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THE MEDICAL SOCIETY: ITS PLACE AND EQUIPMENT.*

BY JOHN HUNTER, M.D.,

Physician, Toronto Western Hospital.

A writer says, "There is, for every one of us, a place and also an equipment that, taken together, ensure success. It is our duty to find our place, and to use our equipment." The wisdom of this statement may be taken as indisputable. I shall, therefore, with some license use it as a text on which to base a few remarks that you will please accept as an instalment on the debt which, as president, I owe to the members of this society for the honor conferred upon me. It has the merit, too, of being a fairly orthodox text, for it can be said that it naturally divides itself into two heads: The Place and The Equipment.

THE PLACE.

The medical society was begotten, and has ever been perpetuated, by one of the most meritorious inspirations that govern the physician's life, namely, the desire for more knowle lge, wider experience and greater skill. A glance over the names enrolled in the membership of a medical society shows the place it holds in the estimation of medical men. There you find the names of men distinguished alike for the highest professional attainments in technical knowledge and skill, and also for the noblest attributes of character. The fact that the medical society can gather into it such a class of men, is very positive evidence that it has a place. Another equally strong

* Presidential Address, before the Toronto Medical Society, October 6th, 1904.

proof of its right to claim a place is the fact that the progress in the science and art of medicine is very largely due to the work which has been done in the medical society. Where else can papers be presented and discussed to better advantage? The medical journal is a great medium for the distribution of knowledge. But what physician, who has listened to the words and studied the play of emotions, as expressed in feature and gesture of some of our great medical teachers, would exchange that experience for a perusal of the same article in the quiet of the library, however interesting and instructive a careful reading might prove to be? Would the apostles have accomplished as much for Christianity if they had read the words of its Founder instead of hearing them from His lips? Was it not the impress of a personality that made these men invincible? What surgeon could listen to Lister without receiving an inspiration to do all his work more aseptically for all the days to come? Those of us who had the pleasure of hearing Osler's address at the meeting of the Canadian Medical Association, in Montreal, treasure that occasion as one of the most inspiring of the reminiscences of life. To these two names each one of us could add many others of men to whom we have listened with the greatest pleasure and profit. But some may say that often they have neither been pleased nor edified by the manner in which papers or addresses have been given in the medical society. This suggests another feature that may be very briefly referred to, viz., that the medical society is a place for moral and social development.

High attainments in technical knowledge and skill may be grievously impaired if associated with irascible tempers and boorish manners, which ruthlessly lacerate those tender feelings that constitute the "woof and warp" of our sentiments. A medical society is a school in which anything incongruous in language or manner is likely to be rebuked and corrected. In what other place do sharp tricks, dishonorable intrigues, or petty jealousies seem so small and contemptible to us as when we are convened in a medical society? Here we meet in a quieter and serener atmosphere, where the heat and discomfitures that arise from the friction and collisions of the every-day struggle for existence or pre-eminence are not felt, and where we can estimate more justly the work and worth of our fellows.

Time will not permit me to dwell any longer on this phase of my subject; but I wish, *en passant*, to refer briefly to those who are not members of any medical society. These men belong chiefly to one or another of three groups: The egotists, who are deluded by the belief that they are the incarnation of all knowledge, and, therefore, cannot be taught anything

by their fellows; the indolent and indifferent—quite too numerous a class; and, perhaps, the most pitiable of all, those who cling to the delusion that they must cherish a real or imaginary grievance against some member or members of the society. These feel their loss keenly, but still hold that it is their duty to immolate themselves on the altar of revenge. Some may say, "Well, if these do not wish to attend let them stay away, we can get along without them." Could we dispose of these classes in this cursory manner, it certainly would be an easy way to get rid of them. But can we do so? These men are members of our profession, and the old adage holds true in our case as in all others, that "a chain is no stronger than its weakest link, a fleet no swifter than its slowest vessel, nor a fortress any stronger than its weakest point." A majority of the cases of sickness fall into the hands of the nearest physicians; and, if any of these be less competent because they will not avail themselves of the help a medical society can render, their incompetency and ignorance imperil life and bring opprobrium on an honorable profession. Have those of us who can speak from experience of the value of the medical society no missionary work to do among these classes who do not attend its meetings? Should we leave egotism, ignorance, indifference and petty jealousies to exercise their baneful influence? Is there any better way to get rid of evils than to expose them? "Is not he who is afraid to see, and dare not mention the wrongdoing of himself and his colleagues, his profession's worst enemy?" Should we not govern our own lives, and as far as lies in our power, help others to govern theirs, by the abstract truths that "right is right, wrong is wrong, and duty is duty?" Unless the wisest, most cultured and upright men have erred in judgment, or have been deceived by experience, their actions prove that the medical society is the right place for every medical man, inspired with any desire for more knowledge, wider experience, and greater skill.

The Equipment.

The question of equipment is always involved in the character of the work to be done. Upholstered furniture would not be an essential part in the equipment of a dissecting room. It might represent surplus wealth or a morbid type of refinement; but strong tables and adjustable stools would answer much better. So in a medical society, learned papers and discussions on mere abstract theories might exhibit mental acumen, but the record of everyday experience would be of much greater utility.

The equipment of a medical society, in so far as the place of meeting is concerned, and the frequency with which the

meetings are held, must be governed by special conditions. The rooms should be centrally situated, suitably furnished, well ventilated and lighted. Experience fully proves that meetings held weekly or bi-weekly are much better attended than those held at longer intervals. The meetings should open at the appointed hour. They should not, as a rule, extend over two hours, as long hours exhaust vitality and impair the interest in the proceedings. I suppose it is a matter of individual opinion as to whether or not we should retire immediately after the session is over, or spend a few minutes socially over some light refreshments. Personally, I prefer the latter, as it affords an opportunity for the members to become better known to each other, and as a result to become better friends.

We come now to consider the most essential part of the equipment of the medical society—the papers, discussions, and the presentation of cases, pathological specimens, photos, instruments and surgical appliances.

Before entering upon the discussion of these, permit me to make a short digression, for I wish to state as emphatically as I can, that there is an imperative obligation resting upon every member of a medical society, not only to attend its meetings as regularly as possible, but also to take an active part in the work. The function of a medical society is not to nurture drones and parasites, but to be a school in which all are experts and zealous students, imparting and acquiring knowledge.

Papers.

In preparing a paper at least three features should be most religiously kept in view. It should be practical, tersely and concisely written in technical language, and brief. In a society like this one, which includes the whole field of medicine and surgery, the writer of a paper has a great variety of subjects to choose from. When a choice has been made, the writer should strive to imitate the true artist—stamp his individuality on his work. He should never leave it possible for anyone to say that his paper was simply a mere repetition of what has been written in books or journals. Before writing his article, he should read every book and journal that can aid him; but his paper should be as characteristically his own as are his features or tone of voice. What one reads and hears should be to the mind what wholesome food is to the body. The cantatrice transforms her food into musical symphonies that are enchanting, and the statesman his dinner into words that are lustily cheered by his followers. If this be true of physical nutriment (and it is a scientific fact that without the proper assimilation of food we could have neither song nor speech), why not make as great a transformation in our mental pabulum? The auditory and

ocular centres were never intended to be mere wayside storehouses out of which the same thoughts should pass again, but rather to be switchboards, flashing the impressions on to the psychic laboratories, whose functions are to discover and interpret these impressions as they come, and then stamp them with personality and send them forth again to delight others and to increase the common fund of knowledge. It does not necessarily follow that the work of each one of us will equal in importance that of a Harvey, a Hunter, a Jenner, or a Lister, but it should represent the best that the opportunities of our age, our experience and our mental endowments can produce.

So much for the intrinsic worth and character of a paper, and now a few words about the form and manner of its presentation. An instrument may have considerable value in its design, but be of such poor workmanship that its worth is seriously impaired. In like manner, a paper may show much originality of thought and yet be so carelessly arranged and so poorly read that its real merit is lost to the audience. The writer of a paper should take under his "most careful consideration" the fact that an audience has only a limited amount of time and energy to spend on any one paper, and so should be extremely conservative of both. The scope of his subject should be clearly outlined in title and headings, and the language concise and technical. He should exercise all his elocutionary powers, the tone of voice being made pleasant and the pitch such as to be easily heard by all present. It is the speaker's duty to make himself heard, not the duty of the audience to have to strain their attention to hear him. How can one expect an audience to be interested in his subject when he buries his face in his paper and mutters away to himself? Papers should be of no greater length than is necessary to present the subject intelligently. It is as bad to overfeed an audience as it is to overfeed a baby. Too long a paper causes a wave of anguish to sweep over the faces of those who have to listen, and also a constant shifting of positions in order that they may be able to endure the affliction and mitigate their suffering as much as possible.

The Discussions.

These, like the papers, should bear the impress of the speaker. It is well to be able to quote authorities, but better still if able to qualify them from personal experience. This by no means excludes the younger members from taking part in the discussions; for how often it happens in earlier years that cases are met which furnish an experience rarely, if ever, duplicated. The youngest member may thus be able to contribute something of as great value to the society as the old veteran can, and, if you will allow a slight digression here, I

would say that this is pre-eminently the young man's age, and I wish to extend to all such a most cordial invitation to take a large share in our work. In doing so I am sure I express the feelings of all, not only of those in the strenuous period of mid-life, but also of those of us labelled with the serener graces of maturer years.

Clinical Material.

In this contingent of our equipment are included clinical cases, pathological specimens, photos, instruments and appliances. However valuable good papers and discussions may be, yet these do not seem to meet all the requirements. We rather long for something that we can see, feel and handle. The appearance presented by the morbid condition, the sounds elicited by percussion or heard through the stethoscope, the sensation produced by touch, can scarcely be overestimated as aids in furnishing information. In the absence of patient or morbid specimen, good photos are of great service, and no description of instruments or appliances can equal the act of examining and handling them.

I must not violate some of the precepts I have laid down, so will briefly summarize this phase of my subject as follows: The equipments of a medical society are, a home in a central locality with suitably furnished, well-lighted, properly ventilated rooms; weekly or bi-weekly meetings, beginning sharp on time, and of about two hours' duration; short, practical papers and discussions, bearing the impress of originality and personality; presentation of clinical cases, pathological specimens, instruments and appliances; a large membership, with punctual and regular attendance.

In conclusion, am I not justified in saying that any physician who makes it his business to join the Toronto Medical Society, or one of its sister societies, will find a place and an equipment that, taken together, will insure his success; not always, it may be, if judged from the pecuniary standpoint alone, but assuredly success in that far worthier achievement, the ability to do good work?

ADDRESS ON OPENING OF MEDICAL SESSION, TORONTO UNIVERSITY, OCTOBER 3RD, 1904.

By J. ALGERNON TEMPLE, M.D., Toronto.

Mr. President, Ladies and Gentlemen,—I must acknowledge with deep feeling the honor which my confreres have conferred on me in selecting me to deliver the opening address to you this session.

To-day we enter upon the second session of the combined schools of medicine, and if the past session be an earnest of the success which we are to meet with in the future, we have reason for congratulations.

We are this year continuing the work for which the foundation was really laid last session, the work made possible by the amalgamation of the medical colleges, the construction of this building, and the equipment of laboratories contained therein, presenting a combination sufficient in efficiency and equipment to guarantee a medical education for the country which will bring it into the foremost rank of the world.

In no department of knowledge has the separation of thought from the tangled mesh of scholasticism been followed by more or greater benefits to science and humanity than in medicine. Since reason displaced authority, and demonstration superseded unverified hypothesis, medicine has gradually worked its way into the front rank among so-called natural sciences. Thanks to the methods of experimentation, medicine, as an art and a science, has made more advance in the last two centuries and a half than it had made in the previous eighteen.

If this work is to continue and grow it can only do so by the distribution of that knowledge regarding medicine, which, when thoroughly comprehended, will appeal to government and people alike, and compel that support which even no higher motive than self-preservation prompts. Over and over again it has been demonstrated that the increase of medical knowledge is an asset of value to the community in which it has occurred. Let us stop for a moment to survey some of the branches of our work which more intimately touch the masses of people. I do not propose or claim to be able to present a perfect and complete portrait of the marvellous progress of our craft, but even the dullest can see some rays of light in the picture which must appeal to them very strongly. No more than half a century ago the unfortunate, suffering from that direst of all afflictions, the loss of reason, was separated from his fellows,

and subjected to restraint, confinement, torture, chains and fetters. But fifty years of progress and advancement have abolished all this, and to-day the bond and the straight-jacket are the things of the past, while sunshine, comparative happiness, home comforts, the development of restful surroundings, proper nourishment, freedom from care, and the supplying of well-regulated pleasure have become the lot of this class of sufferers. Again, when we turn to the department of surgery, and survey even superficially the marvellous progress and attainments of this department of our art, when we stand in horror before the pictures of the suffering, torture and agonies endured prior to the time of Sir James Y. Simpson; when we read in our literature of the hemorrhage from the amputated stump being checked by the application of melting tar and red-hot iron; when we endeavor to enumerate those regions of our body which were forbidden the surgeon because of the writhings unavoidable in the absence of anesthesia; when we see to-day the results of the ligature and antisepsis; when we read of the success of the abdominal surgeon and the almost fairy pictures revealed in intra-craniectomy rendered possible alone by the quiet and unostentatious yet unremitting labors of the plodding student, is it any wonder that we should apply for some measure of recognition from governing bodies, or from the great mass of the public, who either do not know, or do not heed these great achievements? When we look again at what has been achieved by the pioneers in medicine we find a great improvement in sanitary conditions, a marked diminution of preventable diseases, and an almost total suppression of some of the devastating plagues so prevalent fifty years ago.

If this country is to keep its place, if it is to sustain its reputation and its scientific prowess, two things must assuredly happen. The Government must recognize more fully than it has in the past the real commercial value of scientific education and scientific work; and the creator of wealth must also realize that he owes some measure of his success, and some of the money made, to the great institutions whose walls sheltered the quiet and unknown student in his scientific investigations, the results of which are too often absorbed by what the public recognize as the successful manufacturer. It remains with the Government to do its part in this great amalgamated scheme, and realize the necessity at once of endowing such Chairs as Bacteriology, Hygiene and Pathology, and in furnishing sufficient funds for securing teachers who will be able to give their undivided attention to these all-important branches. It remains for the wealthy merchant to follow the examples of those in the republic to the south of us.

The recent generous and munificent gift of Mr. Cawthra Mulock, I hope, will stimulate some of our wealthy citizens to follow his example and give of their abundance. I trust Mr. Mulock may be spared for many years to see the fruits of his gift abundantly realized, for to no better cause could he devote his wealth than the furtherance of clinical research and the relief of the suffering poor.

I extend a most hearty and cordial welcome to those of you who have already been associated with us in the past, and also to those who for the first time appear here to-night. I should express the hope that the same devotion to study, which has in the past characterized the medical students of this University, will be fully maintained by the class of this session, and the mutual respect and good-will which has existed in the past between professors and students will continue, developing a kindly feeling and interest in each other. I can assure you, gentlemen, that you have no warmer friends or well-wishers for your future welfare than your professors. Long after you leave these halls your progress in life is watched, and your successful climbing up the professional ladder affords us both gratification and pleasure.

The science of medicine requires a wide and varied experience in other departments of knowledge; it is not enough for you to confine your studies to medical works alone; you ought to be well read in other subjects, or you are apt to become narrow in your views. The more time you can devote to other branches of science the better fitted will you become to understand the many complex subjects of medicine. The great aim of medicine is the prevention of disease, the preservation of health, and the cure of disease.

Medicine is one of the most difficult studies you can enter upon. To grasp fully all that has been written to-day on medicine is a task not lightly to be undertaken. It will require all your energies and determination to master, even in a most superficial manner, its very outlines; yet for all that it is one of the most interesting and attractive studies you could possibly select, and as you proceed step by step its attractiveness and beauty will gradually unfold itself to your mind.

The first year or two of the student's life is the most momentous time of his whole student career. If he wastes that time he can never recall the lost hours. If, on the other hand, he avails himself of the opportunities placed within his grasp, he lays a foundation which will ever prove invaluable to him; and when he passes from the class-room to the hospital wards he will never come out of them without having learnt something he never knew before. His future may be either a success or a failure; it rests with himself which it shall be. I

am no believer in what is called "luck" or "fortune," but believe every man's success depends on his own steady and persistent labor; his future success is largely under his own control; the truly successful men are those who do their work and do it with all their might. The lazy, procrastinating, waiting man is, with few exceptions, a disappointed man; he waits and waits for something to turn up, but he waits in vain; his life slowly passes away; the opportunity he hoped for never comes, and in the sunset of his days he finds himself a disappointed man, his youth spent, his energies dead, his hopes extinguished; he has wasted a life which might and ought to have been better in its success, and yet even then he fails to see he has himself alone to blame.

Enter on your studies with a firm determination; work methodically; lay out for yourself a certain amount of work to be done daily, see that it is done, let nothing prevent your doing it; do not let yourself become careless or indifferent to your work; you may often feel weary, fatigued, or even despondent, but do not let your feelings conquer you, and there can be no question of failure in the end. Success is sure to be yours. Constant and regular attention in the lecture-room is essential. I am thoroughly convinced that didactic teaching is as essential to the student as any part of his whole training. I do not wish to overburden the student with lectures, but I fear there is a tendency in some quarters to ignore their usefulness. This, I think, is a great mistake. There was a time when too many lectures were required of the student. He was compelled to follow the same course of one hundred lectures on one subject twice over—an obvious absurdity. The Ontario Medical Council wisely cut the lectures down to one-half of their former number.

In these days the science of medicine is making tremendous strides, encouraged and prompted by laboratory research, and many a seemingly small discovery may mean a great bound in professional advancement; but whilst the laboratory undoubtedly has its purpose, and the cloister studies of original research may result in invaluable benefit to the medical practitioner, we must not forget the wide field of medical work, where nature plays the part of a cruel and relentless vivisector, producing many an experiment which you will be asked to interpret, and the results and bearings of which you must forecast with a certain degree of absolute accuracy. In the life of a medical practitioner the laboratory must never be permitted to supersede that larger laboratory, the hospital ward, nor the study of those intricate problems of disease whose relief is the life-work of the true physician, and whose surroundings are often dissimilar in every way from what he might be led to fancy they

would be from studying only the narrower feature in laboratory research.

The importance of hospital attendance is extreme; here you will learn the habit of observation, and familiarize yourself with investigations into the diseased conditions of man. Clinical investigation at the bedside will give you confidence in yourself and enable you to investigate for yourself the various forms of diseases.

Reading and study are essentially necessary to acquire the knowledge of the causes and symptoms of disease, but clinical experience is still more necessary to enable you practically to apply that knowledge. The responsibility that rests on you as a practitioner is very great. To your care and skill will be entrusted many a valuable life, and if you should prove ignorant, incompetent, and not prompt and decisive in action, you may perhaps be the means of losing a life, of depriving a family of the love and care of a mother or father whose place can never be filled. If, on the other hand, you are competent, you will have the undying satisfaction, it may be, of snatching a life from the very jaws of death. What can be of more satisfaction to any man than such a reward? No pecuniary remuneration is equal to your own consciousness of the successful discharge of your duties. The grateful thanks of the poor man, who has only thanks to offer for your services, will be esteemed by you as of more value than the money of him who only values your services at so many dollars. The day you are enrolled as a member of the medical profession your responsibilities begin. Until then you have scarcely known what responsibility means: and as you proceed in your professional career, responsibility continues to increase with your increasing work. You will some day realize the tremendous weight of this responsibility; when, for instance, you stand at the bedside of some stricken and dearly-beloved member of a family who have called you in, and who have placed their whole trust and confidence in your skill. The stricken one may be the head of the family, the breadwinner, upon whose daily work depends the existence of a large family, or it may be the beloved mother. Or, again, it may be a child, perhaps the only and dearly-beloved child, for whom your ministrations are sought by the sorrowing parents, the going out of whose life would crush their every hope, and you stand there entrusted with their full confidence. They will watch your every movement—they will listen eagerly for some words of hope from you. Upon your decisive action, your skill, the balance is turned, the life is snatched from the grave. Do you not think that this is a responsible moment in a man's life? Is it not sad to think, on the other hand, that through ignorance, neglect and carelessness, you may have

helped to sever the tender cord that bound that precious life to the bereaved family? We cannot save every life, but we are expected most assuredly by our patients at least to commit no gross blunders.

The practice of medicine demands of us the greatest devotion and self denial—and not unfrequently, true heroism. It is not in the din of battle, or the excitement amid the roar of cannon and shouts of the victors, that he is called upon to do some act of bravery, but in the hush of some dread disease or epidemic, that the physician daily takes his life in his hands, and goes in among the sick and dying. There he is to be found, ministering to the suffering, soothing their last moments, never thinking of himself or the danger he is exposing himself to, but only of the faithful discharge of his sacred duty. How many noble men in the past have, under such circumstances, sacrificed their lives in their endeavors to stem some dread epidemic, to find out some mystery about the disease that is rushing over the land.

Truthfulness and loyalty must at all times characterize your life and actions. Be loyal to your King, your country, your profession and yourselves. Never be tempted to do a mean thing. Some day in the near future you will come to this great university to seek at her hands the highest gift she has to give, viz., her diploma. I tell you, gentlemen, if she could foresee that you would some day tarnish her honor by some dishonorable act, no inducement, however great, would tempt her to entrust you with that diploma. She looks to you to help build up her reputation and not drag her honor in the mire. If your only object in seeking admission to the ranks of medicine is to gain wealth, you will be doomed to disappointment. Few, indeed, are those who succeed in that direction.

It is only the charlatan and quack who amass great fortunes out of the too credulous public. The public are only too ready to read their pretentious advertisements and ludicrous promises to cure all ills human flesh is heir to. Few, apparently, ever stop to enquire into the truthfulness of their glowing promises. The public press of this city teems with quack advertisements that are simply disgusting, a disgrace to our public prints, and I cannot understand why such advertisements are permitted in our midst—why any respectable newspaper will permit them on its pages.

If the profession has to maintain its high position, truthfulness and honor must reign supreme in all the dealings of its members. Lapses from moral or professional rectitude are never profitable In the majority of instances they are wholly and completely ruinous; and whilst one might fancy they

would afford temporary relief in cases of stringency, they all lead to one central pit of everlasting and complete professional failure, Two wrongs never make a right. If your colleague and competitor resorts to unprofessional action, it does not justify or excuse you in similar conduct.

The establishment of a post-graduate course here during the past summer was a step in the right direction, The usefulness of a post-graduate course has been proved beyond measure by the success which has attended these post-graduate schools in Berlin, Vienna and New York, and I venture to say it only wants time to prove the same of our own. We have the material and the men to make post-graduate work a success, and practitioners throughout our province will not be slow in availing themselves of the advantages to be gained from attending for a few weeks from time to time a practical course in hospital and laboratory work. After a man has been in practice for some years, isolated, in many instances, the advantages to be derived from returning once again to the hospital and laboratory must be of immense advantage to him.

The progress our profession is making in educational matters ought to be a source of great gratification to us all. The preliminary education required of our students prior to entering on the study of medicine compares favorably with that of the Old World. The elevation of the standard of education tends to elevate our profession and to draw to its ranks a better class of students, and providing the standard is not raised too suddenly and beyond our requirements, no harm can come of it. Wherever possible a liberal education should always precede professional education and training. The student who is liberally educated, who has imagination and originality, will never be in danger of regarding his degree in medicine as merely a bread-and-butter degree. To do his work honestly and well is his first consideration. His income, though a very important consideration, will ever be a secondary consideration to the man of wisdom and honor. He who puts income first will never achieve success in the best sense of that much-abused word. I cannot too strongly impress this fact upon my young friends. Nor can I impress upon them too strongly the necessity of being reading men, not only now, but all through their lives. The gift for reading is a priceless gift. Few have it by nature, but fortunately it can be acquired. The world's great men have invariably been great readers.

Those who are gathered together here this evening are not all members of the medical profession or preparing to become members of it, not all alike interested in its welfare and repute. Much that I have said will, I fear, be of little practical concern to the laity, yet there is no other profession in whose well-being

and reputation the public is really so deeply and practically concerned as in the medical profession. To every man, woman and child in the community the standard attained by this profession is of immense moment. Disease is no respecter of persons. No individual can afford, then, to be indifferent to those things which make for a skilful and learned and highly efficient medical profession. The law of self-preservation, if no other, would point out the folly of indifference. Yet for all that, and in spite of the greater prevalence in these present days of the altruistic spirit, we cannot say that the present state of public opinion in Canada with respect to the value of professional instruction of high university rank is what it should be. When the mass of the people appear to be hungering for quacks and quackery and patent medicines, a strong public opinion in favor of education of any kind is scarcely to be expected. On the earnestness with which the Canadian public regard education in general, and on their consequent willingness to spend money on it depends in large degree the standard which will be won and maintained in the Dominion. We should allow no country to surpass us in advanced subjects of medical instruction. I have no hesitation in saying that the standard of medical education in a country is one of the most sure, if not the surest, of tests for judging the intellectual status of its people, the stage it has reached in civilization. Disregard for human life is invariably a sign of a low civilization. Moreover, money spent on education is a magnificent investment for any country. You cannot estimate a nation's greatness merely by the number of bushels of wheat it exports, or by its miles of railways and canals, or by its lines of steamships, or by its coal, its iron, its gold, or by its forestry. Yet, when our orators would tell what great people we are, what very fine fellows we are, it is on these things they dilate. No, a nation's greatness is weighed in balances more delicate than those that weigh material things. Its standard of greatness, of success, cannot be measured in dollars —so many dollars, so much success. That country promises to be the greatest which most clearly recognizes the indisputable fact that of all subjects deserving the serious consideration of the people, education is the most important, moral and spiritual, of course, as well as material. Buckle, in his well-known "History of Civilization," tells us that the acquisition of fresh knowledge is the necessary precursor of every step in social progress, and must itself be preceded by a love of inquiry and research. It is not enough for us to be passive recipients of the accumulated inherited thought of the ages gone before. A nation to advance must make original contributions to knowledge and learning. A profession to advance must likewise make original contributions to knowledge and learning. It cannot stand

still. To keep medical instruction abreast of medical progress the professor must lecture on what he is doing, on what he is discovering by research and not on what other people have done or discussed. Do our public men, and the power behind them, recognize this fact? Are they doing what they can to promote liberal education and the highest professional training? Do they realize that the one great and chief office of education should be to call forth and develop whatever spirit of originality, whatever element of genius may lurk in the mind, and that this cannot be accomplished without our students acquiring the methods and habits of scientific research, and enjoying opportunities for the prosecution of such research, and abundant facilities in the way of libraries, museums and laboratories? Is all this realized by our public men and by the people who pick them out from their fellows and send them as representatives to parliament? There can only be one answer to this question, but I will leave it to you, ladies and gentlemen, to determine what that answer is. In reading the various reports of the members of the recent Mosely Educational Commission, nothing impressed me more than the intense belief of the Americans in education, the enthusiasm for it which is everywhere manifest, the consequent willingness of Government and people to pay for it, and the amazing liberality of their wealthy men in promoting higher education, both liberal and professional. It is at least one characteristic of our neighbors which we can all admire without reservation. They have more money than we have, but they should not have more enthusiasm for learning and culture. I am an intense believer in the ability and stability of my own people. We have few failures in the medical profession in Canada, and fewer still who slide down hill and eventually join that unhappy class popularly known as the "submerged tenth." My own experience leads me to believe that nearly everyone who comes to our medical school has enough of the right stuff in him to enable him to be trained and instructed, and sent forth from our halls a good physician or a good surgeon. All cannot be great successes. Clever, successful men are, to a large extent, born, not made. But fresh and living and stimulating education, opportunities and facilities in the way of libraries, laboratories and museums for independent study and research can go far toward insuring a man's success. For these reasons I appeal to our public-spirited citizens, to those who appreciate the high value of the coherent and civic conception of education, to aid by their personal influence the creation of a public sentiment in this country more in favor of intellectual progress, of intellectual independence, more in favor of promoting the higher interests of professional learning. May I venture to go further and to say it is the duty of everyone

who has mind enough to realize its importance, thus to exert his personal influence? The word "duty" has not always an agreeable sound, but it is, as the late Bishop Phillips Brooks once remarked, the one thing on earth that is so vital that it can go through death to come to glory.

Before I close I wish to offer some few remarks embodying the main reasons which induced the old Faculty of Trinity Medical College to join with that of the Provincial University. I regret with all sincerity the passing away of Trinity Medical College; she has done noble work in the past, and her record was one of continued success; her graduates, numbering upwards of two thousand, are scattered over the whole world. Many hold positions the foremost in the ranks of the medical profession; they are to be found in our legislative halls and in positions of public trust, and although Trinity Medical College exists no longer as a teaching body, yet her reputation survives, and her graduates, from their high and distinguished positions, testify to the liberal education which they received at her hands. Our Faculty, however, felt that the progress of medical education to-day was such that its demands could not any longer be supplied by private enterprise or by proprietory medical schools. The use of public and private funds is essential for the advancement of our science, and we could not expect these so long as we existed as a private corporation. We amalgamated relying on the hope that we shall receive both government and private assistance, such as that now so generously given to McGill and many of the great universities throughout the United States. Again, amalgamation was in a degree imposed upon us by the attitude and earnest desire of Trinity University, of which we were indirectly a part. For some years past we knew that federation with the Provincial University was the policy of Trinity University, and we realized that it would take place, and upon its consummation leave our students pratically without a place for graduation. The Provincial University offered us liberal and honorable terms of amalgamation, assuring us that the professorial staff of teachers, the graduates and undergraduates would receive generous treatment. We realized that these were advantages which later we might not have been able to secure. By the arrangement which has been entered into all the graduates in medicine of Trinity secure enrolment and status in the Provincial University, enjoying the same rights as her own graduates in the selection of representatives to the senate and governing bodies of the University.

In conclusion, I can but thank you for your patient hearing, and wish you all the most abundant success in the honorable calling which you have selected for your life-work.

ADENO-MYOME DES UTERUS.

BY THOMAS S. CULLEN, M.D.,
Associate Professor of Gynecology Johns Hopkins University, Baltimore.

This "Arbeit" by Cullen was intended for the "Festschrift" of Johannes Orth, of Göttingen, on the completion of his twenty-fifth year as Professor, contributed by his assistants, students and friends, but was not included in the original publication, owing to the fact that it was delayed in transmission and consequently it appears as a separate publication. It deals with the rare condition of adeno-myoma, which consists of the ordinary myoma of the uterus plus the presence in the myoma of glands resembling the normal glands of the uterus.

Myomata are undoubtedly the most frequent form of uterine tumor, and are made up of interlacing bundles of smooth muscle cells resembling those of the normal uterus.

From time to time glandular elements had been described in myomata, and in 1896 Recklinghausen went deeply into these cases and came to the conclusion that these glandular elements arose almost always from the remains of the Wolffian duct, or in other words, had no relation to the normal uterine glands which arise from the duct of Mueller. Cullen undertakes to prove that this is not the case, but that the glandular elements are in the majority of cases direct offshoots from the normal uterine mucosa, and, moreover, that they are or were in direct communication with the cavity of the uterus, although perhaps by tortuous channels.

These adeno-myomata, or myomata plus glandular elements, form a distinct class and are easily diagnosed microscopically, and can often be recognised from the gross specimen, but, as they clinically resemble ordinary myomata and are very frequently associated with them, the diagnosis is not usually made clinically.

The author divides them into three classes for clinical purposes although the distinction is not a hard and fast one:

1. Adeno-myomata in enlarged but normally shaped uteri.
2. Subperitoneal or interligamentary adeno-myomata.
3. Submucous adeno-myomata.

The two latter classes do not differ from the ordinary myomata in their relation to the normal muscle, but the first class extend from the mucosa outwards and may involve half the thickness of the wall or may even extend to the peritoneum. Occasionally they are restricted to the anterior or posterior wall or may be in both together. The thickening is diffuse, and the outer border passes gradually into the normal muscle in

contradistinction to the ordinary myoma, which is sharply marked off from the normal muscle.

Cullen shows by careful microscopical examination and injection experiments that the uterine mucosa is directly continuous with the glandular elements in the diffuse myomatous thickening, and he believes that the same holds true, or at one time did, in the other two classes.

From the peculiar structure of the glands, the stroma, the persistence of the function of the mucous membrane shown by the presence of blood or its pigment in the cysts where the glands can dilate to form such, and from the fact that we know how the normal uterine muscle, by repeated contractions, changes an interstitial to a subperitoneal or submucous myoma, the author concludes as follows:

Every adeno-myoma of the uterus, in which the glandular elements resemble those of the normal uterine mucosa and are surrounded by a stroma such as occurs in the normal uterus, derive their glandular elements from the uterine mucosa or from the duct of Mueller, no matter whether they are interstitial, subperitoneal, submucous, dense or cystic. G. S.

SILK LIGATURE IN INTESTINAL ANASTOMOSIS.

By A. GROVES, M.D., Royal Alexandra Hospital, Fergus.

On July 30th there was admitted to this hospital a patient, female, aged sixty-seven. She was extremely emaciated, and her great complaint was persistent vomiting which had existed for about nine months as a daily occurrence; indeed, during that time she usually vomited several times daily. For five or six years previously she had been greatly troubled with her stomach, with vomiting every now and then. Examination revealed nothing in the way of a tumor, but her stomach was dilated, easily retaining 126 ozs. of fluid. A diagnosis of pyloric obstruction was made, and on August 4th a laparotomy was done. A tight pyloric stricture, apparently the result of an ulcer, was found, and for the relief of this a linear pyloroplasty was done, the wound in the pylorus being put together by means of sutures passing through all the coats of the stomach and duodenum, above which a line of Lembert sutures was put in. In order to provide ample drainage for the dilated and atonic stomach, a gastro-jejunostomy was done, the jejunum at about twenty inches from its origin being united to the great curvature of the stomach about three inches from the pylorus.

To prevent a possible vicious circle, an anastomosis was made between the two limbs of the attached jejunum. In making these anastomoses the method advised by McGraw was used, but instead of a rubber cord a strong silk ligature was passed and tied as tightly as possible. By the sixth day vomiting had entirely ceased, and by the twentieth day she was taking an ordinary diet, including potatoes and meat, the quantity taken at any one time being limited. From this time on she rapidly gained, and expressed herself as being entirely free from any digestive trouble.

Theoretically and practically there does not appear any good reason for using rubber cord rather than silk in these operations; indeed, I think silk preferable, although I have used rubber several times. There is no question that silk will cut through rapidly, even more so, I imagine, than rubber, because it can be drawn tighter; in fact, the tissue caught in the thread is instantaneously strangulated. Furthermore, the crushed tissue will be disintegrated more rapidly when surrounded by an absorbing ligature soaked in digestive fluids, rather than an impermeable rubber cord which, to some extent, protects the crushed tissue.

If, then, silk, or linen which is quite as good, will answer the purpose as well if not better than rubber, it is to be preferred, for rubber is not always at hand, and as it deteriorates with keeping it is by no means reliable, unless quite new. Again, silk in its use requires no special needles or instruments, and is easier to work with, which always counts for something if efficiency goes with it.

The more I use McGraw's method the more I am impressed with its value. Taking all things into consideration it appears to be the safest and best means of making a visceral anastomosis, especially in cases like the above where there is time for the ligature to cut through without danger to the patient.

Selected Articles.

THE FACULTY OF MEDICINE, UNIVERSITY OF TORONTO.

By R. A. REEVE, M.D.

No university can afford to discard a Faculty of Medicine, and our own Alma Mater is, of course, no exception. It cannot, indeed, be denied that a Medical Faculty gains a great deal by being an integral part of a university in spite of the loss to some extent of the autonomy of the purely voluntary medical school. But the gain is reciprocal. The addition of a staff of at least sixty, exclusive of those teaching the medical students on the Arts side in Chemistry, Physics, Biology and Physiology, and of at least six hundred students, must add greatly to the strength of our own university. And this, not only because numbers count but for other reasons. All of the staff proper belong to a profession which has a history and ideals which, at least, tend to develop a good type, and mean work and progress, if for no other reason than that medicine touches all other sciences. There is, too, a community of interest and of sentiment which tells insensibly and keeps alive a proper and healthy ambition on the part of the individual and the body, to stand well and not to be outdone, the wholesome discontent with to-day and the purpose that to-morrow shall be better. Add to this, let me say, advisedly, a loyalty on the part of the Faculty of Medicine which does not begrudge personal sacrifice for the common good. In proof of which one need only point to the action of the Faculty four years ago in its successful effort to secure a new building and provide for its share of the cost, upwards of $100,000, by an annual tax of over $5,000 It is plain, therefore, that the heart-beat of university life must be made the quicker and stronger by virtue of its influence. There can be no doubt also of the great and growing reflex benefit to their Alma Mater of the lively personal interest in her welfare on the part of hundreds going out on the medical side, an earnest of which was given last year by the contribution of upwards of $4,000 to the Convocation Hall Fund by the students of the Faculty of Medicine. One need hardly go into details here in proof of progress in methods and work, but two or three instances in point may be cited: The aim of the Faculty has been to reduce rather than increase the hours of set lectures. It has desired for years, *e.g.*, to curtail those upon materia medica proper, feeling that the old-time treat-

ment of the subject had become wasteful and irksome. In the new order of things begun this session, the course upon crude drugs *per se* gives place largely to the experimental study of the physiological and toxic effects of their active principles carried out in the laboratory and to special practical instruction in the qualities and use of drugs singly and in combination.

A recent advance made possible by the fine suite of laboratories in the department of Physiology housed in the new medical building, is practical instruction in physiological chemistry by Professor A. B. Macallum; and the securing of much better facilities for teaching experimental physiology. Professor Ramsay Wright, also, thereby gains more room for needed expanse in the important department of biology, etc. The new course of experimental physics in charge of Professor McLennan will be a distinct and welcome advance in the practical study of the subjects it embraces.

The new B. & P. course, which enables one to secure B. A. and M. B. in six years, while safeguarding the former degree, will prove a boon to those who wish to gain the distinct advantages afforded by the double course. It is a step towards the point to be kept in view and which has been reached in a very few institutions, a compulsory B.A.

The outlook: That the Faculty two years ago had reason to felicitate itself, at the end of its fifteenth year, was shown by its new building nearing completion and by the unexpectedly large increase of students, and the success of its graduates, not a few of whom had won good positions in Johns Hopkins, Chicago, Cornell, and other universities and institutions. Then still greater promise of a successful future lies in the union with it last year of the Trinity Medical Faculty—as a result of federation—with a harmony and cordiality most noteworthy, adding largely to its strength by virtue of its personnel and of the status and numbers of its alumni. Last year a post-graduate course was begun, and it will be carried on, the large staff permitting of special instruction to practitioners who wish to perfect themselves. A thorough and most practical fifth-year course also was instituted last year, and will doubtless prove increasingly acceptable and useful. Research work has been aimed at as a valuable feature, and in this connection it is most gratifying to record the thoughtful generosity of Mr. P. C. Larkin and his interest in the work and success of the Faculty, in supplying a fund to perpetuate a Research Scholarship which has been in force for several years. There are also available the George Brown Memorial Research Scholarship and the Starr Medals, with doubtless others to follow. The recent munificent gift of $100,000 by Mr. Cawthra Mulock to

provide for an out-patient hospital, with the special proviso that it shall be used for clinical teaching, has caused intense satisfaction. It gives much-needed aid on the eleemosynary side and will do splendid service educationally. It will greatly promote that practical training which the Faculty has always aimed at as a fitting sequel and complement to the thorough grounding in the primary fundamental subjects, and which explains the high proportion of teachers to students of about one to ten. It is ardently hoped that the steps being taken to make Mr. Mulock's fine gift the initial feature of a large scheme which will make unexcelled provision in buildings and equipment, etc., to be utilized by the Faculty, will meet with success. It will bring us much nearer the ideal state of things from our standpoint where the hospital is a great school as well as a splendid charity.—*The Varsity.*

AN EMINENT PHYSICIAN'S VIEWS ON IMMORTALITY.

The brilliant, though pessimistic, address on "Science and Immortality," delivered by Dr. William Osler as the Ingersoll lecture at Harvard University this year, has just appeared in book form. Dr. Osler stands well at the head of the medical profession in America and is accounted the most brilliant orator in his fraternity. He is Canadian by birth, but has spent many years of his later professional life in Philadelphia and Baltimore. His recent appointment by the King of England as Regius Professor of Medicine at Oxford University crowns him as the highest medical authority in the British Empire.

In dealing with the existing conditions of thought in relation to science and immortality, he divides those who think about the question of immortality at all into three classes—"the Laodiceans," or those who, while accepting a belief in immortality and accepting the phrases and forms of the prevailing religion . . . live practically uninfluenced by it"; "the Gallionians," a group "larger perhaps to-day than ever before in history," who "put the supernatural altogether out of man's life and regard the hereafter as only one of the many inventions he has sought for himself"; and a third, "the Teresians," who "lay hold with the anchor of faith upon eternal life as the controlling influence in this one."

Enlarging upon his first subdivision the author says:

"The natural man has only two primal passions—to get and to beget; to get the means of sustenance (and to-day a little more), and to beget his kind. Satisfy these and he looks neither

before nor after, but goeth forth to his work and to his labor until the evening, and, returning, sleeps in Elysium without a thought of whence or whither. At one end of the scale the gay and giddy Cyrenic rout—the society set of the modern world, which repeats with wearisome monotony the same old vices and the same old follies—cares not a fig for the life to come. Let us eat and drink; let us enjoy every hour saved from the eternal silence. . . . Even our more sober friends, as we see them day by day interested in stocks and strikes, in baseball and 'bridge,' arrange their view of this world entirely regardless of what may be beyond the flaming barriers—*flammantia moenia mundi*. Where, among the educated and refined, much less among the masses, do we find any ardent desire for a future life? It is not a subject for drawing-room conversation, and the man whose habit it is to buttonhole his acquaintances and inquire earnestly after their souls is shunned like the Ancient Mariner. Among the clergy it is not thought polite to refer to so delicate a topic except officially from the pulpit. Most ominous of all, as indicating the utter absence of interest on the part of the public, is the silence of the press, in the columns of which are manifest daily the works of the flesh. . . . And the eventide of life is not always hopeful; on the contrary, the older we grow, the less fixed, very often, is the belief in a future life. . . . As Howells tells us of Lowell, 'His hold upon a belief in a life after death weakened with his years. Like Oliver Wendell Holmes, 'We may love the mystical and talk much of the shadows, but when it comes to going out among them and laying holding of them with the hand of faith, we are not of the excursion'"

The Gallionians are a class, according to Dr. Osler, more "common among the naturalists and investigators than in men devoted to literature and humanities," who "have either reached the intellectual conviction that there is no hope in the grave or the question remains open, as it did with Darwin, and the absorbing interests of other problems and the every-day calls of domestic life satisfy the mind." The reasons for this attitude are attributed to the conclusions of science, by means of which "the views of man's origin, of his place in nature, and, in consequence, of his destiny" have been entirely modified. To science, "man is the one far-off event toward which the whole creation has moved, the crowning glory of organic life, the end-product of a ceaseless evolution which has gone on for eons, since, in some early pelagian sea, life first appeared, whence and how science knows not." In accounting for the fact that modern psychological science dispenses altogether with the soul, Dr. Osler says:

"The association of life in all its phases with organization,

the association of a gradation of intelligence with increasing complexity of organization, the failure of the development of intelligence with an arrest in cerebral growth in the child, the slow decay of mind with changes in the brain, the absolute dependence of the higher mental attributes upon definite structures, the instantaneous loss of consciousness when the blood supply is cut off from the higher centres—these facts give pause to the scientific student when he tries to think of intelligence apart from organization. Far, very far from any rational explanation of thought as a condition of matter, why should he consider the, to him, unthinkable proposition of consciousness without a corresponding material basis? . . . The new psychologists have ceased to think nobly of the soul, and even speak of it as a complete superfluity."

There is an idea of immortality, which science promulgates. Thus:

"Knowing nothing of an immortality of spirit, science has put on an immortality of the flesh, and in a remarkable triumph of research has learned to recognize in every living being at once immortal age beside immortal youth. The patiently worked-out story of the morphological continuity of the germ plasm is one of the fairy-tales of science. You who listen to me to-day feel organized units in a generation with clear-cut features of its own, a chosen section of the finely woven fringe of life built on the coral reef of past generations—and perhaps, if any, you, citizens of no mean city, have a right to feel of some importance. The revelations of modern embryology are a terrible blow to this pride of descent. The individual is nothing more than the transient offshoot of a germ plasm which has an unbroken continuity from generation to generation, from age to age. This marvellous embryonic substance is eternally young, eternally productive, eternally forming new individuals to grow up and to perish, while it remains in the progeny always youthful, always increasing, always the same. 'Thousands upon thousands of generations which have arisen in the course of ages were its products, but it lives on in its youngest generations with the power of giving origin to coming millions. The individual organism is transient, but its embryonic substance, which produces the mortal tissues, preserves itself imperishable, everlasting, and constant.' This astounding revelation not only necessitates a readjustment of our ideas on heredity, but it gives to human life a new and not very pleasant meaning. It makes us falter where we firmly trod to feel that man comes within the sweep of these profound and inviolate biological laws; but it explains why nature—'so careless of the single life, so careful of the type'—is so lavish with the human beads, and so haphazard in their manufacture, spoiling hundreds, leaving many

imperfect, snapping them and cracking them at her will, caring nothing if the precious cord on which they are strung—the germ plasm—remains unbroken."

The attitude of the scientific student toward the third group, the Teresians, who, like St. Teresa, feel that to them is given to *know* the mysteries, should be, says Dr. Osler, one of reverence. Though his philosophy finds nothing to support it, "the scientific student should be ready to acknowledge the value of a belief in a hereafter as an asset in human life," for "in the presence of so many mysteries which have been unveiled, in the presence of so many yet unsolved, he cannot be dogmatic and deny the possibility of a future state." Moreover:

"He will recognize that amid the turbid ebb and flow of human misery, a belief in the resurrection of the dead and the life of the world to come is the rock of safety to which many of the noblest of his fellows have clung; yet he will gratefully accept the incalculable comfort of such a belief to those sorrowing for precious friends hid in death's dateless night; he will acknowledge with gratitude and reverence the service to humanity of the great souls who have departed this life in a sure and certain hope—but this is all. Whether across death's threshold we step from life to life, or whether we go whence we shall not return, even to the land of darkness, as darkness itself, he cannot tell. Nor is this strange. Science is organized knowledge, and knowledge is of things we see. Now the things that are seen are temporal; of the things that are unseen science knows nothing and has at present no means of knowing anything."

In a concluding word addressed directly to his audience, Dr. Osler says: "Some of you will wander through all phases [of the thought described], to come at last, I trust, to the opinion of Cicero, who had rather be mistaken with Plato than be in the right with those who deny altogether the life after death; and this is my own *confessio fidei*."—*Literary Digest.*

Progress of Medical Science.

MEDICINE.

IN CHARGE OF W. H. B. AIKINS, H. J. HAMILTON, C. J. COPP AND F. A. CLARKSON.

Cystitis from Bacterium Coli in Infants.

The following case was that of a baby, twenty months old. After three days of high fever Comba examined the urine, finding it turbid, acid, with traces of albumen and crystals of uric acid, polynuclear leucocytes and bacterium coli. He accordingly made the diagnosis of acute cystitis from bacterium coli in a child suffering from uricemia. He prescribed milk diet, alkaline waters, infusion of uva ursi five per cent., and, in succession, benzoate of soda, salol, urotropin, without any appreciable good result.

The fever was continuous, with morning remissions. After thirteen days the baby was still feverish and depressed, refusing even its milk. Comba then injected ten c.cm. of anti-colic serum (Celli-Valenti), and repeated it the following evening. After forty-eight hours both the general and the local symptoms were improved. The urine now showed leucocytes and masses of bacilli coli. The bladder was now washed out with protargol one per cent. With these measures the child gradually made a complete recovery.

On account of the grave nature of the case and the improvement resulting from the injections of anti-colic serum (Celli-Valenti), and the agglutination of the *B. coli* observed in the urine on the days following the injection, and the agglutination of the same bacillus coli in broth-cultures (to which was added the anti-colic serum), Comba felt authorized in regarding this case as one of cystitis, determined by a dysenteric form of *B. coli*.—Translated from *Giornale Internazionale della Scienza Medica*, by HARLEY SMITH.

Spontaneous Coli-bacterial Cystitis in Infants.

From the examination of seven cases of cystitis in infants, Cecchi concludes that the cystitis is due to the *B. coli*. He states, also, that the channel of infection of the bladder (when the possibility of infection by means of catheterism is excluded) is the ascending one—the urethral, not excluding, also, the possibility of infection by the circulatory and transparietal paths. The *B. coli* having reached the bladder, can set up cystitis, given certain special conditions of virulence of the bacterium and of receptivity of the organ.

Ammoniacal fermentation of the urine is not essential to the production of a cystitis. When it does exist it proves only that germs which decompose urea have entered the bladder. In this case, to the action of the bacteria is added the chemical action of ammoniacal urine, and so the cystitis may be more severe. Cecchi has employed in the treatment of these cases Scherny's urotropin and antiseptic lavage.

Professor Baculo (Univ. of Naples) states that the clinical discovery of cystitis in the course of infection by *B. coli* is frequent, both in the first and in the second year of life. In the common forms of auto-intoxication, co-existing with infection by *B. coli*, it is not seldom that one meets such complication announced by irritative bladder symptoms more or less severe, with emission of characteristic urine. Such complication is easily treated with lavage of tepid sterile water and generous doses of salol.—Translated from *Rivista di Clinica Pediatria*, by HARLEY SMITH.

OBSTETRICS AND GYNECOLOGY.

IN CHARGE OF ADAM H. WRIGHT, K. C. McILWRAITH, FRED. FENTON AND HELEN MacMURCHY.

Acute Inversion of the Puerperal Uterus.

This fortunately very rare accident occurred recently in the practice of Mr. Robert Neuschamp, of Guiseley, England, who was called in to attend a patient one week after confinement, and found the above-mentioned condition present. The midwife (who had been the patient's sole attendant previously) called in the physician on account of the collapsed condition of the patient. Mr. Neuschamp promptly made a correct diagnosis, and had the patient conveyed at once to the Leeds Hospital and placed under the care of Mr. Croft, who accomplished the task of reduction by taxis under anesthesia.

The patient progressed satisfactorily, and left the hospital on the 16th day. Examination on that day showed no displacement, and a firmly contracted and normal uterus for the third week of the puerperium. The history of the case indicated that traction on the cord by an ignorant and unskilful midwife had been the chief cause of this catastrophe.

Primary, Intermediate and Secondary Repair of the Anterior Vaginal Wall after Labour.

Under the above title Dr. Barton Cooke Hirst, of Philadelphia, brought before the Section on Obstetrics and Diseases

of Women (American Medical Society) some considerations relating to the time and method of repair of pelvic lacerations. He prefers repairing lacerations five or ten days after labor. These views were opposed by Dr. Price, of Philadelphia, Dr. Bartenshaw, of New York, and others, who pointed out the advantages of repairing the pelvic floor at once, or else waiting until after the puerperium.

Heart Disease as an Obstetric Complication.

Dr. C. S. Bacon, in a recent paper on this subject, urged special attention to the diet, hygiene and exercise of patients with such a complication. He thinks milk is the best food for them. During labor he recommends the inhalation of oxygen to relieve the strain on the heart, and prefers ether to chloroform, if an anesthetic is necessary.

An Emergency Anesthetic Dropper.

T. M. McIntosh, M.D., Thomasville, Ga. (*Charlotte Medical Journal*, June, 1904), suggests the following means of securing an excellent anesthetic dropper when the regular drop-bottle is not at hand: Take an ordinary two-ounce vial with a cork stopper, and cut two small grooves in the side of the cork, running from end to end, on opposite sides. "Thus was made," he says, "the best and simplest anesthetic dropper, one groove being the inlet for air, the other the outlet for chloroform. The size of the grooves can be changed by pushing the stopper in deeper, thus narrowing it, or drawing the stopper out and enlarging the grooves."

An Undescribed Sign of Occipito-Posterior Positions.

A hitherto undescribed sign in occipito-posterior positions of vertex presentations consists in a dimpling of the skin about three-fourths of an inch behind the margin of the anus, in the middle line. It may be seen during the uterine contractions, after the head has entered the pelvis, and is due to the backward pressure of the occiput upon the posterior fibres of the levator ani. These fibres arise from the front of the spines of the ischia, and are inserted into the sides of the coccyx near its tip. The ano-coccygeal ligament, which is attached to the tip of the coccyx, is also adherent to the skin, so that when the tip of the coccyx is raised by the levator ani the movement is also imparted to the skin overlying the ligament, and dimpling results. The sign has not been noticed in every case of occipito-posterior positions observed, but principally in the difficult ones. The reasons for this must be obvious. F. F.

Thyroid Extract in Eclampsia—A Review.

In June, 1901, Dr. Oliphant Nicholson, of Edinburgh, read a paper before the Edinburgh Obstetrical Society on this subject. His theory is that "puerperal eclampsia occurs as the result of some failure in the process of proteid metabolism, and that the failure to deal efficiently with nitrogenous substances is due either to deficiency of iodothyrin or to impaired activity of the secretion. Under these conditions the object of proteid metabolism is not obtained, and the final product—urea—is not manufactured." Further, that when the system is deprived of the vaso-dilator effect of the secretion of the thyroid gland, vascular spasm is produced by the internal secretion of the suprarenal bodies and suppression of urine and defective elimination result. Thus directly and indirectly, too, hypo-thyroidism tends to produce toxemia. A second paper followed in the *Journal of Obstetrics and Gynæcology of the British Empire*, in July, 1902, in which four cases were cited by Dr. Nicholson in support of the thyroid treatment. The favorable results claimed were: 1, Re-establishment of di-uresis and disappearance of albumen; 2, disappearance of nausea and vomiting; 3, reduction of pulse-tension; 4, possibly some specific action. In three of these cases, however, the child died *in utero*, and the improvement in the symptoms may possibly have resulted from this fact.

In January, 1903, at the Edinburgh Obstetrical Society, Dr. Linn cited two cases in which the thyroid treatment had done no good. At the same meeting Dr. Nicholson reported two more cases in which it had done good, and spoke of the importance of having a fresh and active preparation of the gland.

In the *Journal of Obstetrics and Gynæcology* for January, 1904, Dr. Nicholson gives the history of another patient treated with thyroid, and subjoins pulse-tracings showing the effect of the remedy in reducing pulse-tension. This history also shows that the quantity of urine increased greatly as the pulse-tension fell, and the patient's other symptoms improved.

In the June number of the same journal Lieut.-Col. Sturmer, of the India Medical Society, Superintendent of the Government Maternity Hospital at Madras, gives statistics of forty cases of eclampsia in which thyroid extract was given in addition to morphia and saline injections. The figures for the previous years are as follows:

	Cases	Recoveries	Deaths	Per Cent.
1871	16	9	7	44.4
1881	15	8	7	46.4
1891	23	21	3	13.0
1901	25	14	11	44

This seems to us a very high death rate. The author explains

it on the grounds that many of the patients are brought long distances and are moribund on admission to the hospital. Under thyroid treatment—forty-one cases—the death rate was 12.2. The writer states that "the symptoms of giddiness, disordered vision and vomiting passed away, and in one case the urine increased from a few ounces to 120 ounces in twenty-four hours." The present writer has given thyroid in two cases in which eclampsia seemed to threaten. Lessened pulse-tension and increase of the quantity of urine certainly followed. The late Dr. Milne Murray reported one case in which a condition of extreme asthenia with rapid pulse followed the use of thyroid. The patient recovered.

Whatever may be said of Dr. Nicholson's theory, the practical results of the use of thyroid seem to warrant one in giving the remedy a further trial. The dose given in the pre-eclamptic stage is from 5 to 20 grains in twenty-four hours, according to the severity of the symptoms. In case of convulsions as much as 85 grains were given in twenty hours in one case.

K. C. M.

OPHTHALMOLOGY AND OTOLOGY.

IN CHARGE OF J. T. DUNCAN, M.B., M.D., C.M.

Ocular Symptoms in General Paralysis of the Insane.

Joffroy, *Archives de Neurologie*, 101, 1904, Vol. xvii, has an excellent clinical lecture on this subject, and reviews these symptoms, emphasizing especially their diagnostic aid in the early stages of paresis.

He has studied the ocular changes in 227 cases of paresis. His examinations were made with great care at the time of first admission, and in the majority of the cases, therefore, in the primary stage of the disease. Out of 227 cases, 212 presented ocular disturbances and the remaining 15 would probably have shown them at a later period, but as a rule only one examination was made in each case, and that upon admission.

The iris is the part of the eye chiefly affected; in its dimensions, form, or in its mobility (either to light or in accommodation), though, of course, in lesser frequency other ocular abnormalities may be present.

Inequality of the pupils (Baillarger) was found 144 times out of 227 cases; to this must be added complete double mydriasis 26 times, and extreme double myosis 29 times, *i.e.*, there was pathologic modification in dimensions of the pupils in 87 per cent. of his cases.

Irregularity in the Form of the Iris.—Departure from the

normal circular form of the iris is very frequent. Care must be taken to exclude synechiæ, traces of previous specific iritis. Both pupils were changed in shape, irregular shape (not circular) 93 times out 125 examinations; monocular deformity was found 8 times. In two cases of pupillar deformity there was no abolition of the light reflex, but in both of these cases this reflex disappeared later. Deformity of the pupils like the Argyll-Robertson phenomenon is not a symptom found exclusively in paresis, but like the latter occurs in syphilis and in tabes.

Joffroy, however, thinks it often occurs before the disappearance of the pupillar light reaction, and is in a way the precursor or the equivalent of the latter. The iris may be involved in its function. The iris changes it size—dilates or contracts, according as the eye is placed in shadows or in a bright light. This constitutes the light reflex.

The light reflex is almost constantly changed, the accommodation reflex only rarely. The loss of the former with the coincident persistence of the latter, is the Argyll-Robertson phenomenon.

Joffroy emphasizes the difficulty of distinguishing between the two, and points to the fact that unless our examination be carefully made an accommodation reflex will be obtained which will be erroneously considered a light reflex.

He gives his method of procedure, the object of which is to exclude the accommodation reflex.

His method of procedure consists, in brief, in the illumination of the eyes from a source of light behind the patient. The patient is made to read the letters on a test chart (if his mental condition permits) at a distance of four to six metres, which relaxes the accommodation. The examiner stands to one side, but not in front, of the patient, and the light is reflected into the patient's eyes by a mirror. Thus the light reflex may be obtained isolated surely from the accommodation reflex. Another method is to place the patient with his back to a window and have him fix on an object at a distance of about five metres. The size of the pupils is observed thus, whereupon turn the patient's face to the window and have him look at a distance. If the light reflex is present the size of the pupils should be less than when the back was turned to the window.

Joffroy found the light reflex affected in 75 per cent. of his cases as follows: Abolished both sides, 103 times out of 227; abolished one side and weak on the other, 14 times; weak on both sides, 35 times; abolished one side and normal on the other, 9 times; weak on one side and normal on the other, 10 times.

In conclusion, Joffroy thinks that alterations in the light reflex is one of the most valuable of the early signs in the diagnosis of this disease; of great value, also, is the determination of the irregularity in the contour of the pupils.

Atropine versus Eserine in Glaucoma.

Searles, whose article on the use of atropine in glaucoma was abstracted previously, has, in the August number of the *American Journal of Ophthalmology*, a very suggestive article, "Atropine *versus* Eserine in Glaucoma." Eserine being a myotic and atropine a mydriatic, and eserine being admittedly anti-glaucomatous, the other is supposed to be directly the opposite. In elaborating his argument Searles shows that the myotic power of the one drug and the mydriatic power of the other must be set aside—that the supposed thickening of the periphery of the iris does not produce glaucoma, but that glaucoma depends "more upon an excess of blood in the uveal tract than upon an excess of intra-ocular fluids" (Priestley Smith). He then states that if a drug will lessen the blood in the uveal tract, the high tension will be reduced, and the glaucoma be in a fair way to recovery. Eserine will undoubtedly reduce the blood in the uveal tract, therefore it is anti-glaucomatous. Atropine will also reduce the blood in the uveal tract, therefore it is anti-glaucomatous. "Atropine, then, is never responsible for increase of tension. It is a contradiction of the definition of the action of atropine to say it can be. If, then, it is not material whether a drug is a mydriatic or a myotic as regards glaucoma, the whole mystery is cleared away and eserine at once is seen to range itself by the side of atropine." . . . Priestley Smith assists eserine by adding cocaine, because it has the power of contracting the ciliary blood vessels. "And yet," says Searles, "cocaine is mydriatic. What may we expect when cocaine is added to atropine . . . in facing glaucoma? It renders atropine invincible."

"Glaucoma has at last met the force that is able to subdue it. It is an old familiar one under new conditions. In the hands of the writer, after twenty years of research and practice, it has become a 'live wire' and easily does the work. It outranks iridectomy." Searles treats any glaucoma supposed to be caused by atropine by a further exhibition of atropine aided by cocaine, and, internally, by jaborandi and morphia.

Acute Purulent Otitis Media.

In an article on this disease, Frederick T. Clark, of Noble Hospital, Westfield, Mass., gives the following admirable directions in regard to prophylaxis:

Bearing in mind that the micro-organisms gain entrance

to the middle ear from the naso-pharynx, we must in all such diseases as influenza, scarlet fever, measles, diphtheria, etc, irrigate the nasal cavities and naso-pharynx every six hours (four times a day) with a warm, alkaline solution, Seiler's or Dobell's, using two quarts, at least, on each occasion.

The ordinary fountain syringe will answer well. It should be hung with its lower end not more than a foot above the patient's head. The small hard rubber tip, or no tip, should be used. The patient's head should be inclined well forward over a basin. If the patient be too young to co-operate, its arms should be wrapped firmly to its sides with towelling, and the nurse should take it in her arms, at the same time seeing that the child's head is inclined well forward. In this position the end of the delivery tube should be gently inserted, the liquid allowed to flow through, discharging by the opposite nostril. Then the delivery tube should be inserted into the opposite nostril, thus insuring a thorough cleansing of both sides. If these directions are followed there need be no fear of forcing the infection into the eustachian tube. Then let the patient gently blow out the nostrils and spray each nostril (having the patient inhale at the same time), with some such antiseptic protective as the following:

℞ Phenol.....gr. ii.
Menthol.....gr. iii.
Eucalyptol.....℥ xx
Benzoinol.....q. s. ad ℥ i.

Such management of these cases, if begun early and carried out thoroughly, will be successful in preventing many attacks of purulent otitis media that would otherwise develop.

LARYNGOLOGY AND RHINOLOGY

IN CHARGE OF J. PRICE-BROWN.

Nasal Dilators for Continuous Dilatation of the Anterior Nares in Cases of Nasal Obstruction. (J. LUMSDEN, *Jour. Laryn., Rhin. and Otol*, July, 1904.)

This is a little instrument which is said to be particularly applicable for use at night time. It dilates the nostrils widely, and allows a free inward current of air, carrying backward any discharges that may occur. Of course, it could only be used temporarily, as constant stretching of the dilator muscles would destroy their normal power.

A Contribution to the Study of the Secretory Mechanism of the Nose. (J. L. GOODALE, *Boston Medical and Surgical Journal*, September, 1904.)

The author draws attention to two arrangements in the nasal mucosa by which the nasal fluids are produced, namely, the glands, and the intercellular, epithelial spaces of the underlying basement membrane. He then indicates the changes produced in the glands of the mucous membrane, and in the canals of the basement membrane in different pathological conditions, such as hypertrophic inflammations, atrophic inflammations, and vasomotor rhinitis. In the first we have increased activity in the mucous glands; in the second, a disappearance of the canals of basement membrane, with still some action of the mucous and serous glands; in the third we have increase of looseness of structure of the epithelium, and also increase in the number and size of the basement canals, with consequent increase of secretion.

Notes on Nasal Suppuration. (J. MACKIE, *Jour. Laryn., Rhin. and Otol.*, October, 1904.)

In a paper dealing with the etiology and treatment of the various divisions of this troublesome condition, the writer submits the following conclusions for our consideration:

1. That the essential cause of nasal suppuration is defective drainage.

2. That defective drainage is mainly due in childhood to adenoids and lymphoid hyperplasias.

3. That later it is the result of hypertrophies and deformities, resulting from lymphoid hyperplasias during the period of active growth and development.

4. That by adopting this view of the natural history of nasal suppuration, the whole subject becomes more intelligible, and a simpler and more rational treatment becomes possible.

Curative Effect of Erysipelas upon Atrophic Rhinitis. (VALENTINE LEVI, *The Therapeutic Gazette*, March, 1904.)

This is the history of a single case occurring in a man, aged 37 years, in which the atrophy was cured by two successive attacks of erysipelas. Hypertrophy of the shrivelled turbinates followed. The suggestions that the author makes are the following:

1. The diametrically opposite nature of the pathology of the two diseases. 2. The action of the bacterial products of erysipelas on certain other diseases.

Endo-Nasal Injections of Paraffin in the Treatment of Ozena. (H. de STELLA, *Archives de Laryngologie*, May-June, 1904.)

The writer uses paraffin with a melting point about 120° Fahr.; also a long, narrow Broeckaert syringe. The instrument is filled with the melted wax, and placed in water of a temperature of 150° Fahr. Then, after cleaning the nasal passages and cocainising the inferior turbinates, the wax is slowly injected about the middle of the turbinate in its posterior half, first on one side and then on the other, at the one sitting. It is better to inject small quantities repeatedly rather than a large quantity at one time. The anterior halves of the turbinates are done later. There is sometimes a good deal of reaction and pain; but the writer has never had any phlebitis or embolism or any other untoward result. His conclusions are that in early cases and in simple atrophic rhinitis the cure is complete. In bad cases, in which the bone and middle turbinate are involved, the condition is so much improved that the patient's friends cannot detect any odor.

Nasal Reflexes. (RÉTHI, *Monatsschr. f. Ohrenheilk*, January, 1904.)

Réthi removed the anterior half of the left middle turbinal from a man suffering from empyema of the anterior and middle ethmoid cells on the same side, after which he inserted a tampon. Two hours later he lost, to some extent, the control of the right leg. It felt heavy, and the sensation in it became less certain than in the other. The condition continued for twenty-four hours, when the tampon was removed and the symptoms disappeared.

In another case the left inferior turbinal was removed from a woman, and the nose packed. The next day the patient's gait became unsteady. She felt giddy and staggered in walking; but there was no dragging or weakness in the legs. On removal of the tampon the symptoms disappeared.

In a third case a hypertrophied middle turbinal was removed and a tampon placed. On his way home the patient became giddy, the giddiness persisting whatever position he assumed. There was no paresis. On removal of the tampon the giddiness ceased.

The symptoms quoted in these cases may have been reflex; but they might also have been pressure symptoms, due to the intimate relation which exists between the nasal lymphatics and the subdural and subarachnoid spaces.

Deviations of the Nasal Septum. (COOLIDGE, *Boston Medical and Surgical Journal*, May, 1904.)

The writer regards deviations and spurs of the nasal septum

as chiefly due to the natural asymmetry of the skull, bearing upon the thin osseo-cartilaginous plate, held firmly in a bony frame, and trying to grow forward. Each individual case demands its own special method of treatment.

Tonsillitis, a Cause of Acute Nephritis. (J. L. MORSE, *Archives of Pediatrics*, May, 1904.)

The author dwells upon the neglect which this subject has received. When considered from a bacteriological point of view it is not surprising that nephritis should be occasioned by tonsillitis, inasmuch as streptococci figure largely in tonsillar inflammations. Morse reports four cases which he had recently seen, two occurring in children, two in adults. In each case scarlatina and previous renal disease were positively excluded. The importance of examination of the heart and also of the urine in all cases of tonsillitis is urged.

Removal of a Foreign Body from the Trachea by Direct Laryngo-Tracheoscopy. (D. R. PATTERSON, *Jour. Laryn., Rhin. and Otol.*, August, 1904.)

This occurred in a girl aged eight years. Laryngeal obstruction had existed for a week. When examined, she was not hoarse, but by means of the laryngoscope, a glimpse of a foreign body situated below the glottis could be obtained. As the dyspnea became very great a low tracheotomy was done. Then, the pharynx and larynx having been cocainised, a good view of the body was obtained through Killian's tracheoscope, and it was extracted by means of a crocodile forceps. It proved to be a stay-eyelet, covered with calcareous incrustations.

Query: Was it possible for the deposit to have formed in so short a time? Might not a foreign body of so small a size remain within a bronchial tube for some time, without exciting any noticeable symptoms?

Abscess of the Thyroid Body. (MAYO COLLIER, *Jour. Laryn., Rhin. and Otol.*, July, 1904.)

This is the report of a case of unusual interest, inasmuch as the operation for relief was attended immediately by fatal results. The patient was a man suffering from an enormous swelling in the neck, which had been developing for about two weeks. When seen by the writer he could only breathe in one position. The previous history was, that he had suffered from a swelling on one side of the neck for a long time; and that for two years it had been subject to fluctuations in size. The recent most severe seizure of all was believed to be due to an attack of influenza.

The patient was cyanosed, and could only get enough air to keep life in him. On examination, no distinct cyst could be found. Finally, a low tracheotomy became imperative with the hope of giving relief. An incision about three inches long was made in the middle line, and the tumor was practically isolated. The hemorrhage was very severe from the engorged veins, at this stage of the operation, and the patient showed signs of asphyxia; but the trachea was opened low down in the neck and a tube inserted. Artificial respiration, injection of strychnia, and ammonia to the nostrils had no effect. The patient never breathed again.

The post-mortem examination revealed an undiscovered cyst, as large as a goose egg, pressing directly upon the trachea, which, by reason of the influenza, had suddenly become enlarged. The swelling was limited to the left lobe of the thyroid. When opened, it was found to contain thick, chocolate-colored, extremely-offensive pus. The cyst was adherent to the carotid sheath, and had not been opened during the tracheotomy. The rings of the trachea showed no signs of abrasion nor atrophy from pressure, and both recurrent nerves were apparently sound. The muscles and valves of the heart were sound but the lungs were edematous.

Editorial.

DR. JAMES H. RICHARDSON.

Dr. James H. Richardson is the oldest physician in Toronto, and the oldest consulting surgeon on the staff of the Toronto General Hospital. He was eighty-one years of age, October 16th, and the members of the visiting staff of physicians and surgeons sent him their congratulations and best wishes on that day. The venerable doctor is still in the enjoyment of excellent health, with all his faculties and senses unimpaired, and is actively engaged in professional work as surgeon of the Toronto Jail. He also takes an interest in outdoor sports, and curls in winter and bowls in summer with all the enthusiasm of a boy.

Dr. Richardson received his preliminary education in Upper Canada College, and in 1841 went to Rochester, where he studied medicine under Dr. Rolph for two years. He returned to Toronto in 1843, and attended the first course of lectures delivered by the Medical Faculty of King's College. He went to England in 1844, and studied at Guy's Hospital, London, three sessions. He became Member of the Royal College of Surgeons, England, in 1847, after which he returned to Toronto and commenced practice. In 1850 he was appointed Professor of Anatomy in the University of Toronto, and held the chair until the University teaching faculty was abolished in 1853. He was afterwards Professor of Anatomy in the Toronto School of Medicine and in the re-established Medical Faculty of the University of Toronto.

We are pleased to be able to state that his wife, to whom he was married fifty-four years ago last August 20th, is still alive and well. Their reception at their house on St. Joseph Street, in the afternoon and evening of their golden wedding day, was a delightful social function which will be ever remembered by those who had the pleasure of attending.

Another interesting function was the banquet tendered to Dr. Richardson, April 13th, 1903, when a portrait in oil, by Mr. Dixon Patterson, was unveiled. We quote as follows from the address presented by Professor Ellis, on behalf of the "old pupils": "To the foundations laid by you and your colleagues

in the Toronto School of Medicine, the University of Toronto owes, in no small measure, the success of her Medical Faculty; and we, your scholars, owe to you, our master, for sound teaching and kindly help, for high ideals and a worthy example, a debt which we can never repay but which we are proud to acknowledge. We feel, therefore, that the building which is about to become the home of the Medical Faculty of the University of Toronto could have no fitter ornament to decorate its walls than the portrait of one who has so many claims as yourself upon the grateful remembrances of every graduate."

A POPULAR FALLACY.

A few years ago it was discovered that the Province of Ontario, in company with many of the older countries, had a decreasing birth rate, the cause of which was attributed mainly to the artificial prevention of conception and abortion. No doubt the latter is a very important factor in lessening the birth rate, but it is a moot point whether it is a cause of the recent decrease. There are records to prove that the Chinese women practised this crime twenty centuries *before* the Christian era, and it would be difficult to say that now, twenty centuries after the birth of Christ, the vice is more prevalent.

But the fallacy lies in supposing that the prevention of conception is at the root of the matter. At the same time that the legitimate births are decreasing, the illegitimate births are also decreasing—"because," say the exponents of this view, "the unmarried people are becoming more moral!" Or, to reduce the argument to an absurdity, that marriage encourages immorality!

There are so many sides to this question that a ready answer is not forthcoming. While our grandmothers were married often at 16, we find that the average age at marriage of a professional man is now 32 and his wife 27. This means a very material lessening of the years of child-bearing. It is possible, too, that the birth rate has waxed and waned in obedience to economic laws, and that the number of births is but an index of the general prosperity of the country.

Certain it is that the artificial prevention of conception is far from being the most important factor in our decreasing birth rate, for this evil is of comparatively recent introduction, while the birth rate in England in 1840 was almost the same as it is to-day. When we have records over a longer period than at present, we may be able to trace a regularity in the wanes of increase and decrease, and arrive at a more definite conclusion of their cause. F. A. C.

University Senate—Recent Elections.

The following results of the Senate elections were announced on Monday, October 10th:

Faculty of Arts: University College—Professor Baker, Professor De Lury, Mr. Wm. Dale, Mr. A. B. Aylesworth, K.C., Professor J. C. McLennan, Mr. James Chisholm (Hamilton), Professor W. J. Loudon, Professor A. B. Macallum, Mr. J. H. Coyne (St. Thomas), Mr. W. T. White (Toronto), Professor Wrong, Mr. John King, K.C. . . . Victoria College—Professor Reynar, Mr. Justice Maclaren, Professor Bain, Professor Horning, Mr. C. C. James.

Faculty of Medicine.—The vote was as follows: Professor G. A. Bingham 812, Professor I. H. Cameron 799, Professor Adam H. Wright 785, Professor J. Algernon Temple 740, Dr. W. H. B. Aikins 712, Professor J. M. MacCallum 365.

Graduates in Law: Mr. Justice Street and Mr. W. R. Riddell, K.C.

High School Representative: Mr. C. A. Mayberry (Stratford), Mr. J. E. Wetherell (Strathroy).

Trinity College (by acclamation): Mr. James Henderson, Mr. Christopher Robinson, K.C., the Rev. Canon Welch, Mr. J. A. Worrell, K.C., Professor A. H. Young.

Graduates in Applied Science and Engineering: Mr. C. H. Mitchell.

Sir Wm. Meredith was elected Chancellor without a contest.

IN THE HIGH COURT OF JUSTICE.

Introduction.

Mrs. Lucy Jane Stickle was admitted to the Asylum for Insane, Toronto, on January 22nd, 1904. The certificates were issued by Drs. W. F. Bryans and G. B. Smith. She was let out on three months' probation, on January 30 h. She immediately entered an action against the doctors, asking for ten thousand dollars ($10,000) damages. Mr. John Macgregor was her solicitor; Mr. George Wilkie appeared for Dr. Bryans, and Mr. D. Taylour English for Dr. Smith. The following is the Judge's charge and the jury's verdict. The trial extended over four days—October 6th, 7th, 8th and 10th, 1904. Chancellor Boyd's charge was such a clear and correct presentation of all the facts in the case that numerous requests were made for a copy of his address. In response to these requests a number of copies were struck off.

STICKLE *vs.* BRYANS *et al.*

Tried before the Hon. Sir J. A. Boyd, at Toronto, Oct. 6th, 7th, 8th and 10th, 1904.

The following is a synopsis of His Lordship's charge to the jury:

Charge.

Gentlemen of the Jury, we cannot pretend to go minutely into all these different contradictions. The general facts of the case are pretty well established before you. We have been at this case for four days, and it is one of a series of difficulties which this family have got into, which have been occupying the attention of the panel of jurymen at this court for a considerable time. You have heard about another case, which is on this list, of Stickle against Flick, which occupied the court for some length of time. I do not know whether any of you were in that case, but of that you were told in this evidence here to-day—and that is all I know about it—that there was a verdict given against Mr. Flick for improper connection with Mrs. Stickle, who is the plaintiff in this case. That jury believed she was guilty, and found her so, with Mr. C. G. Flick, who is one of the names very often mentioned in this litigation.

Now, what is the history of this family so far as we find it out? A very sad and deplorable history, painful to anyone to have to wade through it; but about this there is no manner of doubt; all the witnesses agree that this woman was addicted

to the use of liquor, strong liquor. She herself admits it; her qualification is that she never took it to excess. Well, what may be excess to one person would not be to another. The evidence of the many witnesses is that she was frequently under the influence of liquor. Dr. Rose, who has been referred to as her own physician, tells you that he attended her for drunkenness on several occasions in 1903. Mr. Flick, her friend that she relied upon apparently in preference to her husband, tells you that he went to the Walker House with her mother to bring her home, and that she was then under the influence of liquor. Mr. Flick tells you, "I have given her liquor myself," and we know that on the 5th January, 1903, after her husband had reproached her with improper familiarities with Flick, which was at the end of the year, or the beginning of that year, a few days afterwards, on the 5th January, she rises out of bed and goes at a late hour with Miss Young, who accompanied her, she goes to Mr. Flick's room, infatuated apparently in that way.

What is the position of Dr. Bryans and Dr. Smith? These are professional gentlemen. They are just like the lawyers that are employed. They are the men who have the task of examination just as lawyers have. They have to be found qualified for the discharge of the important duties that are entrusted to them, just as lawyers have. They have a standard that they have to live by, according to their professional rules and regulations, and these gentlemen are reputable members of that profession. It is their business and duty to come when they are called for. Those gentlemen did not thrust themselves forward here; they were called for and obeyed the call, and came to that house and dealt with that patient as they tell you, and the question is whether you believe them or not, or whether you have any right to disbelieve them; and they tell you they dealt with her according to the best of their ability. Now, what was her condition? The evidence as to the particular points of time, which were important, is this: They were sent for on the 16th. That night before they came the mother, Mrs. Evans, says that the daughter was shouting and cursing and swearing, and following her husband about, that she followed him downstairs, that she called him bad names, "and said she would pull my hair out." Miss Young says the same thing. That night before Dr. Bryans and Dr. Stenhouse came she chased the mother, used profane language, and said she would kill her. This was the state of affairs on the 16th. The next day she was in the same condition. So that Miss Young and Mildred tell you they were terrified, and the mother told them to send for the doctor, and Mildred, the daughter, went in next door and sent a telephone message for Dr. Bryans to come and

bring someone with him, and he came and brought Dr. Stenhouse to the house on the 16th.

Now, these doctors tell you—and it is a fact, no doubt—that there is not the stigma attached to going to the asylum that there used to be. The object in going to the asylum is to keep the patient separate from all the ordinary influences, and the doctors thought that it was only professional and scientifically right that she should be kept away, but it was the kindest thing for her. She was open for anyone who would come and tempt her with liquor. Did they want to have that scene of Davenport and the King Edward Hotel repeated again by her? She was not fit to be trusted. She did not know herself sometimes what she was doing. She tells you that she could not recall after she recovered from these conditions what had taken place. She tells you she procured an abortion on herself. The doctors say she told them so. It may be she told them and forgot it. It may be she did not procure it, but told them because she had that impression. Dr. Rose attended her for a miscarriage in January, 1903. But there is the way it came before the doctors.

I am going to leave you some questions, and I was giving you a sketch of the case, the salient points of the case, in order that you might deal with it intelligently. Now, the doctors having that information, the one, the family physician, having seen her on the 1st January, 1904, having heard all the details from the family, the mother and daughter, and father and uncle John, and Miss Young, which they have sworn to-day are true, they draw these certificates. You are not to examine these with a microscope to see whether every word is right. They are substantially true. On the 16th and 17th January Dr. Bryans did not see and examine this woman, not by laying hands upon her, but seeing her manner and observing her. The same thing occurred with Dr. Smith. He did observe her for years. So these certificates are substantially true.

The question is not whether they acted negligently, but whether they had reasonable and probable cause for signing the certificates, and to enable you to come to an intelligent result I will put questions to you.

1. Was the plaintiff of unsound mind on January 22nd, 1904?

You may find that just as you think upon this evidence. The doctors say that she was, but you may pass your opinion upon it as a matter of fact, whether she was or not. That does not determine the case so far as the doctors are concerned, because the second question is—

2. Did the defendants honestly believe that the plaintiff was of unsound mind?

When they put their names to this certificate they were

acting as professional men, and their reputation was at stake. They were not getting any money. One man got $17, I do not know what the other man got. In view of all the facts, did they honestly believe the plaintiff was of unsound mind?

3. Did the defendants take reasonable and proper care in informing themselves of the material circumstances connected with the plaintiff's mental condition?

They saw the plaintiff and asked her husband and mother and members of the family, and the information they got they put on this paper, and it is sworn to by all the members of the family. They did not ask the neighbors. It is not usual to do that. The neighbors do not know as much as the people in the house, and although the neighbors have sworn they did not think she was insane, it is not the man of the street, or the man next door that can tell about the condition of affairs in the house. It is the man who wears the shoe who knows where it pinches. It is the husband and mother who would rather cover this thing up than expose it. Were not the doctors acting reasonably, with as great discretion and judgment as could be without going around the neighborhood and enquiring? It is for you to say. The next question is—

4. If you think they did not exercise such care, in what way did they fail to do so, if you think they failed?

5. Were the defendants actuated by any improper or unprofessional motives in signing the certificates of January 22nd? If you think they were influenced by improper motives say what they were.

6. If, in your opinion, you think the plaintiff should get damages from the defendants, say how much?

If you take these questions and answer them to the best of your ability, that will no doubt dispose of the case, outside of the questions of law, which I will not trouble you with.

(The jury retire at 5 p.m.)

At 6.30 the jury are brought into court.

His Lordship—I wish to tell you what I did not tell you before, that if there is disagreement in coming to an agreement among you, that any ten of you can agree on a verdict. Any ten of you can agree to answer these questions. I hope you will make an effort to come to a conclusion on the matter, because no jury will ever be in as good a position as you now are to deal with the case. You have heard all the evidence, and it cannot be tried again till a much later period, when the recollection of the people will not be as good as it is now. A great expense has been gone to on both sides in getting the case ready for trial and going through it. Four days have been occupied and it would be an unfortunate thing if this case should come to second trial. I hope you will go back and

endeavor to come, if not to a unanimous result, ten of you to agree.

Juryman—May I ask a question?

His Lordship—Yes.

Juryman—Had Dr. Smith visited the patient more recently than the 1st of January?

His Lordship—He said he visited in November. Perhaps Dr. Smith can state now.

Dr. Smith—I was at the house in November and December, and while I did not interview her personally I inquired fully concerning the patient from the family. I learned how she was getting on. I saw her on January 13th, 1904.

(The jury retired.)

(At 7 p.m. the jury return.)

His Lordship—You answer the questions as follows:

1. Was the plaintiff of unsound mind on January 22nd, 1904? Ans. Yes.

2. Did the defendants honestly believe the plaintiff was then of unsound mind? Ans. Yes.

3. Did the defendants take reasonable care in informing themselves of the material circumstances connected with the plaintiff's condition? Ans. Yes.

4. Were the defendants actuated by improper or unprofessional motives in signing the certificate? Ans. No.

The result is a verdict for the defendants.

STATEMENT OF CASE BY W. F. BRYANS, M.B.

In February and July, 1903, I saw Mrs. Stickle professionally at her home. On both occasions she was suffering from excessive use of alcohol. From her history and from her condition on those occasions I regarded her as a chronic alcoholic. On my advice she was moved to the Homewood Retreat at Guelph. I had advised that she be kept there for at least one year. She, however, was there only one month. She continued drinking to excess and became very much worse. The outbreaks were more frequent. On one of these occasions she was found late one night asleep on the floor of a traveller's room at the King Edward Hotel. She was naked, except a small undershirt. She was frequently unable to reach home alone. When at home she kept the family awake almost all night. This frequently occurred, whether she was drunk or sober. On several occasions she attempted suicide. Twice she took poison. She threatened violence toward members of her own family.

On January 16th I was again called, as Dr. G. B. Smith was not available. Dr. John Stenhouse accompanied me, as I was

asked to bring another doctor. From her conduct during the two hours and a half spent in her house on that occasion I concluded she was insane. Dr. Stenhouse was of the same opinion. I advised that she be removed to the Asylum for Insane. Before filling out the certificate I consulted Dr. G. B. Smith, who had been the family physician five years. He agreed she was insane, and should be in an institution. However, as I found it difficult to be sure that her conduct and symptoms could not be accounted for by alcoholism only, I concluded to consult Dr. Beemer, Superintendent of the Mimico Asylum for Insane. I took her husband with me, and placed the facts before him, and asked his opinion as to the best course to follow. He expressed his opinion that she was insane and should be in an asylum. My reason for consulting Dr. Beemer was that I expected to have her placed in the Mimico Institution. Therefore, having my own opinion confirmed by the opinion of Dr. G. B. Smith, Dr. Jno. Stenhouse and Dr. Beemer, I procured the necessary papers and filled them out. Dr. Smith, being the regular family physician, was asked to fill out the second paper. I should say I saw her on Jan. 17th also. She was removed to the Queen Street Asylum on the 22nd January. She was let out on January 30th on probation and committed to the care of her brother. Why was she let out? At the solicitation of friends outside her own family, instigated, I believe, by Mr. Sidney Patterson and Mr. John McGregor, her solicitors. Mr. McGregor also threatened proceedings against Dr. Clark. Dr. Clark declined to fight the matter out, taking the ground that he had not had time enough to observe her conduct and decide whether she was sane or insane.

We were asked for $5,000 each.

We were accused of assault because we had forcibly given her hypodermic of morphine.

We were accused of trespass, as she states the house is hers, and she had not called us

We were also accused of conspiracy with her husband to deprive her of her liberty.

We feel the action was entirely unjust. The Judge and jury took the same view. It cost us three hundred dollars each, besides time and worry. *Moral*—Join the Medical Defence Association.

Personals.

Dr. Clarence L. Starr has removed to 224 Bloor Street West.

Dr. George Elliott has removed from 129 John Street to 203 Beverley Street.

Dr. W. J. Harris has been appointed Assistant Physician at the Toronto Asylum.

Dr. D. M. MacLennan has removed from Carlton Street to 106 Bloor Street West.

Dr. A. T. Steele (Tor. '01), of Shelburne, was married to Miss Barrell, September 13th.

Dr. G. A. Hassard (Tor. '97), of Harold, was married September 14th, to Miss Rose.

Dr. W. Russell Cook (Tor. '00), of Elmwood, was married to Miss Bruels, August 17th.

Dr. Nathl. D. McKichan (Tor. '00), of Hamilton, was married August 2nd to Miss Brandon.

Dr. George A. Anderson (Trin. '00) was married to Miss Millard, of Newmarket, June 29th.

Dr. Colin C. Campbell (Tor. '01), of Sault Ste. Marie, Mich., was married July 18th to Miss Cunard.

Dr. Edmund E. King, of Toronto, visited St. Louis and neighboring cities on October 22nd-31st.

Dr. Herbert Hamilton, of 329 Church Street, Toronto, returned from England and resumed practice October 17th.

Dr. W. D. Ferris (Tor. '98), of Edmonton, North-West Territory, was married to Miss Swanzey, August 24th.

Among those who attended the meeting of the British Association for the Advancement of Science held at Cambridge, September 17-24, were Professors J. Mavor, W. R. Laing, I. H. Cameron, A. B. McCallum and J. J. MacKenzie, of the University of Toronto.

Dr. Herbert A. Bruce, of Toronto, returned from Atlantic City, October 17th, and has quite recovered from the effects of appendicitis. We desire to congratulate him on the satisfactory termination of his vexatious suit in the High Court of Justice, Brampton, of which we shall give full particulars in our next issue.

Miss Elizabeth Gordon, who was for some time Head Nurse of the Emergency Branch of the Toronto General Hospital, has been appointed Lady Superintendent of the Kingston General Hospital.

Dr. P. H. Spohn, for some years Physician to the Reformatory for Boys at Penetanguishene, Ont., has been appointed Superintendent of the Asylum for the Insane which recently took the place of the reformatory.

Dr. J. P. Mitchell, Assistant Physician at the Toronto Asylum, has been appointed Assistant Physician at the Brockville Asylum, in place of Dr. R. W. Bruce Smith, recently appointed Inspector of Prisons and Charities.

Dr. W. H. B. Aikins returned to Toronto after visiting Cincinnati and St. Louis, October 19th. He attended a meeting of the Mississippi Valley Medical Association at Cincinnati, and joined in a reunion of a number of medical friends from different portions of the United States who visited Italy together in 1883, after having spent a winter session at the General Hospital in Vienna.

Obituary.

ALBERT E. MALLORY, M.D.

Dr. Mallory, Registrar of East Northumberland, died at his home in Colborne, after an illness of three or four days from appendicitis. He graduated from McGill University in 1872. After a time he practised in Warkworth. He was a prominent Liberal in politics, and represented East Northumberland in the Dominion Parliament for a short time. He was appointed Registrar in 1889.

Book Reviews.

A Text-Book of Human Histology. Including Microscopic Technic. By Drs. A. A. Böhm and M. von Davidoff, of Munich, and G. Carl Huber, M.D., Professor of Histology and Embryology in the University of Michigan, Ann Arbor. Second Edition, Thoroughly Revised and Enlarged. Handsome 8vo volume of 525 pages, with 376 original illustrations. Philadelphia, New York, London; W. B. Saunders & Company, 1904. Flexible cloth, $3.50 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto.

This work of Drs. Böhm and Davidoff is well known in the German edition, and is considered one of the most practically useful books on the subject ever written. Dr. Huber in editing the American edition has added much useful matter, the practical results of his own extensive experience in histologic endeavor. This new second edition has been in large part reset, all the newest methods of technic being incorporated. For convenience in the laboratory it has been bound in flexible cloth.

Pathological Technique. A Practical Manual for Workers in Pathological Histology and Bacteriology, including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M.D., Associate Professor of Pathology, and J. H. Wright, M.D., Instructor in Pathology, Harvard University Medical School. Third Edition, Revised and Enlarged. Octavo, 469 pages, with 140 illustrations. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $3.00 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto.

The third edition of this successful work keeps pace with the great advances made in pathology, and its value as a laboratory and post-mortem guide remains undisputed.

In subjecting this book to thorough revision the authors have kept in view the needs of the laboratory worker, whether student, practitioner or pathologist, for a practical manual of modern methods in the study of pathological material. Many parts have been rewritten, many new methods have been added, and the number of illustrations has been increased.

The Principles of Hygiene. A practical Manual for Students, Physicians and Health Officers. By D. H. Bergey, A.M., M.D., Assistant Professor of Bacteriology, University of Pennsylvania. Second Edition, Thoroughly Revised. Handsome octavo volume of 536 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $3.00 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto.

Dr. Bergey's book has undergone a critical revision for this new second edition, and in its present form it now represents the practical advances made in the science of hygiene up to date.

This book is intended to meet the needs of students of medicine in the acquirement of a knowledge of those principles upon which modern hygienic practices are based, and to aid physicians and health officers in familiarizing themselves with the advances made in hygiene and sanitation in recent years. The book is based on the most recent discoveries, and represents the practical advances made in the science of hygiene up to date. The rapid strides made in our knowledge of the entire subject has rendered such a book, reflecting the more recent discoveries, a necessity to physicians and students of medicine.

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

Dr. Griffith has given us a little work of great merit. It is a brief outline of the principles and practice of surgery, written as concisely as is possible with clearness. We are sure it will be valuable alike to the student and the practitioner, because the entire subject of surgery is covered, including all the specialties, as diseases of the eye, ear, nose and throat; genito-urinary diseases: diseases of women, etc. There are also articles on life insurance, rape, sexual perversions, microscopy, and on many other subjects of great importance to the practising surgeon. There are 417 illustrations, selected for their clearness, accuracy, and general usefulness. We predict that Dr. Griffith's work will be to surgery what Dr. Stevens' manual is to medicine.

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

Students of medicine, as well as pharmacy students, will undoubtedly welcome this work. The authors are teachers of much experience, and in this forelying book present a work on the subject of Materia Medica in an entirely new way, teaching by actual experimental demonstration. Part I comprises a guide to the study of crude drugs, both official and unofficial; while in Parts II and III the histologic and chemic examina-

tions of drugs are considered in a scientific, yet clear and simple manner. All the histologic descriptions are supplemented by laboratory exercises of important drugs, so that the student becomes insensibly acquainted with their construction. Throughout the entire work general stress is laid on the recognition of adulterations. We can strongly recommend this work as reliable, practical, and excellent in every way.

Essentials of Anatomy, including the Anatomy of the Viscera Arranged in the form of questions and answers, prepared especially for students of medicine. By CHAS. B. NANCREDE, M.D., Professor of Surgery and Clinical Surgery, in the University of Michigan, etc. Seventh edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Company. 1904.

In this seventh edition the entire book has been re-read and errors diligently sought for. New ideas have been incorporated when they have been shown accurate. The chapter on the Nervous System has practically been rewritten. As this book has been founded upon Gray its use does not conflict with that standard anatomy. This is one of the best small works on the market. J. T. D.

A Doctor's Red Lamp.—A book of short stories concerning a Doctor's Daily Life, selected by CHARLES WELLS MOULTON. 1904. The Saalfield Publishing Company, Chicago, Akron and New York.

This book contains a series of admirable short stories concerning a doctor's daily life. The stories are offered without any critical comment, and many of them are old favorites from well-known and standard authors. Among them are: "Doctors of Hoyland," by Conan Doyle; "A Doctor of the Old School," by Ian Maclaren; "A Doctor's Front Yard," by Sessions, and "On the Indian Frontier," by Henry Seton Merriman. The stories are all excellent.

Essentials of Materia Medica and Prescription Writing. By HENRY MORRIS, M.D., College of Physicians, Philadelphia. Sixth Edition, Thoroughly Revised. By W. A. BASTEDO, PH.G., M.D., Tutor of Materia Medica and Pharmacology at the Columbia University (College of Physicians and Surgeons), New York City. 12mo volume of 295 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.00 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto.

Dr. Bastedo, in making the revision of Dr. Morris' "Essentials of Materia Medica," has furnished the student with a work complete and up to date in every particular. Much of the text has been in great part rewritten. There have been introduced articles on adrenalin, stypticin, and on the iodine and silver synthetics. The present sixth edition is all that could be desired.

Essentials of Bacteriology. By M. V. BALL, M.D., formerly Resident Physician at the German Hospital, Philadelphia. Fifth Edition, Thoroughly Revised. By KARL M. VOGEL, M.D., Assistant Pathologist at the College of Physicians and Surgeons (Columbia University), New York City. 12mo volume of 343 pages, with 96 illustrations, some in colors, and six plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.00 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto.

Within the last few years rapid progress in bacteriology has involved many radical changes in the science, necessitating a thorough revision in the preparation of this edition. It is with pleasure we note the inclusion of all the recent advances in the subjects of immunity—tuberculosis, yellow fever, dysentery, bubonic plague, and other infectious diseases—making the work reflect as faithfully as possible the present status of bacteriology. We can confidently say that this book in the present fifth edition will be found of inestimable service to the student.

Selections.

SURGICAL HINTS.

Powdered boracic acid makes a useful dressing for burns and ulcers. When the wound surface is large, however, it should not be employed, for poisoning may follow from the absorption of considerable amounts of boracic acid.

Collodion, so useful for sealing over a puncture wound after aspiration, will not adhere to the skin if the puncture hole is bleeding. To obviate the difficulty pinch up tightly the skin about the tiny wound, dab on the collodion, and continue the compression for a minute or two thereafter.

Distressing tympanites is often quickly relieved by the administration of a warm enema of peppermint water. A sensitive rectum may usually be made to retain a nutritive or stimulating enema by the addition to it of ten to twenty drops of tinct. opii, or by the preliminary introduction of an opium suppository.

The occurrence of intermittent swelling in the submaxillary region, with or without pain, redness, tenderness and fever, due to suppuration, is very suggestive of the presence of a salivary calculus usually in the submaxillary duct or gland. If pus can be milked from the duct the diagnosis is more certain. The stone can usually be palpated, or located by passing into the duct the wire stilette of an aspirating needle. Submaxillary mumps occurs sufficiently often to be also borne in mind in dealing with swellings in that location.—*International Journal of Surgery.*

The Treatment of Pancreatic Cysts.

Villar (*Archiv. Provinc. de Chir.*), in concluding an article on glandular cysts of the pancreas, based on a case under his own care, discusses the surgical treatment of these growths. Total expiration, it is held, is the logical and ideal method, and is the only kind of intervention that is really useful when the cyst is neoplasic and of the nature of a malignant growth. Unfortunately, this operation is a serious one, and the surgeon will often be compelled to have recourse to marsupialization, which, as has been proved by statistics, affords excellent results. The following are the different stages in the operative treatment of a case in which pancreatic cyst has been diagnosed; (1) Laparotomy; (2) exposure of the cyst by successive division of the membranes over its anterior surface; (3) puncture of the cyst and evacuation of its fluid contents; (4) closure of the

orifice in the cyst wall by pressure forceps; (5) exploration of the abdomen with regard to adhesions and the relations of the tumor with neighboring organs. The surgeon has now to decide between two alternatives. If the adhesions can be readily divided and are not very vascular, he should remove the whole of the cyst; if, on the other hand, the adhesions be very dense and very vascular, he should marsupialize the cyst, and, if anterior drainage seem to be insufficient, make also an opening for posterior drainage in the lumbar region.—*British Med. Jour.*

Black Eye.

Merck's Archives advises the use of the following lotion:

℞	Acidi acetici dil.	℥ v.
	Tr. arnicæ	
	Ammon. chloridi, aa.	℥ i.
	Aquæ destil.	℥ v.

M.
Ft. lotio. —*The Clinical Review.*

For Arteriosclerosis.

The following is attributed to Huchard:

℞	Sodii iodidi	℥ i.
	Sparteinæ	gr. xv.
	Pulv. glycyrrhizæ	q. s.

M.
Ft. caps. No. xl.
Sig.—Four to six capsules daily.

There is ample evidence that iodide of soda is valuable in arterial degenerations, and in the chronic myocarditis and ataxic states of the heart that are so common in elderly people with or without evident arterial degeneration. Combined with sparteine and strychnia, where there is inability of the heart muscle which has not yet reached the stage of producing dilatation of the heart, very satisfactory results may be obtained The following combination is one which has given marked satisfaction:

℞	Strych. Sulph.	gr. ¼.
	Sodii iodidi	gr. 24.
	Sparteinæ sulph	gr. 12 to 18.
	Pancreatin	gr. 40.

M.
Ft. caps. No. 24.
Sig.—One t. i. d. —*The Clinical Review.*