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Original Contributions.

CLINICAL REPORT OF CASES

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A Case of Carcinoma of the Esophagus.—Mrs. S., widow, age 42, Canadian, a woman of excellent physique, weight 160; nervous temperament. Had always enjoyed very good health. Several cases of malignant tumor had occurred among uncles and aunts or distant relations.

In April, 1907, she first complained of some difficulty in swallowing. Later she had some soreness and pain in the throat for which she was treated by Dr. Goldsmith. These symptoms improved at times for a day or so, but on the whole became more persistent and aggravated during the summer. By the autumn she could only swallow solids with great difficulty, the attempt producing pain in the throat and spasm of the pharyngeal muscles. The taking of food produced so much discomfort and occupied so much time that often she would not take her meals. Before Christmas she was finally compelled to take only fluids. Bland and sweetened foods were partaken of more readily, and produced much less spasm. She had lost over 30 lbs. in weight by this time. She was troubled during her waking hours by an almost continuous desire to clear the throat, and during December and January daily expectorated several pints of frothy fluid.

On November 4th an attempt to pass an ordinary stomach tube failed, as it became arrested at the upper part of the pharynx. About ten days later another attempt also failed and a small speck

*Read before the Section of Medicine, Academy of Medicine, Toronto, March 10th, 1908.

of blood was noted on the tip of the tube after its withdrawal. Soon after this time the expectorated fluids contained almost continuously considerable traces of blood. No glandular enlargement could be made out at any time, and at no time during her illness was food regurgitated. On auscultation of the esophagus below the obstruction there was very noticeable delay in the deglutition murmurs. About the end of January she became hoarse, and shortly afterwards Dr. Goldsmith reported swelling and fixation of the right vocal cord. Shortly afterwards the thyroid gland became swollen and tender, and this structure and the larynx had a firm, brawny feeling and moved very slightly on swallowing. Towards the end of January swallowing became much easier, and a remarkable fact was that she gained seven pounds in weight in two weeks. Towards the end of February the hoarseness became more marked, and breathing was increasingly difficult, being accompanied by marked recession of the intercostal spaces and soft tissues at the lower part of the thorax. There was very slight recession of the episternal region, so much as to suggest that the main respiratory obstruction was not in the larynx.

Fixation of the left cord was now noted. The breathing had become so distressing and urgent that, in the absence of Dr. Goldsmith, I called in Dr. Wishart, who intubated the larynx, but without relief, the patient dying February 27th. Autopsy revealed a flat ulcerated area involving the mucous membrane and other coats of the esophagus and lower portion of the pharynx behind the thyroid and cricoid cartilages and base of the epiglottis, ulcerating through so as to involve by direct extension and edema the vocal cords and right half of the thyroid gland. There was no constriction of the esophagus found at autopsy and no dilatation above the tumor. The rapid ulceration had removed the mechanical obstruction to the tube. The tumor is of the ordinary squamous-celled type of carcinoma. No secondary deposits in the glands or other organs were found.

The marked pharyngeal spasm, profuse expectoration, periods of improvement, and a rapid gain in weight shortly before death were interesting features of the case. The absence of mechanical obstruction noted at autopsy, notwithstanding the great difficulty in swallowing, shows what an important part spasm may play in the symptomatology of the stricture associated with carcinoma in this situation.

A Case of Myocarditis with Chronic Fibrous and Acute Interstitial Changes.—F. P., aged 50 years, manufacturer, a large, fat man, died suddenly after a few days' illness, during which he suffered from acute pain referred to the upper abdominal region towards the right side, and accompanied by gastric flatulence. Some six years previous he had a severe illness, resembling typhoid

fever, but in which no Widal reaction developed, and which ran a long and atypical course. The autopsy revealed the following interesting features:

1. An acute hemorrhagic duodenitis, in which the mucosa for a distance of 3½ inches from a point 2 inches beyond the pylorus was uniformly of a dark, reddish-black color throughout its whole circumference and greatly thickened. The stomach and pancreas showed no evidence of acute inflammation. This condition was evidently the cause of the acute abdominal pain of which he had complained. The condition to me was an entirely unusual one, having never before met with it, and I can find no reference to it in the literature.

2. Old fibrous scars were found at the apices of both lungs, and beneath the visceral pleura on both sides were numerous firm millet seed granulations. These, on microscopic examination, showed organized and vascularized fibrous tissue. The patient had suffered from no previous illness except that of six years ago, before mentioned. That illness was, therefore, evidently a miliary tuberculous infection of both lungs originating in the apical lesions, and from which the patient recovered. It therefore shows the possibility of cure in a widely disseminated miliary eruption in the lungs—a condition usually considered to invariably terminate fatally.

3. Marked fibrous myocarditis associated with sclerosed coronary arteries, the fibrous patches being plainly visible to gross examination in section of the left ventricle. On microscopic examination the muscle fibres in many areas show segmentation, hyaline degeneration with loss of striation and disappearance of nuclei.

Another remarkable feature of the microscopic examination of the heart muscle was the presence in many places of innumerable polymorphonuclear leucocytes in the interstitial tissue, and separating individual muscle fibres. The autopsy pointed to the cardiac condition as the immediate cause of death. The case is a striking example of the widespread and extreme degree of chronic and acute interstitial and parenchymatous changes which may occur in the myocardium unassociated with valvular lesions and not preceded by any of the acute diseases ordinarily accountable for such conditions. The heart was moderately enlarged, though gross examination showed nothing to indicate the extreme degree of acute interstitial inflammation above noted.

The kidneys showed well-marked parenchymatous degeneration and the liver fatty infiltration.

The patient had been a strenuous business man and a free liver.

THE SIXTEENTH INTERNATIONAL MEDICAL CONGRESS AT BUDAPEST

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THE Congress was in convention from August 29th to September 4th, and was attended by upwards of 5,000 members. The various delegates converged upon Budapest from all quarters, by far the majority coming from the west, and not a few, including the writer, making the journey from Vienna to Budapest by boat down the Danube. The largest number of those who registered from any one country were Hungarians, the Germans, French, Austrians and Russians had about equal representation; next in order came the United States and Italy, whilst the British Empire had the smallest number of delegates.

The Organizing Committee held a reception of welcome on Saturday evening, August 28th, in the Fine Arts Building in the City Park. The heat was intense and the rooms were overcrowded. These conditions seemed to stimulate the guests to heroic efforts to secure enjoyment at any cost, and the struggles which characterized the precipitous descent upon the refreshment tables and the rush later for the cloak rooms were subsequently described in terms which would lead one to believe that pandemonium reigned for a time, and such was not far from the truth.

Fortunately for the ultimate success of the Congress all other receptions and sessions passed off smoothly, and in addition the weather moderated so that a succession of cool days contributed greatly to the enjoyment of the week spent in that interesting city.

The inaugural session was convened on Sunday morning at 11 o'clock in the beautiful reception hall of the Municipal Buildings (Redoute). His Royal Imperial Highness Archduke Joseph greeted the Congress in the name of the King of Hungary, the official patron of the Congress. He spoke in French, as did also the other officials who welcomed us. This fact was commented upon freely by many in the assembly, and it appeared that the unsettled state of the political atmosphere in Hungary accounted for the deliberate way in which the French language was used in preference to German. It was only one of many incidents which lent color to the report that relations between Austria and Hungary were strained, many going so far as to insinuate that it was only the personal influence of the Emperor Francis Joseph which preserved the integrity of the present compact between Austria and Hungary and on the death of that aged monarch a disruption was sure to

take place. Among the officials who thus addressed us in French were Count Albert Apponyi, Minister of Education of the Hungarian Government. He was a tall, fine-looking man, and the speech in which he extended a warm welcome from the Hungarian Government was calculated to support his reputation as being one of the finest orators in Hungary. He was followed by the Lord Mayor of Budapest, Herr Calman de Fülepp, on behalf of the municipality. The General Secretary of the Congress, Professor E. Cross, then described the work of organization since its inception in 1906, and subsequently announced the names of the Honorary Presidents of the Congress. Speeches were delivered by delegates from the various countries, who occupied seats upon the platform; the proceedings terminated with the singing of the Hungarian National Hymn, by a choir of male voices. Among those on the platform were: Dr. A. McPhedran and Dr. G. Sterling Ryerson of Toronto University, the former being the official delegate representing Canada. Military and naval men were in uniforms of varied color and design, wearing decorations of numerous orders, others in national costume in furs looked as if they must have felt the summer heat oppressive, many others wore academic robes.

The scientific work of the Congress began on Monday morning, August 30th. The building used for the purpose was a disused polytechnic school, and this served the purpose remarkably well. A large staff of assistants were in waiting, and the preliminaries of formal registration, and the distribution of literature, including the daily journal, were carried out smoothly, and without confusion. A number of interpreters were in attendance, and special badges indicated those who could converse in English, German, French, Italian, etc., as the case might be.

It is impossible to give, in this short note, any account of the various scientific communications made to the Congress. There were twenty-one sections altogether, and several communications of general interest were made apart from the sections. One which attracted considerable attention was on the subject of cancer in man and animals, by Dr. E. F. Bashford, the Superintendent of the Imperial Cancer Research Laboratories. Then the discussion on appendicitis, before the combined sections of Surgery, Medicine and Gynecology, was of interest, and served to show that the profession is not yet an unit in the support of any one line of treatment in this common disease. Problems concerning immunity, the value of serum therapy, and many other subjects of absorbing interest, were under consideration in the different sections. Many papers were read in the sections of Anatomy, Physiology and Chemistry, which excited the interest of those working in the more purely scientific subjects of the medical curriculum. The official languages of the Congress were German, French, Italian and English, but

it was often exceedingly difficult to follow a paper in any language, as the reader, in most instances, had written much more than could be delivered in the fifteen minutes to which he was restricted, and the result was that he read so rapidly it was impossible to understand him. There were notable exceptions to this, however, as might be instanced in the case of that old Scotch veteran surgeon, Sir William Macewen, of Glasgow, whose clear, deliberate and convincing manner of speech riveted the attention of all who heard him, and won the unanimous applause of his audience.

Various entertainments were provided for each evening of the week. On Monday evening, the Lord Mayor of Budapest received the members of the Congress in the handsome town hall (Redoute). A good orchestra and excellent vocal music were greatly appreciated by those who could get near enough to the performers and far enough from the noise of the general conversation which was carried on continuously in most parts of the hall. The wife of a professor of medicine at the University of Budapest, sang some German songs which were greatly appreciated. The refreshment rooms were guarded by a large placard, which read. "The guests are requested to pass out of the buffet after fifteen minutes." In spite of this, most of the guests appeared to have succeeded in obtaining all they wished of champagne, sweets and more solid refreshment. On Tuesday evening, the Ladies Committee gave a reception in the City Park (Stadtwaldchen) to those members who were accompanied by their wives and daughters. The surroundings were extremely beautiful. Refreshment tables were spread in the open air, and the floral decorations were exquisite. On Wednesday evening, the Archduke Joseph received the members of the Congress in the Royal Palace in the name of His Imperial and Royal Apostolic Majesty. The palace was originally built by Maria Theresa in the middle of the eighteenth century; it was partly burned down in 1849, but was subsequently restored and extended in a most imposing style. It is beautifully situated on the hill on the Buda side of the Danube, the extensive palace gardens, with numerous terraces, passing steeply down to the river bank. The scene on entering the palace was most impressive. The long and broad marble staircase, with its massive columns, was carpeted down the centre with crimson cloth, and decorated with palms and ferns. On every second step, on either side, was stationed a soldier of the Royal Body Guard, in red and gold uniform and glistening helmet, with lance in hand, standing to attention. The brilliant lighting enhanced the beauty of this picturesque scene. The guests were conducted to the handsome reception room, where an attempt was made to arrange them in groups according to their nationality. The Archduke then

passed through, addressing each group in turn. Fifteen hundred members were summoned to the reception. Ladies were not invited, excepting those medical women who, in their professional capacity, were participating in the proceedings of the Congress. One of the medical journals referred to "a sort of triumph visible in the faces of the nine women" who thus appeared. On walking down the terraces from the Palace to the bridge, the scene was magnificent. It was a clear moonlit night, and one looked down upon the placid waters of the Danube and across to the city (Pest) spread out on the plain beyond. With a colleague from Toronto, the writer stood entranced with the beauty of the scene for many minutes. On the same evening as the royal reception, was a performance of Madach's "Tragedy of Man" at the National Theatre. On Thursday evening were receptions by the various presidents of the sections, and on Friday evening what was described as one of the most brilliant and, at the same time, successful, soirees was held by Count and Countess Apponyi, when some 400 members were received at the Park Club, in the City Park. It had been rumored that a German Society of Vienna had issued an appeal to the German members attending the Congress, asking them to refrain from attending any function at which Count Apponyi, the Hungarian Minister of Education, was officially present. The explanation was that recently the Hungarian Government, at the instigation of Count Apponyi, had excluded the teaching of German from the Hungarian elementary schools. This, it was stated, indicates the feeling of independence which is fostered by the Hungarians, and the policy of encouraging animosity towards foreign races living in Hungary. It would appear, however, that this appeal to the prejudices of political intrigue did not prevent the Germans from presenting themselves to enjoy the hospitality of the Count.

The incident of the German protest in connection with Count Apponyi's reception was only one of the several which pointed to the fact that the Hungarians are living in, and are no doubt responsible for the creation of, a political atmosphere which is apparently extremely irritating to neighboring states. Two very interesting pamphlets were issued to the individual members of the Congress, one from the Physicians of Roumania and one from Bohemia. The former is issued as a protest against the unjust laws which, it is claimed, have been enforced for the purpose of oppressing Roumanians living in Hungary. It is pointed out that, in Hungary, there are three and a half millions of Roumanians and six millions of Hungarians. It is claimed in the pamphlet that the liberty of the press is denied to the Roumanians, so that, "in less than ten years, their endeavors to publish what they think have cost the Roumanians of Hungary not less than fifty years' impris-

onment and two hundred thousand crowns' fine." Then, it is stated, all kinds of political meetings are prohibited. It is claimed, too, that the liberty of religious creed and the liberty of instruction in the mother tongue are curtailed. The tone of the pamphlet may best be indicated by quoting the following paragraph, which says:

> "When such is the fate of the Roumanian people, which is a part of the Kingdom of Hungary; when its language and religion are abused, its monuments destroyed, and its liberties annihilated, are we not permitted to put the following question: With what superhuman power ought we to be endowed to master our heart and our grief, and be partakers in the festivities of that country, where millions of our people bewail the triumph of injustice?"

The Roumanian physicians held aloof from the Congress in a body, and similar action was taken by the Bohemians and Servians. The reasons were purely political, and in a circular addressed to the members of the Congress, dated from Prague, the Hungarian Government was characterized as violent, chauvinistic, and the enemy of civilization, whilst their ideals were described as criminal and retrograde. The action taken by these citizens of the neighboring states, and the fiery protestations against the Hungarian Government, threw an interesting sidelight upon the unsettled condition of politics in this part of Europe.

The closing session of the Congress took place on Saturday, September 4th, in the Municipal Town Hall. Congratulatory telegrams were read from the King of Hungary and the King of Portugal. The awards of various prizes were made, and it was announced that the next Congress would be convened in London in 1913. The invitation to England was conveyed by Dr. Pavy, who stated that, through the Secretary of State for Foreign Affairs, Earl Grey, he had been instructed to invite the Congress in the name of the British Government. Addresses were delivered by the President of the Congress, Professor Müller, and by the numerous delegates, and after a stirring speech by Count Apponyi, the President declared the Congress closed.

CONGENITAL MEMBRANE BETWEEN THE VOCAL CORDS —REPORT OF CASE

BY WM. A. MACDONALD, M.D., TORONTO.

CONGENITAL membrane between the vocal cords is not very common. P. Bruns, of Tubingen, some years ago collected twelve examples in the medical literature. Since then, Rosenberg published a case. This one is perhaps the fourteenth to be reported.

Levina McG., twelve years of age, came to me on August 24th, 1905, complaining of high, feeble, screeching voice. Trouble dated from infancy. Specialists who were consulted in San Francisco said she had a web in her throat. Patient's parents at that time refused operation.

Patient was pale and thin. Voice was a very high-pitched, feeble falsetto, almost aphonic. Examination of mouth showed hypertrophied tonsils, which almost touched in the middle line. Examination of larynx showed a membranous web uniting the vocal cords. The posterior edge of membrane was crescentic in outline, and terminated in the vocal processes of both cords. On inspiration, the web could be well seen, and it was observed that the centre of the membrane was the thinnest part, allowing the darkness of the deeper parts of the trachea to be seen through it. In color the membrane was a greyish yellow. No blood vessels could be seen in it.

August 28th, patient was anesthetized with bromide of ethyl, in the sitting posture, and the tonsils amputated.

September 7th, Larynx was prepared for operation with adrenalin, and 10 per cent. cocaine solution. The patient held her tongue with a piece of gauze, and during inspiration, under the guidance of the laryngeal mirror, the membrane was completely and cleanly removed by one bite of the double punch forceps designed for working in the anterior commisure of larynx by Krause, and modified by Halle.

There was practically no bleeding. There now appeared to be a second membrane under the site of the first, but this was seen to be the remains of the under surface of the original membrane, which was quite thick at the commisure.

The voice was lowered several octaves immediately after the operation, and had a good volume and tone, besides being much louder.

Next day the cords were clean and distinct, and the voice good.

After eight days the patient was seen again, and the anterior commisure was found to be filled up with new-formed epithelium.

Treatment with silver nitrate solution effected no improvement. The voice became higher pitched, and the mass of epithelium and granulation tissue increased in size. This mass was opaque, and thick, and blood vessels could be seen running toward its centre.

October 4th, this new mass was removed by an operation similar to the first.

From October 10th, Schroetter's tubes, armed with a dull blade, anteriorly designed to fit into the anterior commisure, were passed into the larynx and held there for two minutes each seance. This treatment was repeated daily for some days, and then two or three times a week. No cocaine was used after the first two treatments.

The filling in of the anterior commisu e with epithelium gave lots of trouble. The blade on the Schroetter's tube was made larger, and once an O'Dwyer tube, adult size, was inserted for a couple of hours. The Schroetter's tube, armed with the dull blade, was frequently passed into the larynx, after which, during January and February, bismuth formic iodide was insufflated.

After March 5th, the patient was seen at intervals of a month or more. Until to-night, the patient has not been seen since March 6th, 1907, almost a year.

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WM. A. MACDONALD.

Toronto, February 25th, 1908.

Clinics

TORONTO GENERAL HOSPITAL CLINIC, SATURDAY JULY 24TH

Dr. Perry Goldsmith conducted the Clinic on the 24th of July. The attendance of medical men was good. (These clinics on Saturday at 10.30 a.m. are open to the profession.)

The first subject dealt with was mastoiditis. This Dr. Goldsmith defined to be an osteomylitis of the mastoid portion of the temporal bone. He traced the channel of infection and displayed anatomical sections showing clearly the path of progress of inflammation. Infection, having travelled up the Eustachian tube by continuity of membrane, invades the middle ear and then passes through the additus and into the mastoid antrum.

The swelling of the mucous membrane of the additus often causes a closure of this canal and a damming back of the contents in the mastoid cavity, with severe symptoms. Middle ear infections might, however, be simple, with no exudation. There may be only a little earache and slight redness of the drumhead. The resisting powers of the patient may be high, or the virulence of the organism low, and the attack pass off in a few days. If more severe, exudation may take place, earache become rather severe, slight distension of the drum may be noted and considerable deafness ensue. The exudation may become absorbed and the patient recover. Or the exudation may become purulent and disintegration of serum may take place, causing a purulent otitis media. If the Eustachian tube remains patent the secretion may drain into the pharynx; on the other hand, the earache may be prolonged and severe, the drum bulge, and in children convulsions ensue.

Unless you perforate the drum, the drum will probably perforate itself, and the resulting irregular wound, situated badly for drainage, will not heal as kindly as a clean cut. The discharge may last a few days, healing take place and the patient make a good recovery. The disease may, however, go on and involve the mastoid (diagrammatically represented).

Symptoms of mastoiditis may be very deceptive. You may have no pain, no edema, no swelling, little or no change in temperature or pulse. Usually there is a history of middle ear infection. There is pain on pressure behind the ear, increasing on deep pressure, the pain usually being over the site of the antrum. The pain may

travel down and locate at the tip. This pain in the tip usually indicates invasion of a large cell near the tip.

In mastoiditis, very frequently during the first few days of an acute otitis media one finds mastoid pain over the lower half of the mastoid, but if the case goes well this rapidly passes off. One must not forget the possibility of a furnucle in the external ear. In such cases we have pain and swelling over the mastoid, but the pain is not increased on deep pressure, nor is it noticeable if care is taken not to move the auditory canal. The usual localized swelling in the canal puts one on his guard. There will be no swelling unless the infection has passed through the periostium. If one finds a boggy swelling, that means the disease has passed through. This is more fortunate than though the infection passed in towards the brain.

Nowadays operation is performed much earlier in the disease than formerly. It is important to recognize the seriousness of a discharging ear. There is only a thin plate of bone separating the suppurative process from the brain. A patient with a profuse discharge from the ear, greater than could be secreted by the *tympanic mucous membrane, even without other signs, must have* pus in his mastoid antrum and cells. There is no place else where a quantity of any marked amount could lodge. Generally speaking, in such cases the mastoid should be opened at once and the discharge drained at its source, in accordance with the well-known surgical rule. The danger to life is lessened, and the convalescence is rapid, but, equally important, the hearing is preserved.

A patient who has foul pus running through a perforation of the drumhead must have a very irritated and thickened condition of the lining of the tympanum. The ossicles are in places covered with only a layer of epithelial cells. Necrosis may, therefore, easily take place. The longer the discharge lasts the greater the resulting destruction of bone and thickening of the mucous membrane. After the discharge has ceased, the patient so often eventually suffers from progressive middle ear deafness. Therefore the sooner one can stop the discharge from the ear the less danger there is from chronic middle ear deafness.

One of the commonest causes of deafness is a lesion in the tympanum following suppuration. Is it not, therefore, good surgery to open the mastoid antrum in such cases, as by so doing we can stop the discharge in a few days, but, more important still, we *preserve the hearing?* I do not wish to advocate heroic methods only and think nothing of conservatism. The majority of cases have not general infection in the mastoid cells, the mastoid antrum is simply acting as a reservoir for the tympanum. Left alone or simply cleansed, they nearly all eventually get well, provided no further extension of the disease takes place in the mastoid, but there are

cases in which it is better surgery to drain the discharge from behind rather than through the drumhead.

The simple mastoid operation consists in merely opening the mastoid cortex and antrum. The radical consists, in addition, in breaking down the bridge of bone separating the mastoid cavity from the tympanum and cleansing out the contents of the tympanum, leaving, if possible, the stapes.

If the disease progresses without interference it may produce external abscess or abscess of the brain or infection of the lateral sinus.

The first patient shown illustrated an infection of the mastoid which had spread through the mastoid veins to the lateral sinus. The patient suffered from fever with chills. Two weeks prior he had earache. There was at that time a discharge for two days only. Symptoms quieted down, the middle ear and mastoid looked after themselves. The infection in the mastoid went on, however, but only in a minor degree. There followed chills and a temperature of 104, considerable pain in the head, no discharge from the ear, nothing in the lungs or kidneys, and no endocarditis. There was also an old strabismus. What other disease would produce these symptoms other than septic thrombosis of the lateral sinus? Operation advised. Mastoid opened, no pus. Incision was then carried back and lateral sinus exposed. It did not look unhealthy, and a partial stream was flowing through. Lateral sinus opened; little oozing of blood; then owing to the pressure of the blood behind a partial clot about 1½ inches long came out. Pure culture of micrococcus catarralis was obtained, and recovery was uneventful and rapid.

Another case exemplified this same type of disease. The mastoid was opened and lateral sinus exposed. It did not look unhealthy and was, therefore, left alone. Patient put back to bed. Temperature fell to almost normal; next day temperature rose to 104, with decided chills and sweating. The patient was again anesthetized and this incision carried back at right angles to the primary mastoid incision and lateral sinus opened. It was found full of septic clot. Since this septic mass communicated directly with the venous circulation, and the patient was suffering from septicemia, it was decided to remove the external jugular vein, as this was the only way to prevent further poison reaching the circulation. The lateral sinus was followed back to the end of the clot near the Torcular Herophite and cleansed and the internal vein was resected from a point just above a point where it joins the subclavian to become the innominate, to a short distance above the entrance of the facial vein. Rapid recovery.

A third case was described in which the external jugular was removed (the patient had pyemia when first seen). The operation was apparently successful, and convalescence, though prolonged,

was satisfactory. The wound healed and the day the patient was to have left the hospital he died suddenly from embolism.

CHOLESTEATOMA.

This condition is found in chronic suppurating ears, and is caused by the proliferation of epidermis in the canal and spreading into the tympanum and mastoid. It is simply an extension of the skin into the tympanum and cells of the mastoid. The ordinary radical operation is indicated. As soon as you open the cortex you find a pearly membrane, and inside of that a putty-like mass. The patient shown had a double cholesteatoma. The ossicles were gone. It was unusual to find such in a child aged 11, and on both sides. *Incidentally the patient, after four or five days in the General Hos*pital, developed an acute attack of appendicitis. His appendix was removed. He also had adenoids removed. Patient also suffered from a dislocated shoulder consequent on a nerve lesion of many years previous.

Choleastomata will nearly always recur in spite of everything. Some otologists advocate leaving a permanent opening in the mastoid. When one finds the ear full of choleastomous material he should avoid syringing with water, as the mass swells rapidly and produces great pain. A solution of salicylic acid, 2% alcohol, assists very materially in dissolving the epithelial mass. It is not always necessary, as Dundas Grant has shown, to remove the matrix of the cholesteatoma to secure good results.

A case of facial paralysis was then shown. Man, age 37, with a history of old middle-ear suppuration, pain behind the ear lasting for two weeks, and inability for some weeks to use one side of face as well as the other. There was gained a history of prior attacks of pain two years before associated with syringing the ear. A choleasteatomous mass was formed in the tympanum and a radical operation advised. This I performed the next day and found the mastoid antrum and cells leading to the tip filled with this putty-like mass. The additus was large and the middle ear filled with the same material. After cleansing the entire cavity it was swabbed with a solution of zinc chloride and the wound closed. The healing was rapid, facial paralysis was improved in a few days, and after some months became quite well.

A patient was then shown to illustrate blood clot healing of suppurative mastoiditis. The patient had an acute otitis media, which eventually invaded the mastoid. The simple mastoid operation was *performed, and after thoroughly cleaning out all the diseased* cells and swabbing the cavity with a paste of iodoform and 1-20 carbolic acid it was allowed to fill up with blood from the edge of the wound and completely closed. The stitches were removed in one week, the case healing by primary union. Dr. Goldsmith said this was the ideal method of mastoid dressing and the one he would

henceforth strive to secure. It necessitates a very complete operation and attention to many minor details. It will not be successful in all cases, but one is not any further out even if the clot becomes infected, as all he has to do is to cut the lower stitches wash out the clot and pack with gauze. If one can operate on an acute mastoiditis and have no after treatment he saves himself and patient a great deal. The free use of tincture of iodine to the operative area assists greatly in leaving a sterile field and prevents stitch abscess.

Dr. Goldsmith then reported the following case: The patient shown had had a suppurating ear nineteen years and six months. This chronicity pointed to mastoid disease. Mastoid opened and found full of green pus, due to the bacillus pyocaneus. Radical operation performed. Prior to operation fissure of the external semi-circular canals was diagnosed on account of the vertigo the patient suffered from. Two fistulae were found. They were slightly enlarged and not probed, as the probe might break down nature's protection area and allow acute infection of the labyrinth to take place. A description was then given of Baranay's tests for disease of the labyrinth.

The question of tonsillar surgery was then taken up. The various methods of removing tonsils were explained—snare, cautery, punch, forceps (Morcellment), various forms of tonsillitones, scissors, etc. By a series of drawings he showed the steps of a complete enucleation of the tonsil. In connection with this he is a strong advocate of the complete operation as being simply good surgery. A diseased gland is in no other part of the body deliberately only half removed. Why so in the case of the tonsil? If the tonsil requires removal, why remove only half, hoping the remainder will shrink. This may be permissible in very young children, but is not good practice in adults.

The subject of nasal obstruction was then referred to. Dr. Goldsmith rapidly ran over the various causes for nasal obstruction, but referred more especially to that form of obstruction caused by a deviation of the nasal septum. By a series of large drawings he showed why septal operations have been until recent years so unsatisfactory, and how the sub-mucous resection (Freer and Killian) has made the present results so satisfactory. The various steps of the operation were very clearly illustrated and a series of cases shown.

The subject of nasal accessory sinus disease was then taken up. A goodly number of anatomical specimens were passed around, which showed the various anatomical relations each sinus bears to the others. Some of the simpler operations were then performed on wet specimens to illustrate his remarks concerning the operation measures usually adopted for the cure of the suppurative process. In connection with the sinus cases he spoke of the value

of bismuth paste, introduced by Dr. Joseph Beck, Chicago. Some new apparatus for using the paste was shown and its application illustrated on patients. Dr. Goldsmith spoke very highly of this form of treatment when properly and efficiently applied.

A series of X-ray plates was then shown. They were from Dr. Cumming's collection, and were an unusually excellent lot. By these the lecturer showed how great was the assistance a good skiagraph gave to an operator. The size of the sinus is thus known, the presence and situation of septa and offshoots. Not infrequently the opposite sinus passes beyond the middle line, and without a good plate one can easily open the healthy sinus.

TORONTO GENERAL HOSPITAL POST-GRADUATE CLINIC, SATURDAY OCTOBER 23RD

The regular Saturday clinic, open to the profession, was held on the 23rd October, at the usual hour, 10.30 a.m., Dr. H. A. Bruce taking charge.

Case one showed an interesting condition—a growth in connection with the fibula. The patient, a girl aged 18, eleven months ago had her ankle stepped upon by a cow. Two weeks later a small tumor appeared on the outer side of it, but did not cause any pain or discomfort. It grew rapidly. Five months later she consulted a physician, who lanced the swelling. About a teaspoonful of dark blood was obtained. Patient thought it diminished in size for a time, but later it grew larger, and continued to up to the time of admission to the hospital. The tumor now extends from the external malleolus directly upwards for six inches. Its growth has been from below upward, extending from the tendo-achilles to the anterior margin of the tibia. The growth is irregularly nodular and shows some dilated veins on the surface. It presents a large, prominent swelling on the middle of the outer side, another nodule above, and still another in front. The summit of the tumor has an elastic, fluid feel, giving a sense of fluctuation. There is a distinct pulsation and bruit to be noted. The rest of the tumor is very hard. The ankle joint is free. The surface feels hot. There is no history of tuberculosis, and the von Pirquet reaction gave negative results.

Diagnosis.—A round or spindle-celled sarcoma of the fibula. The X-ray plate shows that it is peripheral—connected with the periosteum, which it has lifted up from the bone. When located centrally these tumors may be round or spindle-celled, and usually contain myeloid cells. Formerly a tumor originating in the medulla of bone and containing giant cells was classed as a sarcoma. Now it is called a myeloma, the term sarcomata being reserved for those tumors containing round or spindle cells with few giant cells. It is desirable to have this classification, because there is a great differ-

ence in the treatment. In the case of a myeloma it is quite sufficient to excise the portion of bone affected, including a half-inch above and a half-inch below the growth, whereas in the case of the sarcomata the removal of a limited portion of the bone would be quite insufficient. One finds that a growth from the deep layer of the periosteum is usually very malignant. Bland Sutton observed that the malignancy varies with the bone affected—that of the tibia and fibula being less than of the radius or humerus; less in the fibula than in the tibia. Sarcoma of the fibula is rare; sarcoma of the tibia is common. Sarcoma of the fibula is less malignant than that of any other bone. Sutton attempted a partial removal of the upper end of the fibula in an early case of sarcoma, instead of amputating. At the end of a year and a half there was local recurrence in the scar. Again he removed the mass without amputating. At the end of six months there was further recurrence in the neighborhood, necessitating amputation. The patient died six months later of internal metastases.

In the case presented, Dr. Bruce will amputate, by the Stephen Smith method, at the knee joint, as soon as consent is obtained. It would be unsafe to amputate lower down, as these sarcomatous cells are often found (when a longitudinal section is made) high up in the bone. It was to be noted in this case that the growth was extending upward instead of downward—not toward the joint. The cartilage over the end of the bone seems to resist the invasion of sarcoma cells. On the other hand, the cells readily traverse the blood vessels in the Haversian canals in the bone tissue. The joints, therefore, escape invasion, unless through the synovial membrane. Ninety per cent. of the cases give a history of injury.

The next patient presented was a man aged 59, with a growth on the right side of the neck. There was no history of tuberculosis or carcinoma. Patient drinks heavily at times and smokes ten pipes a day. Four months ago he twisted his neck, and two weeks later patient detected a hard, painless tumor, the size of a marble. It was subcutaneous, and easily movable under the skin. It has grown steadily ever since in a downward direction. It is now a large, hard mass, extending from the angle of the jaw to the clavicle; reaching from the middle line in front to within two inches of the mid-line behind. The skin over it is adherent, has a bluish discoloration, and presents little depressions, indicating that it is involved. The tumor moves freely across the fibres of the sterno-mastoid, but scarcely any in the direction the muscle fibres run. This muscle is involved. The patient complains of some pain in the chest below the site of the tumor. There are no evidences of pressure on the blood vessels or trachea. There is no enlargement of the glands of the axilla or groin. The larynx and pharynx are negative. The tongue and mouth are also free. What is this? Either a carcinoma or sarcoma. The glands of the neck are not involved, or one might think of lympho-sarcoma. Obviously, it is

not Hodgkin's disease. The case is likely one of primary carcinoma in the glands of the neck. It has gone too far and is inoperable. If one could get his finger in between the clavicle and the tumor the case might be considered operable. Dr. Bruce then described in detail the various steps to be taken in doing such an operation.

In speaking of these cases Dr. Bruce deprecated the former habit of surgeons in removing a portion of a malignant growth in order to make a diagnosis. The growths should be removed completely before sections are made. There is danger in the former practice that there may be a dissemination of the growth through the opening up of the lymph and blood channels.

The next patient, a woman, aged 46, had been operated on two weeks before for carcinoma involving nearly all the left side of the tongue and the corresponding glands of the neck. Upon entrance to the hospital her blood was so poor (only showing 45% hemoglobin) that operation was postponed until a short course of tonics and nutritious feeding could be given.

The steps in the operation were then described. A flap of mucous membrane was saved, and by tying the ranine artery the operation proved to be an almost bloodless one. The patient following the operation was placed in the Fowler's position, so that any oral discharge might run out of the side of the mouth, thus avoiding the occurrence of inspiration pneumonia. Tincture benzoin co., in which the alcohol was replaced by iodoform and ether, was applied and the mouth frequently washed out with antiseptics. The result was very fine.

A case of tubercular disease of the shoulder joint was presented. The patient was a man aged 43, who twenty-one years ago sprained his shoulder. A year later he suffered from rheumatic fever, which affected the shoulder particularly. In his work he used a hammer a great deal. At times the shoulder became red and swollen. Six months ago an abscess formed in front of the shoulder joint, since which there has been a discharging sinus. Three months later an abscess formed over the right scapula. There is much thickening of the head of the bone. The joint is almost fixed. Moreau's test and von Pirquet's were both positive. Dr. Bruce described how these tests were made. He proposes to excise the head of the humerus.

The next patient shown was a pedlar, aged 61, who was admitted to the hospital three months ago, giving a history of epigastric pain for over two years. There was also a mass in the epigastrium. About nine months ago patient began to complain of shortness of breath. The previous year he had received treatment in the hospital for pernicious anemia. At the time of his second admission his hemoglobin was 35%; red blood cells, 2,600,000; whites, 8,200. Stomach contents showed albumoses, starch granules, and the Opler-Boas bacillus, but no saricinae. An exploratory incision was done in August. A large carcinomatous mass, the size of a

man's fist, was found involving the pyloric end of the stomach, mostly confined to the posterior aspect. Secondary nodules were present on the anterior surface of the liver. It was quite clear there was no use in attempting a radical operation, seeing there was no pyloric obstruction. The condition of the blood was also unfavorable for the performance of a gastro-enterostomy. Gastero-enterosty for carcinoma of the stomach is attended with a higher rate of mortality than for a simple condition, such as for ulcer. The abdominal incision is also slow in healing in such cases. The wound in the case shown was examined, and healing was seen to have barely taken place, although two months since the operation. Another case of slow healing was cited.

Dr. Bruce holds that there is great room for improvement in the diagnosis of internal carcinoma. By the time these cases reach the surgeon, it is often too late to operate, unless to remove the pyloric obstruction.

Crile, of Cleveland, has been using hemolysis as a method of determining the presence of carcinoma. He found that the blood serum of the cancer patient would cause hemolysis of the corpuscles of the blood of a healthy patient in 80 per cent. of some 200 cases examined. Unfortunately, the reverse action happens, that the blood serum of healthy persons produces hemolysis of the corpuscles of the blood of cancer patients. Further, in certain other diseases, tuberculosis, for instance, hemolysis occurs. If the test would help one to differentiate in those diseases which were easily confounded with carcinoma, then the test would be of value even though a similar test was found in other persons in whom there had been no difficulty in making a diagnosis. In patients with advanced cancerous disease the reaction does not occur.

Dr. Bruce also showed a very interesting case of osteo-arthritis. One X-ray showed clearly lipping along the upper margin of the articular surface of the patella. There is also erosion of the lower end of the femur—the characteristic appearance present in osteo-arthritis. Grooves had formed in the joint, as though the cartilage had been worn away by some hard substance—the condition known as eburnation. This condition is produced sometimes in football players as the result of injury. Dr. Bruce reported another such a case, the lesion being in the knee. The treatment consisted in prolonged rest (and extension) secured by a Thomas splint, with blistering around the joint. Four blisters about one inch square were placed an equal distance apart. In a week a new set of four in fresh places opposite the joint were applied. And so on for six months. The joint is kept warm by surrounding it with absorbent cotton. In the intervals between the blistering alternate applications of hot and cold water seemed to have a beneficial effect. After a year's treatment the patient made a perfect recovery, with no return after a lapse of eight years. The patient was given iodide of potash in small doses.

Laryngology, Rhinology and Otology

IN CHARGE OF
PERRY G. GOLDSMITH, M.D
TORONTO.

THE COMMON COLD

In a special number devoted to common ailments *The Practitioner* has, among many excellent papers, one on the above topic by Harry Campbell. The words "Common Cold" are used to mean an acute catarrh tending to run a definite course, limited to days or weeks, of some part of the mucous lining of the upper respiratory tract and contiguous regions (frontal sinuses, maxillary sinuses, nasal ducts, and so forth).

The common cause of colds is a specific bacterial infection, but Campbell thinks there may be a purely nervous cause, from vasomotor and tropic disturbances.

Among the organisms found are Friedlander's bacillus, bacillus septicus, bacillus of influenza, and the micrococcus catarrhalis. Susceptibility to these organisms varies greatly in different individuals. The individual methods of life in which we are over-enveloped in clothes and live continually too much indoors cause in a large measure our susceptibility as compared with primitive man. The symptoms vary greatly as one would expect, with different kinds of organisms affecting different types of people, and as we have all noticed varies in epidemics. Different portions of the mucous membrane may be affected at different times, or only one portion of the entire tract may be involved.

Prophylaxis.—Campbell speaks of the very great importance of the prophylactic treatment of this common disorder. Mouth-breathers, and those suffering from adenoids and enlarged tonsils or any affection of the nose or throat are more liable to take cold than others. Such people, if present, should therefore be promptly treated. Stuffy and overheated rooms should be avoided; the bedroom windows should be kept open at night, and, if tolerated, cold baths taken every morning. The wearing of too heavy clothing is pernicious, and we should not be afraid to allow the upper part of the chest and neck to be very lightly clad.

The question of feeding is one which should not be overlooked, both over-eating and eating wrong kinds of food may engender the catarrhal diathesis, and as over-fed people take cold it is more liable

to become chronic; it is important that the over-fed chronic bronchitic patient should regulate his diet, as it is of great benefit. This is also of great importance in children, as the important point Campbell says is to cut down the supply of starch and sugar rather than the animal food, and he believes it is largely the cause that the children of the poor are deluged with starch that they suffer from chronic indigestion and catarrh. As there may be absorptions of poison from the digestive tract acting as a factor in the causation of catarrh, it is very important to avoid constipation. During the occurrence of epidemics it is well for susceptible patients to avoid theatres and other public buildings, and so forth, where the imperfect ventilation makes these rooms "hot-beds" of infection. After exposure to infection it is a good plan to douche the nose and gargle the throat with a mild antiseptic such as boracic acid.

Two special precautions for the avoidance of infection are: First, always to breathe through the nose, and never allow the hands to handle food or to be put in the mouth without having first been washed.

Curative Measures.—Campbell does not agree to the treatment of warm baths, mustard, purging, Dover's powder, aspirin and salicylates. Treatment of this sort, he says, relieves some symptoms and satisfies the patient and his friends, but does little or nothing to attack the *fons et origo* of the trouble. Quinine in ample doses stands foremost among the drugs, but it should be used from a prophylactic standpoint.

Chronic rhinitis, laryngitis, bronchitis, and so forth are found to be successfully treated by the use of vaccines alone. In cases of bacillus septus the only vaccine likely to have any effect is a vaccine made from the patient's own person. The following is the method which the author advises in using vaccine therapy:

For receiving the secretion from the inflamed mucous membrane of the nose, throat, or air tubes, small wide-necked bottles fitted with glass stoppers are required. These should be sterilized by boiling. When it is desired to collect the nasal secretion, the external nasal orifices, which always contain an abundance of micro-organisms, should be washed with warm soap and water, and dried with a clean towel. One nostril is then closed and the discharge is expelled direct into the bottle.

The best time to collect a sample of the discharge from the naso-pharynx, the throat, or the tubes, is the first thing in the morning, when it is least likely to be mixed with food particles, and when, moreover, a "uniform smear" (*i.e.*, one in which the contained micro-organisms are present in their true proportion) is most likely to be secured. The secretion should be hawked up or coughed up into the bottle, but prior to this the teeth should be thoroughly brushed, the mouth rinsed, and the throat gargled with

boiled or preferably distilled water, after which some of the pure water should be swallowed.

Here a word of caution must be uttered. Unfortunately the vast majority of the people of this country (England) suffer from pyorrhea alveolaris, a disease which (as I have more than once insisted) is mainly due to the inadequate use of the teeth, resulting from our present system of pap-feeding. Now the pus which pours out of the diseased sockets in this affection contains, in addition to other micro-organisms, micrococci catarrhales, pneumococci, streptococci, and staphylococci, and constitutes a constant source of infection of the throat and neighboring parts. When we consider the propinquity of the posterior molar teeth to the Eustachian tubes, the danger of these latter being infected from these teeth becomes obvious.

It is, therefore, of the utmost importance to remove the source of infection before attempting to treat any chronic infective inflammation of the mucous membrane of the pharynx and neighboring parts. Happily pyorrhea alveolaris can in most cases be cured by modern dental methods.

Having secured the specimen, it is forwarded to an expert, and the vaccine can be prepared ready for use within forty-eight hours of its receipt.

The best time for the injection is the evening, and the best spot the flank slightly above and internal to the anterior superior spine. If the reaction is pronounced it may be necessary to keep the patient in bed for twenty-four hours.

An ordinary hypodermic syringe may be employed. It should be boiled in water before use (some prefer to boil the needle in alcohol) and the skin of the spot selected for injection should be well rubbed with a piece of cotton wool soaked in a mixture of alcohol and ether, or in a 2% solution of lysol. It is always advisable to begin with a small dose (*e.g.*, 120,000,000 organisms), and to regulate subsequent doses according to the resulting reaction, the subsequent bacterial findings, and the effect upon the local secretion. As a rule the second injection should be about ten days after the first. We do not seek to produce any reaction when the injection is administered during an acute cold, but in the case of chronic inflammatory conditions, or for prophylactic purposes, we endeavor to produce a definite but not too pronounced reaction. Such a reaction displays itself as a tender red swelling at the seat of the injection (which appears in from four to eight hours, and begins to subside in about eighteen to twenty-four hours), and in the form of constitutional symptoms, such as fever and headache, which set in a few hours after the injection and subside during the second twelve hours.

(The difficulty in using vaccine therapy in private practice makes

it necessary for us to treat our patients in some other way, and I am not sure but that another way may be equally as beneficial. A patient suffering all the discomforts of acute coryza, with secondary laryngeal and bronchial disturbances, consults his physician for relief, and as a rule he wants it at once. If seen early, quinine Dover's powders often act immediately; in others, quinine, acetanetid and ammonol does very well. The reviewer thinks it is of very great value to take a half-hour or so gymnasium exercise, and thinks it helps more than all the drugs you can use. Inhalations of menthol, Tinc. eucalyptus and Friar's balsam are agreeable, and seem to have a special action in influenzal rhinitis.

If the nose is closed, great relief will be given to the patient by the use of Formawn and menthol snuff (B. & W.), and the regulation of the diet is, as Campbell says, very important. The use of oil sprays are also agreeable to the patient, and not infrequently the patient receives relief by going to the seashore or to a higher altitude, say to the woods, if even only for a few days. When menthol is used in oil it should be only 2 or 3 grs. to the ounce; stronger is very irritating.

The colds found in children, recurring several times during the winter, or persisting as the one cold for any length of time, are frequently cured by the removal of adenoids and tonsils and the regulation of the diet and breathing afterwards. Patients who are subject to hyper-secretion of the nasal mucous membrane should make a practice of cleansing the nose not so much by syringes as by the frequent use of a pocket handkerchief. Regulation of habits, proper exercise and diet will go a long way towards relieving the various forms of rhinitis not dependent on disease of the adjoining cavities.) P. G. G.

Selected Articles.

INSURANCE—MOTOR AND OTHER

At a meeting of the Medical Insurance Committee at the offices of the British Medical Association, 429 Strand, a resolution of condolence with Mrs. Radcliffe Crocker was adopted, expressing the committee's sense of the loss it had sustained by the death of her husband, who had acted as chairman of the committee since its formation, and had by his keen interest and business aptitude very greatly contributed to enabling it to work up so large a business. Dr. G. E. Haslip was elected chairman in the place of Dr. Radcliffe Crocker. The agent and secretary was able to report that there had been a considerable increase in the volume of business and in the premium income during the year, and that this was particularly marked in the life and personal accident departments—a result which was regarded as particularly satisfactory, since it seemed to indicate that the efforts of the committee *to bring home to those engaged in the practice of medicine the wisdom and prudence of insuring against personal accident* were beginning to have effect. The committee has had under consideration for some time the question of motor-car insurance. It is well known that the sale value of a car purchased new deteriorates very rapidly. A medical man may, for instance, purchase a new car for £700 and insure it for that amount, paying a premium on that sum annually; if, however, his car become a total loss three or four years later, he would, in ordinary circumstances, receive not the replacement value, £700, but the sum at which the car is valued at the time it came to grief. A car bought new for £700 would probably in its third year not be valued at one-half that amount, although its usefulness to the owner would not have greatly diminished. The policy which the Medical Insurance Committee recommends meets this objection, since the payments paid are upon the present full value of the car and accessories, and the insurer can alter the valuation at the expiration of the year to meet the decreased market value of his car. The premium rates are governed by the present value of the car and accessories, and by its horse-power; for instance, on a 10-h.p. car and accessories valued at £300, the annual premium is £11 10s, and for a 14 h.p. valued at £400, the premium is £14, and so on. The rates quoted are those of the "Red-Cross" doctors' policy, and the premiums cover (1) all damage to car the direct result

of accidental collision, excluding wilful damage, wear and tear, and mechanical breakdown; (2) all claims for which the assured may be liable for injury to persons, excluding passengers and animals, or damage to vehicles or property caused by the car; law costs being incurred by consent; (3) all damage by fire, lightning, explosion, or self-ignition; (4) loss of car by theft, including accessories, fittings, or parts, if stolen with the car, and damage to car through an attempt at theft; (5) damage to car while being towed or conveyed by road, rail, or inland waterway, anywhere in the United Kingdom; (6) damage to lamps and accessories due to accidental collision, and damage to tyres from the same cause when the car also is damaged. Further, the compensation of £1 a day is paid during the time the car is being repaired owing to an accident, to cover the cost of hiring a conveyance; this compensation is payable from the second day after the receipt, from the repairers of the assured, of an estimate for the repairs, until the repairs are actually completed. The amount in any case may not exceed 75 per cent. of the agreed cost of repairs. There is no restriction as to driver, all damage to the car being covered while any licensed person is driving, whether with or without the knowledge of the assured.* Under this policy the insured value is agreed as the replacement value; thus, in the event of total destruction or loss the full amount insured is paid in cash.' If no claim is made in a year, an amount equal to 25 per cent. of the full premium paid will be returned in cash. If the owner only drives there is a reduction of 5 per cent., and if the same owner owns two cars, only one of which is used at a time, there is a reduction of 20 per cent.; if both cars are liable to be in use at one time, the reduction is 10 per cent. The owner's liability with regard to his paid driver, accidents to the owner or passengers in the car, and theft of accessories can also be provided against under these policies. The Medical Insurance Committee is able to allow 10 per cent. off the total premium paid by the insurer. Special policies are also issued to owners of certain makes of cars, authorizing them to have repairs up to any amount commenced immediately, without consent, at the authorized agents of the particular company, but for a medical man, the "doctors' policy" would seem to be the best. Red-Cross policies are also issued without the provision above mentioned for compensation while the car is being repaired, and can be made to cover mechanical breakdowns under certain conditions, the premiums being adjusted accordingly.—Abstract from the *British Medical Journal*, London.

* (This is a policy almost exactly similar to that issued by the General Accident Assurance Co. of Canada and the Canadian Casualty Co., Head Office Continental Life Building, Toronto, and which Companies carry the large majority of the policies issued on physicians' cars in Canada.)

ABSTRACTS

Treatment of Dysmenorrhea and Uterine Hemorrhages.—F Girardi, of Cervinora, has used styptol in menorrhagia as well as in metrorrhagia, and reports that its action was to be relied upon. In every instance the bleeding was rapidly diminished, even in those cases in which hamamelis and hydrastis had been of no effect. The analgesic action of styptol was especially noticeable. The preparation also proved beneficial in cases that had been operated upon. For example, one year after a curettage, styptol promptly diminished both pain and hemorrhage when these symptoms reappeared. Furthermore, Girardi recommends styptol to the operating gynecologist, because, when given after adnexa operations, ovarectomies, etc., it tends to prevent complications and has a sedative action on the pelvic organs. The author found styptol especially valuable in dysmenorrhea, as it not only diminishes the bleeding but relieves the pain that is wont to appear several days before menstruation. Besides its hemostatic action, styptol also acts as a sedative. Its sedative effect is probably due to a diminution of the irritability of the peripheral nerves, especially those of the genito-urinary system.—*Riv. internaz. di Clinica e Terapia,* 1908, No. 15.

Diuretin in Stenocardia.—Professor von Noorden, of Vienna, remarks on the excellent action of diuretin in stenocardia. Diuretin is to be taken three times a day in doses of 0.5 to 0.6 Gm.; larger doses are unnecessary, and are, perhaps, even less effective. Diuretin and its allied combinations possess a definite vasodilator influence on certain vascular areas. This can be easily demonstrated in the case of the kidney. The small vessels of the heart are probably affected in the same way. This results in a diminished resistance and improved circulation, which account for the good effect in stenocardia. Improvement sets in after two or three days, and the difference is so marked that this must be ascribed to the action of diuretin in stenocardia—one of the most striking results which therapeutics can achieve. Diuretin should be persevered with for at least two or three weeks, but if a longer administration seems necessary there is nothing to stand in the way. The small amounts are well borne by the stomach. Von Noorden has never witnessed any bad effects from a long-continued administration of diuretin.—*Med Klinik,* 1908, No 1.

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Editorials.

ISOLATION OF CONSUMPTION IN PRISONS

VIEWED in the light of the modern therapy of consumption—abundant fresh air, nutritious food—a prison is an excellent nurturing ground for consumption. The omnipresent bacillus tuberculosis blends with the dust of the sunless corridors and awful cells, where men and women in physical wretchedness and sadness of spirit expiate their guilt. The influence of environ-

ment was never better illustrated than in the now well known experiment of Trudeau, who found that rabbits inoculated with tuberculosis, if confined in a dark, damp place, without sunlight and fresh air, rapidly succumbed, while others treated in the same way, but allowed to run wild either recovered or showed slight lesions. Prisoners are in the position of Trudeau's rats in the cellar, and under conditions most favorable to foster the development of the bacilli, which may have found lodgment in their bodies. Then, some prisoners at the time of incarceration are already victims of tuberculosis, and, if made to dwell with the others, are capable of transmitting the disease to them.

We learn with satisfaction that in a new Central Prison, shortly to be erected by the Provincial Government of Ontario, provision will be made for the separation of consumptive prisoners from their fellows. In a wing to be added to this building, consumptives will be secluded—having their own cells, dining rooms and workshops. Probably, the most notable departure in this new prison will be the establishment of open-air workshops. Consumptive prisoners, when isolated from their fellows, cannot infect them; made to live and work in the open air, they may recover their own health. Might we ask, that, as much as circumstances permit of its application, the same boon be extended to the inmates of asylums for the insane. J. J. C.

CAPITAL PUNISHMENT

As long as the death penalty is inflicted for certain offences, particularly murder, great care should be exercised by the court authorities in selecting jurymen to try such cases. In ordinary court procedure, when a juryman is called to be empanelled, he has the right to object to being sworn in, providing he states to the court that he entertains certain ideas against capital punishment, and, therefore, cannot conscientiously sign a verdict committing the prisoner to the gallows. In such a case, he is at once excused. Even, if aware of this provision of the law, it is doubtful that a juryman would inform the court of his objections to capital punishment; such spontaneous action on his part would evince unusual boldness and decision of character. The spirit

and the letter of the present law would be more completely observed if each juryman called to try a murder case, would, in answer to a properly worded question, inform the court, by a simple "yes" or "no," of his belief on the question of capital punishment for certain crimes.

It is stated, that one clue to the success of the insanity plea in trials for murder is, that some jurymen are growing more and more reluctant to send a prisoner to the gallows. As an extension of this view, the claim is made that, the more intelligent jurymen are, the more they feel that a human life is something they must not destroy. In our view men of this intelligent class should be obliged to state their objections to capital punishment to the court before being sworn in. If they do act as jurymen, they should render a verdict "according to evidence," dismissing from their minds anything else bearing on the case, leaving to others the responsibility for a method of punishing crimes, which is objectionable to their own sense of right. This would be an honest course of action. To recognize a murderer's guilt as proved by the evidence and to flinch from a verdict of guilty, because that would call for the death penalty may be creditable to a juryman's heart, but does not redound to his intelligence.

And yet, as men go, a tender heart is not to be despised, even though it should sometimes masquerade in the garb of intelligence. To drown a trapped rat, which fastens its black beady eyes on yours, before you plunge trap and rat into a tub full of water requires some firmness, and a good many men, intelligent or ignorant, would shrink from so deliberate an act.

To sit in a jury-box watching a prisoner accused of murder is not a pleasant task, and, as the trial wears on, a disagreeable taste rises in the watcher's mouth. Much of the incriminating evidence may throw a thoughtful juryman back on his own past—a past almost forgotten, or which he would fain forget. How often has crime, or the punishment of crime, been prevented by chance, Providence, or what you will? Are we all sane at all times, even when age cools the blood, or passion fires the heart less hotly?

There is another side to the picture, at which the tender-hearted juryman should not fear to look. A Mohammedan Malay, when the bad mood comes on him, fills up with bhang,

draws his kris, and rushing into the bazaars strikes men and women till he himself is slain. A Christian Canadian fills up with hard cider and, because his wife crosses his ugly temper, grasps a poker and beats her to death. But he does not die—not he. He finds an advocate who, with successful rhetoric, tells an *intelligent jury that hard cider minimizes the guilt of slaughtering* a human being. The intelligent jury brings in a verdict of manslaughter, and the merciful court sentences the prisoner to the penitentiary instead of the gallows. J. J. C.

THE TWO HUNDRED AND FIFTIETH ANNIVERSARY OF THE HOTEL DIEU, AT MONTREAL

The two hundred and fiftieth anniversary of a Canadian hospital is a little startling—Canada is so very young. Yet not all of it—there are, as you know, the *antiquiores* and the *juniores*. Our French-Canadian brethren of the lancet and the lady hospitallers of the Hotel Dieu, Montreal, deserve to be felicitated on the notable history they have to live up to—an unbroken record of two hundred and fifty years of service to humanity, carried on from humble colonial days in 1659 down to the glitter of the electric twentieth century.

The bronze statue erected in memory of Jeanne Mance, who founded the Hotel Dieu, and to three religious hospitallers, Reverend Mothers Maillet, de Bresolles and Massé, comes from the master hand of the Canadian sculptor, Phillip Hebert. The group represents Jeanne Mance in a slightly stooping attitude, bending forward to raise up a sick man who is sinking to the earth under a load of weakness. It is said by those competent to judge that the likeness to the humble maid of La Fleche, Jeanne *Mance, is striking,* while *the eloquent story in bronze* symbolises, to a wonderful degree, the ideal of her life. Monsignor Bruchesi, Archbishop of Montreal, deserves credit for having taken the initiative in the erection of this noble monument.

As was proper, the rejoicings which took place at Montreal, last September, to commemorate this memorable anniversary of the Hotel Dieu were of a religious and a civil character. Monsignor Sbaretti, the papal legate, the Archbishops of Montreal,

Kingston, and St. Boniface, the Bishops of Valleyfield and Joliette, and a numerous body of the Roman Catholic clergy were present at the religious services. Sermons appropriate to the occasion were preached by Abbés Lecocq, Gauthier and Father Lalonde, S.J. Sir A. Pelletier, the Lieutenant-Governor of Quebec, and the prominent civil and religious authorities of Montreal graced the ceremony of the unveiling of the statue. An address in English was given by Hon. Dr. Guerin, Chairman of the Medical Board of the Hotel Dieu, and an address in French by Dr. Hervieux, one of the hospital physicians.

Both speakers eloquently expressed the admiration felt by everyone, but in a more especial degree by the attending physicians of the Hotel Dieu hospital, for the fruitful and beneficent work of Jeanne Mance and her noble companions, the lady hospitallers of the Hotel Dieu. J. J. C.

EXPERT MEDICAL TESTIMONY

Almost in a night our Canadian towns have assumed the proportions of great cities, and these cities, with their teeming life, made up of the flotsam and jetsam of other nations, have, of course, made death by accident and foul play an almost daily occurrence. Plenty of work for a coroner of course; but is the work connected with that officer's court being as carefully done and are those employed, especially in making an autopsy or in giving medical evidence, always as capable as they should be—is a question that has been thoughtfully and concisely discussed by the lay press recently. We take pleasure in quoting in full the following editorial from one of our daily papers:

"Expert Medical Testimony.

"So many cases are on record in which medical experts have been ranged up in direct opposition to each other in criminal trials that it seems high time for both the State and the medical profession to consider whether either gets anything but injury from these proceedings.

"In most cases it may be conceded freely that two medical men may in all honesty disagree as to the cause of a man's death, or as to the effect that an injury may have had on him. In a case like

that it is not necessary to suspect either of them of a desire to mislead justice, but it is certain that justice receives no enlightenment when the opinions of one entirely offset those of the other. In speaking of this subject a few days ago we suggested that it might be well to exclude, in criminal cases, all medical testimony except that of a coroner, who could be called at the request of judge or jury to give his opinions, which would be at once those of an official employed in the service of justice and those of one with experience as a medical man. It is true that a coroner is not necessarily the highest of medical authorities, but he would, at least, bring into court a certain amount of knowledge, a certain sense of responsibility, an acquired acquaintance with affairs, and an ease in the witness box in saying all he meant and no more. We do not doubt that expert lawyers frequently make it appear that medical experts think what they do not think at all, and give them no opportunity of saying the simple and direct thing they had intended saying.

"In many cases the way is opened to all kinds of doubts in the minds of medical experts, by the fact that autopsies are conducted by general practitioners, who, while they may have the highest skill in treating patients, are very seldom called upon to do work of this kind. At the time when they perform these operations they may not be aware of the disputes that may arise later on. They may not make, or be equipped to make, those bacteriological and other scientific tests that, it will be argued later on, should have been made.

"So convinced are we that something should be done to improve the present state of affairs, that we think it would not be going too far to suggest that three or four men of the greatest skill and experience should be appointed by the Crown to conduct all autopsies throughout Ontario. It would be done scientifically, thoroughly; the findings would be beyond challenge; these men would gain experience in the witness box and would not be flustered by cross-examination. While the results of such a plan should be satisfactory, the extra expense of it need not be great."

The idea suggested of the coroner alone giving expert medical testimony in criminal cases is in reality a correct one. He has all the evidence to sift and consider, copious notes from which to refresh his memory, and, if worthy of his position, his brains are packed in ice, so that he is not confused nor liable to "shilly shally" and deny and affirm in answering the same question when in the

witness stand. The other suggestion that the Crown should appoint especially qualified men to perform autopsies throughout Ontario is also good, but it would be difficult to arrange, as the work must be done promptly, and we fear the suggestion, if carried out, would only result in a multiplicity of appointees, "a pull" with the Government being too frequently the highest credentials considered, and then, like coroners, "autopists" would multiply exceedingly and of their making there would be no end.

Perhaps ere Toronto is a little older, the Academy of Medicine may be a name to conjure with, and positions relating to things medical, even under the Crown's jurisdiction, may be referred for special examination to an approved Committee of Fellows of that body. This procedure would not lower the dignity of the applicant nor that of the position, but would instill added confidence in the public mind in the man chosen, and perchance lessen the number of applicants for appointment. W. A. Y.

THE ONTARIO MEDICAL COUNCIL

When the letter signed "Irate Practitioner," appearing on page 385 of this issue, came to hand we looked up the Council Announcement for 1909-1910 and on page 269 we find the following:

ENQUIRIES.

Dr. Hart.—If this is a proper time to ask a question in regard to a matter that comes under the heading of Rules and Regulations, our Rules and Regulations require that our students shall have in actual instruction in their schools four terms of eight months each. Now I have not an Announcement of the Western University here. I have seen one of Queen's and one of Toronto University. I think all the Colleges begin their work on the 1st of October.

Dr. Moorhouse.—The Western University on the 16th September.

Dr. Hart.—The last Announcement of the University of Toronto gives the convocation exercises as being on the 12th of June, so that there would seem to be not much fault to be found as to the length of time elapsing between the opening of the College and the convocation exercises. I noticed in the papers that the convocation exercises for the Western University and Queen's occur on

the 24th and 25th April, I think, leaving a period I should say a month and a half short of eight months in each of those cases.

In the Queen's University Announcement the statement is made that the lectures begin on the 29th September and close on the 1st April. Evidently it requires no argument or computation to show that the time actually given to medical study must be less than six months. The enquiry I wish to make is this, Have we any committee or organization or person who is deputed to see that our requirements are carried out in the various teaching bodies, or are we to assume without any such investigation that this work is carried on as the requirements of the Council demand?

The President.—" The Registrar, I believe, has to look over all the certificates, and he knows in every instance, and if they are not complied with the applicant is not allowed to take the examination. If the Registrar accepts the certificates, they must be correct."

Dr. Hart.—" It would be very difficult for me to understand how they could be correct, dating from the 1st October, or, in the case of the Western University, from the middle of September to the 1st April, or how it would be possible to squeeze eight months in that time, when two weeks or more are taken out in the winter for the Christmas holidays. It is just a question of what should be done to rectify that discrepancy."

It does seem rather odd that the Council should make a regulation calling for sessions of eight months each, and then honor the certificates of colleges th: , by their own announcements, don't pretend to fulfil the requirement. It looks as if " Irate Practitioner " is right, and that it is time for a change.

W. A. Y.

'VARSITY, 'VARSITY, 'RAH, 'RAH, 'RAH!

We do not want to assume the role of busybody peeping in where we have no real business, but we are sorry for our 'Varsity boys who made such fools of themselves recently, and we are sorry for their parents, who have to pay the piper. Order and gentlemanly conduct are expected from the young men, who are surely at least "the beginnings" of gentlemen, and who later on are to sit in the seats of the mighty in this Canada of ours. It is not as individuals they appear before us; they are not old enough yet to vote nor to

have a real place socially nor scholastically, but they are praised or censured as a unit—'Varsity boys. As the sons of gentlemen they have been taught to apologize, and an apology means, if anything at all, sorrow for the misdemeanor committed and a promise of absolutely correct conduct in the future. On behalf of the medical students may we plead for a chance to "make good" just this once. Also to be fair to the boys, and because, being a physician we have acquired the habit of giving advice, we would recommend old gentlemen escorting ladies apt to faint to keep away from promenading on other people's property. The 'Varsity campus isn't a lovers' lane; it is set apart for football and other fun, fast and furious, and we never heard even in the old days of any permits being issued to take fits or faint on that green sward. It belongs to Young Canada, and

> "All things on earth and air,
> Bound were by magic spell
> Never to do him harm;
> Even the plants and stones;
> All save the Mistletoe,
> The sacred Mistletoe!"

W. A. Y.

THE SUGGESTED PRISON AND JAIL REFORMS

THE suggested prison and jail reforms discussed lately in our newspapers make racy reading. In rare cases it may be wise to appeal to the soul of beauty or to reform by the use of creature comfort, but those benefitted, we fear, would in no way compensate for the expenditure necessary. When Providence molded the form and breathed life into John T. Gilmour he set the seal of a master of men upon him. He is to be admired and his ideas carefully considered; but he is a unique personality, he knows men, has studied human nature, and knows how to deal with it in its worst and best forms. So far his system is wonderful and his ship of state, with its dangerous cargo, has answered to the man at the helm. However, there is only one Warden Gilmour, and a number of prisons and jails to be "wardened." More accommodation is really needed, as there are a good many at large who would be better in a cage.

This recent talk about building sun parlors and smoking rooms

for the use of prisoners and letting them wear "store clothes" is all "tommyrot." Penal institutions are not sanataria, neither are they solely reformatories for "first offence men," but rather places of punishment for offenders against the laws of the land, many of whom are hardened criminals with the brand of Cain on them. They fear nothing but "being caught." The awfulness of their crimes does not appal them. In all justice, let them pay the penalty. Give them plenty of stones to break and keep them road-making, work them hard and enforce cleanliness, give them plenty of good soup and bread, treat them sternly, justly, and with common sense, surely a system more in line than a solarium and cigarettes.

Then so much depends on the man who governs them. Prison birds don't give a tinker's hoot for an old Cissy who gets sentimental over them and gives them a peppermint candy with a motto on it. If the scheme of reform outlined in the articles already mentioned be carried out, Inspector Bruce Smith in the softness of his heart must change the name of prisons and jails throughout his domain to "Beulah Home." Next in order under the new regime will be (instead of the old Black Maria of faithful memory) an automobile—six-cylinder, of course—minus the imprint of the city of Toronto upon it, as it draws up in the dawn of the to-morrow to be, the ripest old villain, the hero of many convictions and the "doer" of many "terms" will sink back among the cushions and call to the chauffeur, "Home, James."

W. A. Y.

EDITORIAL NOTES.

The Use of Adrenalin Solution in the Treatment of Diphtheria. F. Meyer states in Berlin *Klin. Woch.*, June 28th, p. 1202, that diphtheritic toxemia is associated with increased activity of the suprarenal capsules and, if examined post mortem, these glands are found to be damaged. This fact, together with the progressive fall of blood pressure in fatal cases of diphtheria, led to the trial of adrenalin. The results were excellent, the pulse and respiration quickly improved after subcutaneous injections of 1 cc. of adrenalin in 19 cc. of physiological saline solution. Meyer found that this solution was the only drug capable of im-

mediately acting on the heart and preventing collapse for a number of hours.

M. Netter, a French physician, has also found adrenalin useful in severe diphtheria. He explains this happy result on two grounds. In animals, which are poisoned by diphtheria toxin, marked changes are found in the suprarenal capsules, and in severe diphtheria the blood pressure is low. It may be added that, in the heart failure of other infectious diseases, such as scarlet fever, adrenalin solution administered subcutaneously has given good results to several observers.

Hookworm Disease in the Southern States.—Dr. Stiles claims that the parasite of uncinariasis, as found in America (Necator Americanus), causes a severe form of anemia prevalent in Virginia, North and South Carolina, Georgia, Florida, Alabama and Texas. It is extremely prevalent in Porto Rico—less so in Cuba and Brazil. Wilson says in *Medical Diagnosis*, September, 1909, "The larvæ live in water and moist soil. There are two hypotheses as to the mode of their introduction: First, that they are ingested into the mouth in drinking water, upon uncooked vegetables, from the soiled hands of men who work and children who play in moist earth, or by clay eaters, and, second, that they penetrate the skin by way of the hair follicles, and are transported by the venous blood to the right side of the heart and the lungs, whence they pass, by way of the bronchi and trachea, to the pharynx and are then swallowed. This extraordinary observation of Looss has been confirmed by others, and Smith, of Atlanta produced uncinariasis in man by the application of mud containing the larvæ to the arm. The long-vexed question of the relation of "ground itch" to uncinariasis is thus settled." Anemia is the most striking condition observed in patients suffering from this disease. In whites the facies has been regarded as characteristic, its peculiarities consisting in a pallid, waxy color, with faint pigmentation, and a lustreless blank expression of the eyes. In children, when the disease is marked, nutrition and growth are interfered with. In advanced cases enlargement of the liver and spleen with edema occurs and the symptoms of anemia—breathlessness and palpitation upon exertion, pallor, puffiness and headache are common. The blood shows corpuscular and hemoglobin reduction, infrequent leuco-

cytosis and a moderate eosinophilia. In old cases, there is nearly always a well marked eosinophilia.

The diagnosis rests on the discovery of the ova of the Necator Americanus in the stools. The blotting paper test may be employed. A little of the fæces placed on white blotting paper, after an hour will show a reddish color like blood.

Thymol in doses of 30 grains, repeated in two hours, followed by a purgative is almost a specific for the relief of uncinariasis. Thymol is best given in pills or capsules.

Anesthetics in General Practice.—According to Bellamy Gardner, M.R.C.S., L.R.C.P. (*British Medical Journal,* June 5, 1909, p. 1353), the main principles in the administration of an anesthetic are: (1) To retain a weak corneal reflex, and (2) to keep the airways clear. In testing the corneal reflex he says that the anesthetist should stand behind the patient, and use only one finger with which to raise the upper eyelid and touch the cornea. The anesthetist inserts the pulp of the middle finger between the edges of the lids drawing the upper eyelid upwards, and at the same time brushing that finger pulp lightly against the centre of the cornea. When he has arrived at the upper limit of the pupil he should let go, noting by the senses of touch and sight the degree of briskness with which that upper eyelid closes. The sclerotic portion of the eyeball is weak in tactile sensibility, and is useless as a guide. As a large pupil is found, both in the second and fourth stages of anesthesia, which can only be differentiated by the activity of the corneal reflex, pupillary signs may be neglected altogether. A progressive dose of chloroform or ether having been given, until the upper eyelid is weakly active in response to corneal contact, this condition can be retained throughout by stopping the anesthetic for a few breaths to quicken its activity, or giving more anesthetic to weaken it as required. The addition of more anesthetic by the administrator should always be a guarantee to the surgeon that the patient has at that moment a demonstrable corneal reflex.

To keep the airways clear, it is necessary to know by the sounds of the breathing when they are clear. Every expiration must be either heard or felt by the anesthetist in order to make sure that efficient breathing is going on. It is of no use to see the abdominal and thoracic movements, for they may proceed for

a considerable time after obstruction to air entry has taken place.

Dr. Gardner thinks that unrecognized obstruction to air entry is the main cause of death in anesthesia, and that the elimination of asphyxial factors in all cases is the vocation of an artist and the study of a lifetime. So subtle are some of these factors that the clinical effect first noticed is often only a secondary syncopal effect upon the heart, when the general condition is graver than it ought to have been allowed to become. Duskiness of the lips and ears shows that air is not entering the lungs in adequate amount. An anesthetist who guides himself by the sounds of breathing, putting in a small mouth prop, raising the jaw, or drawing the tongue forward, directly the sound of breathing through clear airways is replaced by that of partially obstructed respiration, prevents the onset of duskiness and its dangers.

Self-Education and Self-Control.—In *L'Education de Soi Même,* Dr. Paul Dubois, Professor of Neuro-Pathology in the University of Berne, describes the sufferings of impressionable patients in their own families. "Subject to constant variations in their state of mind, they are misunderstood, and the reproaches they receive take away the last vestige of self-control. Doubtless, a word may do them good, on occasions even a reproach, provided it be friendly. The person who is impatient and fretful suffers—he does not feel well, without being able to say what is the matter. We should regard him as a patient who needs repose or encouragement, and not as a culprit who is willingly sullen."

Much depends on a correct recognition of the cause of moroseness in a given case. The person whose woes are pictured by Dr. Dubois might be the victim of fecal toxæmia, and if this be so, his friends or relatives can do little for him. What is wanted is the physical operation of a specific medicine. A gouty man who is impatient and fretful, at one time sullen, without cause, to his nearest and dearest friends, at other times unfit for the transaction of business, becomes, after the operation of a cathartic, which, among other drugs, contains extract of colchicum, quite a different being. Every impressionable patient does not yield to this key, more's the pity, but a gouty one does.

Infant's and invalid's Foods.—In *Bulletin,* No. 185 (Laboratory of the Inland Revenue Department, Ottawa), A. McGill, Chief Analyst, gives a report of 77 samples of infant's and invalid's foods. By comparing the analyses of products made by this department in 1898 with analyses of the same products made in 1909, it appears that, in the cases of Wemalta, Horlick's Malted Milk and Nestle's Infant Food, there is an increased percentage of sugar and soluble starch. The report says, "This is a feature, which for invalid's use gives the food an increased value."

The improvement in these foods is probably due to some changes in the process of manufacture.

The report classifies infant's and invalid's foods as follows: "If an arbitrary line be drawn between these groups at about 75 per cent. of unchanged starch, the following may be described as farinaceous foods:

Concentrated Cardinal Food.
Ridges' Food.
Robinson's Patent Barley.
Triangle Flour,
Triticumina Food.

On the other hand, the following foods contain little or no unchanged starch:

Allenburys' Milk Food No. 1.
Allenburys' Milk Food No. 2.
Horlick's Malted Milk.
Lacto-Globulin.
Mellin's Food.
Wampole's Milk Food.

The remaining foods contain varying amounts of starch from about 7 per cent. (Wyeth's Prepared Food), to 50 or 60 per cent.

Acknowledgment is made by Mr. McGill that in Bulletin 59 (1898), the fat in Horlick's Malted Milk was underestimated (2 per cent.); an improved method of fat extraction used in 1909, permits of the separation of nearly 8 per cent. fat in Horlick's Malted Milk. J. J. C.

Correspondence.

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

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

Dear Sir,—A perusal of the just-published announcement of the College of Physicians and Surgeons reveals an odd state of affairs. At the last meeting Doctor Hart pointed out that the Council demanded an eight months' session and yet accepted certificates of attendance from both Queen's University and The Western, which have a term of less than six months and a half.

There seems to have been a solemn silence. The President said the Registrar looked over all the certificates and. if the regulations were not complied with, the student was not allowed to take his examination.

An explanation from the Registrar would seem to have been in order, but that official evidently regarded silence as golden. The school representatives from Queen's and from Western University said nothing. The righteous Dr. Starr was dumb as an oyster—only abortionists loosen his tongue. The representative from Toronto University, as usual, was busy log-rolling. Our own Dr. Edmund E. King, he of the glad hand and genial smile, was as silent as the other Territorial Representatives.

Is the Medical Council to be a farce and a by-word? Are the Territorial Representatives so completely under the thumb of the schools, that they are lost to a sense of their duty to the profession? Why not turn these fellows out and replace them by men who have the interest of the profession at heart, or else let the Council give up its powers and let the schools run the show—they do it anyway.

IRATE PRACTITIONER.

EDITOR OF CANADIAN JOURNAL OF MEDICINE AND SURGERY:

Dear Sir,—I was greatly surprised at your article in a recent number of your journal, "What Will the Medical Council Do?" I do not know where you got your information, or who your informant was, but from whatever source it came it certainly is misleading and altogether untrue. The Medical Council of Ontario have always favored interprovincial reciprocity, and more particularly with the Western Provinces.

At the last meeting of the Council in July two delegates

were appointed to attend a meeting of representatives from the Councils of the various provinces, which meeting was held in Winnipeg in August last, and their instructions were to use every possible means to bring about interprovincial reciprocity. This meeting resulted in the calling of another meeting of delegates from the four Western Provinces at Banff last month. The Executive Committee of the Ontario Medical Council met for the purpose of appointing a representative to attend that meeting, which he did, a report of which he will present in due time. So you see it is you, Mr. Editor, who is the Rip Van Winkle and not the Ontario Medical Council.

J. L. BRAY, *Registrar*

[The editor wishes to state that the article complained of by Dr. Bray was sent in by a collaborateur.]

OUR ANCILLARY PROFESSION—DIRECTING AND CONTROLLING THE BUSINESS OF NURSING

The following letter appears in the October number of the Buffalo *Medical Journal*:

Sir,—For some years it has been apparent to many leading physicians throughout the country, that the medical profession would be obliged to exercise its right and privilege of directing and controlling the business of nursing. This necessity has become still more apparent in recent years by the baneful effects of the so-called "State Registration" movement.

Few physicians can be found who have not had unfortunate experiences with the meddlesome and prescribing nurse. The declaration of many physicians that the state registration movement tends to develop wholesale quackery, and to create a class of insubordinate nurses, with a show of legal authority to apparently justify their claim to equal privilege in directing the affairs of the sick room, is undoubtedly true. The state registration movement has also tended to place the control of nursing in the hands of a few dictatorial persons, whose desire seems to be to limit the supply of nurses to hospitals, and to so manipulate and elevate prices as to prevent the poor and the great middle classes from securing adequate nursing assistance.

The Physicians' National Board of Regents will classify and list all nurses who are willing to pledge themselves to abide by the instructions of the attending physician, and not attempt to play the role of doctor. Four classifications will be made:

1. Commissioned and Official Nurses (Those having com-

pleted a two years' course or more in a general hospital or training school.)

2. Approved Nurses. (Those having completed a two years' course in a special hospital.)

3. Attendant Nurses. (Those engaging in nursing, after having had only a theoretical or correspondence course of instruction.)

4. Provisional Nurses. (Those having been engaged in nursing for a year or more, i.e., the so-called practical nurse.)

It is intended to publish and have on file at every County Medical Society and available also to individual physicians, a national calendar of nurses, showing classification and credentials. Ample resources have been provided to insure the execution of these plans. Respectfully,

EUGENE UNDERHILL.

PERSONALS.

The attention of our readers is called to the professional card of Dr. A. M. Rosebrugh, 76 Prince Arthur Avenue, Toronto, appearing in this and subsequent issues of THE JOURNAL. Dr. Rosebrugh has for years made a special study of Inebriety and its treatment, and invites correspondence from medical practitioners as to his work in this connection. Dr. Rosebrugh has been long and favorably known in Toronto, having been for years Secretary of the Ontario Society for the Reformation of Inebriates.

News of the Month.

GRADUATION EXERCISES AT GRACE HOSPITAL

THE annual graduation exercises of Grace Hospital Training School for Nurses was held in the Metropolitan Assembly Hall, which is situated across the road from the hospital itself. A large gathering of the friends of the hospital were present and enjoyed a delightful evening. The proceedings included a reception held by the Superintendent, Dr. Edith Beatty, and the Principal of the School, Miss Scott. Refreshments were served, and a dance for the younger people concluded the programme.

In the absence of Mr. E. R. Wood, chairman of the Board of Governors, who was detained at home by indisposition, Colonel Sir Henry Pellatt presided with that grace and fitness with which he is always able to perform such a duty. Lady Pellatt had also consented to present the diplomas to the members of the graduating class, and in doing so spoke a few words of congratulation and encouragement to them. Vocal solos were given during the evening by Mrs. Palmer, and one on the 'cello by Mr. Paul Hahn, all of which were very much enjoyed.

The Grace Training School at the hospital itself is conducted in a high state of efficiency. Nurses who pass through it receive a training under Miss Scott, as those did who were under her predecessor, Mrs. Currie, which is second to few.

Grace has many warm friends whose interest may always be counted upon in its behalf. The Board of Governors have under contemplation an enlargement which will be proceeded with when certain preliminary considerations have received proper attention.

The principal address of the evening was that by Dr. C. J. Hastings to the thirteen members of the graduating class. It was full of interesting information and stimulating encouragement, from which not alone the nurses might profit, but all others who were present as well. Ven. Archdeacon Cody had a seat on the platform and presented two of the prizes. In presenting to each of the graduates on behalf of the Board of Governors the usual parting gift of a $20 gold piece, Mr. J. E. Atkinson referred briefly to the satisfaction which the board takes in the condition of the school and the hospital, and expressed the Governor's good-will and good wishes toward the nurses who, year after year, at the end of their period of training go out from the walls of the hospital to follow

a profession which is the noblest to which women may devote themselves.

After the diplomas were presented by Lady Pellatt, prizes were awarded as follows:

Vandersmissen Medal—Awarded to Miss Henderson; presented by the donor, Prof. Vandersmissen.

Wismer Medal—Awarded to Miss Pearen; presented by Dr. Palmer in the absence of the donor, Mr. J. A. Wismer.

Superintendent's prize—Two nurses received 100 marks out of a possible 100; Miss Jean Wilson and Miss Hunter, presented by Ven. Archdeacon Cody for the donor, Dr. Edith Beatty, superintendent of the hospital.

Principal's prize—Miss Bell, presented by the donor, Miss Scott, principal of the school.

Prize for neatness—Awarded to Miss McPhail; presented by Mrs. Palmer in the absence of the donor, Mrs. R. B. Hamilton.

Following are the members of the graduating class: Mary Elsie Henderson, of Rockton; Edith Rilla Snider, of Elia, Ont.; Margaret McKinnon, of Toronto; Bertha Fowlie Russell, of Georgetown; Evelyn Roberta Smith, of Perth; Elizabeth May Blackwell, of Toronto; Christina McPhail, of Sault Ste. Marie; Mabel E. Pearen, of West Toronto; Mary Edna Kate Allison, of Adolphustown; Agnes Thomson, of Toronto; Clara Edith Cunningham, of Ashburnham; Elizabeth Lillian Furlong, of Albany, N.Y.; Mina Marion Carruthers, of Avening.

THE KING EDWARD SANITARIUM

THE Province of Quebec at last is in possession of a sanitarium for the cure of tuberculosis, and about this time circulars are being sent out to the physicians of the Province calling for the recommendation of incipient cases of tuberculosis to the institution. The sanitarium building is now completely equipped for the accommodation of thirty patients, and we are able to state from personal observation that it is thoroughly up to date, and is outfitted in a first-class manner. Dr. W. E. Ainley, late of Lachine, previously of the Montreal General Hospital staff, is in charge as Medical Superintendent, and Miss Dodds, formerly of the Vermont State Sanitarium, of Saranac Lake, and previously of the Montreal General Hospital, is in general superintendence of the service of the house.

The Sanitarium has been built at a cost of about $35.000, which, along with a considerable sum for its maintenance, has been subscribed by the citizens of the city of Quebec, with the exception of

a single subscription of one or two hundred dollars from a Montreal citizen. It is well known how heavy are the claims made upon the English-speaking population of the city of Quebec, and it is greatly to their honor that they have so nobly supported the promoters of the Sanitarium scheme. A great debt of thanks is due from the Province at large to the Hon. Richard Turner, president of the board, whose work, from the very inception of the idea until now, has been unremitting.

It may be said of the building and furnishing that every room in the Sanitarium connects with a balcony, and that in nearly every case the bed, if necessary, can be wheeled directly on to a balcony. The entire building is heated by steam, lighted by electricity, fitted with telephones, electric bells, and a complete system of fire protection and of fire escapes. In the engine-house near by are the pumps for the water supply and the dynamos for the supply of electricity. A large tract of land surrounding the building has been given by the Province of Quebec, and it is hoped that the Sanitarium will become the centre of a system of cottages, such as is in vogue at Saranac Lake. The hospital looks to the southward, over the beautiful expanse of Lake Edward, which, as is well known, is situated about one hundred miles north of Quebec, on the Quebec and Lake St. John division of the Canadian Northern Railroad.

In the Sanitarium no free patients can be admitted, and this is not that the benevolence of the founders is lacking, but that it simply cannot be done with the present resources. Every patient in the Sanitarium will receive the same food, attention and nursing, and all the rooms are counted as of the same value. No patient will be accepted who cannot pay seven dollars per week, which is about five or six dollars per week less than the actual cost of the patient. In consideration of this fact, no patient will be admitted at the minimum rate of seven dollars, unless he carries a certificate from his clergyman and his physician that he is unable to pay a higher rate, but it is hoped that patients will be admitted who can pay the twelve or thirteen dollars a week necessary for their maintenance, or even more, as an offset to the expense incurred by their fellow-inmates who are less well able to pay.

We are perfectly prepared to hear someone criticize this Sanitarium because it does not admit free patients, but if there are any such we beg to remind them that it was not their money that built the institution, and we think that it is a very generous thing that the citizens of Quebec should put at the disposal of the rest of the Province room in this splendidly furnished institution. We trust that every medical man who has an opportunity will recommend the right kind of case, because this Sanitarium is to cure incipient tuberculosis, and not in any sense to house dying consumptives. It is, therefore, necessary that great care be exercised,

and that no patient shall be sent who has not a good chance of cure. And further, it is necessary that the physician exercise his judgment so that patients who will reap the benefit of this institution shall pay according to their ability. If these two points are carefully observed, we venture to think that the middle classes of the Province of Quebec, and especially of Montreal, will have cause abundantly to thank the open-handed citizens of Quebec for their liberality and generosity.—*Montreal Medical Journal.*

THE ROYAL EDWARD INSTITUTE

The new Royal Edward Institute for the purpose of fighting the "white plague" was opened on October 21st by King Edward pressing the button in England. The following cable was sent by Sir George Drummond to King Edward:

"May it please Your Majesty: As Chairman at the inauguration of the institute which Your Majesty has been graciously pleased to honor with your name, may I, on behalf of the donors, Lieutenant-Colonel Burland and his sisters, of the officers of the Royal Edward Institute, and of the citizens of Montreal and others here assembled, convey to Your Majesty our profound gratitude for your interest in this work for the welfare of your subjects in Montreal and the Province of Quebec. May I beg Your Majesty to honor us further by opening the doors of the institute."

According to the arrangements, King Edward was waiting in West Dean Park, Chichester, for this cablegram. When the dramatic instant arrived, the Royal Standard rose fluttering in the air, which stirred the enthusiasm of the crowd. Simultaneously the guard of honor presented arms. The guard was furnished by the Prince of Wales' Fusiliers, the regiment that was formed on the occasion of His Majesty's visit to this city when he was touring this continent as the Prince of Wales. As the doors of the institution were thrown open, the strains of the National Anthem were heard from the Prince of Wales' Band, and heads were bared in tribute to His Gracious Majesty at the other end of the cable.

Presiding at the brilliant scene was Sir Geo. Drummond, surrounded by representatives of the Federal Government, the City Council and medical authorities. The institute is largely the result of money given by Lieut.-Col. Burland of Montreal.

The circuit was connected through from Chichester to the institute in Belmont Park, Montreal, by means of automatic repeaters into one of the commercial cable companies' cables at Waterville, and then re-translated at Canso into one of the C. P. R. telegraph wires, which was continued to the institute. The dis-

tances are: Montreal to Canso, 1,045 miles; Canso to Waterville, Ireland, 2,750 miles; Waterville to Chichester, 430 miles, making a total of 4,225 miles.

As the time approached for the signal to be transmitted by the King the signal circuit was made quiet. At 4 o'clock the King closed the circuit and kept it closed until he got the return flash in acknowledgment from the institute, that by his hand was loosed the Royal Standard which to-night flutters on the roof of a building.

King Edward was delighted with the success of the ceremony in connection with the opening of the Tuberculosis Institute, and is having a memorial tablet let into the wall marking the spot where the signal for the opening of the hospital was given. His Majesty also expressed pleasure at the handsome souvenir of the occasion presented him from Montreal, and also congratulated Mr. G. G. Ward, manager of the Commercial Cable Company, on the excellence of the arrangements.

NURSES' GRADUATING CLASS AT THE HOSPITAL FOR SICK CHILDREN

The Residence for Nurses in connection with the Hospital for Sick Children was the scene of a very pleasant gathering on October 21st, when the annual graduating exercises took place. Speech-making, congratulations, etc., were all features in the ceremonies attending the presentation of medals, diplomas and prizes of the graduating class. There was a very large attendance, and the guests were received by the trustees, the Superintendent, Miss Brent, and several of her staff.

Mr. J. Ross Robertson presided, and in an interesting address, gave an account of the work of the training school, making special reference to the recent new features of the work. He spoke of the preliminary course, the diet kitchen, the visiting nurse, the nursery maid, the gymnasium and massage departments, the alumnæ, the pasteurization of milk, etc.

The number of the nurses who have graduated in the twenty-four years of the existence of the training school is 213.

The Rev. F. G. Plummer gave a most excellent and inspiring address, setting forth the ideal nurse, and his kind words will long be remembered by the class of 1909.

The medals and diplomas were presented to the graduating class by Professor McPhedran, who spoke most kindly of the work done by the nurses of the hospital.

The class is as follows: Helena Daly, Holland Landing; Martha

Monk, Toronto; Edith Joliffe, Clinton; Petron Adam, Lindsay; Kathleen MacKenzie, Petrolia; Gertrude O'Hara, Toronto; Eleanor Kerrigan, London; Catherine McLean, Maxville; Florence Phillips, Parry Sound.

Miss Brent, the Superintendent, presented the prizes. Miss Catherine McLean received the first prize for general proficiency, and Miss Gertrude O'Hara the second prize for highest marks in examination. After the presentation of prizes, the friends of the nurses, about 150, were received by Miss Brent and the Chairman. Refreshments were served in the dining-room. Afterwards the nurses had a dance, the evening drawing to a close about 12 o'clock.

DOMINION REGISTRATION

The Committee of the Canadian Medical Association appointed by the Executive to meet Dr. Roddick, and consisting of Drs. E. P. Lachapelle and H. S. Birkett, of Montreal; R. W. Powell, of Ottawa; F. N. G. Starr, of Toronto; Jenkins, Charlottetown; Tunstall, Vancouver; Blanchard, of Winnipeg; John Stewart and G. M. Campbell, of Halifax; J. W. Daniel, M.P., and Murray MacLaren, of St. John, together with the representatives of certain of the Medical Councils of Canada—the Ontario Council being represented by Dr. Spankie, of Wolfe Island; the Quebec Council by the President, Dr. Normand, of Three Rivers, and Dr. Simard, Quebec; Nova Scotia by Dr. Sinclair, and Drs. MacLaren and Jenkins acting in the double capacity for the Canadian Medical and for the Councils of New Brunswick and Prince Edward Island respectively, met Dr. Roddick in Montreal on Tuesday, November 16th, and discussed the detail of the Canadian Medical Act of 1902. After several amendments were suggested the general principle of Dominion Registration was agreed to as a working basis for an Act. We understand that all the Councils that were not represented sent communications that seemed satisfactory to the Committee. The draft measure will be printed at an early date and copies sent to every member of every Council in Canada, when the Councils will express their opinion of the measure. It seemed to be the general feeling that the present is the time to act, and that Dominion Registration should be an accomplished fact within twelve months. It may be interesting to readers of The Journal to know that the following Provinces already have legislation enabling them to take advantage of the Roddick Bill as soon as it passes its third reading in the House—Prince Edward Island, Nova Scotia, New Brunswick, Manitoba, Saskatchewan and Alberta.

WESTERN FEDERATION

On the invitation of the Alberta Medical Council for a meeting of delegates of the four Western Provinces—British Columbia, Alberta, Saskatchewan and Manitoba—to consider a scheme of federation of these Provinces, there met at Banff, Alta., September 28th, 1909, the following delegates, duly accredited from their respective Provincial Medical Councils, viz.:

Manitoba—Dr. J. S. Gray, Winnipeg; Dr. J. N. Hutchinson, Winnipeg; Dr. R. S. Thornton, Deloraine.

Saskatchewan—Dr. W. A. Thomson, Regina; Dr. A. MacG. Young, Saskatoon; Dr. E. A. Kelly, Swift Current.

British Columbia—Dr. W. H. Sutherland, Revelstoke; Dr. A. P. Proctor, Vancouver; Dr. A. S. Monro, Vancouver.

Alberta—Dr. R. G. Brett, Banff; Dr. G. A. Kennedy, Macleod; Dr. J. D. Lafferty, Calgary.

The sessions were held in the large hall at the Sanitarium Hotel, kindly placed at the disposal of the delegates by Dr. Brett.

At the first meeting Dr. Brett was elected Chairman and Dr. Monro Secretary.

After due deliberation and discussion the following resolutions were adopted:

RESOLUTION ONE.

Resolved, That the delegates of this convention affirm the desirability of creating a Board of the Provinces of Manitoba, Saskatchewan, Alberta and British Columbia, with duties and powers as hereinafter provided. Carried.

RESOLUTION TWO.

Resolved, That the Federated Board be composed of two members from each of the four Provinces, such members to be appointed by the respective Provincial Medical Councils and to hold office for a period of three years. Carried.

RESOLUTION THREE.

Resolved, That the Federated Board be empowered to appoint an Examining Board, in number as may appear necessary. An equal number of such Examiners to be selected from each of the four Provinces. Carried.

RESOLUTION FOUR.

Resolved, That the possession of a certificate of having passed the examination of the Federated Board shall entitle the holder to registration in any one of the four Provinces upon payment of the registration fee of that Province. Carried.

RESOLUTION FIVE.

Resolved, That the duties and powers of the Federated Board shall be:

(*a*) The determination and fixing the qualifications and conditions necessary for registration, including the courses of study to be pursued by students, the examinations to be undergone, and generally the requisites for registration, except as hereinafter provided. Carried unanimously.

(*b*) To regulate the fee for examination and collection of the same, which money shall be devoted to the payment of the necessary expenses of the Federated Board and Board of Examiners. Carried.

RESOLUTION SIX.

(*a*) Resolved, That any person who begins the study of medicine after the year 1912 shall possess a certificate from some university approved by the Board that he is a successful undergraduate of two years' standing or its equivalent qualification or a degree in Arts from an approved university.

(*b*) That the examination prescribed by the Federated Board shall call for a course of five years' study from those who graduate after 1912 and of four years from those who graduate before, of not less than six months in each year in a school of medicine approved by the Board, and it shall be a complete examination in all subjects, primary and final, specified hereafter. Such examinations to be no lower than any prescribed by any of the four Provincial Medical Boards.

(*c*) That the following be considered the division of subjects into primary and final, the Board to be left free to add any other not herein mentioned to either class:

PRIMARY.

Anatomy.
Physiology and Histology.
Jurisprudence and Toxicology.
Materia Medica.
Sanitary Science and Hygiene.

FINAL.

Medicine—Clinical and Theoretical.
Surgery—Clinical and Theoretical.
Pathology.
Diseases of Women.
Diseases of Children.
Therapeutics.
Obstetrics.

(*d*) That any registered practitioner resident in any of the

four Provinces at the time of the organization of the Federated Board shall be entitled to registration on passing before the Board of Examiners the following subjects only, viz.:

Medicine—Clinical and Theoretical.
Surgery—Clinical and Theoretical.
Pathology.
Diseases of Women.
Diseases of Children.
Therapeutics.
Obstetrics.

Provided always that his term of residence in actual practice in the prescribed area has not been less than five years, upon his presenting himself for examination.

(*e*) That the standard in examinations required be at least 50% in each of the primary subjects, and at least 60% in each of t.e final subjects. Carried.

RESOLUTION SEVEN.

Finances.—The initial expenses of the Board and Examiners shall be met by a loan or loans contributed equally from the four Provinces, said loans to be repaid out of any surplus that may subsequently accrue from the examination fees. Carried.

RESOLUTION EIGHT.

Resolved, That we record with pleasure the presence of Dr. Spankie, ex-President and member of the Ontario Medical Council, during our deliberations, and are gratified to learn that Ontario is desirous of joining in the Federation movement.

We regret that we are unable at this date to entertain this proposition, owing to the imperfect development of this undertaking, but as soon as circumstances make it possible we will consider the applications for admission from other Provinces of the Dominion to join in the Federation, and the several Provincial Councils will be notified to that effect. Carried.

RESOLUTION NINE.

Resolved, That the delegates submit these resolutions and recommendations to their respective Councils and report to the Chairman (Dr. Brett), who shall call such further meeting as may be necessary. Carried.

RESOLUTION TEN.

Resolved, That this Convention desires to record its thanks to Dr. Brett for the use of his rooms and the many courtesies extended to the members during their deliberations. Carried.

MANITOBA UNIVERSITY

CONDITIONAL upon the reorganization of the University, making it state-controlled and absolutely free from the denominational influence, the Manitoba College of Physicians and Surgeons have offered to hand over to the University, absolutely without reservation, the fine new medical college, site and equipment, valued at $100,000. They also have a very fine and comprehensive library, which they are prepared to vest in the Province. The doctors of the city have heretofore done all the teaching in the Medical College without reimbursement.

The commission which has been investigating the university question is rent asunder with differences upon important details. The minority report, signed by Mr. Justice Cameron and Superintendent of Education McIntyre, was submitted several months ago, recommending an absolutely state-controlled university. The majority of the commission have, however, as yet been unable either to agree among themselves or to report progress. It is understood that three of them have decided upon their course, but two others, one of whom is a Roman Catholic representative, have refused to make the necessary compromises to assure a unanimous report. The whole matter is in a very unsatisfactory status, with the meeting of the Legislature, at which it should be settled, fast approaching.

MOUNT CLEMENS AN ALL-THE-YEAR-ROUND RESORT

IT is a significant proof of merit, aided by widespread newspaper publicity, that the year 1907 was the most successful in the history of Mount Clemens (Mich.) Mineral Springs. This means that a greater number of persons have learned of the value of the wonderful springs that seem to be Nature's own way of curing some of the most painful of human ills. And it also indicates that Americans are learning more and more of the wonderful resources of their own country. There are no springs in Europe that rival the springs of Mount Clemens in records of healing; and there are no comforts or facilities for administering baths, caring for the sick or for adding to the pleasures of a sojourn when one is not really ill, that American enterprise has not provided equal to the most popular foreign resorts. Visitors who have tried the best that Europe has to offer are most enthusiastic about Mount Clemens, not alone for the healing powers of the springs, but for the beautiful bath-houses, the excellent hotels, and all that goes for comfort and enjoyment.

Mount Clemens is an all-the-year-round resort, and more and more people are learning that there is no better place for rest, and the most invigorating of baths, than in this Michigan town. One is really in Detroit, because there are electric cars every half-hour to the "City of the Straits." But it is surprising how little interest one takes in even a charming neighboring city when one goes to Mount Clemens. The morning at the bath, the walks in the crisp air, the ability to take long naps, which so quickly follow the baths, and then the pleasant social evening, when dancing, bridge, or other amusements while away the time, make it all too pleasant to think of the city's attractions. Now that the grippe is pulling so many down, it might be well to remember that Mount Clemens is not alone for the really suffering and helpless, but is just the place to go to regain that enthusiasm for one's daily duties which health and good spirits will ever impart. When at the Springs, the ideal hotel to put up at is the Colonial. It is open all the year, has every comfort, and is strictly up-to-date in every respect.

NEW DOCTORS

THE College of Physicians and Surgeons recently announced the results of the primary, intermediate and final examinations as follows:

Primary—J. E. Bromley, Caroline S. Brown, F. R. Chapman, John L. Campbell, I. D. Cotnam, R. D. Dewar, John Henry Downing, George D. Fripp, R. E. Gaby, J. J. Healy, R. A. Ireland, L. P. Jones, D. A. Kearns, H. C. Mabee, Victor McCormack, James F. McKee, Claude Allison Patterson, George B. Rose, R. W. Tennent, James C. Watt, C. R. Wilson, Catherine F. Woodhouse.

Intermediate—J. E. Bromley, Caroline S. Brown, John A. M. Campbell, F. W. Cays, W. G. C. Coulter, Henry Cresweller, F. R. Chapman, John de L. Campbell, J. D. Cotnam, R. D. Dewar, John H. Downing, Alexander Ferguson, R. E. Gaby, D. A. Kearns, H. H. Moore, R. W. MacIntyre, W. A. MacPherson, C. J. McBride, W. E. Ogden, T. S. Orr, R. H. Paterson, James N. Richards, R. S. Richardson, James A. Simpson, Estella O. Smith, James Thomson, C. R. Totton, W. C. Usher, F. W. Wallace, Charles B. Ward, C. C. Whittaker, L. B. Williams.

Final—J. E. Bromley, Percy G. Brown, Caroline S. Brown, F. W. Cays, W. G. G. Coulter, Henry Cresweller, Fred R. Chapman, John L. Campbell, I. D. Cotnam, R. D. Dewar, J. H. Downing, R. E. Davidson, Henry William Feldhans, H. J. Ferguson, R. E. Gaby, G. P. Howlett, Thomas J. Johnston, D. A. Kearns, H. H. Moore, W. D. McIlmoyle, R. W. MacIntyre, W. A. Macpher-

son, W. E. Ogden, T. S. Orr, R. H. Paterson, R. S. Richardson, Estella O. Smith, James Thomson, Charles R. Totton, W. C. Usher, F. W. Wallace, C. B. Ward, C. C. Whittaker, H. A. Williams.

PEDIATRICS CHANGES HANDS

It is with no little gratification that we learn that Dr. W. E. Fitch has purchased *Pediatrics* and will henceforth edit this well-known publication. Dr. Fitch has long been connected with medical journalism as editor of *Gaillard's Southern Medicine,* and he will bring to *Pediatrics* a ripe experience, both as editor and publisher. He is a graceful as well as a brilliant writer, and has contributed extensively to medical literature.

We understand that Dr. Fitch contemplates many changes in *Pediatrics,* and with a staff of collaborators which includes many of the country's foremost pediatrists, this excellent journal is certain to achieve new success in its special field. Dr. Fitch is a true Southern gentleman, and his name on the editorial page is ample assurance of the high and honorable plane on which *Pediatrics* will be conducted. If the sincere good wishes of the many friends of both *Pediatrics* and Dr. Fitch mean anything there can be no doubt of the good work that will be done in an exceedingly important branch of medicine.—From *American Medicine*, October, 1909.

BRITISH MEDICAL DIPLOMAS

Every year a number of Canadian medical men visit the United Kingdom with a view to obtain British Medical Diplomas. Those thinking of going to the Old Country for this purpose may with advantage write to the University Examination Postal Institution, 17, Red Lion Square, Holborn, London, England, for their 32-page pamphlet on British Medical Degrees and Diplomas. This institution prepares candidates by means of correspondence lessons, and in that way anyone residing in Canada can be assisted for his examination. It also provides oral tuition, either in class or privately, in London, Manchester, Edinburgh, and other centres. After working through a course systematically, either postal or oral, or both, the candidate can enter for his examination with confidence, knowing that he does so under the advice of thoroughly competent tutors, who understand what is required to secure success. There are thirteen

medical men on the staff of the institution, all holding high medical degrees, most of them being gold medalists of London or some other university.

THE AMERICAN GYNECOLOGICAL SOCIETY

appointed a committee to report at the next annual meeting in Washington, on the present status of obstetrical teaching in Europe and America, and to recommend improvements in the scope and character of the teaching of Obstetrics in America. The committee consists of the Professors of Obstetrics in Columbia University, University of Pennsylvania, Harvard, Jefferson Medical College, Johns Hopkins University, Cornell University, and the University of Chicago. Communications from anyone interested in the subject will be gladly received by the Chairman of the Committee, Dr. B. C. Hirst, 1821 Spruce Street, Philadelphia, Pa.

AMERICAN PUBLIC HEALTH ASSOCIATION

MILWAUKEE was chosen as the next meeting-place for the American Public Health Association at its closing session at Milwaukee, on October 22nd. Officers elected for the ensuing year include: Dr. C. O. Probst, of Columbus, Ohio, President, and Dr. C. A. Hodgetts, Toronto, First Vice-President. We offer to Dr. Hodgetts our congratulations on this well-merited honor.

The Physician's Library.

BOOK REVIEWS

The Medical Record Visiting List, or Physician's Diary for 1910. New revised edition. New York: Wm. Wood & Co., Medical Publishers.

The Medical Record Visiting List is a regular and welcome visitor at our office. It might be well termed a *multum in parvo,* containing, besides the visiting list, an estimation of the probable duration of pregnancy, a dose table, a list of solutions for subcutaneous injections, treatment of poisoning and other emergencies, artificial respiration, signs of death, hints on the writing of wills, table of signs, etc. One most important change from last year's volume is in the list of remedies and their maximum doses in both apothecaries' and decimal systems and the indication of such as are official in the United States of America.

Leucopathies, Métastases, Albuminuries et Ictères leucopathiques. Par le Dr. Emile Feuillié, Ancien Interne en médecine des hopitaux de Paris; Medaille des épidémics (Dunkerque, 1907); Pharmacien de 1re classe, Licencié ès Sciences physiques, Stagiaire de l'Académie de Médecine aux Eaux Minérales. Préparateur à la Faculté de Médecine. Paris: G. Steinheil, Editeur, 2, Casimir-Delavigne. 1909.

By far the most original work that has reached this desk in thirteen years. Had not Dr. Feuillié an assured position in the medical world of Paris one might take some of his statements as bizarre. Take the following conclusion: "The outcome of a leucocytic act, infiltrations, catarrhs and fibroses of organs may occur without there being a primitive lesion of the organ itself. For instance, in the kidneys (albuminuria), in the liver (jaundice), in cellular tissue (edema), in the lungs (catarrhs), in the alimentary canal (muco-membranous catarrhs), in the skin (eczema, psoriasis, etc., in the cerebro-spinal fluid (leucocytoses), in the meninges, glands, walls of the blood vessels (scleroses), in synovial membranes (pains, effusions, infiltrations).

Again: "The same leucopathy may show itself in one or several organs. After having been seated in one spot for a certain time the leucopathic localization may be transferred to another organ. This explains metastases."

Again: "Among the products of leucocytolysis the most prominent are: Albumen, uric acid (breakdown of tissue replacing an albuminuria), hydrocarbonates, leucin, tyrosin, etc."

After showing that a leucopathy exists, the author says we must likewise look for its cause—the latter is extremely variable—an intoxication, an infection acting through its toxins (tuberculosis, syphilis, etc.), heredity.

Therapy, he says, should first seek to suppress, if possible, the cause of a leucopathy; afterwards, it should aim at the renovation and consolidation of the leucocytes. Theoretically the principal agencies for accomplishing the work are: Venesection, fixation abscesses, the cautery, the seton, toxics (mercury), tonic and fortifying medicines.

The irritant agencies were much used in ancient and medieval medicine; but are not favored by the present generation of physicians. De Feuillié certainly invests them with a novel interest, by showing that the *methodus medendi* of blister, seton or cautery consists in localizing diseased leucocytes in selected parts of the body, not in repairing damaged organs. J. J. C.

A Handbook of Medical Diagnosis. In four (4) parts. (I.) Medical Diagnosis in General; (II.) The Methods and Their Immediate Results; (III.) Symptoms and Signs; (IV.) The Clinical Applications. For the use of Practitioners and Students. By J. C. WILSON, A.M., M.D., Professor of the Practice of Medicine and Clinical Medicine in the Jefferson Medical College, and Physician to its Hospital; Physician to the Pennsylvania Hospital, Physician-in-Chief to the German Hospital, Philadelphia. 408 Text Illustrations and 14 Full Page Plates. "The whole art of medicine is in observation." Philadelphia, London and Montreal: J. B. Lippincott Company.

As the author properly remarks, "In making a work of this kind it is necessary to draw at every step upon the great fund of acquired information, which has become the common property of the profession." In other words, an internist, no matter how painstaking he may be, cannot write a book on medical diagnosis without extensive references to the works of other physicians. Dr. Wilson draws freely on his contemporaries.

The following evidences of inaccuracy have been observed in his book: (1) In the article on Mumps, under the head "Symptoms," no allusion is made to inflammation of the tonsil on the affected side. We recently treated a man of forty for mumps (right side), and found, on prying open his mouth, that the right tonsil was acutely inflamed.

In the article on neuritis of the anterior crural nerve (*vide* p. 1363), the pathology of that disease is chiefly ascribed to psoas

abscess. Injury to the nerve by compression as a cause of neuritis is dismissed with the statement that "Injury to the anterior crural nerve is rare. Fullerton reports the case of a dwarf in which pressure during labor caused transient injury to this nerve, and it may also be hurt in some forms of dislocation of the hip, but only rarely."

The reviewer knows of a case of neuritis of the left anterior crural nerve which was caused by compression of that nerve in the left inguinal canal, by the injured man holding down sticks of hardwood on a sawbuck with his raised left foot, while sawing the wood with a bucksaw. The disablement lasted for over two months. This case has not been reported in full so far. Dr. Wilson cannot, of course, go further than his own observations and the literature will allow, but he will readily admit that unreported cases, such as the one just quoted by the reviewer, must limit the authority of any work on medical or surgical diagnosis.

As, in these days of accurate diagnosis, Dr. Wilson's book must come in for extensive perusal, any criticism of it made here is only intended to add to the completeness of a second edition, which may be soon expected. J. J. C.

Diseases of Infants and Children. By HENRY DWIGHT CHAPIN, A.M., M.D., and GODFREY ROGER PISCK, M.D. New York: William Wood & Co.

The name of Chapin is voucher sufficient to commend any work. His name has been connected with infant feeding and the child in disease and health for many years. His vast experience and careful original research has long since marked him as an authority of the highest and best order. Never prolix—always practical—this, his latest effort, is even more acceptable than anything he has published. The assistance of Dr. Pisck, a man well known as a thorough earnest worker, shows itself throughout the work, inasmuch as material has thus been collected, facts gleaned and treatment proven from the active work of two busy men. The work certainly ranks with any published, and we can heartily recommend it to the student and practitioner.

One chapter, No. X., strongly commends itself as a time-saver. It shows an enormous amount of work in compilation, being a scheme by which any prominent symptom in every part of the body is mentioned, cause given in a few words, and reference thereby made to the chapter on such particular objective or subjective symptom. The article on infant feeding is capital. If any man has mastered this complex subject Chapin is the man. The methods of making up the various mixtures are so simple, the reasons of such mixtures so clearly demonstrated, that anyone not having a vast knowledge of decimal fractions is capable of ordering suitable mix-

tures with understanding, without which failure is a certainty. Every subject is clearly and concisely put, padding is conspicuous by its absence. As he says in the preface, "Theory and pathology have only been considered in so far as may be necessary to an understanding of the diagnosis, course and treatment of the disease."

Messrs. Wm. Wood & Co. have, as usual with this house, given us a sample of their excellent work, letterpress and illustrations being excellent. The price, $4.50, is moderate for such an excellent work.

A. B.

Lectures on Hysteria and Allied Vaso-Motor Conditions. By THOMAS DIXON SAVILL, M.D., London; Physician to the West End Hospital for Diseases of the Nervous System, Welbeck St., London, and to the St. John's Hospital for Diseases of the Skin, Leicester Square, London; formerly Medical Superintendent of the Paddington Infirmary and Workhouse; Examiner in Medicine in the University of Glasgow; Assistant Physician and Pathologist to the West End Hospital. New York: William Wood & Co. London: Henry J. Glaisher. 1909.

This is not only a sound work, in which the latest scientific facts in relation to hysteria are propounded, but it is excellently arranged and entertainingly written.

The hysterical temperament is indicated by a marked tendency to sudden flushings and pallor of the skin, by hypersensitiveness of the reflexes, by the paroxysmal character in the interruptions of the vital functions, and by emotional instability. The author believes that by the so-called stigmata of hysteria, namely suggestibility, somnambulism and alternation of mental states, are the qualities peculiar to all hysterical phenomena, rather than to their subjects; "all is caprice, instability and alternation."

Emotional instability is an inherent part of the hysterical diathesis, and constitutes the pre-disposing condition necessary for the development of hysterical symptoms; thus it follows that complex emotional states, as grief, anxiety, disappointment, surprise and anger, act as determining causes through the disturbed functioning of the great sympathetic nervous system, and find their varied expressions through the organs and structures so largely supplied by that system.

The author successfully controverts the commonly accepted view that hysterical attacks are closely related to disturbed functions of the reproductive organs; he points out that as the initial defect is centred in that nervous system which largely supplies the reproductive organs, these organs must necessarily suffer disturbed functions, and the consequent clinical manifestations will naturally attract the observer's attention and cause him to conclude that the disease is in the sexual organs themselves, rather than in the nervous centre supplying them in common with other structures.

N. H. B.