an opinion which he had advocated for twenty-five years.

4. That the suppression of the secondary stage to a large extent prevented tertiary symptoms which were developed in the actual site of the secondary manifestations.

5. That many chancres were sufficiently characterized to justify immediate treatment.

6. That as much mercury should be given as the patient could bear, avoiding diarrhœa and ptyalism.

7. That continuous treatment was much preferable and should extend over at least twelve months.

8. That at this stage the object was to kill the parasite. In the tertiary stage the destruction of the parasite was no longer the object of treatment. Tertiary changes were often single, very rarely, indeed, general, often restricted to one organ or one tissue, and there was no reason to regard them as of blood origin, whether toxic or otherwise. The parasite was, in fact, no longer existent.

9. That tertiary symptoms were commonest where early treatment had been delayed or inadequate.

10. That there was good reason to believe that syphilis was becoming less prevalent and less severe in Britain, and that this was largely due to the widespread adoption of the long-continued and small-dose method of treatment.

11. That the inunction and calomel vapour-bath methods were both efficacious but inconvenient and expensive and liable to be prematurely discontinued.

12. That intramuscular injections were very dangerous, excepting in the hands of the expert, and should be wholly reserved for special conditions, chiefly in the army. If salivation commenced it could not be stopped except by the excision of the portion of muscle containing the mercury.

13. That tertiary symptoms were (a) inflammatory; (b) degenerative; (c) gummatous; and that the iodide of potassium internally, and iodoforn, iodol, and chinisol externally, were specifics and often produced permanent cure of gummatous growths. Degenerative changes such as tabes were, on the other hand, rarely arrested by specifics. All conditions attended by inflammatory changes, such as general paralysis of the insane, should be treated by small doses of mercury continued permanently. In his belief, if treatment of general paralysis were commenced in the very early stage a cure might be obtained, but small doses of mercury must be permanently continued.

14. Tuberculosis sometimes complicated tertiary syphilis. Syphilitic lupus was a combination of the two and some "relapsed chancres" were tuberculosis.

15. With reference to marriage, if the treatment had been continued for two years from the date of the chancre, a man might safely marry, but a much longer period was necessary for a woman.

16. As regards inheritance a man with tertiary symptoms might have quite healthy children. Syphilis could not be transmitted to the third generation. The fact that younger children in syphilitic families were free from the syphilitic taint and were well grown and robust was opposed to the belief that the disease, when incapable of transmitting its char-

acteristic symptoms, might still cause arrest of development. Nor was syphilis an appreciable cause of degeneracy of the race. The Fijians, who had had syphilitic affections from time immemorial, were not a degenerate race.

In conclusion, Mr. Hutchinson alluded to a supposed fact, for which no satisfactory explanation had yet been advanced, as to syphilitic infantile iritis and, to a less degree, keratitis being more common in female infants than in males.—*Med. Times and Hospital Gazette*.

SYPHILITIC LESIONS OF THE JOINTS.

Robert W. Taylor declares that as a rule articular lesions are not found in recent hereditary syphilis. With the progress of the disease the early osteochondritic changes are lost, and features develop in the course of syphilitic osseous lesions which resemble those of the acquired affection. Periostitis, osteitis, inflammatory and gummatous, with more or less typical synovitis are then encountered. In the acquired affection early and late joint inflammation or synovitis develops which may be mild and transitory or severe and chronic. The writer then presents notes on two cases. Although in hereditary syphilis tuberculous complications are very frequent, in the acquired form they are far less so.—*Medical Record*, May 26, 1906.

SYPHILITIC ARTHRITIS.

Henry W. Frauenthal believes that no doubt many cases of acute arthritis in congenital and acquired syphilis which occur in what is known as the early second stage are treated as simple rheumatism. The failure of proper diagnosis and treatment may result in a later secondary invasion of tubercle bacilli or other bacteria with their sequelæ. Late secondary and tertiary arthritis may be polyarticular and bilateral. The writer cites histories of a number of cases and presents several cuts which illustrate various syphilitic lesions.—*Medical Record*, May 26, 1906.

GYNÆCOLOGY.

Under the charge of S. M. HAY, M.D., C.M., Gynæcologist to Toronto Western Hospital ;
Consulting Surgeon Toronto Orthopedic Hospital.

GNOCOCCAL INFECTION IN WOMEN.

Egbert H. Grandin speaks emphatically on the danger of the gonococcus to society. He declares that fully 60 per cent. of his operative work among women would not exist if it were not for this germ. About

45 per cent. of sterile marriages are due to the gonococcus. It is said that about 75 per cent. of males have had gonorrhœa at least once, while fully 30 per cent. carry the latent germ to the nuptial couch. It has been estimated that about 30 per cent. of blindness is traceable to this disease. The disease is tolerated on account of ignorance on the part of the laity. The code of morals should be the same for both man and woman. The writer believes that in time public opinion will make itself heard and that boards of health will be obliged to place gonorrhœa in the class of acute infectious diseases.—*Medical Record* May 26, 1906.

FIBROID TUMORS OF THE OVARY.

Dr. Errory Lanphear, in *The Medical Herald*, writes: "Formerly it was the opinion of gynecologists, and especially of pathologists, that fibroid tumor of the ovary is not possible; that the cases so reported were pedunculated or escaped fibroids of the uterus, which had become attached to or grown around the ovary, just as they are known to become dissociated from the uterus and attached to the mesentery and other structures. But cases of unquestionable fibroid tumor of the ovary, like one I removed in 1891 for Dr. Tinsley Brown, of Hamilton, Mo., have become so numerous (Goodell alone having reported four cases and Doran eleven) that they must demand attention. In structure they resemble the ordinary fibroid tumor of the uterus, that is, they are composed of dense connective tissue and smooth muscular fiber—the tumor being therefore a myo-fibroma. 'There has been some question,' says Delafield, 'whether ovarian tumors ever contain smooth-muscle fibers, but the best authorities now admit that it does exist in such tumors.'

They may be located in either the ovary or the ovarian ligament; in the ovary as hard, painless tumors; in the ovarian ligament, according to Doran, usually with cystic degeneration, in which case they may reach enormous size. Robertson asserts that edema and softening may occur.

In some cases considerable ascites may accompany their development.

Most tumors of this character develop in young women.

Menstruation is not affected in any way by their growth.

They are not readily differentiated from other pelvic tumors before operation. They closely resemble pedunculated fibroids of the uterus as well as cystic growths of the ovary, and if there be much ascitic fluid in the lower abdomen they may resemble wandering kidney. Without question many cases diagnosticated as fibroid tumors of the uterus in very young women (unoperated) are fibroids of the ovary.

They incline to calcification, especially after the menopause.

Torsion of the pedicle is more likely to occur than in any other form of pelvic tumors.

Whenever by their weight, rapid growth or onset of ascites they give rise to annoyance they should be removed. The technic of the operation does not differ from that of the ordinary ovariectomy except that the abdominal incision has to be larger to admit their extraction."

NEW OPERATIVE TREATMENT FOR TOTAL PROLAPSE OF THE UTERUS.

V. Holst, Dresden, recommends that in women near or past their climacteric who are subjects of total prolapse, the uterus should be removed by supravaginal amputation, and the stump covered with peritoneum and then made fast to the abdominal wall. In this way, inasmuch as it is the portio and not the fundus uteri that is attached to the abdominal wall, the anterior and posterior vaginal walls, are held up higher than they would be in an ordinary ventrofixation, to an extent according to the length of the uterus removed. Any cystocele remaining under favorable circumstances, may be satisfactorily dealt with by a limited anterior colporrhaphy.—*British Gynecological Jour.*, Feb., 1906.

OBSTETRICS AND DISEASES OF CHILDREN.

Under the Charge of D. J. EVANS, M.D., Lecturer in Obstetrics, Medical Faculty, McGill University, Montreal.

ASPHYXIA NEONATORUM—A NEW METHOD OF RESUSCITATION.

Wm Himmelsback, M.D., in the *California State Jour. Med.*, Vol. IV, No. 2, 1906, in a brief paper reviews the pathology of asphyxia neonatorum, and gives a short history of the various methods in common use. He first employed his method in 1900, and claims that complete success has resulted in twenty cases that have come under his observation since that time. He reports, in detail, three cases that were born apparently lifeless, the ordinary methods of resuscitation were faithfully employed without success, but in all the hypodermic injection of a solution of strychnia sulphate, gr. 1-1,500, and atropia sulphate, gr. 1-2,000, was followed by the prompt establishment of respiration.

The hypodermic injection of the solution above mentioned constitutes the author's method, but it is not clear whether he depends on this alone, or, in connection with it, employs the ordinary methods of resuscitation.

tation. When satisfactory results do not follow the first injection he recommends that the same dose be repeated in fifteen minutes.

INFANTILE PSEUDOLEUKÆMIC ANÆMIA.

Dr. J. Garnet Hunt, Interne at New York Post-graduate Hospital, in *The Jour. Am. Med. Association* for Feb. 3, 1906, concludes his article on this subject as follows:—

Regarding the important causative factors in this disease, although much has been written of a speculative nature since von Jaksch's publication, we are still no nearer a solution of this problem. Rickets, chronic intestinal catarrh, syphilis and tuberculosis, have each played a part in certain of the cases reported, most commonly the first and second of these. An infectious origin was claimed by certain writers as early as 1880, but it has never gained wide acceptance.

The three conditions of the blood from which this disease must be differentiated are pernicious anemia, leukemia and secondary anemia with leucocytosis. The diagnosis rests on three factors: (a) the clinical history; (b) morphology of the blood; (c) the pathologic changes in the viscera (Ewing).

Clinically, the points to be considered are the age of the patient, usually 1 to 4 years; the presence of rachitis or chronic intestinal catarrh, the enlarged spleen, the absence of any other assignable cause for leucocytosis, and the relatively favorable prognosis in this form of anemia.

In regard to the blood changes, the essential features are grave anemia, uniform and persistent leucocytosis, and lowered hemoglobin ratio. The erythrocytes are always markedly reduced in number, but seldom to the extent that occurs in pernicious anemia; the variation in size, shape and staining and the number of nucleated cells are marked, but not distinctive features in anemia infantum. The leucocytosis usually varies from 20,000 to 50,000, although much higher counts have been recorded. These latter cases, especially when associated with enlarged liver, must always be accepted with a great deal of hesitancy, unless the diagnosis be confirmed by the postmortem findings, being otherwise often indistinguishable from leukemia. In most of the cases in which differential counts have been made, the lymphocytes have predominated, and in some instances formed as high as 80 per cent. of the total number of white blood cells. The presence of myelocytes is a frequent though not absolutely essential feature; they do not, however, approach the proportions found in the myelogenous form of leukemia, the highest count recorded being 10 per cent., by Luzet.

As regards the tissue changes, their significance has not as yet been accurately determined. From an anatomic standpoint, however, they are sufficiently characteristic to justify the separate classification of these cases. The absence of iron deposits in the liver cells and of the characteristic lymphoid nodules in the various organs is quite sufficient to preclude the placing of them under the heads of either of the two forms of primary blood dyscrasia mentioned above—pernicious anemia or leukemia.

While considering differential diagnosis, attention is drawn to the great similarity in the general appearances and clinical manifestations of these cases, to the ordinary severer forms of malnutrition. So striking is this outward resemblance that it is not surprising that there may be no suspicion of the real trouble, previous to the examination of the blood. Hence, in my opinion, it is highly important, both from the standpoint of the child and in the interests of scientific medicine, that, whenever possible, a complete and systematic blood examination should be made in every obscure and obstinate case of malnutrition, particularly if the physical signs indicate enlargement of the spleen.

The prognosis depends largely on two factors—the early diagnosis and the ability to procure proper treatment. In neglected cases the outlook is grave indeed.

The treatment, as in nearly every other disease of childhood, resolves itself primarily into a question of improving hygienic surroundings of the patient, and carefully regulating the diet to suit the condition of the stomach and intestines. There is, however, one drug—arsenic—which, if not a specific, has been recommended most highly by the different writers on this subject. It should be administered in the form of Fowler's solution, starting with a minimum dose and gradually increasing to the limit of toleration.

THE MANAGEMENT OF LABOR.

Prof. Peter Harrocks, a short time ago in *The British Medical Journal* laid down the following rules:—

1. Labour is a natural process and should be looked upon as such.
2. 90 per cent. to 95 per cent. of cases are normal.
3. Patients should not be examined, per vaginam, more than once unless absolutely necessary.
4. It is detrimental to terminate normal labour by forceps or manual interference, merely to save time.
5. Chloroform should not be used merely to alleviate labour pains.

6. Non-interference with the placenta is recommended, even at the expense of considerable time.
 7. The routine application of germicides to the eyes of every new born child is unnecessary.
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THE USE OF CITRATE OF SODA IN INFANT FEEDING.

Being impressed by the claims of Wright and Poynton (*Arch. Ped.*, March, 1906) as to the value of citrate of soda in infant feed, Dr. Shaw undertook a series of laboratory experiments, followed by a clinical trial, and records his results in this paper.

The explanation advanced by Wright and Poynton as to the action of citrate of soda is that the excess of lime salts is precipitated. It acts chiefly by union with the calcium, and theoretically, the insoluble citrate of calcium should be precipitated. The author, assisted by an expert chemist, after investigation, concludes that no precipitation in a chemical sense occurs, but that probably some unknown and undetected action or combination takes place between the sodium citrate and the calcium casein.

Citrate soda is a neutral salt, and has a slight saline taste; is non-poisonous and in large doses is a mild purgative. It is very soluble.

In the laboratory tests, to 5 c.c. of milk 1 c.c. of solution of varying percentages of citrate of soda were added. Before being placed in a water bath at a temp. of 40° C. two drops of liquid rennet were added to each test tube. Other tests included rennet coagulation of plain milk, and dilutions with water and with various alkalis.

"The curds in all the tests where plain milk was used alone or with the addition of water, were solid and jelly-like. The addition of weak solutions of alkalis, while not markedly delaying the action of the rennet, yet acted upon the curd so that when it was precipitated into small, fine curds instead of a solid mass. Citrate of soda in small quantities had a marked effect in breaking up the curd into fine particles. The sodium citrate solutions of below one per cent. were coagulated at longer intervals, but one per cent. solutions or over remained unchanged."

The clinical test was made on institutional babies, more or less crowded in the wards, and the majority were suffering from gastrointestinal indigestion and many showed marked malnutrition.

Five babies lost in weight, of which number one died. Sixteen gained and one was stationary. Two of the babies reported among the losing ones are still on the citrate and are now gaining steadily. In one fatal case the feeding had nothing to do with the fatal result. The average gain was from $\frac{1}{2}$ to 5 ounces a week. In several of the

cases there was an initial loss on first taking the food. This would be followed by a gradual and steady gain in most cases.

The effect upon the stools was variable. The reaction is usually acid, and undigested and offensive stools were found as before, but in no instance were tough casein curds found.

The preparation of the food mixtures was very simple. No attempt at a percentage modification was made. The milk was diluted in proportions varying from three parts of water and one of milk, to three parts of milk and one of water. The water contained ordinary cane sugar in a five per cent. solution. The citrate of soda was kept in a solution so that each teaspoonful contained 10 grains. This was added to the food in the proportions of one grain to an ounce of milk. In some cases of habitual vomiting the dose was increased to three grains to the ounce. The milk was neither pasteurized nor sterilized. There was no taste of the citrate even when added in a strength of three grains to the ounce and the babies took the food well.

The ease of preparation, the simplicity of modification, and the cheapness of the ingredients make this a valuable method in dispensary and institutional practice. In cases of proteid indigestion associated with vomiting and curds in the stools, it has a distinct therapeutic value. The use of the citrate of soda in infant feeding deserves a further trial.

IS VAGINAL CÆSAREAN SECTION JUSTIFIABLE?

Its advocates (says Palmer Findley, M.D., of Omaha, in *The Medical Herald*, St. Joseph, M., April, 1906), claim that we find in vaginal Cæsarean section an operation simple in technic, rapidly executed, and attended by little risk. The author is rather inclined to question whether these claims can be substantiated. He is convinced from personal observation, and the study of the reported cases, that the operation, so far as concern the indications is in the experimental stage. "In every reported case, and in all cases which I have observed, it has occurred to me that some other method of delivery would have been preferred, and I have come to the conclusion that the indications for the procedure must be restricted before it will find its legitimate place in the obstetrics of the future."

The author deals with the various operations for incision of the cervix for more than a century. It was Dührssen who, in 1896, placed vaginal Cæsarean section prominently before the profession. His indications for the operation were as follows:—

"1. Abnormal conditions of the cervix and lower segment of the uterus (carcinoma, myoma, rigidity, stenosis, partial pouch-like distension of the lower uterine portion).

"2. Dangerous conditions of the mother, which may be removed or relieved by prompt emptying of the uterus (affections of the heart, lungs, kidneys, eclampsia).

"3. Conditions of the mother when death is imminent and can be foreseen."

Then follows a description of the technic of the operation.

The author states that there are no absolute indications for vaginal Cæsarean section, and that its indications being relative are hence subject to criticism.

He then considers the indications of various cases of vaginal Cæsarean section reported in literature, and seems inclined to question whether the abdominal route would not have been more satisfactory in most of those cases of cancer of the cervix complicated by pregnancy. The question of fear of infection and tearing the friable tissues during extraction are raised in objection, but the high mortality attending the vaginal operation, in cancer of the cervix at full term, he thinks, renders that operation, considering the technical difficulties and the necessarily high mortality, absolutely unwarrantable.

Grave eclampsia is said to be one of the great indication for vaginal Cæsarean section. He contends that if the eclamptic attack is so grave as to demand the emptying of the uterus, the choice of methods, as far as time saving is concerned, would be the abdominal route. He claims that it offers greater safety to the foetus.

He considers that a rigid cervix presents the indication for the operation which is least open to criticism.

He reviews statistics as to the frequency of rigid cervix, and is forced to the conclusion that the so-called "rigid os" usually exists in the fancy of the operator, and that a little time and experience would accomplish the dilatation in nearly all cases, without resort to incision.

He enumerates serially his objections to the Dührssen operation, arguing in favor of the abdominal in nearly every instance.

In conclusion, he answers his title question: "In the light of the reported cases and judging by the results obtained in the use of other well established methods of delivery in cases specially indicated, vaginal Cæsarean section is not destined to find general favor with trained obstetricians; that the legitimate scope of the operation will be so limited that it will be little practised. And yet we may expect that it will remain in general favor with a few obstetricians."

EXTRA-UTERINE PREGNANCY—ITS DIAGNOSIS AND TREATMENT.

J. N. Lewis, M.D., in *The Virginia Medical Semi-Monthly*, writes that a general anesthetic is very important in assisting one to make a diagnosis in doubtful cases previous to rupture. The diagnosis depends on finding a cystic tumor to one side of the uterus, which is somewhat enlarged, the cessation and the return of the menstrual flow, and possible discharge of the decidua, unusual pains in the lower abdomen, etc. After rupture symptoms are those of hæmorrhage and collapse. He considers two signs are peculiar to extra-uterine pregnancy: (a) peritoneal phenomena, (b) bloody discharge. In doubtful cases he advises exploratory incision, as under present modern anti-septic precautions such procedure is comparatively free from danger. He sums up modern treatment in the statement that cases of extra-uterine pregnancy demand surgical intervention.

In the first six months of pregnancy the operative procedures possible are abdominal section, and vaginal section. The cœliotomy is performed as usual in aseptic cases. Drainage is unnecessary. He considers vaginal incision and drainage the best plan in protracted cases, the advantages being the possible preservation of both tube and ovary, less chance of peritonitis, it takes less time, and complications are less frequent. Should oozing or bleeding continue after excavating clots and washing out the sac from the vaginal incision, the abdomen should be opened and hæmorrhage controlled by ligation. He finds compression of the abdominal aorta valuable in controlling hæmorrhage until the abdomen can be opened. In the vaginal operation he makes the incision by means of a sharp pointed pair of scissors, afterwards cleaning the sac by means of the finger, then if there is no further oozing a gauze drain is inserted and the patient put to bed.

In cases of advanced extra-uterine pregnancy, that is after the fifth or sixth month, the mode of procedure depends on whether the fœtus is alive or dead. If the fœtus is alive, he thinks the case ought to be allowed to go to term and treated by abdominal incision and packing the amniotic cavity until the placenta separates.

When the fœtus is dead he considers immediate operation necessary to prevent the danger of septic peritonitis and possible rupture.

He concludes his paper by a report of two cases, one at the third month of pregnancy and the second unstated, both cases being operated on by the abdominal route.

SUMMER DIARRHŒA IN INFANCY.

George Thomas Myers declares that the only correct means of ever classifying summer diarrhœa will be from bacteriological examinations of the stools. The infectious origin of this disease is the theory held by many authorities. Bad hygienic surroundings predispose to this disorder. The already weakened mucous membrane is inflamed by undigested food which acts as a foreign body. The most susceptible period in the child's life appears to be from the fourth to the twentieth month. Artificially fed infants are more frequently attacked than the breast fed. The writer believes that the greatest factor in the production of this disease is the feeding of infants upon cow's milk which has been brought from a distance in warm weather and kept in hot cans before being prepared for feedings. The symptoms of this disease generally abate in from a week to ten days. The milder cases are the more frequent. In respect to treatment the writer, among other suggestions, gives the following: A daily warm sponge bath should be given, the greatest care should be taken to keep the feeding utensils and the food absolutely clean; feedings should always be given warm, at a temperature of 100 degrees F.; the napkins should be removed and disinfected as soon as soiled; the child should have plenty of fresh air and light clothing; diarrhœal cases should be isolated.—*Medical Record*, June 2, 1906.

THE TREATMENT OF PUERPERAL INFECTIONS.

In the *New York Medical Journal* of December 9, 1905, Holmes, after discussing and condemning many of the older methods of treating these states says that having thrown down many false gods, what is left for the physician to do? As puerperal infection is a self-limiting disease, so our measures should be directed towards supporting the patient, and adopting such procedures as in general allay the septic processes. In this order the author recommends a course which he has used successfully in his own work. This plan has absolutely no originality—it is a combination of the work of Schroeder, Bumm, Doederlein, Williams, Webster, and a host of others.

Grant, if you please, that the case is in your own practice. You know, that the secundines have completely come away; the woman at the end of twenty-four to seventy-two hours has a sharp rise of temperature, acceleration of pulse, possibly a chill.

1. Give the woman a full dose of some saline purge; give a full dose of ergot; repeat the ergot, combined with hydrastis in medium-sized doses at regular intervals, in order to keep the uterus contracted. Watch the woman for further developments.

2. In the course of the next day or two, if the woman is not better, or is worse, then possibly an examination is indicated. As a preliminary a culture should be taken from the lochia obtained from the uterine cavity. If a strong, putrid odor is present we may be almost positive that a saprophytic infection exists—the possibility of retained putrid blood-clots should be borne in mind. The finger, in passing over the uterine wall, will discover these if present, and should gently remove them. Finally, a douche may be given to wash away the debris and such bacteria as may have been introduced by the examining fingers. Williams had 23 cases of infection treated essentially after this plan, with a mortality of 4.35 per cent.; Kronig, almost the pioneer in rational treatment and investigation of puerperal infections, had 56 cases of streptococcal infection, with 4 per cent. mortality, and in 76 cases, his total number of infections, he had only 8 per cent. mortality. In the report of the Committee on Antistreptococcal Serum it is stated the French generally believe in the curette, and use it almost as a routine; their mortality was 18 per cent. in 202 cases.

In making the examination as above outlined the author strongly demands these conditions: (a) The vulva must be thoroughly cleansed, which should include at least a close clipping of the vulvar hairs; (b) the vagina must be thoroughly scrubbed with soap, lysol solution, etc., so we may not carry the vaginal lochia into the uterus. We must always remember that by the third day the lochia are essentially pus, their bacterial flora being normally of low virulence. In infections the lochia are specially infectious.

3. After the examination it often is useful to place a small intrauterine pack of plain sterile gauze wrung out in a solution of formalin, twenty to forty drops to the pint, with perhaps its renewal the next day. Formaldehyde is slowly liberated, has a great penetrating power, and continuously acts as an exceedingly powerful germicide.

4. Continue the ergot and hydrastis; exhibit such drugs as have a known power of decreasing leucocytosis, as nuclein, nucleic acid, and salt solution hypodermically, or per rectum, especially if the emunctories are sluggish. The ice-bag or hot applications to the abdomen deserve consideration. Unguentum Cr d  may be considered.

If the woman is one seen in your daily rounds, or in consultation, then the author believes it a good practice to proceed at once with the details suggested in 2, 3 and 4.

Holmes submits the following conclusions:

1. Practically the battle against puerperal infection is won by an adequate system of asepsis and antiseptics. True autoinfections very rarely arise, and usually are not of serious portent.

2. It is no more possible to operate aseptically without skilled assistants in obstetrics than in general surgery; to properly conduct an operative case requires a full quota of assistants.

3. Puerperal infection is not a specific disease. Diverse types of microorganisms may be the etiological factors, and any part of the par-turient canal may be the seat of the infection.

4. To treat locally a thermal condition of the puerperium without a clear, positive knowledge of the seat of infection should be characterized as an obstetric crime.

5. At the present time there is absolutely no method of adequately reaching the offending germs in the uterine submucosa or muscularis. The curette cannot discern the locality of the retained remnants of secundines; the finger alone can ascertain this; a placental forceps more easily, more certainly, and with infinitely greater safety can remove them, under guidance of the finger.

6. It is a grave error to neglect digital revision of the uterus after any instrumentation for the purpose of cleaning the uterine cavity.

7. Nature, by supplying the reaction zone of Bumm, offers the surest safeguard to the woman; puerperal infections demand the same rest for the uterus as inflamed parts elsewhere require rest.

8. The danger of shreds in the uterus is greatly overestimated as regards their rôle in infections.

9. Active operative measures endanger the life of the woman doubly or trebly to the extent the expectant plan does.

10. The use of saline purges, administration of ergot, hydrastis, etc., removes much of the danger or necessity for active therapy; in a day or two the danger is often past, for, like a baby, the lying-in woman is subject to evanescent febrile elevations.

OPHTHALMOLOGY AND OTOTOLOGY.

Under the charge of G. STERLING RYERSON, M.D., C.M., L.R.C.S., Professor of Ophthalmology and Otology Medical Faculty of the University of Toronto.

INFLUENCE OF FRYNIN ON THE EYE.

V. Popow (*Oph. Review*, Jan., 1906) describes some experiments with frynin, the alcoholic extract of the cutaneous and parotid glands of the toad. He used a one per cent. solution to which is added sublimate. He says: "At the first instillation of three or four drops into the conjunctival sac there is evident irritation, blepharo-spasm lacrymation and photophobia. The vessels of the conjunctiva become engorged and subsequently there is œdema and slow loss of sensibility of the cornea and conjunctiva. The changes in the epithelium resemble those due to cocaine, though in a less degree. There is a little contraction of

the pupil, but there is practically no change in the refraction, accommodation, acuteness of vision and field of vision. Tension of the eye was unchanged." Under the influence of this novel analgesic he performed two iridectomies, one discission of cataract, etc., without pain.

ALYPIN, ANOTHER LOCAL ANESTHETIC.

Sy Iney Stephenson, London (*Ophthalmoscope*, Nov., 1905,) gives his experience with this new glycerin derivative. He made several hundred trials with this substance in two per cent. solution, and concludes that anesthesia is produced in seventy seconds, vaso dilatation occurring in about 90 per cent. The pupil remained normal and the accommodation was unaffected. No disturbance of the corneal epithelium was observed. Ocular tension was not changed. He states that alypin is an efficient local anesthetic, wholly devoid of any other action than vaso dilatation.

SCARLATINAL OTITIS.

Frank B. Sprague, M.D., surgeon to the Ear, Nose and Throat Hospital, Providence, Rhode Island, (*New England Medical Monthly*) remarks that:—Otitis media is the most frequent complication of scarlet fever, and, everything considered, the most serious. Like the general infection, its severity varies with the epidemic, the climate, and the seasons of the year. It is more common in the winter and spring months and in the colder climates. Statistics show that from three to nine per cent. of the cases of scarlet fever have ear complications and in about 50 per cent. of these cases both ears are affected. Bezold, of Munich, collected 640 cases of aural disease secondary to scarlet fever covering a period of eleven years in which 984 organs of hearing were affected, about one-half of them being bilateral. During the same time he estimated, from statistical sources showing 17,087 cases, that 3.75 per cent. of all cases had ear complications. In 530 of Bezold's cases 263 had a continued discharge from the ear lasting over eight years; and a total destruction in the drumhead in 25 per cent. of these cases. In another report of 185 cases he shows that in 30 there was an entire destruction of the drumhead with the loss of one or more of the ossicles; in 59 the perforation in the drumhead comprised two-thirds or more of the membrane; in thirteen there were small perforations; in 44 granulations and polypi; in 15 total loss of hearing on one side, and in six cases total loss on both sides; in 77 cases the hearing distance for whispered voice was less than half a metre.

Of 4,397 cases reported by Finlayson, otitis occurred in 10 per cent., and of 1,008 by Caiger, 13 per cent.; in Burkhardt-Merian, 33 per cent. The greatest importance is attached to the inflammation of the middle ear, although the affection of the labyrinth or otitis interna are of no little moment, when one considers the large number of cases of total deafness, and the large percentage of inmates of deaf-mute institutions where otitis is due to scarlet fever.

Dr. Blau found some statistics of eight authors 14,045 cases of otitis interna with 55 cases, or 3.8 per cent. due to scarlet fever. Bruckner gives seven per cent.

In a survey of the deaf-mute asylums of Europe, in 1887, the smallest percentage was found in Italy, 1.5 per cent., and the largest in Norway, 27 per cent., representing the ratio of the cases due to scarlet fever and showing the relative frequency of the disease in the warm and cold climates.

May has collected statistics in New York of 5,613 deaf-mutes, 572 of whom, or nearly ten per cent., owed their condition to otitis of scarlet fever. Holmes, of Cincinnati, reports that in the deaf-mute institute in Jacksonville, Ill., of 500 cases 7.2 per cent. were due to this disease. In the Rhode Island School for the Deaf out of 201 cases admitted 44, or 21.3 per cent., were due to scarlet fever. In the Clarke School of Northampton, Mass., 105 out of 740, or 16.4 per cent., were due to scarlet fever.

On the other hand, statistics at large show that of all cases of suppurative otitis media about 12 per cent. are due to scarlet fever.

For illustration in the study of this disease I wish to use a season's experience in the scarlet fever wards of the Rhode Island Hospital. Beginning about the middle of January, 1904, and continuing till the middle of June, I had the privilege of watching some 60 cases.

In cases, in which paracentesis was done, the drumheads healed perfectly and hearing returned to normal condition in a very few weeks. In one of the severe cases, which had nephritis but no severe pharyngitis, the drumheads of both ears and two of the ossicles (malleus and incus) of the left ear were swept out as clean as if eaten out by acid, in spite of the most careful and energetic treatment. In this case the ears were still discharging when seen ten months later. The other three cases were lost track of after discharge from the hospital.

Acute Suppurative Inflammation.—This form of otitis usually occurs somewhat later in the course of the scarlet fever than the previous form, about the second week, although it is probably dependent upon the severity of the general infection. The subjective symptoms are much more severe; the sudden increase of feverish symptoms is very pro-

nounced, the temperature often rising to 103° or more. The pain in the ear is lancinating and throbbing in character, radiating from the depths of the ear to different parts of the head and neck. Swelling of the glands of the neck with stiffness of the muscles and tortocollis are frequently present in these cases. In some there is evidence of cerebral irritation shown by convulsions and vomiting, so that meningitis may be feared. We must bear in mind, however, that these cerebral symptoms are often among those which usher in the general infection, but when they occur after eruption is complete, or later, they may accompany kidney or ear complication.

Objective Symptoms.—In cases where the drumhead has not ruptured, the canal is scaly and at its entrance abnormally coated with wax, and is often swollen. The drumhead is œdematous, swollen, varying in color from a bright to a dusky red, and bulging in parts or as a whole, to a greater or less degree, sometimes protruding a fourth of an inch or more into the canal. Even after spontaneous perforation has taken place this enormous protrusion of the membranes of the drum cavity is sometimes seen.

Acute Necrotic Inflammation.—This malignant form of otitis is commonly called the diphtheritic form. This type of the disease is analogous to the throat condition known as scarlatinal diphtheria, although Klebs Loeffler bacillus are not found in the discharges, nor are there any of the parietic sequelæ so common to diphtheria.

The term diphtheritic which manifests the traditional teaching of disease of the throat and ear makes it very difficult to estimate the true conditions which have existed in the history of these membranous and exudative forms of disease of these organs; but bacteriology has done much, and we hope soon will do more, towards clarifying this befogged condition. Many cases of the so-called scarlatinal diphtheria, characterized by severe infiltration of the lymphoid tissue of the throat and membranous deposits on the tonsils and posterior and lateral walls of the pharynx and of the mucous membrane surface of the nose, show pure cultures of streptococci or staphylococci, or the mixture of the two, Klebs-Loeffler bacilli being absent.

This malignant or membranous form of otitis is to be considered the most severe form of ear disease, the infection being intensely virulent, and the destruction of tissue very rapid, often sweeping out the entire drumhead and the ossicles in a few days. If it is uninterrupted by treatment, the necrotic process destroys the inner membranes of the tympanum, those of the round and oval windows, invades the labyrinth, destroying the membranous labyrinth and organ of Corti, thus destroying the organ of hearing and disturbing the equilibration of the

body causing a rolling, staggering, or tottering gait for a long time after recovery. Cases have been reported, and I have seen two, where parts of the labyrinth and cochlea were exfoliated in the necrotic process and removed a sequestrum at operation.

In other cases the infection travels on through the internal auditory canal, damaging both the auditory and facial nerve, the latter causing facial paralysis, and on into the meninges of the brain causing meningitis and death. Post-mortem examinations in these cases have revealed necrosis of the cochlea and deposits of membranous and necrotic tissue in the vestibule and other parts of the labyrinth.

The appearance of this type of otitis, as seen through the speculum at the early stage of the inflammation, is similar to the violent suppurative form, but the drum membrane soon becomes livid, or has a yellowish-white pulpy look having the appearance of a false membrane which doubtless is present, similar to the false membrane of the pharynx, and contains quantities of streptococci. The secretion at first is not abundant, in fact very little, but in a few hours a brownish, purulent fluid with a very fetid odor of tissue necrosis is present. The hearing soon lessens, the drum membrane dissolves away, and the drum cavity is filled with this membrane exudate with a foul odor. When the labyrinth is affected its onset is signaled by sounds like the ringing of bells or the clanging of steel, and by dizziness. In some cases the labyrinth becomes involved primarily.

Cause.—The cause of scarlatinal otitis is evidently a streptococcus infection, the method of invasion being still a matter of discussion; formerly it was thought that the avenue of invasion was through the Eustachian tube and some hold this view to-day. More recent investigations suggest that it is hæmatogenous, the infection carriers finding their way to the tympanum through the blood current.

It seems to me that in some of the milder forms infection is carried through the Eustachian tube, and in the severer forms through the blood current or through the lymphatic system of the pharynx and tympanum, or, perhaps, like other cavities with small outlets, the Eustachian tube becoming closed by the pharyngeal inflammation, a vacuum is produced in the tympanum, causing it to fill with serum, and in the presence of infection a suppurating process is established.

Prognosis.—Prognosis as regards both the continuity of the organ of hearing and of life is largely dependent on prompt treatment and proper care. The simple forms are favorable, the severe ones not so favorable, especially as regards hearing, for in some a large part of the hearing is lost, and the case goes on to necrosis of tympanum, ossicles, and of mastoid, in spite of the most careful treatment. Cases where

adenoids in the nasopharynx and enlarged tonsils are present, also children of scrofulous diathesis, are apt to have a severe time of it. And while the outlook, as far as immediate danger to life is concerned, may be good, there is always the loss of hearing function or its impairment to be feared, and the establishment of a chronic otorrhœa which is a nuisance to the patient and his family and friends, and with all its attending dangers it is a constant menace to life itself.

Treatment.—Treatment is naturally surgical and antiseptic. We are dealing with an infectious process caused by some one or a number of varieties of micro-organisms, and this simple or mixed infection, as the case may be, must be removed as soon as possible, and the part kept as free as possible from them until healing is complete.

Some recommend preventive treatment by irrigating the nose and throat daily to keep the amount of infection reduced to a minimum. This procedure I think is one attended by great risk, as there is danger of washing infection through the Eustachian tube into the tympanum, and thereby setting up the inflammation one is trying to avoid. The patient should be kept in a warm room night and day, avoiding rapid changes in the temperature, draughts, and chilling of the body after bathing; this will do much toward preventing congestion of the ear and mucous membranes of the body, for the less the circulation in these parts of the body is disturbed the less will be the danger of inflammation. When the lymphatics of the neck show signs of swelling, ice should be applied in a throat or ear ice-bag and kept on constantly. iodide of lead ointment is also useful in reducing the inflamed glands.

If spontaneous rupture of the drumhead takes place and the ear begins to discharge serum, this should be removed by pledgets of sterilized cotton and *not* by syringing, as any disturbance of this condition as by an unsterile syringe or other instrument might result in a secondary infection. When the discharge has become purulent then it should be syringed every two or three hours, in order to keep the canal as free from pus as possible, and avoid an infection of the deeper parts and the external glands of the ear and lymphatics surrounding it.

When a case of scarlet fever is first seen by the physician, instructions should be given to the parents or nurse regarding the ear complications, and if the patient complains of pain in the ear, or manifests any discomfort in the ear by putting the hand to it or rubbing it, moving the auricle, or refusing to lie on the affected side, or if a sudden rise of temperature occurs, strict orders should be given that the attending physician should be notified at once; and he should immediately examine the ears, and if the appearances of the drumhead above described should be present, he should at once incise it freely.

If the drumhead is to be incised, the canal must first be sterilized by syringing with 1:2000 bichloride and carefully dried with sterile cotton, and a sterile instrument used. The canal should then be closed by sterilized cotton, and changed as often as it become saturated, great care being taken to see that the hands and instruments are clean. If the discharge becomes purulent, the canal should be syringed and any one of the following solutions may be used: Sodium bicarbonate solution one dram to the pint, lime-water, normal salt solution, carbolic acid, 1.40; saturated solution of boric acid, or 1.500 permanganate of potassium solution. After cleansing the canal should be dried with sterile cotton and a solution of boric acid in 60 per cent. alcohol instilled into the canal. In the severe cases a one per cent. solution of bichloride of mercury in 60 per cent. of alcohol, or two per cent. nitrate of silver solution may be dropped into the ear, these solutions having been previously warmed.

If swelling of the mastoid lymphatics or tenderness over the mastoid region occur, the aural ice-bag should be applied, and if relief is not had within a few hours, leeches should be applied over the tip and upper part of the mastoid bone. These measures will usually give prompt relief and often stay the progress of the inflammation. If the disease goes on to suppuration of the mastoid, operation will be necessary, and should be performed without delay; yet if the indications for operation are not especially urgent, I prefer to wait until after desquamation is complete, as in my experience if the operation is performed during desquamation or within six or seven weeks from the onset of the fever, the repair process is extremely slow, even after a week has elapsed following operation, there will be little or no formation of new tissue in the bone cavity. The discharge from the wound is very profuse and intensely acid, excoriating the parts wherever it touches, ulcerating the fresh cut surfaces and sloughing out the stitches and destroying the new healthy granulation tissue that may have formed. The large open wound resulting from this destructive process affords an unprotected area for septic infection, and with the virulent nature of the discharge, which contains quantities of streptococci and staphylococci, the system is exposed to great danger. One of our cases developed a pronounced septicæmia, unquestionably from this cause.

A word regarding the contagious nature of the discharge would not be amiss. A recent experience at the hospital will furnish a good illustration of care needed in handling a discharging ear immediately after the scarlet fever has had its run. There were three children representing three families who had fulfilled the demand of the Board of Health regarding quarantine and returned to their respective homes,

each child with suppurating ears. Within ten days after their discharge from the hospital one other child from each family was admitted with scarlet fever, and it is believed, after careful investigation, that these new cases were started by coming in contact with the discharge from the ears of the children who had just returned home. I believe that the discharge from a scarlatinal otitis serves as a good infection carrier, and cases should be detained in an intermediate station, and from other children at least two weeks after desquamation is complete; during this period the ears should have thorough antiseptic cleansing. As a safeguard to the community, I think it essential to consider the discharging ears in the determination of raising quarantine in scarlet fever cases.

SOME SYPHILITIC AFFECTIONS OF THE EYE AND EAR.

G. Sterling Ryerson, M.D., C.M., L.R.C.S., of Toronto, writing in the *American Journal of Dermatology*, says that syphilis is a cause of many eye diseases. There is no part of the eye which may not be invaded by it; even the lens is affected indirectly by interference with its nutrition; but it seldom causes complete blindness. Cohn, among 20,000 patients, found 1.15 per cent. of syphilitic eye disease, and Coccia 1.16 per cent. in his clinics.

Chancre of the eye is occasionally met with. It usually sits *a cheval* on the margin of the lid, partly on the skin and partly on the conjunctiva. It presents, when fully developed, the usual appearance of the Hunterian chancre, though during the early stage it is difficult of diagnosis. The pretrochlear lymphatic glands become enlarged and indurated, constitutional symptoms manifesting themselves in due course. The last case I had under observation was that of an unfortunate young intern who had marginal blepharitis, and who infected himself while attending an obstetric case. There is a legend that digital and accidental syphilis is more severe than the ordinary variety, but the statement lacks confirmation.

During the secondary period mucous patches are sometimes observed on the conjunctiva, and during the tertiary period ulcerations of the eye-lids have been observed.

It is the iris, however, which is the most common seat of ocular syphilis. It is attacked in four per cent. of all cases (Juler), and from 30 to 60 per cent. of iritis is due to syphilis (Webster Fox). The secondary stage is the time when it usually manifests itself, and during the first six months after infection. It may occur as early as the sixth week, or appear as a late tertiary symptom. Hutchinson states that

after the sixth month the liability to iritis diminishes rapidly. The inflammation is plastic in character, and attended by free exudation during the secondary stage, but later iritis is attended by one or more gummata. I have seen the anterior chamber so filled with gummata that a diagnosis of keratitis was made. It is a peculiarity of syphilitic iritis that it is attended by little or no pain, although there are exceptions to the rule, the patient, when only one eye is affected, often being able to pursue his occupation. The signs of iritis are: Cloudy, aqueous, change in color of the iris, loss of luster of the iris, iritic zone of congestion, contraction of the pupil. The symptoms are: Dimness of vision, lachrymation, photophobia and more or less pain. The duration, under favorable circumstances, is from four to six weeks. The prognosis is favorable under suitable treatment, although iritic adhesions are of frequent occurrence. Gummata will dissolve and disappear under mercurialization, though I have seen them suppurate, with consequent loss of the eye.

The treatment consists of the free exhibition of mercury. Iodide of potash is of no use in this stage of the disease. The best form of administration of mercury I have found to be by inunction, one drachm rubbed in twice a day, into inner sides of arms and thighs alternately. Locally, atropine is the main standby, four grains to the ounce, three times a day, a drop to be instilled into the conjunctival sac. If the eye does not improve quickly, two or three leeches should be applied to the temple, and the resulting wounds encouraged to bleed for an hour or two, after which one drop of a solution of atropine, sixteen grains to the ounce of water, should be instilled. If repeated once a day for two or three days, this usually gives relief. The subconjunctival injection of cyanidesalicylate of mercury, with acon, is most useful in subacute cases or cases resisting other treatment.

Keratitis sometimes occurs in acquired syphilis, though this is disputed by some. The interstitial keratitis of acquired syphilis is beyond dispute. It usually manifests itself under the latter conditions, about the period of puberty, and is characterized by progressive ground-glass opacity of the cornea, beginning in the centre and extending slowly to the periphery. Both eyes are usually affected. There is some photophobia, lachrymation and pain, but the symptoms are not usually acute. It is usually accompanied by iritis, and presents the iritic zone of congestion. The duration is from nine to twelve months. The prognosis should be guarded, as permanent impairment of vision, short of blindness, follows in most cases. Occasionally the cornea clears up entirely, but the sight remains impaired by accompanying choroiditis.

Choroiditis and rhinitis are late secondary or early tertiary symptoms. They present little or no external congestion of the eye, some

photophobia, progressive deterioration of vision, which the patient describes as smoky. With the ophthalmoscope a fine haze may be seen, but usually no large floating opacities in the vitreus. I consider this fine haze as pathognomonic of syphilitic retino-choroiditis. I have never seen a case of syphilitic retinitis without choroidal involvement and I doubt its existence. Later on pigment changes and atrophic spots appear in the choroid. The prognosis is favorable to the extent that blindness rarely follows, but some defect in the vision is sure to occur. The treatment is the exhibition of mercury, by inunction, by mercurial baths or by administration by the mouth. Locally the conjunctival injection of cyanide of mercury, atropine, leeches to the temple and rest of the eyes favor a cure.

Atrophy of the optic nerve is occasionally the result of syphilis more commonly in connection with locomotor ataxia.

The paralytic affections of the ocular muscles are frequently of syphilitic origin. The most common form is a temporary paresis of the iris and muscle of accommodation, which comes on quite suddenly, and passes off gradually. After several attacks, paralysis of the external eye muscles frequently occurs, those supplied by the third nerve being especially involved. These paralytic affections occur from fifteen to twenty years after infection, mostly in cases in which the secondary symptoms have been slight or indefinite. Complete ophthalmoplegia may occur. After one or two attacks the paralysis becomes permanent.

Syphilitic affections of the ear are not common. When they occur, they take the form of an obstinate exudative or plastic inflammation of the middle ear, which is very obstinate and intractable, and always attended by some loss of hearing, which is permanent. It is mostly met with in hereditary syphilis.

Affections of the cochlea and semicircular canals occur occasionally. The cases I have met with come on suddenly with the symptoms of Meniere's disease. I am not prepared to say whether they were Meniere's disease in a syphilitic subject, or syphilitic disease of the internal ear presenting Meniere's symptoms. Anyway, there was improvement under anti-syphilitic treatment.

Please remember the meetings of the British Medical Association, the Canadian Medical Association, and the Ontario Medical Association, which meet in Toronto from the 20th to the 25th of August.

MEDICAL ASSOCIATIONS

ONTARIO MEDICAL COUNCIL.

The Medical Council of the Ontario College of Physicians and Surgeons, held its annual meeting in the Temple Building, Toronto, commencing 4th July.

The members present were Drs. Adams, Bascom, Bray, Britton, Brock, Campbell, Gibson, Glasgow, Griffin, Hardy, Henderson, Henry, Hillier, Johnson, King, Klotz, Love, Luton, Macarthur, Macdonald, Mearns, Moorhouse, Robertson, Ryan, Spankie, Stuart, Sullivan, Temple, and Thornton.

Dr. W. H. Moorhouse, of London, the new president, was in the chair during the sessions. The other officers for the year are:— Vice-president, Dr. Spankie, Wolfe Island; treasurer, Dr. H. Wilberforce Aikins; registrar, Dr. R. A. Pyne; counsel, Mr. H. S. Osler; prosecutor, Mr. Charles Rose; auditor, Dr. J. C. Patton; stenographer, Mr. Angus.

The Committee on Legislation reported the recent amendment passed by Parliament enabling the council to hold professional examinations in London, as well as in Toronto and Kingston. On the advice of Mr. H. S. Osler, K.C., the committee had not pressed for legislation on the question of a legalized tariff, owing to the varying circumstances of practice, but had decided to recommend the associations of the territorial districts to frame a tariff suitable to their district for their professional guidance. It had also been decided on the same legal advice not to include in the bill the proposed legislation with reference to actions for malpractice. It was thought that if the Bill were passed by the House the utmost that would be granted would be a provision that the amount of the account of the doctor in question should be paid into court in such an action. The amended Bill included a clause interpreting the word "medicine" to mean "the art of healing, or attempting to heal disease by advice or any form of treatment."

Drs. J. L. Bray, of Chatham, J. A. Robertson, of Stratford, G. Henderson, of Strathroy, and J. Lane, of Mallorytown, comprise the Discipline Committee for the ensuing year.

Dr. William Osler's name has been added to the council's register as a mark of appreciation of his ability and professional standing.

The finances of the council were reported to be satisfactory. The receipts, \$157,980.19, include the purchase money of the college property, \$100,000. There is a balance of \$62,580.86 on deposit in the Imperial Bank to the credit of the college account.

The case of Dr. Augustus Soper, of Toronto, was taken up very fully. The report of the Discipline Committee on the case of Dr. Augustus Soper, of Toronto, was presented after lunch, and was adopted with almost no comment. Dr. Soper was charged with infamous, disgraceful and unprofessional conduct in advertising in the daily newspapers, and issuing a card, which was considered to violate medical etiquette. The accused physician not only offered no evidence on his own behalf, but admitted that his conduct had been as described in the charge. He declared, however, that at the time he inserted the advertisement he was unaware of its character, and he promised, if the council would stay action, to conform to the rules of the profession. The committee found the charge fully proved, but simply reported the facts, leaving the council to impose whatever penalty it might deem fitting. A letter was also read from Mr. H. H. Dewart, K.C., Dr. Soper's counsel, in which he said that the advertisement which the doctor had published since the charge was laid was, he understood, also considered in some quarters to be objectionable, though the doctor himself believed it to be quite within legal bounds. He agreed, however, to alter it in any respect the council might desire, within reason.

Dr. Campbell, seconded by Dr. Glasgow, moved that the report be received but not adopted, that action be withheld, and that the costs of the enquiry, after being properly taxed, should be paid by Dr. Soper.

One or two members wanted to be satisfied that Dr. Soper would really pay the costs. There were other cases, they said, where this promise had been made, but not a dollar had ever been received from the defendants. What assurance, moreover, had they that Dr. Soper would not repeat his offence.

Mr. J. W. Curry, K.C., who was present on the defendant's behalf, said that he and Mr. Dewart would see that the costs were settled, and on the strength of this promise Dr. Campbell's motion was adopted.

The Registration Committee reported against Messrs. Ardiel and Lyon being granted the special privilege of registering as matriculants. The council agreed with the committee that they should not be granted the privilege, even though they had given service in South Africa when they might otherwise have matriculated.

On motion of Sir James Grant, seconded by Dr. James Henry, the following resolution was passed:—"That the Executive of the Government of Ontario be invited by this council to take into consideration the desirability of appointing medical examiners in the public schools in the chief centres of Ontario in order to guard the lives of the rising generation against tuberculosis, inasmuch as such precaution is becoming general in the most progressive countries at the present day."

Sir James Grant moved, seconded by Dr. James Henry, that the council invite the Executive of the Government of Ontario to consider the advisability of appointing medical examiners in the public schools in the chief centres of the province, in order that the coming generation might be warded against tuberculosis.

In Japan, Sir James said, there were six or seven thousand of these examiners, and in Europe they were found in all important places. Great Britain also had begun to recognize the advantages of this system, and it had been taken up in parts of the United States, notably in Boston, where they had improved on the original idea, and besides appointing medical examiners, they employed a class of trained nurses to investigate and report on the general health of the school children.

In illustration of the need of prompt action, Sir James cited the case of one school in England, where out of an attendance of 300 pupils, some 25 or 30 were found to be suffering from tuberculosis. The spread of this disease, Sir James declared, could be largely traced to the hold it secured among school children. It was of the highest moment that its ravages should be stopped. In Canada alone it was responsible for over 8,000 deaths annually, which meant a loss of at least \$8,000,000 a year to the country, considered from the economic point of view.

The motion was adopted without discussion.

The Property Committee reported that there were about twenty more or less suitable sites for a new building for the council, and it was agreed that they should be visited. The council decided that the cost of a site, building and furnishing should not exceed \$75,000.

The date of the next election of members to the council was fixed for December 4, 1906.

A by-law was passed providing for the election of five homœopathists members of the council.

It was decided that the Discipline Committee should look into the cases of Drs. Broad and Graham.

The report of the Committee on Legislation was submitted. After noting the recent amendment passed by the Legislature enabling the council to hold examinations at London as well as in Toronto and Kingston, stated that, on the advice of Mr. H. S. Osler, K.C., the council had not asked for legislation on the question of a legal tariff. Instead they had decided to recommend the associations of the territorial districts to fix a tariff suitable to the circumstances of each for the guidance of the profession. There was no request either for legislation on actions for malpractice, as it was believed that the Legislature would not have gone further than a provision that the amount of the account of the doctor concerned in an action should be paid into court.

The council decided to engage Mr. Frank Darling, of Messrs. Darling & Pearson, as architect.

A by-law was passed providing for the holding of the next annual meeting in Kingston. This will be the first annual meeting of the council held outside of Toronto in 25 or 30 years.

The following were appointed an executive committee:—Dr. W. H. Moorhouse, of London; Dr. W. Spankie, of Wolfe Island; and Dr. L. Luton, of St. Thomas.

The case of Dr. L. E. Shepherd, of this city, whose name was struck off the list of licensed and practising physicians several years ago, was brought up by the chairman of the Discipline Committee. He made a plea for the deposed doctor, who was not only repentant, but on whom a family was dependent for a livelihood. The council was not in a mood to reinstate Dr. Shepherd at once, and the committee's recommendation for reconsideration was withdrawn.

Dr. Cl. T. Campbell, of London, who is retiring from the council, owing to his appointment as inspector of post offices, was given a hearty vote of thanks for his services to the council, and Drs. Britton and Robertson were appointed a committee to draft an address to the doctor, expressing appreciation of his services and regret at his retirement. Dr. Campbell thanked the council for its consideration.

As the new medical building will not be completed by the date of the next annual meeting, it was decided to meet at Kingston in 1907.

The discipline committee for ensuing year is composed of Dr. J. L. Bray, Chatham; Dr. J. A. Robertson, Stratford; Dr. G. Henderson, Strathroy; Dr. J. Love, Mallorytown.

Dr. Alexander Chrichton, of Castleton, was found guilty by the Ontario Medical Council yesterday afternoon on the charge of "infamous and disgraceful conduct in a professional sense," and the council decided by a vote of 25 to 1 to remove his name from the register of a practising physician. The "infamous and disgraceful conduct" consisted in the doctor advertising that he would cure grip and kindred diseases in a few hours at a stated sum, and the further fact that the cure in question was kept a secret. The accused physician was on hand in his own defence, and he was also assisted by counsel. He argued his case in a very able manner, but he did not succeed in saving himself from the council's displeasure. His counsel, Mr. Kerr, of Cobourg, intimated that the decision of the council would be appealed against, and in order that the appeal might be heard before the council's decision should go into effect the date for the latter was fixed October 15. Mr. J. W. Curry, K.C., was on hand in the council's behalf.

The action of the council was taken on the strength of the report of the Discipline Committee, which had found Dr. Chrichton guilty of

“disgraceful conduct from a professional aspect,” infamously, disgracefully and improperly advertising in a pamphlet, and endeavoring to impose on the credulity of the public for purposes of gain.” The report was read by Dr. Bray, chairman of the committee in question.

Drs. Ryan, of Kingston, and Glasgow, of Welland, moved that the report be adopted, and approved, the registrar be instructed to erase Dr. Chrichton's name from the register, under the authority of the Ontario Medical Act, and that the registrar be further directed that the costs of the case must be paid by the accused, after having been taxed by the taxing office.

Dr. Chrichton's counsel, Mr. Kerr, of Cobourg, asked that his client should be allowed to “show cause,” and he said he understood that the committee's report had found Dr. Chrichton guilty on charges which had not been preferred originally. On being handed the charges and committee's report, Mr. Kerr claimed that the charge was “disgraceful and infamous conduct in advertising in and distributing circulars professing to cure grip, influenza, and other diseases,” whereas the copy of the report showed that the charge was advertising a cure for grip, influenza, etc., in a few hours, and endeavoring to impose on the credulity of the public for gain. There had been no charge that this was done for purposes of gain. He took the ground that no practitioner could be deprived of the right to practice medicine unless he had done something improper and illegal. He claimed that the council had not jurisdiction to deprive the doctor of his diploma. It was evident, to his mind, that Dr. Chrichton's sole offence had been advertising. Mr. Kerr protested against the case being considered at the present meeting of the council, because he had not been furnished with a copy of the evidence.

Mr. Curry said the defendant had had a stenographer at the trial in Cobourg, but it was contended by Mr. Kerr that this was only at the second trial. Evidence taken at the first trial was required by the defence. Mr. Curry was of opinion that the council was thoroughly seized of the evidence, and was prepared to give a fair trial.

“I object to this summary procedure,” retorted Mr. Kerr; “it is not British justice.” He urged that the matter be allowed to stand over, and said it would be cruel to insist on disposing of it at once.

Dr. Chrichton pleaded his own case. Even his accusers, he said, admitted that his advertisement if published by people in another business would not be disgraceful; why, then, should it be considered so in his case. It had been stated that it had been termed disgraceful because it was contrary to medical etiquette, but medical etiquette, he pointed out, was not recognized in a court of law.

Drs. Bray, Britton, Campbell, and Mr. Curry, K.C., took part in the discussion.

Dr. Bray declared it was to protect the public that the council was striking off Dr. Chrichton's name.

Thereupon the vote was taken. Twenty-five doctors voted to strike the name of the offender off the registered list of practising physicians, one doctor was excused from voting, and Dr. Britton voted nay.

When the result was conveyed to Dr. Chrichton's counsel he asked that the decision should not go into effect till October 15, as stated, in order that he might take the case to the Divisional Court in the interim.

The report of Charles Rose, prosecutor, showed that 39 informations had been laid, of which there were 25 convictions. Three cases were dismissed, and six withdrawn. Seven cases left the country after being served. The total fines for contravention of the Act amounted to \$824.44 during 1905 and 1906.

The members of the council were the guests of Hon. Dr. Pyne, the registrar, at dinner at the Royal Canadian Yacht Club's establishment at the Island. Speeches were delivered by the host, Sir James Grant, of Ottawa, and others.

RESULTS OF THE ONTARIO MEDICAL COUNCIL EXAMINATIONS.

The results of the May examination of the College of Physicians and Surgeons of Ontario are announced in the primary, intermediate and final classes. They are arranged in alphabetical order as follows:—

PRIMARY EXAMINATIONS.

C. E. Anderson, Oil Springs; W. A. Atkinson, Barrie; A. R. Alguire, Cornwall; J. B. Auston, Brighton; C. W. Becker, LeGrange, Ill.; J. C. Brown, Paisley; J. G. Bricker, Gorrie; H. K. Bates, Toronto; J. C. Byers, Eganville; W. Biggs, Hallville; E. Boyd, Toronto; P. G. Brown, Toronto; A. M. Bell, Moscow; T. W. Blanchard, Appleby; R. P. Burwell, Shedden; D. W. Clarke, Ballyduff; H. Crasweller, Sarnia; D. F. Carswell, Elora; S. V. Carmichael, Spencerville; J. D. Campbell, Arnprior; W. G. Coulter, Windsor; N. A. Connelly, Kingston; A. L. Campbell, Belwood; O. W. Craise, Petrolea; W. F. Cornett, Kingston; G. L. Cockburn, Sturgeon Falls; M. J. Casserly, Tottenham; L. L. Cairns, Huntsville; D. W. Davis, Brockville; R. O. Davison, Brantford; D. G. Dingwell, Lancaster; C. Elmore, Springvale; H. L. Emmett, Font Hill; A. W. Ellis, Toronto; D. L. Ewin,

St. Thomas; H. W. Feldham, Copper Cliff; W. D. Ferguson, Valletta; F. J. Follinsbee, Strathroy; F. J. Fox, Lucan; J. M. Fowler, Petrolea; W. M. Gilmour, Brockville; C. W. Graham, Goderich; W. Glanfield, Jarvis; L. A. B. Grier, Dundalk; D. G. Galbraith, Iona Station; J. P. Harrison, Dunnville; H. E. Hamill, Meaford; C. E. Hill, Toronto; R. J. Hamilton, Brinsley; F. C. Harrison, Toronto; W. A. Harvie, Orillia; W. G. Hutchison, Walsingham Centre; B. B. Horton, Bridgewater; A. K. Haywood, Toronto; J. G. Harkness, Irena; D. Jamieson, Glen Arm; L. Jamieson, Birmingham, Mich.; W. Krupp, New Dundee; B. C. Kelly, Bridgenorth; J. E. Keyes, Oakwood; A. L. Kinsey, Bracebridge; A. S. Large, Poole; H. B. Longmore, Camden East; C. Laidlaw, Georgetown; Rosamond Leacock, Orillia; J. H. Lawson, Brampton; H. H. Moore, Weston; S. E. Moore, Oliphant; W. Mabee, Toronto; G. R. Mackenzie, S. Thomas; A. H. Miller, Castleton; P. S. MacFarlane, Toronto; H. L. Minthorn, Queenston; W. Morrison, Ashgrove; A. S. MacPherson, London; F. W. Mohr, Ottawa; A. M. Murray, Newton; H. S. Muckleston, Perth; T. T. McRae, Cranbrook; W. D. McIllmoyle, Fraserville; L. G. McCabe, Waterdown; W. G. McCulloch, Enfield; A. McDonald, Scotch Line; Sarah McLean, Dresden; A. D. McKelvey, Brussels; D. McLellan, Foresters' Falls; W. J. McCormick, Toronto; F. B. McIntosh, McDonald's Corners; W. B. McNaughton, St. Raphael; F. L. Neely, Dorchester Station; F. J. O'Connor, Long Point; O. S. Pogue, Lindsay; W. Pratt, Cobourg; R. K. Paterson, Renfrew; G. Rogers, Kingsville; W. E. Robertson, Monkton; R. S. Richardson, Toronto; J. A. Routledge, Dunkeld; W. H. Robertson, Toronto; G. E. Richards, Newboro'; A. Ross, London; A. G. Rice, Toronto Junction; Edith Russell, Windsor; C. E. Rowland, Toronto; A. C. Ricker, Dunnville; W. C. Ross, Peterboro'; J. J. Robb, Battersea; C. W. Sawers, Brucefield, J. B. Simpson, Maynard; W. R. Scott, St. Thomas; N. E. Sproule, Schomberg; J. M. Smith, Cannington; F. R. Sargent, Kingston; J. R. Stewart, Waba; E. Sutherland, Montreal; W. E. Tisdale, Woodstock; E. J. Trow, Stratford; R. A. Thomas, Toronto; R. M. Turner, Thorold; C. B. Ward, Amiens; F. D. Wilson, Toronto; G. W. Williams, Aurora; E. C. Wilford, Blyth; A. I. Willinsky, Toronto; R. E. A. Weston, Tillsonburg; F. W. Wallace, Saintfield; J. L. Wilson, Toronto; R. R. Walker, Waterdown; C. A. Young, Ottawa.

INTERMEDIATE EXAMINATIONS.

W. A. Atkinson, Barrie; A. R. Alguire, Cornwall; J. B. Auston, Brighton; F. B. Bowman, Dundas; R. P. Burwell, Shedden; A. M. Beil, Moscow; B. A. Blackwell, Clandeboye; N. H. Beal, London; W. Bapty, London; W. E. Brown, Millbank; P. C. Bonghart, London;

E. Batton, Phillippsville; J. K. Blair, Tarbert; D. C. Balfour, Hamilton; G. Boyd, Gravenhurst; Alice Baxter, Toronto; A. A. Campbell, Shanty Bay; C. R. Cumming, Galt; J. W. Counter, Toronto; J. C. Colhoun, Toronto; J. W. Crookshank, Blenheim; R. O. Coghlan, Wyoming; R. Colville, Vasey; J. Chant, Chantry; H. B. Coleman, Cookstown; D. G. Cameron, Wallacetown; Blanch Campbell, Ridgetown; D. G. Dingwall, Lancaster; E. G. Davis, London; R. T. Dillane, Tottenham; J. Duncar, Toronto; E. C. Dickson, Orillia; F. B. Dawson, Maple Creek; D. L. Ewin, St. Thomas; E. George, Port Elgin; O. Glenn, Adelaide; A. J. Gilchrist, Toronto; L. S. Holmes, London; J. E. C. Henderson, Hamilton; A. Henderson, Palmerston; N. J. Heatlie, Salina; D. E. Howse, Port Elgin; C. S. Hawkins, Canton; J. H. Holbrook, Toronto; G. W. Houston, Tweed; H. H. Huehnergard, Berlin; E. J. Jessop, Fergus; R. A. Jones, Mount Forest; C. G. Kirkpatrick, Oro; D. M. Kilgour, Guelph; C. A. Lawlor, Kingston; W. A. Lewis, Barrie; L. C. Lauchland, Oshawa; Cora Murdoch, Sarnia; F. W. Manning, Windsor; R. J. MacMillan, Dutton; R. J. Manion, Fort William; B. D. Munro, Toronto; F. J. Munn, Toronto; N. A. Munro, St. Thomas; R. W. Mann, Bridgenorth; L. Main, Sheffield; F. W. Mohr, Ottawa; H. S. Mucklestone, Perth; S. J. N. Magwood, Toronto; J. C. Masson, Toronto; A. S. Moorhead, Toronto; T. T. McRae, Cranbrook; D. McLellan, Foresters' Falls; W. J. McCormick, Toronto; T. McQuaid, St. Columbus; A. D. McCennell, Chesley; S. McCollum, Beaver Mills; W. B. McNaughton, St. Raphael; D. McKenzie, Morden; A. D. McMillan, Finch; F. J. O'Connor, Long Point; W. R. Patterson, Kingston; R. K. Paterson, Renfrew; L. L. Playfair, Kingston; A. Pain, Hamilton; Olive Rea, Toronto; W. H. Reid, Lucknow; W. T. Rich, Oakwood; J. J. Robb, Battersea; F. J. Reid, Orillia; J. Reid, Renfrew; A. H. Rolph, Toronto; F. X. Robert, Chatham; R. N. Shaw, Niagara Falls; E. Sutherland, Kingston; J. R. Stewart, Waba; H. A. Stewart, St. Thomas; W. E. Spankie, Wolfe Island; C. W. Slemon, Hayden; W. B. Sproule, Thornton; J. Spence, Webbwood; J. Spiers, Drumbo; R. R. Smale, Bowmanville; R. A. Thomas, Toronto; A. Thibadeau, Chatham; F. B. Thornton, Consecon; C. A. M. Thrush, Byng; Rachael Todd, Toronto; F. R. Warren, Moose Jaw; J. L. Wilson, Toronto; R. E. Wodehouse, Blenheim; J. J. Wade, Balderson; F. Woodhall, Hamilton; J. W. Wighan, Toronto; C. A. Young, Ottawa.

FINAL EXAMINATIONS.

W. A. Atkinson, Barrie; A. R. Alquire, Cornwall; W. J. Bell, Toronto; M. R. Blake, Toronto; T. C. Brereton, Bethany; P. C. Bong-J. Browley, Hamilton; S. J. Boyd, Sutton West; A. C. Bennett, Tor-

onto; M. R. Blake, Toronto; T. C. Brereton, Bethany; P. C. Bonghart, London; G. Boyd, Gravenhurst; Mary Bryson, Ottawa; F. L. Beer, London; A. W. Beattie, Pond Mills; Edith Beatty, Fergus; Elizabeth Bagshaw, Toronto; R. H. Bonnycastle, Campbellford; W. H. Cameron, Arthur; H. D. Cowper, Welland; M. H. Cameron, Toronto; H. B. Coleman, Cookstown; D. G. Cameron, Wallacetown; J. Campbell, London; R. J. Carson, Sunderland; W. F. Clemesha, Port Hope; Mary Callaghan, Toronto; J. M. Dalrymple, Bismark; W. J. Dobbie, Guelph; W. Dales, Silver Hill; E. C. Dickson, Orillia; J. M. Dale, Oakwood; S. R. Dalrymple, Bismark; D. L. Ewin, St. Thomas; H. M. East, Toronto; G. E. Eakins, Toronto; C. B. Eckel, Pembroke; R. B. Fitzgerald, Sanborn, N. Y.; Geo. Ford, Toronto; J. F. Finnigan, Oshawa; W. C. Gilday, Toronto; H. Glendinning, Valentine; W. J. Gould, London; W. E. Grimshaw, Wolfe Island; O. Glenn, Adelaide; A. J. Gilchrist, Toronto; C. A. Gaviller, Grand Valley; J. A. Gallagher, Toronto; R. E. Hughes, Ottawa; J. E. C. Henderson, Hamilton; A. Henderson, Palmerston; J. F. Hogan, Kingston; E. Hixon, Glen Oak; A. Keane, Essex; H. C. Kindred, Havelock; J. A. Kinnear, Toronto; G. G. Little, Windsor; G. C. Leach, Fenella; L. G. Lauchland, Oshawa; M. W. Locke, Brinston's Corners; R. C. Lowrey, Toronto; W. S. Lemon, Aylmer; W. S. Laird, Guelph; W. Merritt, Smithville; A. C. Munns, Moorefield; G. L. Mackinnon, Orangeville; G. D. Maclean, Woodbridge; R. J. Maclaren, Columbus; H. S. Mucklestone, Perth; F. W. Mohr, Ottawa; B. D. Munro, Toronto; R. J. Manion, Fort William; T. T. McRae, Cranbrook; W. J. McCormick, Toronto; S. McCollum, Beaver Mills; W. B. McNaughton, St. Raphael; D. McKenzie, Morden; A. A. McIntyre, Milverton; W. E. McLellan, Almonte; D. F. McLachlan, Essex; J. H. McPhedran, Wanstead; M. J. C. Naftel, Goderich; W. J. O'Hara, Cayuga; W. R. Patterson, Kingston; E. C. A. Reynolds, Scarboro' Junction; Hanna Reid, Tillsonburg; L. G. Rowntree, London; H. L. Reazin, Toronto; J. D. Reid, Prescott; Olive Rea, Toronto; Minerva Reid, Tillsonburg; E. Sutherland, Montreal; J. R. Stewart, Waba; J. Spiers, Drumbo; A. H. Spohn, Penetanguishene; G. S. Strathy, Toronto; C. E. Spence, Toronto; Chas. Schlichter, New Dundee; A. Sinclair, Kilsyth; R. W. Tisdale, Lyndock; R. A. Thomas, Toronto; R. E. Valin, Ottawa; A. L. Webb, Brighton; C. A. Wigle, Warton; A. M. Watson, London; J. W. Wigham, Toronto; J. L. Wilson, Toronto; W. M. Wilkinson, Woodstock; C. A. Young, Ottawa.

ONTARIO MEDICAL LIBRARY ASSOCIATION.

No. 9 QUEEN'S PARK.

Hours of Opening.—The library is open to members each week-day from 10 a.m. to 1 p.m., and from 2 p.m. to 6 p.m., except Saturdays, when it closes at 1 p.m.

Loans.—Books can be loaned to members for two weeks, periodicals for three days.

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1. That such precautions be taken in packing as to guard against any injury in transportation.

2. That the borrower shall pay express charges both ways.

The library will be glad to receive gifts of books, journals and reprints.

Recent Accessions to the Library.—Ashton, Practice of Gynæcology, 1905; von Bergman, System of Surgery, 5 vols.; Babcock, Diseases of the Heart, 1903; Barker, Spalteholz's Atlas of Human Anatomy, 1905; Baruch, Principles and Practice of Hydrotherapy, 1904; Belot, Radiotherapy, 1905; Barr, Mental Defectives, 1905; Cheyne & Burghard, Manual of Surgical Treatment, 6 vols.; Cabot, Modern Clinical Medicine, 2 vols. published; Chittenden, Physiological Economy in Nutrition, 1905; Cushny, Pharmacology and Therapeutics, 1905; Edgar, Practice of Obstetrics, 1904; Gould, Biographic Clinics, 1905; Hewlett, Krehl's Clinical Pathology, 1905; Huntingdon, Anatomy of the Human Peritoneum, 1903; Hutchison, Food and Dietetics, 1906; Kelly & Hurdon, The Veriform Appendix and its Diseases, 1905; Lindsay, Diseases of the Lungs and Heart, 1904; Mummery, After-treatment of Operations, 1903; Moynihan, Abdominal Operations, 1905; Nothnagel, System of Medicine, 11 vols.; Ochsner, Clinical Surgery, 1904; Park (Roswell), An Epitome of the History of Medicine, 1903; Posey & Wright, Diseases of the Eye, Ear, Nose and Throat; Osler, Practice of Medicine, 1905; Robson & Moynihan, Diseases of the Stomach, 1904; Sahli, Diagnostic Methods, 1905; Scudder, Treatment of Fractures, 1904; Wright (A. H.), Text-book of Obstetrics, 1905, and Whitman, Orthopædic Surgery, second edition.

Transactions, Reports and Periodicals.—Association of American Physicians, American Pediatric Soc., American Climatological Association, American Roentgen Ray Soc., American College of Physicians, American Laryngological Association, American Laryn., Rhino., and Otol. Soc., Henry Phipps Institute, Münchener Medizinische, and Deutsche Medizinische.

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EDITORIAL.

DR. C. J. FAGAN V. THE TIMES PRINTING COMPANY.

This action arose out of an advertisement in behalf of Steedman's soothing powders. It appears that on some occasion Dr. Fagan, secretary of the Provincial Board of Health for British Columbia, in giving evidence had stated, "I found no poisons in Steedman's soothing powders."

Following this an advertisement appeared containing the words: "I found no poisons in Steedman's soothing powders (Evidence of Dr. Chas. J. Fagan, secretary Provincial Board of Health)."

An application was made to Mr. Justice Duff for an injunction to restrain the *Times* Printing and Publishing Co. from publishing Dr. Fagan's name in any advertisement advertising Steedman's soothing powders; but that learned judge refused to make the order, considering that the use of Dr. Fagan's name in this way was permissible, but, at the same time, rather deprecating the course adopted. Dr. Fagan upon affidavit stated that there was no authority from him for the use of his name and that in his opinion it was not right or proper that his name should be used and an isolated statement of his evidence given publicity in the way of advertising a patent medicine, at the same time admitting that he gave the evidence set forth in the advertisement.

From the decision of Justice Duff, Dr. Fagan entered an appeal, which was argued before Hunter, C.J., Irving and Morrison, J.J. Dr. Fagan sought protection against the use of his name in the advertisement. He was represented by Mr. A. E. Phillips, K.C., who cited several cases in support of client's contention.

Mr. Justice Irving remarked that it would appear to him that what Dr. Fagan had stated and what was being made use of was an opinion given by a professional man on a privileged occasion, and consequently he should be entitled to protection.

Chief Justice Hunter remarked that if it was admitted, as it must be admitted, that a fair, true, and correct report could be made of proceedings in court, what was there to prevent the advertisement of a statement, admitted to have been made in the course of the proceedings—where was the line to be drawn?

During the argument, Mr. Barnard, who appeared for the defence, stated that the advertisement in any case was now withdrawn.

After some further argument the decision of the court was that in view of the discontinuance of the advertisement, the appeal became an academic one, and really there was no necessity to give judgment, in that the plaintiff was not intending to proceed for any damages. That as the facts now were, the action would be stayed, the appeal to stand until the next sitting of the full court. If, however, the advertisement should be reinserted, there would be the liberty to renew the application for an injunction.

We are not now concerned with the opinion of Dr. Fagan about the powders. The question of importance to every medical man is: Can a statement he may make in court be used in an advertisement in behalf of any preparation? In the giving of evidence a statement may readily be made, which taken by itself, or without proper qualification, may convey quite a different meaning to that which the deponent would desire the public to understand as his real opinion. For this reason, we think it is the duty of the courts to protect one's name against being used in this way, without his consent. It is most reasonable that what one has to say in a court of justice should not become public property for advertising purposes. If, in the ends of justice, a doctor must make certain statements, in the ends of justice, he should be protected from an annoying use of what he said.

One can imagine actions being originated to extort opinions from experts that could not otherwise be obtained. Take a concrete case. A pill is put on the market containing iron, aloes and myrrh, and advertised for female irregularities. A medical man might admit, in giving evidence, that these drugs were not poisonous. This would not prevent their use proving injurious often in the case of pregnant women. But the opinion of so-and-so would be advertised that these ingredients were not poisonous.

PURE FOOD AND DRUG LEGISLATION.

In the United States recently there have been passed several very important acts. One of these deals with meat inspection. The President took a worthy and prominent part in securing the passage of the act. It is sure to do much good; but it is weak in two points—but this is not the fault of President Roosevelt—namely, that the cost of inspection is borne by the Government, and the date of canning the goods is not put on the label.

The next bill was that providing for an inspection of the manner of manufacturing foods, and the quality of the material used.

The third act related to drugs. This act provides that all preparations, containing alcohol, opium, cocaine, or other poisonous ingredients, must bear a label stating the quantity of these drugs.

In Canada, we stand in need of legislation along these lines. There is much adulteration of foods, and many very injurious drug compounds are on the market. With regard to meat inspection, we agree with the following from a recent editorial in the *Toronto Globe*:—

“No animal should be slaughtered and dressed without passing through the hands of an official inspector with sufficient time and knowledge to pronounce as to its fitness for food. Every carcass condemned should be followed until it is so treated as to preclude the possibility of its being afterwards offered for sale as food. This is an immediate need, and the civic authorities will prove their incompetence if it be neglected.”

In the Municipal Act of Ontario, provision has existed since confederation for the passing of by-laws for the inspection of foods and drinks. These provisions, with amendments concerning the inspection of slaughter houses, milk, and ice supplies, the seizure of animals infected with any contagious disease, were incorporated in the Public Health Act of 1884.

THE MOSQUITO.

The anopheles mosquito is responsible for the spread of ague, and the stegomyia fasciata for that of yellow fever. But the other varieties of mosquito may prove very annoying to both people and domestic animals.

Throughout the United States societies have been formed for the purpose of studying out ways and means for the destruction of these insects. In New Jersey the state has set aside \$350,000 for this purpose. Apart from draining the marshes and ponds, certain articles are thrown into the water. One of the best of these is crude petroleum. But this requires frequent renewal during the mosquito season.

In some districts in the United States the mosquito has been practically exterminated. This is also true of Italy. There are many localities in Cuba that are uninhabitable because of the numbers of both ague and yellow fever bearing mosquitoes. In Canada there are no stegomyia and but few of the anopheles varieties.

ALCOHOL AND TUBERCULOSIS.

Much study has been given to the subject of alcohol as a food, as a stimulant, and as a medicine. It is now almost universally admitted that as a food it has no place with good bread and meat, either on the grounds of price or nutritive qualities. It is also now admitted that

it must be ranked with the narcotics rather than the stimulants; and, while it has certain medicinal properties, these are severely limited of late years.

In an interview in the lay press, Dr. Wm. Oldright states that when in Italy attending a medical conference the opinion was expressed that "the use of alcohol among the working class; had a great deal to do with the increase of tuberculosis, as well as some other forms of disease. As to alcohol being considered a necessary part of the dietary of working people, the doctors agreed that in no case did it do any good, and in the majority of cases it worked a positive injury."

We travel slowly in our progress of social and hygienic reforms. It is now only being taught in a practical way what science laid the foundation for long ago. Alcohol is one of the chemical products with a very strong affinity for oxygen. If alcohol be introduced into the system, it will demand its quota of oxygen. This it must abstract from the blood and tissues.

People do not have too much oxygen in their blood, so it would appear rather difficult to show in what way alcohol, as a beverage, can serve any good purpose. Apart from the evils of drinking on the home life of its consumers when used to excess, its very moderate use may slowly deoxidize the blood and tissues and pave the way for tuberculosis. The alcohol treatment of this disease was very deeply buried years ago.

INFANT MORTALITY.

A child is a valuable asset to the country. We have often contended that it would be better to care for the children of the country and grow good adults from them, than to import doubtful adults from abroad. Every woman who rears a healthy child should receive some recognition. It would be better to spend the public funds in this way than on the immigration of Galicians, etc.

At the meeting of the Ontario Medical Council, Sir James Grant moved that the Ontario Government be asked to take steps to prevent tuberculosis in our schools. Just twenty-one years ago at the meeting of the Ontario Medical Association we stated that tuberculosis was a communicable disease, and that steps should be taken to prevent its spread. The answer made by an aged member was that "such heavy weights should not be put upon such slender threads." We strongly commend Sir James Grant's resolution to the favorable consideration of the Government.

Another voice was raised a few weeks ago when Dr. C. A. Hodgetts, secretary of the Provincial Board of Health, drew attention to the high infant mortality of Ontario. It is too bad, but it is true.

There are thousands upon thousands of married women in Ontario, whose sole aim in life is to have a good time socially and to avoid maternity. If they do become pregnant they make the most desperate efforts to rid themselves of the products of conception. Failing in this, they do not nurse their babies, and these, therefore, yield a high death rate.

Dr. Hodgetts urged, and the Board concurred in the view, that some instructions should be prepared and circulated for the use of mothers. This would, no doubt, result in good. The vigor of his remarks are illustrated by the following quotation:—

“It is time we reverted to the old-time idea, that the destruction of the young life, at no matter what stage in its development, except for well-grounded reasons, results disastrously to the mother, and is as criminal on the part of those who participate in it as it is demoralizing to our social life. If our Canadian race of women were rickety and destitute in character, as are many of the women found in the crowded and poor centres of Europe, there might be some excuse for this silent slaughter of the innocents, but in my opinion such extenuating circumstances can not be generally advanced. Hence, it is with feeling of regret I direct the attention of this board to the facts just submitted—with the hope, however, that in directing public notice thereto something may be done to correct this evil, which works with a malignance as subtle and yet as certain in its results and as fatal as any disease known to the physician or surgeon, and what is still worse, is demoralizing to the State.”

It is high time we considered the rights of the child born and unborn.

THE VITAL STATISTICS OF ONTARIO.

The estimated population for 1904 was 2,203,968. Births numbered 50,265, including 1,690 still births. The birth rate was, therefore, 22.8 per 1,000, an increase of 0.7 over 1903. The birth rate in the rural districts was below the provincial average. There were 798 children born out of wedlock. Marriages had slightly fallen off in number, being 19,789 in all, or 8.9 per 1,000.

The death rate was 14.1 per 1,000, with a total of 30,920. The increase in the case of infants under one year was 724 over the year 1897. The figures in the age groups indicate “that the deaths are, as might be expected, gradually increasing amongst those who were the

early settlers in the province, the hard work and privations of this province apparently having had but little effect in shortening their life's span." The deaths in the group of 80 years of age and over showed an increase of 1,204 above those in 1897.

Diphtheria continued to be the most fatal disease in the contagious group, and a note was made of the serious nature of influenza, which caused 331 deaths. Enteric fever was reported a close second, the county of Peel alone being free from deaths from this cause.

The figures show that 79,546 people have died of tuberculosis or consumption since 1870, and this does not include the year 1875, in which returns were not prepared.

There were 1,738 deaths from pneumonia in 1904.

A NATIONAL HEALTH DEPARTMENT.

At this time, when a good deal is being said about the health of the people and the importance of preventive medicine, it may not be amiss to once more direct attention to the question of a National Board of Health, or a responsible Minister of Health.

Large sums are expended annually on the development of agricultural knowledge along the lines of the care of animals and plants, and very properly. But the subject of humaniculture must not be overlooked. How to rear good, healthy people is a very live topic. Eugenics as it is called by some.

Before the American Association for the Advancement of Science last week a paper was read by J. Pease Norton, assistant professor of economics in Yale University, advocating the "Economic Advisability of a National Department of Health." "There are," he said, "four great wastes to-day, the more lamentable because they are unnecessary. They are preventable death, preventable sickness, preventable conditions of low physical and mental efficiency, and preventable ignorance."

The magnitude of these wastes has been testified to by experts competent to judge, but though Mr. Norton points out that the United States government expends annually \$7,000,000 on plant health and animal health, through the Department of Agriculture, not one cent is expended directly on the health of infants.

"Thousands," he said, "have been expended in stamping out cholera among swine, but not one cent has been appropriated for eradicating pneumonia among human beings. Thousands have been spent in saving the lives of elm trees from beetles, in warning farmers against blights affecting potato plants, in importing Sicilian bugs to fertilize big blossoms in California, in ostracising various species of weeds from the

ranks of the useful plants, and in exterminating the parasitic growths that prey on fruit trees. The Department of Agriculture has expended during the last ten years over forty-six millions of dollars."

For a number of years the American Medical Association has advocated that the executive cabinet should include a secretary of health.

The foregoing words of Mr Norton are applicable in a great measure to this country. A small reduction in the death rate is equivalent to a very great increase in the national wealth; for every human being has a present worth according to age and earning capacity, and a young woman has a special economic value as a prospective mother. At the Canadian Club, about a year ago, Dr. Wm. Osler said that there should be a heavy export duty on our Canadian girls to prevent them going to the States. Of course this must not be taken too literally, but it illustrates what he meant.

THE MANAGEMENT OF CRIMINALS AND DRUNKARDS.

Having due regard to the fact that crime and alcoholism are often diseases, as well as the results of bad associations, it falls well within our range to discuss the management of these classes.

First of all, the State should step in with no uncertain voice to prevent the procreation of the criminal classes. In some of the states of the union, epileptics are not allowed to marry until past mid-life. It would be quite proper to interdict marriages among those who have been convicted of certain crimes.

Then something can be done for the cure of those who are not too deeply sunk in physical and moral ruin. Those who are arrested for the first time should not be confined with hardened criminals, nor should youthful wrongdoers be incarcerated with the recidivist. But to accomplish all this there must be a classification of the jails on scientific lines. One jail for youths, another for first cases, a third for drinkers, and a fourth for the "desperately wicked."

This, however, leads to the crux of the whole situation. Jails, like our asylums, should be under provincial control.

MEDICAL ETHICS AND THE MEDICAL COUNCIL.

At the recent session of the Council of the Ontario College of Physicians and Surgeons, Dr. Soper was called to task for the nature of his advertisements. The doctor agreed to modify these in "any way the council might desire within reason."

Dr. L. E. Shepherd's name was removed from the register several years ago. This year he sought to have his name restored, but the medical council did not see its way clear to the granting of his request.

The case of Dr. Alexander Chrichton elicited a good deal of discussion, which finally ended in the erasure of his name from the list of those entitled to practise medicine in the Province of Ontario. He had been advertising a cure for grip, which he claimed would give relief in a few hours. The nature of the remedy was kept a secret. The council held that to so advertise a secret remedy was "infamously, disgracefully and improperly endeavoring to impose on the credulity of the public for purposes of gain."

These cases have induced the *Toronto Globe* to discuss the subject of "Medical Ethics." With regard to the case of Dr. Chrichton, the *Globe* remarks: "The reports of the meetings of the Council do not indicate that any attempt was made to ascertain whether there was anything in Dr. Chrichton's claim that he had discovered a specific for that exceedingly common and distressing disease, whose symptoms are so readily recognized." Then, again, the *Globe* contends: "If someone who tried Dr. Chrichton's remedy found it to be worthless and incapable of doing the things claimed for it, he would be justified in laying complaint with the secretary of the Council, and then the Council would have something substantial to go upon, and would be supported by public opinion in any moderate degree of punishment which it meted out. As it appears now, it seems to be punishing a duly qualified physician who claims he has a specific for a common and easily recognizable ailment, and has been guilty of the "scandalous and infamous conduct of taking means to let the public know about it. If Dr. Chrichton's remedy is worthless, a body which has detectives in its employ could surely soon procure evidence of the fact, and then its proceedings against Dr. Chrichton would be publicly applauded."

Such are the opinions of a writer of editorials for a widely circulated daily paper. They show very clearly that the real situation is not grasped. One can hardly help thinking that those opinions are a bid for public favor against the Council which is trying to keep up the standard of medical practice on a high plane. It is no part of the Council's duty to find out whether a certain remedy has merit in it or not. All the Medical Council is concerned with is the manner adopted by a qualified practitioner in bringing it before the public. It is quite clear that the *Globe* is of the opinion the ordinary methods of commercial men are quite proper ones for the medical profession to adopt.

A short time ago, when an attempt was being put forth to compel the vendors of proprietary medicines to give their composition, the *Globe* came out with all the arguments at its command in defence of these nostrums, and the time and labor their proprietors had expended in their discovery. But advertising pays. Is this the secret?

JURY APPEALS TO GOVERNMENT.

Orangeville, July 20.—(Special).—Coroner Henry's jury this afternoon, after an hour's deliberation, brought in a verdict that Elizabeth Wells came to her death on June 27th last through abortion procured through Arthur C. Douglas, druggist, at the request of Walter Jackson, her brother-in-law.

A rider was added to the following effect:—"We, as jurymen, strongly condemn and censure medical men for giving dangerous abortive medicine indiscriminately to irresponsible persons without a medical examination of the patient. We also strongly recommend the government to pass such legislation as will prevent druggists from selling indiscriminately dangerous abortive medicines without a doctor's prescription, whether such medicines are proprietary or otherwise."—*The Toronto World*, July 21st, 1906.

Such is the Associated Press Dispatch which appeared in a number of the newspapers of Saturday, 21st July. We wish to state in the first place that the jury offers a gratuitous insult to the medical profession when it "strongly condemns and censures medical men for giving dangerous abortive medicines indiscriminately to irresponsible persons without a medical examination of the patient."

Such a statement will be *news* to the medical profession. We venture to state that medical men do not give abortive medicines to irresponsible persons, nor to any person for that matter. Members of the medical profession only induce an abortion when such may be urgently called for in the interests of their patients; and then it is undertaken, as any other proper operation, without concealment.

But, further, the jury did not display a very accurate knowledge of medical subjects. The medical profession knows that drugs cannot be trusted to induce an abortion; and, when such is necessary, physicians resort to reliable methods under strict asepsis.

But the jury was on safer ground when it recommended that "the government pass such legislation as will prevent druggists from selling indiscriminately dangerous abortive medicines without a doctor's prescription, whether such medicines are proprietary or otherwise."

The first step towards the securing of this object is the passing of an Act making it obligatory on the vendors of proprietary and stock mixtures to give the full formulæ on the wrappers. For some time the medical profession has been striving to secure such an Act, but the most desperate opposition comes from the newspapers. A short time ago a bill was before the Nova Scotia Legislature, in which it was stipulated that the composition of such medicines must be made public, but the press came out in the most vehement language against the

measure. It was defeated. In Toronto, and elsewhere, the same thing has been witnessed. The leading dailies in lengthy editorials tried to show that it would be a great injustice to the vendors and makers of these proprietary medicines to compel them to publish their composition. Every medical man knows that this is nonsense. The formulæ for these medicines are easily obtained; in most instances they contain very common ingredients, and in some cases very dangerous drugs.

On one occasion a druggist showed us a formula for a pill for female irregularities. He purposed putting it on the market. Speaking from memory, after some years, it contained iron, aloes, myrrh, cotton root, savin, hellebore, ergot, cinnamon, and nutmeg.

If the newspapers would only forget the income they receive from advertisements, and think of the ethical side of the question, coming out strongly for publicity in this matter, the public would soon secure protection from useless compounds on the one hand and dangerous ones on the other.

PERSONAL AND NEWS ITEMS.

Dr. A. H. Speers, of Burlington, has undergone an operation for appendicitis at Hamilton City Hospital. He is doing well.

Dr. Helen MacMurchy, Toronto, has been appointed by the Government to make a census of feeble-minded persons in Ontario.

The prospects of the coming session of the American International Congress on Tuberculosis in New York City, on November 14, 15 and 16, are very gratifying to the management.

The *Los Angeles Medical Journal*, the official journal of the College of Physicians and Surgeons of Los Angeles, Cal., has been consolidated with *California Medical and Surgical Reporter*.

On Tuesday afternoon, at 1.30, a pretty wedding was solemnized at the home of Mr. and Mrs. A. H. White, Chatham, when their daughter, Miss Pearl Irene, was united in matrimony to Dr. Alfred A. Hicks, also of that city. They will reside in King street west, Chatham.

The sale of Gould's Medical Dictionaries during 1905 was 17,084 copies. There were sold previously 181,173 copies, making a total sale to date of 198,257. This grand total has been achieved by the intrinsic merits of the books having been recognized throughout the English-speaking world.

Hon. Dr. Reaume, Minister of Public Works, who had not been at the Parliament Buildings since the legislature closed, has returned

to his office. He is completely recovered from the operation which he underwent and which confined him to the hospital at Windsor for some time, and necessitated his staying away from business.

Dr. George D. Kahlo, professor of medicine and clinical-medicine in the Indiana Medical College, the School of Medicine of Purdue University, and formerly Dean of the Central College of Physicians and Surgeons, removed early in May to French Lick, Ind., where he had accepted a position as physician in charge of the French Lick Springs Hotel and Sanatorium.

A new plan in regard to nurses in the asylums of the Province is being inaugurated by the asylums branch of the Provincial Secretary's Department, with the approval of the Government. It aims to secure to all the asylums staffs of qualified trained nurses. When a young woman decides in the future that she will become an asylum nurse, she must engage to undertake a three years' course.

Canadian members of the British Medical Association who intend to avail themselves of the special rate, single fare \$67.25 excursion to the Pacific coast at the close of the meeting in August, should communicate their intention at once to the general secretaries, or to Dr. Gibb Wishart, Medical Laboratories, University of Toronto, in order that information may be given to the railways of the probable number for which provision must be made.

A fire, on July fourth, gutted Queen's Medical Building, on the university grounds. The interior of the three-storey building was damaged. While the northern half of the college building, the pharmaceutical laboratory, the dissecting room, and a few lecture rooms remain intact, the remainder of the building was destroyed. The building and contents were valued at \$75,000, insurance \$22,000. The valuable instruments and all but one of the laboratories are destroyed, including the bacteriological and public health departments, subsidized by the Ontario Government. The secretary-treasurer's books were saved.

For the first time the Board of Governors of the University of Toronto met on 30th June, in the senate chamber at the University main building, with sixteen members in attendance. The work done was chiefly in the direction of organizing the board to perform its duties. The chief item of business was the selection of the representatives of the governors on the Board of Trustees of the Toronto General Hospital, according to the provisions of the legislation of last session. Those appointed are: John Hoskin, K.C., LL.D.; Prof. James Loudon, Byron E. Walker, LL.D.; W. T. White, and Rev. J. A. Macdonald.

Dr. Wm. Oldright, accompanied by Mrs. Oldright and Miss Oldright, arrived in the city, 4th July, after a delightful tour of the British

Isles and the continent, which occupied a trifle over three months. The party left the city on April 1, and traveled by easy stages through Spain, Portugal, Italy, Switzerland, and France, and on the return journey England, Ireland and Scotland. The outing was a happy blending of business and pleasure, Dr. Oldright officially representing the Dominion Board of Health at the medical congress in Milan, Italy, and again at Lisbon, in Portugal, where a congress representing all nations was in progress. At Rome some time was spent, and also at Naples, where the party arrived some three weeks after the eruption of Mount Vesuvius.

A distinction of no mean degree has been conferred upon an American book, the joint authorship of Drs. J. Madison Taylor and William H. Wells. The revised second edition of their treatise on "Diseases of Children," published by F. Blakiston's Son & Co., of Philadelphia, has been translated into Italian by Dr. Mario Flamini, of the Pediatric Clinic of Rome, with contributions by Prof. Concetti and Dr. Valagussa. The translation has proven very popular abroad, and the occasion is one of felicitation, not only to the authors but to American medicine generally, inasmuch as the work was chosen as being especially adapted to clinical teaching in Italy. Few American books have attained such honor. Its success abroad is but a repetition of the favor which it enjoys here.

The Seventh Annual Meeting of the American Roentgen Ray Society will be held August 29-30-31, 1906, at the Cataract and International Hotels, Niagara Falls, N.Y. A large and interesting programme containing the names of the best known X-ray workers of this country, as well as a number from abroad, has been prepared. An interesting feature of the meeting will be the exhibit of Prints and Negatives. The railroads have granted a rate of a fare and a third on the certificate plan. The officers of the Society are:—President, Dr. Henry Hulst, Grand Rapids, Mich.; Secretary, Dr. Geo. C. Johnston, Pittsburg, Pa.; Treasurer, Dr. Leavitt E. Custer, Dayton, Ohio; Vice-Presidents, Dr. Russell H. Boggs, Pittsburg, Pa.; Dr. Clarence Skinner, New Haven; Conn.; Dr. Ennon G. Williams, Richmond, Va.; Dr. Eugene W. Caldwell, New York, N.Y. Full information regarding the meeting and application blanks for membership may be obtained by addressing the Secretary, Dr. Geo. C. Johnston, 611 Fulton Building, Pittsburg, Pa.

Dr. A. S. Jameson, of Jameson-raid fame, was left \$125,000 by the late Beit, of South Africa.

 OBITUARY.

JOHN W. SLAVEN, M.D.

John Wallace Slaven, M.D., one of Orillia's oldest and most respected business men, died at the family residence, Tecumseh street, on Saturday; July 7th, aged 71 years. Dr. Slaven was born near Picton, Prince Edward county in 1834, and, like many another rising young Canadian taught school while fitting himself for his profession. He finished his medical course in an American college, taking out a physician's degree, but preferred going into business, and went to Orillia when the place was a small village and set up the first drug store, which is still running. He took a deep interest in municipal and educational affairs, and held all the municipal offices in the gift of the people. He was in the township council before the village was incorporated, afterwards deputy reeve, reeve, and councillor of the village, and in 1889 and 1890 was mayor of the town. In 1882 he was a candidate for the legislature, but was defeated by the late Hon. Chas. Drury. In 1892 he was elected vice-president of the Ontario College of Pharmacy, and at the expiry of his term was offered the presidency, but had to decline for business reasons. He was for many years chairman of the Board of Separate School Trustees, and in 1894 he was appointed to the Board of Trustees of the Orillia Collegiate Institute, of which he was a member at his death.

A graduate of Kingston Military College, he commanded No. 7 Company, Simcoe Foresters, for many years, and at the time of the Fenian invasion in 1866 took the company to Thorold. Kind, affable and generous, no man will be more missed, no one more regretted. The deceased gentleman is survived by his widow, two sons, Robert R., Orillia; Dr. Alex., Dayton, Ohio; and three daughters, Mrs. E. R. Doty, Merchantville, N.J., and Misses Lillian and Laura, at home.

 ROBERT CRAIK, M.D., LL.D.

Dr. Robert Craik, LL.D., one of the oldest and best known medical men in Montreal, Governor of McGill University, and ex-Dean of the Medical Faculty, died 29th June, of general debility, aged 77 years. He was born in Montreal, and for half a century took a prominent hand in medical affairs of Quebec province.

 EMMETT HUGHES, M.D.

Dr. Emmett Hughes, of Ottawa, a young man of 32, son of J. W. Hughes, and nephew of the late Archbishop O'Brien, of Halifax, returned to Ottawa on 28th June, having made arrangement for start-

ing a rural practice. Next day he was obliged to take to his bed, and died at the Water street hospital from peritonitis, 2nd July. The young man was a recent graduate in medicine of Queen's University.

NELLIE SKIMIN, M.D.

Dr. Nellie Skimin, one of the best known lady practitioners in this country, passed away, 6th July, at her home, Bay street south, Hamilton. She had been ailing for some time from nervous trouble. Deceased was a graduate of Queen's University, having studied under her sister, Dr. Alice McGillivray, during the time Mrs. McGillivray taught at Queen's, and with whom she was practising until the time of her death. Deceased is survived by her brother, Dr. Geo. Skimin, of Kansas City, Mo.

W. A. McINTOSH, M. D.

Dr. W. A. McIntosh, son of Mr. Allen McIntosh of 120 Huron street, Toronto, died suddenly on 19th July. Dr. McIntosh, who was 29 years of age, was a native of Toronto, and graduated at the Toronto Medical School six years ago. He then went to Deer Creek, Minnesota, where he established a good practice, but ill-health compelled his removal to Cleveland, where for a time he was in the hospital suffering from blood poisoning. Dr. McIntosh had been home in Toronto for some months, and was thought to have improved in health. He got up intending to take the steamer, but complained to his father of feeling tired, and was advised not to take the trip. Shortly afterwards he was taken ill, and was removed to Grace Hospital, where he died about 4 o'clock in the afternoon. The deceased leaves a widow and infant child.

J. J. ELLIOTT, M.D.

Dr. Joseph John Elliott, of 263 Victoria street, Toronto, a well-known physician, died at the General Hospital on 28th July. He had been ill for some time and was lately removed to the hospital, where he underwent an operation. Hopes were entertained of his recovery, and his death has greatly shocked a large circle of friends and acquaintances. He was born at Brantford, where his parents still reside, 31 years ago, and at the age of 21 years graduated from Trinity Medical College. For three years he occupied the position of house surgeon at the Toronto General Hospital. Since then he has practised medicine, his place of business being the corner of Victoria street and Wilton avenue. In addition to his parents, two brothers, Dr. T. W., and Gordon Elliott, who are in Toronto, and three sisters, survive. Dr. Elliott was a member of Harmony Lodge A. F. and A. M., and of the Metropolitan Methodist church. The body was taken to Brantford.

CORRESPONDENCE.

THE SCHOOL FOR THE BLIND AT BRANTFORD.

To the Editor of the CANADA LANCET:—

DEAR SIR,—I ask your assistance to enable me to get into communication with the parents or guardians of all the blind children in Ontario, under the age of twenty-one years. The Institution for the Education and Instruction of the Blind, maintained by the Ontario Legislature, admits as pupils "all blind youths, of both sexes, between the ages of seven and twenty-one, not being deficient in intellect, and free from disease or physical infirmity, being residents of the Province of Ontario." It is not necessary that the applicant shall be totally blind; the test is "inability to read ordinary type and attend a school for the seeing without serious injury to the sight." The initial difficulty is to locate the children who are eligible for admission, and it will be helpful in the future if your readers will send me the names and addresses of blind children under seven, as well as of those between seven and twenty-one.

Should you favor me by the publication of this letter, I would ask your readers not to depend upon the parents of the children with defective sight to attend to this matter. If all could witness the gain in health, happiness, knowledge, and self-reliance that comes to those who, deprived by their affliction of access to the public schools, take advantage of the educational facilities afforded by this institution, none would grudge the time and troubles required to widen the scope of the school's influence. Send me the names and addresses, and I will by correspondence or visitation do the rest.

H. F. GARDINER,

Principal O. I. B.

Brantford, July 20, 1906.

REFORMATION OF INEBRIATES.

To the Editor of the CANADA LANCET:

SIR,—The Ontario Society for the Reformation of Inebriates desires space for calling the attention of the benevolent public to its work and to its needs. Its object is the reclaiming of inebriates. Its methods are as follows: Home treatment is given in suitable cases, and such cases as require hospital care are treated from one to three weeks in hospital. A friendly visitor, called a probation officer, takes the supervision of inebriates subsequent to treatment, finds them employment, and endeavors to bring them into touch with the church of their choice.

The medical officer of the society administers the treatment, and associated with him is a consulting committee of three leading physicians of Toronto. Arrangements have been made with the police authorities whereby persons arrested for drunkenness (when not hardened offenders) may be committed to the care of the society instead of being sent to jail and forced to associate with the vicious and the depraved. The medical treatment is conducted on strictly ethical lines, no secret remedies being used, and it is continued for three weeks, while the probation or parole is continued for several months. The scheme is a unique economic measure, which, for the class referred to, renders prolonged detention in an institution unnecessary. It is combining maximum efficiency with minimum expense. We wish to put this unique economic system to a crucial test on a sufficiently ample scale, to be used as an object lesson, before the next meeting of the Ontario Legislature. The result, we do not doubt, would be eminently satisfactory, and would more than justify legislation along the same lines. An eminent Oxford professor, and a Canadian, in a letter to the secretary of this society, speaks of the proposed legislation as follows: "I think the plan you propose is an excellent one, and I do hope it will be carried out."

At the last quarterly meeting of this society the report of the officers was most gratifying, inasmuch as 60 per cent. of the cases of inebriates treated and cared for were doing remarkably well. In view of the satisfactory character of the report it was decided to make an appeal to the benevolent public for financial help to carry on the work efficiently and as an object lesson before the next session of the Ontario Legislature. Remittances may be made to the treasurer, Confederation Life Building, or to the secretary, 76 Prince Arthur Avenue, Toronto.

Signed by order of Finance Committee.

E. J. BARWICK, M.D.,

Chairman of Medical Consulting Committee.

A. M. ROSEBRUGH, M.D.,

Secretary.

S. C. BIGGS, K.C.,

Treasurer.

TORONTO, July 10, 1906.

BOOK REVIEWS.

'THE PHIPPS INSTITUTE REPORT.

The second annual report of the Phipps Institute for the study, treatment, and prevention of tuberculosis. An account of the work of the second year. Published by the Henry Phipps Institute, 238 Pine street, Philadelphia, 1906.

This is a report of 450 pages. The medical director of the Institute is Dr. Lawrence P. Flick, and the assistant medical director and bacteriologist is M. P. Ravenel. In addition to these, there is a large staff of specialists and associate workers.

This volume contains an immense amount of reliable information on the subject of tuberculosis. The disease is taken up as it affects the various organs and systems of the body. The book is well illustrated. Subjects of immunity and the serum treatment are exhaustively treated, and much attention given to Maragliano's serum. It would appear from these studies that we are still a long way from possessing a reliable serum for tuberculosis. The report is worthy of careful consideration and should be extensively read.

URIC ACID.

The Chemistry, Physiology, and Pathology of Uric Acid and the Physiologically Important Purin Bodies; with a discussion of the Metabolism in Gout. By Francis H. McCrudden. Paul B. Hoeber, Publisher, 69 East 59th street, New York.

From the time of Dr. Garrod's researches on uric acid in the blood in 1848, this product has been one of much interest to scientific physicians. The present work by Dr. McCrudden gives an excellent review of the entire subject up to date. The author arranges what he has to say under the three headings of, the chemistry, the physiology, and the pathology of uric acid and the purin bodies. To those who wish to acquaint themselves with the relationship of uric acid to various diseases, we can commend what this book has to say upon the subject. The author has spared no pains to acquaint himself with the literature upon the question of uric acid, gout, 'etc. Dr. McCrudden has had rare opportunities in the laboratory of Harvard University to study the subject. He dissents from the views and methods of Haig. We would have enjoyed this book more had the author been more specific as to his own opinions. Nevertheless, he maintains a wise balance of thought between the extremes of teaching on the subject. There are few questions of internal medicine more complicated or more interesting than that of uric acid and the diseases caused by it. We can, therefore, speak in terms of high praise regarding this book.

SURGICAL SUGGESTIONS.

Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor *American Journal of Surgery*; and Eli Moschcowitz, M.D., Assistant Physician Mount Sinai Hospital Dispensary, New York; Editorial Associate, *American Journal of Surgery*. Duodecimo; 60 pages. New York: Surgery Publishing Co., 1906. Cloth, 50 cents.

This little book is most novel, not only on account of the many original terse and epigrammatic practical suggestions given, but its general appearance and attractive form. It contains 250 suggestions grouped under proper headings and its contents is carefully indexed. While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red. This book will be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making.

 A COMPEND OF OPERATIVE GYNECOLOGY.

Based on Lectures in the Course of Operative Gynecology on the Cadaver at the New York Post-Graduate Medical School and Hospital delivered by William Seaman Bainbridge, M.D., Adjunct Professor of Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital; Consulting Gynecologist, St. Mary's Hospital, Jamaica, L.I.; Consulting Gynecologist to St. Andrew's Convalescent Hospital, New York, etc. Compiled, with additional notes, in collaboration with Harold D. Meeker, M.D., Instructor in Operative Gynecology on the Cadaver, New York Post Graduate Medical School and Hospital; Assistant, Department of Gynecology, Vanderbilt Clinic, College of Physicians and Surgeons, New York. 12mo cloth, 76 pages. Price \$1.00 net. The Grafton Press, Publishers, New York City.

This work, while particularly suited to the needs of post-graduate students operating on the cadaver, will be found of distinct value to the busy gynecologist. All gynecological operations of merit, with their latest modifications, are described concisely, but with sufficient detail to make the work decidedly practical. A number of original points of worth in the operative technic are embodied in the text.

A distinctive feature is the chapter on Exploration of the Viscera. Considering the gynecologist as an abdominal surgeon who should be able to cope with any intra-abdominal condition which may be encountered, the normal appearance and relations of abdominal viscera are briefly described in order to facilitate the familiarity essential to successful surgery.

In the chapter on Miscellaneous Points are many admirable suggestions of a practical nature which are timely and valuable.

The work is based on Dr. Bainbridge's lectures given in the course of operative gynecology on the cadaver at the New York Post-Graduate Medical School and Hospital.

It is a book that can be recommended.

CONSUMPTION.

Its Relation to Man and His Civilization; its Prevention and Cure. By John Bessner Huber, A.M., M.D., Fellow of the New York Academy of Medicine; Member of the National Association for the Study and Prevention of Tuberculosis; Visiting Physician to St. Joseph's Hospital for Consumptives; Member of the Advisory Board, the New Mexico Cottage Sanatorium, etc. Philadelphia and London: J. B. Lippincott Company.

Few subjects are demanding greater attention than tuberculosis. Of the 80,000,000 of people in the United States, at least 10,000,000 will die of this disease; and of the 6,000,000 in Canada about 900,000 will sooner or later succumb to it. It holds first place among all those who ride upon the pale horse. In Dr. Huber's book of nearly 550 octavo pages there is much to admire. The publishers have done their part well, as might be expected; the paper, type, binding, and illustrations are all that could be desired. The author discusses the disease from every standpoint of causation, prevention and cure. The questions of hereditary, infection, the home, the school, the sanatorium, etc., etc., are taken up one by one and fully considered. The book is thoroughly interesting as well as instructive. The battle cry of the day and the future must ever be educate the people on the laws of prevention. The author properly condemns foolish phthisiophobia, but at the same time urges proper preventive measures. Dr. Huber has rendered a genuine public service by the publication of this valuable addition to our literature on tuberculosis.

THE CLEVELAND PRESS BOOKS.

This enterprising publishing house is placing on the market a number of excellent new books, and new editions of former publications. Among the new books may be mentioned the "Organization, Construction and Management of Hospitals," by A. J. Ochsner and M. J. Sturm; "The Technique of Modern Operations for Hernia," by A. H. Ferguson; "Everyday Surgery," by A. H. Levings; "Practical Dermatology," by Bernard Wolff. Among those recently published, the following are worthy of special notice:—"The Signs of Internal Disease," by Pearce Kintzing; "The Indications for Operative Treatment," by J. G. Sheldon; "Diseases of the Nervous System," by L. H. Mettler; "Diseases of Children," by N. Filatov; "The History of Medicine," by N. S. Davis; "Clinical Surgery," by A. J. Ochsner; "Anæsthesia

and Anæsthetus," by J. M. Patton; "Tumors," by A. H. Levings; "Diseases of the Eye," by J. E. Colburn. The offices of the Cleveland Press are at 346 Ogden Avenue, Chicago. Some of the foregoing books we have already reviewed.

RATIONAL HYDROTHERAPY.

A Manual of the Physiological and Therapeutic effects of Hydriatric Procedures, and the Technique of their application in the Treatment of Disease, by J. H. Kellogg, M.D., Member of the British Gynaecological Society; the International Periodical Congress of Gynaecology, and Obstetrics; the British and American Associations for the Advancement of Science; the Société d'Hygiène of France; the American Society of Microscopists; the American Medical Association; Superintendent of the Battle Creek (Mich.) Sanitarium; author of the "Art of Massage," etc., etc. With 293 Illustrations, 19 in Colors. Third Revised Edition. Philadelphia: F. A. Davis Company, Publishers, 1906. Toronto Agent, Dr. W. J. McCormick, 304 Crawford St. Price, \$6.50 in cloth and \$7.50 in Russia.

Dr. J. H. Kellogg has long been favorably known as an accomplished and able writer upon such topics as massage, hydrotherapy and diet. This work is now in its third edition, and very much enlarged and improved. Every topic in the whole range of hydrotherapy is discussed in this work. The book is not a mere compilation, but contains much that is the result of the author's extensive experience in the use of water in the treatment of disease. Full reference is made to such subjects as friction, light, massage, hot air, etc., as they become necessary in the application of hydrotherapy. There are about two hundred procedures described in the book. These procedures are both the douche and the wet cloth in all their variations. The keynote of the book is that curative processes are the manifestations of the forces which dwell within the body and which are shown in the maintenance of the organism. The object of the author is to point in what way the proper use of water, internally and externally, can aid the physician in the treatment of disease by assisting the efforts of nature. The publishers have certainly done their part well, as the book is a most attractive one of over 1,200 pages. The book should be in the possession of every practising physician, and might to great advantage find a sale beyond the ranks of medical men.

ABBOTT'S ALKALOIDAL DIGEST.

The little book contains a good deal of information about the alkaloids and the indications for their use. The book is published by the Clinic Publishing Co., Chicago. Dr. Abbott is well known as the editor of the *American Journal of Clinical Medicine*.

MISCELLANEOUS.

THE TORONTO WESTERN HOSPITAL.

The above institution has just issued a beautifully illustrated booklet, showing its buildings, tents and grounds. The growth of this hospital is quite marvellous and reflects great credit upon its management. It is only ten years since it was organized, when it met with much opposition from the government, both of the city and the province, of that day. It has now a site of nearly five acres on Bathurst street, extending from Nassau street to Rosebery avenue, and affording a frontage of about 650 feet by a depth of 330 feet. On this site there are now five handsome buildings. One of these is the nurses' home, a second one is for the maternity cases, the third one is for semi-private cases, the fourth one is for private ward patients and the fifth one is for the offices and private and semi-private ward cases. In addition to these buildings there is accommodation in tents for about 75 patients. The externe department has been completely remodelled, and is now very complete in every detail. Altogether the hospital has accommodation for 150 patients.

TUBERCULOSIS EXHIBITION.

An exhibition that will surely be unique and distinctive in a city noted for its expositions, and conventions, is to be given in Toronto for two weeks, commencing Monday, August 21st.

This exhibition had its inception in New York rather more than six months since, conducted by the National Association for the Study and Prevention of Tuberculosis, with leaders in the movement like Dr. Hermann E. Biggs, Dr. S. A. Knopff, Dr. Lawrence F. Flick, Dr. Vincent Y. Bowditch, taking a prominent part in the management. So great was the interest stirred up in New York that since then, by invitation, the exhibition has been shown in Boston, Chicago, Philadelphia, Milwaukee, Indianapolis, Cleveland, and other leading cities.

In the early spring successful efforts were made by the National Sanitarium Association of Canada to have this exhibition brought to Toronto in the month of August. The date has been fixed so that the exhibition will open during the week of the meetings of the British Medical Association, and will continue the following week, which will be the first week of Canada's National Exposition.

The exhibition is of a size that requires a building sufficient to allow of 5,000 feet of wall space, besides large floor space, and accommodation for the holding of meetings.

One hundred and two different exhibits will be made, including large exhibits from Paris, Switzerland, Massachusetts State Sanatorium, Phipps Dispensary, Johns Hopkins Hospital, Henry Phipps Institute of Philadelphia, White Haven Free Hospital for Poor Consumptives, Agnes Memorial Sanatorium (Denver, Col.), Adirondack Cottage Sanatorium, Health Department of New York City,—in fact from almost every Association interested in fighting the white plague by whatever means. Prominent in the New York exhibition, and in other cities where given, was the exhibition, made by the Muskoka Cottage Sanatorium, the Muskoka Free Hospital for Consumptives, and the Toronto Free Hospital for Consumptives. These will be repeated in the exhibition in Toronto.

The exhibition will be one of peculiar interest to medical men, social reformers, sanitary scientists, to governments, in fact to the great masses of the people interested in social and economic questions.

Mr. J. S. Robertson, Secretary of the National Sanitarium Association, who has the work of the exhibition in hand, is not prepared at this writing to give in detail the names of those who will take part in the educational programme prepared for each evening, but the first draft of the programme prepared includes names of leading professional and laymen of Great Britain, United States and Canada, further particulars of which will be given a little later.

THE CANADIAN MEDICAL ASSOCIATION.

The Thirty-Ninth annual meeting of the Canadian Medical Association will be held in Toronto on the afternoon of the 20th of August and the forenoon of the 21st. The meetings which will be of an executive character will be held in the New Science Building on College St., at the head of McCaul street. The first session will convene at 2 o'clock p. m. in the north lecture room. The chief item of business will be the reception of the report of the Special Committee on Re-Organization, and for this alone there should be a large and representative attendance.

SOME GREAT ACHIEVEMENTS OF OLD MEN.

Gladstone at the age of 85 translated Horace.

Darwin wrote "The Power of Movement in Plants" at the age of 71.

Professor Joseph Le Conte was 64 when he gave to the world his mature thoughts on "Evolution."

Field Marshal Oyama was 63 when he invaded Manchuria.

Admiral Farragut was over 60 when the Civil War broke out.

At the age of 77 Senator Hoar wrote and published his "Autobiography of Seventy Years."

Sir Charles Lyell wrote one of his most important works, "The Antiquity of Man," when he was 65. In fact Lyell's great work on "Geology" was done after he was 60.

Sir James Paget, the noted English physician, was over 80 when he gave to the world a record of his cases.

Michael Angelo, born 1475, died 1564, was over 60 when he constructed the great dome of St. Peter's.

Goethe was 82 when he finished "Faust."

Mark Twain began life all over again at the age of 64.

Li Hung Chang began life in the rice fields of China, working in water up to his knees from sunrise to sundown. When he had reached the age of 45 we find him worth one million dollars for every year of his life. This he doubled before he died. Li Hung Chang ruled China from his sixtieth year to the end of his life.

Verdi was 70 years old when he wrote his greatest opera, "Aida."

Lord Kelvin (Sir William Thompson) is now over 80. He was head of the department of natural philosophy at the University of Glasgow until he was 72. His strongest and best work was done after he was 60.

Farraday was between 50 and 60 when his most noted discoveries were made.

Jerome, the artist, did most of his great work after he was 60.

Emanuel Kant wrote his "Contest of Faculties" after he had passed his seventieth birthday.

Laplace was past 70 years of age when he gave to the world his great "Nebular Hypothesis."

Herbert Spencer, at the age of 71, wrote his "Justice" and his "Synthetic Philosophy" was not completed until he was nearly 80.

Baron von Humboldt, at the age of 76, finished the crowning work of his life, "The Kosmos."

The great Richard Wagner, who is to-day perhaps the most popular musical author the world has ever seen, did not produce his famous "Nibelungen Ring" until he was 60, and "Parsifal" appeared several years later.

Haydn produced his oratorio, "Creation," after he was 67.

Commodore Vanderbilt made \$80,000,000 after he was 75 years of age.

Lord Roberts was 68 when he took command of our armies in South Africa. General White was three years younger at the time of his defence of Ladysmith. General Buller was 61, and Kelly-Kenny

and Warren had both arrived at three-score. Kitchener and French were our two youngest generals at the time. The former was 50, the latter 48.

Turn to statesmen. Mr. Chamberlain, whose speeches are as full of fire as ever they were, is 70. At the age of 80 the late Mr. Gladstone was more than a match in debate for men of half his years. The present Prime Minister is almost exactly the same age as Mr. Chamberlain, both having been born in 1836. The Duke of Devonshire is the senior of either. His age is now 72. Mr. Balfour himself, usually considered as being still a young man, is only three years off the sixty mark.

Lord Cromer, greatest of all our pro-consuls, still holds wise rule in Egypt at the age of 68. Lord Elgin is nearly 57. In fact, there are very few British statesmen or leaders of any repute who can be classed among young men. Even John Burns is rapidly approaching his half century.

As for the idea that a man is old at 60, it is preposterous. It is men of that age or past it who are practically managing the world at the present moment, and who have been doing so for many years past. Let it be remembered that von Moltke was nearly 70 when, at the head of the German army, he inflicted upon France the most crushing defeat which a nation has received for more than a century past.

Count Sergius de Witte, the only man who seems able to cope with the Russian chaos, is one of the youngest of great modern statesmen. He is only 57, and, therefore, five years younger than the great Japanese administrator and fighter, Marshal Oyama.

Turn to philanthropists and ecclesiastics. Who is doing the greatest work for the unemployed, toiling fourteen hours out of the twenty-four? Why General Booth, aged 77. The present Pope, Pius IX, is only seventy, but his great predecessor, Leo XIII., was lively as possible and working hard when over 90.

The most powerful figure in the financial world of to-day is undoubtedly Pierpont Morgan, who controls, it is said, sufficient capital to pay off the British National debt. Though he will be 70 this year, he declares that he feels as young as ever. Certainly his grip on his enormous financial interests never slackens. Mr. Charles Yerkes, again, to whom we owe the electrification of the underground, and who died so recently, undertook his latest and greatest work when nearly three-score. Carnegie, Wanamaker and Rockefeller are all past 60 years, yet, from a business point of view, as capable as ever.

TO THE PROVINCIAL HOSPITAL BOARD.

The Government has appointed the following gentlemen as its representatives on the Trustee Board of the new General Hospital for the terms mentioned:—

Until Jan. 31, 1910: Mr. Cawthra Mulock, Professor A. B. Macalium, of the University of Toronto, Mr. Wm. Mackenzie, President of the Toronto Railway Company.

Until Jan. 31, 1909: The Rev. D. C. Hossack, of Deer Park Presbyterian Church, Mr. W. F. Maclean, M P., of the *World* newspaper, Mr. W. J. Douglas, General Manager of the *Mail* Printing Company.

Until Jan. 1, 1908: Mr. Charles Cockshutt, woollen merchant, Dr. J. O. Orr, manager of the Industrial Exhibition.

This completes the Board as constituted under the Act of last session, the other members having been appointed some time ago by the university, the city, and the subscribers. They are as follows: Representing the University of Toronto:—President Loudon, Dr. Hoskin, Messrs. Byron E. Walker, J. A. Macdonald, and W. T. White. Representing the city:—The Mayor, Alderman Dunn, Noble, McGhie, and Controller Jones. Representing the subscribers:—Messrs. H. H. Fudger, P. C. Larkin, M. J. Haney, C. D. Massey, H. C. Cox, J. W. Flavelle, W. E. Rundle.

TORONTO GENERAL HOSPITAL

The last meeting of the old Board of Trustees of the Toronto General Hospital was held on 6th July. Appointments to the house staff for the next term were made, the following being chosen:—W. F. Lemon, Aylmer, Ont., the holder last year of the George Brown memorial scholarship; J. A. Kinnear, Toronto; G. S. Strathy, for the past year house surgeon at the Sick Children's Hospital; C. E. Spence, Toronto; H. Glendinning, Valentyne, Ont., and A. W. Beattie, Pond Mill, Ont., a graduate of the Medical College of the Western University, London, and the only outsider who was an applicant.

The examination for the position of first clinical laboratory assistant, which will also be competitive, will be held on Monday at the hospital.

The attendance in the hospital during the month averaged 284, the largest number of patients in at one time being 292, and the smallest 274. There were 122 operations performed, a very high percentage resulting in recovery.

The nervous ward is all filled, the staff being unable to receive all the applicants for admission. The tuberculosis clinic had nineteen cases, ten being new ones.

A card index system for the accounting of supplies has been installed during the past month.

THE CASUALTIES OF JULY 4TH.

The *Chicago Tribune* publishes its ninth annual summary of the deaths and injuries caused throughout the United States by the celebration of the declaration of independence. The figures up to an early hour to-day were as follows:—

Dead, 38. By fireworks, 9; by cannon, 1; by firearms, 11; by explosives, 7; by toy pistols, 4; by runaway, 1; by drowning, 5.

Injured, 2,789. By fireworks, 1,099; by cannon, 261; by firearms, 393; by explosives, 697; by toy pistols, 304; by runaways, 35.

Fire loss, \$66,450.

Last year 42 persons were killed outright, but when lockjaw and other diseases, induced by injuries, completed their work, over 400 lives had been sacrificed.

The number of injured, 2,789, is in excess of last year's figures by 358.

REORGANIZATION OF THE ONTARIO BOARD OF HEALTH.

The Provincial Board of Health was instituted in 1882, the members being William Oldright, M.A., M.D., Charles Covernton, M.D., Horace P. Yeomans, B.A., M.D., Peterboro'; Francis Rae, M.D., Oshawa; J. J. Cassidy, M.D., John Galbraith, M.A., C.E., Peter H. Bryce, M.A., M.B., secretary.

Only two of these survive on the present Board, Drs. Oldright and Cassidy. The recent deaths of Drs. W. J. Douglas (Cobourg) and Alex. Thompson (Strathroy) leave upon the Board only Dr. E. E. Kitchen, St. George, chairman of the Board, a member for twelve years; Dr. R. F. Boucher, Peterboro', three years; and Dr. C. A. Hodgetts, secretary, appointed on Dr. Bryce's removal to Ottawa in 1902. The members of the Board are appointed for three years, and at the conclusion of their present term the present *regime* will be brought to a close. It is the intention of the Government, if reports be true, to reconstitute the Board of Health on a thoroughly business basis. The present secretary, Dr. Hodgetts; Dr. J. A. Amyot, bacteriologist; Dr.

R. W. Bell, medical inspector; Dr. G. G. Nasmith, provincial chemist; and Professor Ellis, provincial analyst, will probably be the members ex-officio of the new Board.

Much delay now results from the practise of holding over municipal plans for sewerage, waterworks, and other projects for the approval of the quarterly Board meetings. The new Board would have executive power in dealing with all such matters. They would have the benefit of the advice of a council of medical men from various parts of the province, who would not be called together except in cases of the gravest importance.

THE CANADIAN MEDICAL EXCHANGE.

When a physician desires to sell his practice, it must be done with the minimum of publicity. Appreciating that the sale of a medical practice is an important matter, the Canadian Medical Exchange, for the past 12 years, conducted by Dr. Hamill, has bound legally and morally all prospective buyers against piracy, publicity and offering opposition, before giving them the names of the vendor. The object always aimed at is to bring together physicians who want to sell and those who wish to buy. We commend this method and advise our readers who are thinking of selling to write to Dr. Hamill for his literature, which will give full particulars. A partial list of his offers can be found among the advertising pages of each issue of this journal.

PEPTO-MANGAN IN TUBERCULOSIS.

Dr. Karl von Ruck (*N.Y. Medical Journal*) finds in Pepto-Mangan (Gude) the best preparation in the anemia of tuberculosis, being more efficient and more easily borne; he had used it in 70 cases, 12 being reported in detail, in some of which comparative tests were made with other iron preparations. Other observers also mention it in tubercular anemia.

SANMETTO.

In a paper on "Sexual Neurasthenia in Men," Dr. Arthur E. Mink of St. Louis, Mo., says: "In the treatment of sexual neurasthenia the tonics, such as iron, arsenic, strychnine, quinine, gold and zinc, are of value in many cases. The most efficient in my opinion is Sanmetto. It seems to act directly upon the genito-spinal centre, and improves its

nutrition. Many cases, as I have said before, are remotely due to gonorrhœa, and hence Sanmetto is doubly of value in such cases."

TREATMENT OF DIABETES MELLITUS.

From treating a great many patients with diabetes mellitus with papine I have the experience that I have yet to see a patient that could not stop taking the papine at any time I so directed him. It does not seem to cause the least desire for its continuance or to create the least disposition to the formation of a drug habit. This has proven itself to me on several occasions when I have had occasion to administer the drug for six or more consecutive months and the patient to be able to stop at the end of that time with no bad effects or symptoms, which would surely have occurred had I prescribed opium or any of its preparations commonly in use to-day. With that reputation at its back, I use it more and more promiscuously to-day than ever before, and am always pleased with its results.—Dr. J. W. Pearce of North Carolina, in *Medical Brief*.

SANMETTO IN PREGNANCY.

For years I have been a warm admirer of Sanmetto in all cases of pregnancy. I find that it carries away from the system pretty well all of the albumen and strengthens the abdominal muscles. Try it some of you brethren and report it. I prescribe it in the last month of pregnancy.

Warfield, Texas.

Joseph J. Parker, M.D.

HOT WEATHER DIET.

In hot weather the average person takes too much food and particularly an excess of meat. The digestive organs are kept at hard labour assimilating a heavy diet and forcing every organ in the body to do an unnecessary amount of work. The digestive apparatus faithfully performs its function until insulted nature rebels and enforces a period of rest for the exhausted organs. Another danger from eating too much meat in summer is that of ptomain poisoning following the ingestion of tainted meats.

During the hot months the question of diet is largely one of the class of food material best adapted to sustain mental and physical energy without unduly increasing the production of heat.

A diet of milk, eggs, fruit and Egg-o-See is most suitable for the summer months. Egg-o-See with cold cream makes a delightful basis for every meal as it offers the full food value of whole wheat.

The Egg-O-See Cereal Company, of Quincy, Ill., will send, on request, a full-size package of Egg-O-See to any physician.

ENTERO-COLITIS.

By O. W. COBB, M.D., Easthampton, Mass

I was called last August to see an eight months' old boy who was said to be dying of Cholera Infantum. He had been treated by two capable men, both of whom agreed that the child could not possibly outlive the day. Every conventional remedy had been tried and the favourite methods of both men had been exhausted. They frankly admitted that all had been done that could be done. I found the patient almost moribund and displaying all the symptoms of a child dying of what I diagnosed as entero-colitis. The symptoms, to my mind, were classic, despite the previous diagnosis. The case was turned over to me at 9 a.m. August 7th. A trained nurse was already on this case. She is an unusually competent woman, in whom I have the most implicit confidence. Then began one of the hardest battles of some years in my experience. I ordered high enemas of Glyco-Thymoline in 25% solution and warm. I used four ounces at a time with a soft rubber catheter once every three hours. The child could retain nothing, was in frightful pain and passing constantly thin, foul smelling discharges tinged with blood. The child was emaciated to the last degree and for several days before I was called had been in a semi-conscious state. The poor little baby was a pitiful sight. For nourishment I ordered several combinations to be administered, an ounce at a time, as a rectal clyster following the enemas of Glyco-Thymoline.

I know it is not good practice to give hypodermics to an infant, but this was a grave case. My predecessor had ordered gr. 1/64 morphine, gr. 1/960 atropin, sub. q. every four hours if needed, with strychnine 1/240 gr. if necessary. I continued this as the baby was often in intense pain and there seemed to be no other way. This was my plan of campaign and I am both thankful and pleased that it was successful. The baby improved from the first, but so slowly that it was scarcely discernible to the parents, but the nurse and myself saw it. After three days the child would take some nourishment per oram. I then gave 2 m. of Glyco-Thymoline in one ounce of water every two hours before feeding. It began to have short periods of natural rest and the discharges were in every way improved. At the end of a week, August 14th, the improve-

ment was quite marked, but we did not relax our vigilance. The hypodermics, except of strychnine, were discontinued. The enemas were continued fifteen days, once every three hours, then at less frequent intervals for a month, then once a day for six weeks. The recovery of the little patient was long and slow, but uneventful. The mother and nurse were devoted and ably seconded my efforts. At this time the baby is a strong rosy youngster.

It gives me great pleasure to tell you of this case. The experience may be of value, and it certainly proved to my satisfaction at least, the potential possibilities of Glyco-Thymoline in gastro-intestinal work. May you be speeded in your good work.

THE NECESSITY OF IRON TO THE PREGNANT WOMAN.

In view of the fact that the health of a woman in the pregnant state, and the proper development of her unborn, is always directly dependent on a blood stream that is qualitatively and quantitatively sufficient for the exigencies of pregnancy, the administration of iron is made distinctly needful by the artificialities inseparably associated with modern life.

Pepto-Mangan (Gude) is the ideal form of iron for these cases. This contention has the support of logic. The hemoglobin-imparting properties and the nutritive potency of the preparation are confessedly of a very high order of excellence. Then, too, Pepto-Mangan (Gude) is very readily absorbed and completely assimilated. Still further, Pepto-Mangan (Gude) produces no untoward effect upon the mucous surfaces of the alimentary tract, nor does it encourage constipation or increase nausea.

RIGID VERSUS MOVABLE ANKLE IN ARTIFICIAL LIMBS.

The oldest manufacturer of artificial limbs in this country recommends the rigid ankle and rubber foot to be superior for all amputations. His attention was first called to this idea by a patient with amputation near the ankle who had constructed an appliance for himself without an ankle joint.

The rigid ankle is conceded to be practical, for amputations through or near the ankle, by all manufacturers, because of the strain put upon it causing it to be easily broken. For other amputations it should never be used for the following reasons, viz:—

1. It does not allow a natural motion, which is desired by the wearer, but more of a peg-leg effect. In a sitting posture it gives a

very awkward appearance when the foot is placed forward, the toe remaining upright.

2. In walking there is an uneven bearing along either the front or back of the stump as the weight falls on either heel or toe when the foot is forward or back. This bearing is distributed so as to become noticeable by the ankle joint, which is the centre of equilibrium.

3. With the rigid ankle a rubber foot is necessary on account of the jar. Rubber is undesirable on account of its weight, and weight on the foot of an artificial limb is more noticeable than in any other portion of the limb. The rubber may be replaced, if the ankle joint is used, with elastic felt, which is very light and durable, and is used by the E. H. Erickson Artificial Limb Company, Minneapolis, Minn.

X-RAY BURNS.

At the 337th regular meeting of the New York Dermatological Society, held Nov. 28th, 1905, the subject of x-ray burns was taken up, and Dr. Henry G. Piffard, Emeritus Professor of Dermatology in New York University, said, according to the *Journal of Cutaneous Diseases*, "that he had obtained the most benefit in treating these conditions from Antiphlogistine, chloride of zinc, high frequency current, and ultra violet rays."

TREATMENT OF ULCERATED LEGS.

The treatment of leg ulcers, if carried out successfully, especially by the youthful physician at the beginning of his practice, will certainly increase in no small degree both his reputation and income. These are cases that often do badly through poor management and lack of persistent effort. They will generally get well by means of skilful and patient work on the part of the young surgeon, who will thus certainly earn the patient's gratitude. The cause must be sought. If this be tuberculous, diabetic or syphilitic, constitutional must accompany local treatment. The general nutrition must in all cases be looked after; anything obstructing the venous flow, such as constipation, must be corrected. The leg must be made surgically clean by means of sinol soap, followed by irrigation with Thiersch's solution. The foot should be elevated, preferably in bed, throughout the whole course of the treatment. The limb should be firmly bandaged from the toes to the knee. If possible, varicose veins should be excised. Unhealthy or sluggish granulations should be thoroughly curetted, irrigated with Thiersch solution and dressed daily with a hot Thiersch pack. When the surface presents granulations, applications of bovine pure should be made, about three times in the twenty-four hours.—Dr. Ryle, in the *Medical Fortnightly, U.S.A., Hosp. Times and Gazette*.