

# The Canada Lancel

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## EDITORIAL.

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### THE HOUR—AND THE MEN!

We have received for publication, and we comply gladly with the request, a copy of the resolutions passed at the Conference of Medical Delegates from Manitoba, Saskatchewan, Alberta, and British Columbia, held recently in Banff, to consider the ways and means of securing interprovincial medical reciprocity or registration. These resolutions speak for themselves, and are far more than mere markers of time. They are makers of history.

The letter which accompanied the resolutions, from the pen of Dr. John Park, of Edmonton, and Chairman of the Committee on Legislation for the Province of Alberta, states that those four provinces do not wish a federation of those provinces if the Canada Medical Act can be so amended as to permit five or more of the provinces of the Dominion to form a common standard and of course have interprovincial registration among them. But there is no use shutting one's eyes to the fact that unless the Canada Medical Act is so amended, those four western provinces will settle upon a common system of registration for themselves. This is the Hour.

The following interesting item of news has recently appeared in the newspapers:—

“An important conference was held here to-day between representative physicians from all parts of Canada and Dr. Roddick, of Montreal, in regard to Dr. Roddick's bill for Dominion medical registration, which has not met with the approval of all the provinces and thus has not been put into force.

“As a result of the conference held to-day a tentative agreement has been arrived at by which steps will be taken to have the Act so amended as to be acceptable to all the provinces. It is expected that action will be taken during the present session at Ottawa, following which concurrent legislation will be adopted by all the provinces, when Dominion medical registration will be an accomplished fact.

“Dr. Roddick presided at to-day's conference and the representatives present were:—Drs. W. Spankie, Wolfe Island, Ont., represent-

ing the Ontario Medical Council; F. N. G. Starr, Toronto; R. W. Powell, Ottawa; F. J. Tunstall, Vancouver; R. J. Blanchard, Winnipeg; Murray McLaren, St. John, N.B.; J. P. Daniels, M.P., St. John, N.B.; John Stewart, M. Campbell and T. L. Sinclair, Halifax; S. B. Jenkins, Charlottetown, P.E.I.; E. P. Lachapelle, H. S. Birkett, Montreal, and L. P. Normand, Three Rivers."

But what of the men? Who will take up the great question of securing the needed amendments to the Canada Medical Act? One would think that there should be no difficulty. Here, we think, is an opportunity for the president and officers of the Canadian Medical Association to secure fame by influencing the Federal House to amend the Act or Roddick Bill so that five or more provinces may agree to a common registration.

If the Act can be so amended—and why not? the goal will soon be attained. Any province that might remain out for a time would soon see the good results among those provinces that joined their interests. How long, O how long, will things medical in this Canada of ours remain in their present wretched parochial condition? Jealousy should surely be called upon to give way to a common trust in each other.

We understand that some important amendments have been agreed upon. Surely the various councils and the medical profession will prove equal to the task of securing the passage of these amendments in the Houses of Parliament.

The profession of Ontario expects the Ontario Medical Council to do its full duty in this matter. If it does not the profession may place the matter in the hands of those who will. The council should at once take steps to secure the necessary legislation to enable the Roddick bill to come into operation, either in its present or amended form.

To every man and nation comes a moment to decide,  
Then it is the brave man chooses.

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#### DEATH DURING HYPNOTISM.

Many have come to regard hypnotism as being devoid of danger. On former occasions we have called attention to the evils of hypnotism, and have shown that the practice, if not accompanied by fatal results, have been followed by very serious nervous disorders. This was so much so that some years ago the British Medical Association issued a strong statement against the practice of hypnotism unless under a skilled person and for proper purposes, and calling upon the government to legislate against the practice for the amusement of the public. Against the

practice of mesmerism for the entertainment of general audiences and for gain to the operator we again raise our protest. It is not so very long since an exhibition of this sort was given in Toronto.

A few days ago the readers of the daily press was startled by the announcement of the death of a person by the name of Robert Simpson, in Somerset, N.J. A person by the name of "Prof." Arthur Everton had been giving an exhibition of his hypnotising powers in a local theatre. Dr. Long, the county physician, describes what he saw as follows:—

"After my office hours last night I decided to go to the theatre and see the work of the hypnotist. Everton hypnotized a couple of subjects and put them through some amusing performances. Then he took Simpson, who had been hypnotized, apparently, stretched him out with his head upon one chair and his feet upon another and commanded him to be rigid. I watched this performance closely, and, to all appearances, the subject was in a cataleptic condition when the operator stepped from a table on to the subject's abdomen. When Everton stepped on the stage again he told some of the assistants to put the subject, Simpson, on his feet. As the assistants were doing this, I noticed that the subject's body lost rigidity and collapsed, sinking to the floor."

"Prof." Everton found his way to the jail as the result of what had happened to Robert Simpson. He begged that his former instructor, W. E. Davenport, be sent for, as he thought he could arouse Simpson. Davenport arrived and made an effort to revive the victim. He spoke to him. "Bob, your heart," then, again, "Bob, your heart, your heart is beating." Then again, "Bob, listen! Hear what I say! Your heart! Your heart is beating!" Once more he appealed, "Bob, Bob, you hear me. Your heart is moving." Davenport had to admit that the conclusions the doctors of the hospital to which Simpson had been removed, that he was dead, was correct. When the victim collapsed Drs. Long and Flynn had made every effort to arouse Simpson, but without avail.

Simpson is reported to have been a heavy drinker, and that he was a "good subject" for hypnotism. The post mortem, made by Drs. Lond and Stilwell, revealed a rupture three-fourths of an inch in length in the aorta near the heart. The doctors thought the rupture had been caused by a strain. The organs of the man's body were in a weakened condition owing to his drinking habits.

It is to be hoped that this occurrence will awaken public conscience to such an extent that there will be such legislation as will put these "exhibitors" out of business. The words of Charcot should be ever kept in mind, "That hypnotism is a very dangerous condition to induce and should only be resorted to in cases of extreme necessity." This was said after he had very great experience.

## CAPITAL PUNISHMENT.

The duty of a medical journal is to discuss all topics concerning the welfare of the people from the standpoint of the prevention of crime, disease and death. If any given form of punishment is found by experience to fail as a preventive of crime, then it is the duty of publicists to seek out something better.

Quite recently we have had several trials for murder. One of these was the very sad case of Mrs. Robinson, of Sudbury. She was charged with the crime of having murdered the illegitimate children of her daughters, born to her own husband. The jury twice returned a verdict of not guilty, notwithstanding that there was not a shadow of doubt as to the evidence. When the jurors were informed that they must render a verdict of guilty, they did so, but with a strong plea for mercy.

Here the jurors shrank from the thought of capital punishment under the circumstances, and were twice willing that Mrs. Robinson go free.

Then came the trial of her husband, Mr. Robinson, for murder. The evidence was all in the direction that he knew of the murder of the children, and had urged his unfortunate wife to take the life of one of them at least; nevertheless, the jury returned a verdict of not guilty. If he had not been held on other charges he would have been discharged as a free man. Here we see how unwilling jurors are to impose the death penalty unless the evidence makes it quite clear that the accused did without doubt commit murder.

Then we have the Blythe case. Whether drunk or sober matters nothing, he beat his wife to death. He was tried and found guilty and sentenced to be hanged. The case was fought out in the courts. He was twice granted a stay of execution, and finally a new trial. He was again put on trial for the murder of his wife, and the jury took it upon themselves to say that it was not murder he was guilty of, but only manslaughter, and so he was sent to penitentiary for twenty years.

Then there is the case of Mrs. Turner. She was put on trial for killing a child that was in her keeping. The jury in this case came to the conclusion that the death of the child was somewhat of an accidental character, and so returned a verdict of manslaughter. People who cannot reason with that precision granted to juries fail to see how this verdict could be found. Yet it is the one found

But there is one more. There is a foreigner who cannot speak English, and who has foreign ideas in his mind; and he is accused of killing a companion from his own country. The jury in this case find that Step-off killed his companion and render a verdict of guilty of murder, and he was duly sentenced to be hanged.

Events of this sort do not give the public confidence in jury trials for murder cases. It is within the memory of almost everyone how case after case has gone by the board. It is such widespread views that no doubt influenced a recent grand jury to find as follows :

“We recommend that consideration be given to the abolishing of trial by jury in cases where capital punishment might apply, in order that the evidence may be weighed by those most capable of judging as to the guilt or otherwise of the accused, thus furthering the proper ends of justice.”

In the analysis of motive in murder we find the following facts standing out :

1. Those who are insane when they do the deed.
2. Those who do it in a fit of passion or excitement.
3. Those who do it while drunk, or in a drunken row.
4. Those who do it as an act of revenge.
5. Those who do it for gain, as in the act of robbing one.

If capital punishment is kept on the statute books as a deterrent of murder we fear it will fail in the future as it has failed in the past. The foregoing analysis of the motives shows that some do not know the nature of the crime, others for the moment forget it, and others calculate to escape.

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### THE CRIMINAL CLASS.

There is, we fear, a tendency for many people to run too far in the direction of sympathy towards the criminal class, and to show too much kindness towards them in looking after them in jails and prisons. No wonder should be said against every well meant effort at the reformation of the unfortunate persons, but that reformation may sometimes come through the instrumentality of the strap rather than the well-intentioned exhortation.

Dr. Gilmour, of the Central Prison, has had many years of experience in dealing with a very hardened class, and we can say that he has made good use of his opportunities for observation and the testing of the different methods of dealing with these cases. At the recent meeting of the Canadian Conference on Charities he expressed his views as follows :

“We could do infinitely better work than we are doing if the laws of the land permitted, but they do not. The Ontario Government has no power to grant pardons to people in its own penitentiary, and that is the reason why we have to go to Ottawa for instructions. I do not blame the Judges or Magistrates in these cases, they no doubt acted according to their light, but that light was very dim. We should call a con-

vention of Police Magistrates and talk the matter over, and then they would return to their work with new vision and interest. The hardest sentences are usually given by those who hear the fewest cases, and who, therefore, feel their judicial positions.

"I am a believer in corporal punishment, however. It is all right for people with large hearts and small heads to think we can get along without it, and love these people into heaven."

The criminal must, in most cases, be treated somewhat as an animal. They must be *made* to act properly while in custody, and this enforced discipline may be of value to them when they regain their liberty. There are many criminals of such a type as to have fear only of physical pain. To these people the only thing that will appeal to them and act as a deterrent is corporal punishment. They have degenerated down somewhat to the level of the wild beast in the cage that fears the revolver and the bar in the hands of his trainer.

Sir Alfred Keogh, Surgeon-General in the British Army, has expressed himself very strongly on the question of showing too much leniency to delinquent and malingering soldiers. In an army there is certain to be those who are of the class with criminal instincts. The only way to deal successfully with these is to keep over them a firm hand.

We believe that criminals should be put to such occupations as will earn their maintenance. Should there be any surplus to their credit, this should be applied to the maintenance of any dependent ones which they should be supporting if at large and following honest labor of some sort. There is much room for reform along these lines. Prisoners should be made self-supporting, and also made to support their families if they have any. This would be healthful for them, and at the same time to such people would be rather severe corporal punishment to be compelled to do honest work.

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#### "MORE ATHLETICS AND MORE SCHOLARSHIPS."

Such is the motto laid down by Professor Abbott Lawrence Lowell, the new President of Harvard University. Here are his words:—

"Athletic exercises never hindered the intellectual development of the Athenians. While as President of Harvard University I am desirous of bringing about more scholarships, I am equally desirous of bringing about an even stronger devotion to athletics."

It may be true that athletics did not hinder the intellectual development of the Athenians, but it is equally true they did not produce it. There is not a shadow of evidence to show that Socrates, Plato, Pericles, Sophocles, Aristotle, Demosthenes, etc., etc., owed one atom of their

greatness to the Athenian sports or athletics. It is also true that the Athenian and Roman athletics did not delay by one fraction of a day the downfall of these countries. That a few increase temporarily their muscular strength by devotion of athletics does not prove that the student body as a whole is in the least degree made stronger or healthier. The great majority are only onlookers at these sports and athletics, and perform the very humble duty of "rooting."

When President Lowell uttered these words was he aw.re of the young man who met his death in a game of football with the Harvard team? or had he read the following items of the cruel and fatal injuries of other young men at games of football?

"Utica, N. Y., Nov. 6.—Joseph Pickering, 17 years old, member of the Caze-Nova football eleven, sustained what are believed to be mortal injuries in a game with the Colgate Academy eleven at Hamilton this afternoon. During a scrimmage Pickering was buried under a pile of struggling players and his spine subjected to terrific pressure, resulting in the fracturing of a vertebra."

"Washington, Nov. 14.—Football has claimed another victim in Archer Christian, the 18-year-old left half-back of the University of Virginia team, whose injuries in the game with Georgetown University yesterday afternoon was followed by his death at Georgetown University Hospital this morning."

Or let us read the following:—

Walla Walla, Wash., Nov. 25.—Five football players were injured, two seriously, to-day in a game between Washington State College and Whitman College. Clarence Morrow, right guard for Whitman, sustained three broken ribs, and William Clemens, Whitman's centre, was unconscious for five hours from a blow on the head. He is reported to be in a critical condition.

We would like to know if President Lowell would ask for more athletics of the type of the football played at the present day which this year has caused the death of thirty young men and seriously injured several hundreds? We would like to know if this is the sort of game that young men aiming to be the leaders of public opinion, and that professors and presidents of universities should encourage?

Already Palmer E. Pierce, President of the Inter-Collegiate Athletic Association of the United States, has called a halt, and has raised his voice in favor of preventing "degrading a once noble sport to the plane of a brutal gladiatorial contest."

We have already said that we have no word to say against healthy, manly sports. What we do declaim against is a sort of sport that imperils life and limb to such an extent as modern football does. At the Belfast meeting of the British Medical Association there were a num-

ber of papers read on the subject of athletics. In the discussion there was certainly a great array of talent. Dr. Tyrrell Brooks, Clement Dukes, Sir Clifford Abbutt, Sir Lauder Brunton, Dr. Kennedy, Sir James Barr, Gordon Gullan, Tyson, etc., took part. While these eminent men all properly endorsed sports and exercises, there was a general trend towards moderation.

As the outcome of the discussion, the following was moved by Sir Lauder Brunton and seconded by H. Lawriston Shaw:—

“That the medical section of the British Medical Association, meeting at Belfast, desires to suggest to the Central Council that they should take into their consideration the question of securing a professional announcement as to the most suitable manner in which athleticism in schools may be so organized and controlled as to achieve the maximum of benefit and to reduce to a minimum any risk of harm to the individual schoolboy.”

*Mens sana in corpore sano* is still true. Let us have sports and athletics, but shorn of those features that kill some and injure many for life. The words of the *British Medical Journal* voices our own views:

“Games and athletic exercises are absolutely necessary to ensure proper development, to prevent loafing and immorality. The discipline of games is of the highest value in training and developing both body and mind, certainly of no less value than that of school work. The point of attack, we believe, is not the indulgence of boys in games, but the pernicious habit of making the boys, who should all be playing with the school eleven or fifteen, loaf and shiver round the playing fields on a half-holiday.”

Sports should be regulated so that strength would be matched against strength, that those who are in doubtful health be compelled to stand aside for the time, and that the games be so played as to eliminate as far as possible the elements of danger, and brutality.

Sports, games and exercises so conducted throughout the schools, collegiates and universities will prove a splendid boon to the citizens of the country and make for a vigor of body and a quickness of mind that must be ranked as among the greatest assets of any nation. In all this there is not one word in support of the football, hockey, or lacrosse that kills and maims without cause.

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#### FAITH IN DIVINE HEALING.

At a meeting a short time ago in Guelph, Rev. Canon Sutherland, of Hamilton, delivered an address on “Divine Healing,” in which, according to newspaper reports, he was represented as saying:



"That Divine Healing, which he claimed to be merely a combination of faith and common sense, had been proven an effective cure for liquor and drug fiends, and had been remarkably successful in curing tubercular cases."

Such utterances are to be regretted. Good influences, whether from within the church or from without, may arrest a drunkard on his downward course. The strong suggestion of some "cure" may do this at times. But when the clergy begin dealing with tuberculosis they have a very different problem on their hands.

The results of medical science show that very many persons have suffered with tubercular infection at some time and recovered; but the results also show that these recoveries are found among the "sinners" as well as among the "saints;" and are so distributed that the element of Divine healing could hardly be claimed for many of them. The general law of immunity and resistance must be looked to for the explanation.

It is a matter of no small moment when those who are not properly informed upon medical questions undertake to instruct the public. In bygone days there have been many phases of faith healing. The middle ages were full of it. Then we have had the mesmerists and magnetists. Lately the public had the claims of Christian Science loudly proclaimed. All this goes to show that the "cloth" would best seek its own interests by closely adhering to its own special sphere, and leaving the care of the sick and injured to the medical profession. This plan will lead to least friction and the best results. The Egyptian and Grecian temples were full of faith healing and miracle cases.

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#### THE PROPOSED OPTICIANS' BILL.

From the press it is gathered that the opticians of Ontario intend going to the Legislature during the coming session to ask for a Bill incorporating the opticians so that they may lay down some standard of qualification and set an examination.

Should such a Bill ever find its way to the statute book very serious consequences must follow. After a brief course of training on refraction and selection of lenses, many will go forth with the certificate of the Incorporated Opticians. This will give them an air of respectability in the eyes of the public.

Nowhere could a little learning be more dangerous than in the matter of dealing with people's eyes. Defective sight is not by any means a mere matter of an error in refraction and a pair of glasses. There may be very serious disease at the back of the poor sight. There may

be commencing cataract, glaucoma, retinitis, optic atrophy, choroiditis, retinal hæmorrhage, granular kidney, or some grave muscular difficulty. All this means that in the interests of the people such a bill should not become law.

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#### IGNAZ PHILLIP SEMMELWEIS.

This great man was born in 1818 at Ofen or Buda, of Hungarian parents. He received a scant education. He studied medicine in Vienna and graduated in 1844. He at once devoted himself to the study of midwifery. He became full assistant in 1846. In a few months he had to resign his position in favor of another assistant. At this time Semmelweis was devoting much attention to pathology under the famous Rokitansky.

The death rate among the lying-in patients was very high. In the wards where the medical students visited and received practical instructions the death rate rose to ten per cent. This was accepted as a sort of unavoidable miasma and the disease still went on. This state of affairs took firm hold of his mind and he determined to discover the cause and find a remedy.

At this juncture of events a medical friend of his, Kolletscha, died as the result of a post-mortem wound. The symptoms were the same, to the mind of Semmelweis, as in the case of a woman who died of child-bed fever. The truth then flashed across his mind that the disease was due to some poison introduced into the system of the confined woman. But Semmelweis was a very diffident man and shrank from proclaiming his great discovery by speech and pen as he should have done.

Times of great political trouble came in Vienna in 1848, and he quietly left and went to Buda-Pesth, where he carried on an obstetrical clinic. He was surrounded by difficulties and professional jealousies. He tried to introduce antiseptics and disinfectants, and with excellent results. Chloride of lime was much used by him. In 1860 he brought out his work on the etiology of child-bed fever. The teachings set forth in this work were coldly received. This preyed on his sensitive nature, and he lost his temper. He called his opponents murderers, because of the high death rate which occurred in obstetric practice.

The story of his life was soon to be told. The conditions of opposition, jealousy, and high mortality drove him insane in 1865. He was confined in an asylum where he died in a few days as the result of a septic wound on his finger. He thus died of the disease he had so bravely fought.

## THE CANADIAN MEDICAL ASSOCIATION.

The next annual meeting of the Canadian Medical Association will be held in Toronto under the presidency of Dr. A. H. Wright.

Already the committees are hard at work arranging the programme for the general meetings, and those of the several sections; and good progress has been made, of which full reports will appear from time to time.

February 1st, 1910, has been set as the time limit for submitting papers for the annual meeting. Abstracts of all papers are to be in the hands of the general secretary by April 1st, 1910, so as to provide for printing and posting same.

Those who intend contributing a paper will please bear the foregoing in mind, in order that there be as few delays and disappointments as possible.

There is another matter that should be borne in mind. The new constitution makes necessary that the meeting of the Ontario Medical Association be omitted for the year.

There is no doubt but that the general feeling will be that when the meeting is held in 1911, it should be at Niagara Falls, and under the presidency of Dr. Casgrain.

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THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

Once more we have pleasure in recording the progress of this excellent organization.

The report was received and adopted. It was suggested that the executive keep in as close touch with the various provincial associations as possible.

Dr. R. W. Powell, of Ottawa, was again re-elected President. The other executive officers are: Vice-President, Dr. J. O. Camirand, Sherbrooke, Que.; Sec.-Treas., Dr. J. F. Argue, Ottawa; Solicitor, F. H. Chrysler, K.C., Ottawa.

A honorarium of \$100 was voted to the Secretary-Treasurer for his efficient services during the year.

The membership of the association is steadily growing. For the various provinces it is as follows: Ontario, 386; Quebec, 60; Nova Scotia, 24; New Brunswick, 36; Manitoba, 17; Prince Edward Island, 2; Alberta and Saskatchewan, 28; British Columbia, 69. Total, 622, as against 553 for 1908.

The cash on hand at 31st July, 1909, was \$4,162.72. This is certainly a good showing, when one remembers that the association only commenced at the Winnipeg meeting in 1901.

At the time of making the report three actions were threatened against members. The feeling is that these actions will fall to the ground. For this association we would say: *Felix faustum que sit.*

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#### FOR CLEAN, PURE MILK.

The Milk Commission of the Canadian Medical Association has issued a lengthy and a strong statement on the matter of pasteurizing milk. In the statement many weighty opinions are quoted in favor of this method of treating the milk. There is one opinion the other way, and in favor of a municipal control and supply of milk.

This latter is evidently impossible in this country. There are no cities in Canada that would care to go into the dairy business, which would mean large farms, barns, herds of cows, and much help. Even with all this there would be some risk of contamination, and the need for pasteurization could not wholly be got rid of. For smaller places than Toronto, Montreal, Winnipeg, etc., there would be no chance of the municipal farm and dairy.

There is no doubt of the fact that a very considerable amount of disease is carried by the milk supply of the country. It is not a question that concerns Toronto, but every town or city in the Dominion, which has to purchase milk for consumption. Almost any germ may be carried in milk, but there is no doubt of the fact that those of tuberculosis, typhoid fever, scarlet fever, and diphtheria can be so transported.

The dangers are that the cows may be unhealthy, the dairy hands dirty, or suffering from some infecting disease, the utensils may be carelessly looked after, or the water used on the dairy may be polluted. All of these conditions have been frequently found to exist in instances of milk-borne epidemics. We would prefer a certified milk to that which has been pasteurized; but we prefer pasteurizing to the present state of affairs in all our large cities.

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A special effort is being made by the various committees of the Canadian Medical Association to secure a record meeting for the year 1910. Arrangements are now well under way for an excellent programme. There will be several interesting symposia.

## ORIGINAL CONTRIBUTIONS.

## THE TREATMENT OF THE CAPSULE IN EXTRACTION AND AFTERWARDS.

By R. A. REEVE, M.D., Toronto.

OF laceration of the capsule as ordinarily done one need not speak; it is easily effected and generally suffices. In a rather large percentage of extractions, operations for secondary or capsular cataract are required. On this point Professor Hermann Knapp, of New York, a veteran operator of immense experience, says,—“Considering secondary discission an almost necessary supplement of an extraction whose aim is the permanent restoration of good sight, I cling to the peripheric opening of the capsule and the *simple* extraction . . . . in other words, *I perform extraction with a view towards the necessity of a subsequent discission.*”

There is, however, another method of treating the capsule followed by a small minority of operators, and which the writer has practised steadily for about twenty years, namely, *removal* of a part, less or more, of the anterior capsule by so-called *capsule-forceps*, the teeth of which are on the lower surface of the short terminal limbs. Their special value lies in one's ability to take out of the pupillary area, once for all, not only the ordinary resilient membrane with its endothelial lining, but thickened capsule which it would be difficult to lacerate well; and which is wont to undergo further sclerotic changes that sadly mar the optical effect of the extraction. Hence, it is not surprising that operations for so-called secondary cataract are much less often required after *removal* than after *laceration*, and even in these days of aseptic surgery, this must be counted a distinct gain. Treacher Collins escaped the need of a second operation in at least 90 per cent. of all cases.

For discission in secondary cataract H. Knapp prefers his straight knife-needle and not needles cutting on both sides, or curved ones, and he rightly insists that “the knife-needles should be of the utmost sharpness both in point and edge, for they are intended to *cut* and not *tear.*” Non-attention to this point is, in the writer's opinion, a not infrequent cause of disappointment. Moreover, if the thinner and more translucent spots be chosen and as centrally as possible, one can generally rely on the knife-needle to give a satisfactory capsular pupil.

When thickened membranes or bands obstruct the pupil other means require to be adopted. If there are posterior synechiae from iritis following operation or trauma, a small iridectomy or iritomy may be necessary or a simple snipping by Luer's scissors of the sphincter pupillæ in

the position of selection. In other cases the best course seems to be bodily removal from the area of the pupil by means of capsule forceps. One object of this short paper is to call renewed attention to a method of treating such cases introduced by W. Bowman, which does not seem to have been met in some quarters with the favor which its merits deserve.

#### BOWMAN'S DOUBLE-NEEDLE OPERATION.

In Vol. XXXVI. of "The Medico Chirurgical Transactions" (1853) is an article by William Bowman, F.R.S., F.R.C.S., "On the use of two needles at once in certain operations on the Eye, especially in those for Capsular Cataract and Artificial Pupil." "It consists in the simultaneous employment of two needles, introduced at different points through the outer coat, and made to act in concert upon false membranes, opaque capsule, or iris, or even on the lens itself under certain circumstances."

"Several advantages attend this mode of operating. Opaque portions of capsule are often very tough and being attached to the suspensory ligament of the lens or the pupillary border of the iris, these extensible structures readily allow the opaque membrane to recede before the needle, rather than be torn or cut through and the surgeon vainly sweeps the membrane before the instrument from side to side at the risk of serious injury and consecutive inflammation of the ciliary processes or iris."

"Now, if two needles are brought to bear on the opaque capsule from different sides of the cornea or sclerotica, each furnishes the other with a point of resistance and the capsule may be torn open or cut at pleasure, in almost any direction, and generally without any drag on the neighboring vascular structures."

"The needles usually act perfectly if passed through any convenient opposite points of the margin of the cornea, the pupil being always, where possible, dilated by atropine.

The injury inflicted on the organ by this mode of procedure is thus reduced to a minimum, the simple needle punctures through the cornea being in themselves trivial, and no other structures being interfered with except the capsule or membrane, which it is the object of the operation to deal with." . . . . "A great advantage of this mode of operating is, that it may at once be proceeded to in any case where on trial a single needle is found to be insufficient to effect the laceration of an obstructing membrane." . . . .

"The needles to be used should be ordinary cataract needles, the stem cylindrical and of a size to easily occupy the corneal puncture, and allow of free movement while retaining the aqueous humor. If the needles do not move freely in the puncture, the cornea is apt to be creased and

the view of the interior of the eye to be thereby obscured. They may be made to cut more or less near the point." . . . . .

"It is better to insert one needle first down to the membrane; this holds the globe, and the surgeon sees more deliberately what he is doing. The second may then be carefully introduced." . . . . .

"In general, it is better to hold one needle fixed while the other is moved, as it is not easy without practice, to attend accurately to the movements of both at once." To avoid penetrating too deeply, the "Stop-needle" may be used. Many surgeons of great experience are averse from meddling with such cases if they can possibly avoid it." . . . . .

"They are deterred by the fear of exciting dangerous, or at least, troublesome inflammation, by the injury liable to be done to the iris, ciliary processes, or even (through the vitreous humor) to the retina, in the attempt to tear through the opaque capsule. But I believe by operating in the way I propose, this danger may be almost entirely avoided, by the power it confers of strictly limiting the injury to the punctures of the cornea and the capsule itself. The operation is also suitable to cases of false membrane obstructing the pupil where the iris is adherent to the lens and where it may seem desirable to get rid of the lens by solution. Afterwards, when a dense membrane alone remained, I have used the two needles to tear open this membrane and restore the pupil in its natural situation, without the least strain upon the tissue of the iris." . . .

"Very frequently have two needles been able to effect the division or removal of false membranes, where one only had proved unavailing. I therefore feel justified in speaking of this method as one enabling the surgeon to deal with the important morbid states in question more effectively as well as more safely than has hitherto been possible."

I have quoted Bowman at length because it seems but fair that he should speak for himself.

H. Knapp agrees that "In tough capsules either in hypermature cataracts or from iritic products, we may obtain a better opening by a laceration of the thickened capsule with two needles," but, he says, "the opening thus created is more liable to close again than remain patent." This I have myself rarely seen; and upwards of thirty years' experience with the double-needle operation in a great number of cases enables me to confirm Bowman's claim that "it is a useful addition to the resources of ophthalmic surgery." Moreover, I cannot recall a single instance of untoward result or unpleasant reaction. Indeed, there are cases in which any other treatment seems hardly feasible. Take, for example, cases of dynamite explosion, where particles of grit are lodged at different points in the iris and capsule or deeper still; a useful pupil can be made in the thickened pupillary membrane\* by means of the double needle operation,

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\* The opaque lens substance having been absorbed.

with the minimum risk of dislodging the foreign bodies, which, contrary to the usual rule, should be left *in situ*. Or again, instances fortunately not common of hypermature double congenital cataract with capsule tough and thickened that it is only by the most careful *drilling* with the sharpest needle one can perforate it and avoid dislocating the lens into the vitreous. Here, a clear central pupil can be safely secured by the double-needle method in a subject too young for ordinary extraction or for a traction operation. In the later years of adolescence, and of course upwards, the use of capsule-forceps enables one to bring away degenerated lenses entire in their capsules and thus clear the pupil completely, where operators who employ the cystitome habitually would be foiled.

(1) A lawyer who had to appear in court was much annoyed by the noticeable blemish of a white cataract and requested me to operate for cosmetic reasons only—the eye being stone-blind. Leaving the iris intact, the pupil being dilated, the forceps brought away a good-sized lens in its tough capsule: A small head of vitreous and a knuckle of iris which presented in the wound were replaced and prompt healing ensued; and the two eyes looked about alike, a black, central, mobile pupil being secured.

(2) A bank clerk, with a degenerated and shrunken cataract, in an almost blind eye, had a double reason for wishing interference,—the globe was glaucomatous, and the blemish was rather conspicuous and likely to prove a bar to promotion. Here a small iridectomy upwards was done to relieve the glaucoma and the lens was removed by the capsule-forceps, the spoon failing. Vitreous escaped, and it was just as well it did, for it was yellow and albuminoid. The globe was filled with weak solution acid boric by means of a small syringe and the eye healed kindly, looking well.

A more careful study of the capsule *in situ* 'ere doing extraction would doubtless lead in selected cases where there were visible changes in the membrane, to a resort to the forceps on the part of those who do not care to use them constantly.

By the way, this expedient of filling the globe by gentle injection of warm physiological salt solution or weak sol. acid boric, suggested by J. A. Andrews, and also tried by H. Knapp and others, has on different occasions proved useful in my hands, in practically restoring the contour of the globe and proper adjustment of the lips of the wound after extensive loss of vitreous.

In one case, about three years ago, where the patient had nearly emptied the globe by repeated spasmodic contractions of the orbicularis, —the more provoking because she declared she was not suffering and would on no account squeeze her eye—this procedure was followed by a most gratifying result, uneventful healing and recovery of the usual visual



acuity with correcting lenses. In the case of the clerk just given, the retino-veal lining of the scleral cup seemed to take kindly to its new contents and the loss of the diseased vitreous appeared to be a distinct gain. Gentle pumping into the eye to replace lost vitreous seems to follow almost naturally in the evolution of operative work, the procedure of irrigating the anterior chamber introduced by McKeown, of Belfast, although the objects in view in the two instances differ materially. As bearing on the question of secondary cataract one should not forget to mention McKeown's contention, supported by others, that sclerosis of the posterior capsule and pupillary membranes generally, requiring discission, are much less apt to occur where the anterior chamber is cleared by this method. It may be added that McKeown's method has proved a valuable auxiliary in dealing with the lens matter and residum, and with the minimum of trauma has sufficed to empty the chamber, restoring the clear, black pupil with almost startling suddenness. However, it acts most effectively where other procedures as linear extraction in younger subjects and the combined in older ones succeed very well. And it has the defect of leaving in some cases peripheral lens matter which clings to the capsule at the equator unless the irrigation is pretty thorough. My own rule is to be guided by the eclectic principle not only in regard to McKeown's method, but in deciding between the simple and the combined extraction. If, for example, the patient is docile and free from cough, the pupil mobile and the cataract ripe, or nearly so, the simple extraction is selected; otherwise the combined is likely done. There are at times special reasons which lead one to try to spare the iris, as e.g., where a coloboma would invite undesirable attention and possibly lead to unmerited disqualification. Instances in point could readily be cited. Personally, I confess to a partiality for simple extraction and believe that as a rule the optical results are better where the central movable pupil is preserved, and I have never seen it followed by glaucoma.

Time does not permit of discussing "Extraction in the Capsule,"<sup>1</sup> which one may pretty safely predict will only be practiced exceptionally in Europe and America. It is of course the only radical method of disposing of capsular and pupillary membranes, but it has drawbacks which cannot be ignored<sup>2</sup>.

The interval since the reading of this paper, has given time to put to the test the merits of Ziegler's slender knife-needle with relatively long cutting edge, used as described by him, with a gentle sawing movement and careful avoidance of pressure in order to make a pupil as nearly central as possible in capsule (capsulotomy) or adherent iris and closed

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<sup>1</sup> As practised in many thousands of cases in India by Major Henry Smith.

<sup>2</sup> The latter may in time be materially reduced so as to encourage its more general adoption. Savage, of Nashville, for example, has introduced (1909) a simple instrument which he claims will enable one with ease of execution to free the lens in its capsule from the zonula, when it can be readily expressed from the anterior chamber by the usual method.

pupil (iridotomy) after extraction, etc. Certainly, Ziegler's knife and his method of making a V-shaped coloboma constitute a distinct advance as regards scope, safety, and success in securing most excellent and visual results in cases of obstructed or closed pupil.

There is yet room, however, for occasional resort to the double-needle operation of Bowman, or iritomy (iridotomy), by means of the de Wecker's scissors. Too much stress may be laid on the danger of the small incision which the latter method entails. It is more than offset by the freedom from traction on the ciliary processes. In the Bowman operation there are no incisions, only two fine punctures, and it can be done without any escape of aqueous.

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### NIHILISM IN THERAPEUTICS.\*

J. T. FOTHERINGHAM, Associate Professor of Medicine, University of Toronto.

THE skilled woodsman of our Canadian forests does not, after selecting his victim among the trees, proceed thoughtlessly to fell it. He first makes sure of how he can successfully get it out, when it has come down under his hearty blows, by underbrushing and clearing the way for the teams that come after him. So here, by way of a brief introduction I should like to define my terms, and say first what the term "Therapeutics," connotes, and then what "Nihilism" in this connection means, classifying, if I can, the Nihilists, and before closing, trying to point out how they may best be dealt with.

It will be recollected, by some of you, at any rate, that in Holy Writ we are told that when "King David was old and well stricken in years, and they covered him with clothes, but he gat no heat, his servants said unto him, Let there be sought for my lord the king a young virgin, and let her stand before the king, and let her cherish him, and let her lie in thy bosom that my lord the king may get heat." This glimpse of primeval simplicity may serve to remind us that the root word *theros*, meant heat, or summer, and is seen in the word Thermometer, and other derivatives. We are also reminded that the Therapos or Attendant of the Greek knight was the Henchman of the Norman, who stood at the haunch of his master in feudal days, carrying his armour, but as the Greek word indicates, carrying his wraps and sleeping with him on cold nights. Our attention may thus be diverted from the too prevalent idea that the duty of the physician is fully done when he has prescribed some mixture or pill, more or less intelligently conceived, and more or less carefully compounded, and we may be induced to agree upon a broad

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\*Read before Ontario Medical Association, June, 1909.

definition of the term Therapeutics, such as, that it is the science, and especially the art, of the management of disease, or more correctly, of diseased animals, human and other. Let us define disease, too, in terms to be "understood of the people," and say that disease bears the same relation to Ease (Health), as Discomfort does to Comfort, or Disadvantage to Advantage. The object of the patient in coming to us is not to have a diagnosis made, but to have his discomforts corrected; and the more artful and scientific we are, the more frequently and quickly successful we shall be in our efforts. I have no hesitation in saying that the capstone and culmination of our professional structure, the chiefest flower and ultimate ornament of our professional training, is summed up in this one subject. The foundation is laid upon the triple courses of Anatomy, Chemistry, and Physics. The next storey is Physiology. Based upon these lies the third storey, Pathology, and Pharmacology, and upon these again rises the fair superstructure of Applied or Clinical Rational Medicine, with Therapeutics in the above broad sense, as I have said, as its capstone and culmination. In saying as I did a minute ago, that our duty is first to relieve our patient, whether a diagnosis can be at once made or not, I did not lay myself open to the charge that I consider a diagnosis unimportant, or that treatment can be satisfactory while it remains purely symptomatic. But I am trying to indicate that while the science of treatment is important, the art of it is more so, so far as the man in active practice is concerned, and so far as the patient is concerned. I am trying to say again in a less direct way that it is much more important to treat the patient than the disease. No one would deny that a diagnosis is essential for a perfect Therapeutics, but the fact remains that quacks and ignoramuses cure patients very often, and as Dr. O. T. Osborne, Professor of Therapeutics in Yale, recently said, "It is also unfortunately true that many a scientific physician, owing to his medical training and to some of the best text-books on the practice of medicine, delays the amelioration of the patient's symptoms until slow laboratorial processes have made a definite, positive diagnosis. Such diagnosis having been made, he is content to treat the etiological cause of the condition, forgetting even the pain the patient is suffering, and thus his patient is often driven to quackery or dogmas or patent medicines, and often improves from such treatment. Let us now briefly discuss Nihilism. As applied to Sociology one may roughly define the term as Individualism carried to its extreme, in other words, Anarchy; refusal to admit authority or control other than that of individual conscience or whim, which you like. In Therapeutics the Nihilist is the reactionary, the Obscurantist, who wilfully or ignorantly, actively or passively, obstructs the attainment of the ideal which I tried a moment ago to set forth, the just and well-balanced combination of the scientific and the empirical, in the management of the diseased animal.

Examination will show, I think, that the Nihilist in Therapeutics is drawn from both the great divisions of the human family, the laity and the profession. From the laity come an unnumbered host, for the subject is one of perennial interest, and every human being is some day or other a Therapeutist *esse* as well as in *posse*. Deep-rooted in the mind of the human, and in particular the sick human, even the most civilized of us, lies a hunger for the Thaumaturgist, the wonderworker, the priest-physician in one. So that Faith-healers, Dowieites, layers-on of hands, Osteopaths, Magnetic healers, Hypnotizers, Electricians, Christian Scientists, come on in series as endless and changing as the waves of old ocean. I hesitate to include our friends the Homœopaths in this category, as their mistaken notions are not at least mistaken in quite the same direction as these other downright quacks. I speak here with reserve, too, of that latest emanation from New England, the Emmanuel movement. We may be ourselves to blame by our neglect of Psychiatry, and our devotion to the purely materialistic side of our work, for this attempt on the part of the clergy to assume the role of Healers as well of the Body as the Soul. But if we must add to our knowledge of these functional aberrations from health, and intelligently practice treatment by suggestion and other such moral methods, we must surely be permitted to demand that the clergy add to their curriculum a course in Pathology and in the Natural History of Disease, that they may have a knowledge of their own limitations. For if not the public will be perhaps rid of some evils only to be entrapped by others. We have old and good authority for saying, "Surely in vain the net is spread in the sight of any bird," and it seems impossible to doubt that the publicity given in the lay press to this method of treatment by suggestion will defeat the very end aimed at. How can we treat by Placebos and suggestion a public which meets us with a knowledge of the game we are seeking to play upon them for their own good? This movement it seems to me will but make the public more pragmatic and sophisticated than ever.

But who are the Therapeutic Nihilists in our own ranks? Let me suggest four groups under which they may be classified:—

1. Those who are wedded to a System, whether it be a System of Fancy, such as the old Doctrine of Similars, the Weapon Ointment, or Homœopathy, or a System of Fact or Empiricism, to the exclusion from their mental horizon of all theories or explanations born of experiment in the Laboratory.

2. Those who follow the Pharmacist.

3. Those who are too indolent to follow the Pharmacologist.

4. Those who follow the Pharmacologist too closely, and ignore Empiricism.

Without laboring these distinctions, let us briefly discuss each group. The first group suffers mainly from lack of education, those pungently referred to by Dr. Frederick T. Roberts in a presidential address to the Medical Society of London, a few years ago as "those heaven-born geniuses who have succeeded in discovering an unfailing remedy for every individual disease; who can invariably cut short the most grave and dangerous maladies or make them run the shortest possible course; and who never lose a case of any description."

Of these physicians, Fothergill says, "To those who search into the nature of things they affix the term unpractical. If research has yielded positive information, and a law has been established, they call its elucidator a theorist. . . . Such leanings have done much to retard the progress of medicine, and have decidedly crippled its usefulness."

As to the second group, those who follow the Pharmacist, I shall say but little, as I am followed in this symposium by Dr. Ferguson, whose paper upon this, the *Nostrum Evil*, will no doubt more ably and fully deal with the idea which I have in mind. Suffice it to say that we are too much given, in my judgment, to the ignoring of the *Pharmacopeia*, and to the ordering of mixtures, whose ingredients and proportions we have forgotten, if we ever knew them, because they are palatable, and are named after the disease for which they are intended. This Therapeutic Nihilism or Agnosticism of the worst kind. The disease is treated and not the patient. The practitioner's scant knowledge of the action and uses of drugs not only does not increase, but year by year diminishes, as the dividends of the wholesale Pharmacist, whose middleman he is, mount up. The Medical Faculties are responsible for this, and have the cure in their own hands. In the old days of Apprenticeship the evil did not exist, and could not.

As to the third group, those too indolent to follow the Pharmacologist. I am afraid that sometimes even Homer nods, and we all at times, or in regard to certain drugs, fail to avail ourselves of the exact knowledge placed at our disposal from the Laboratory. Sir Lauder Brunton has discussed this in his always interesting way, using as an example the case of the patient with complete suppression of urine, irregular heart, and almost pulseless, suffering from the effect of overdosage with *Digitalis*, which has produced the very symptoms for which one would give it who knew *digitalis* only vaguely as a diuretic and cardiac tonic. No one who has ever taught the subject of Therapeutics, or even seriously tried to master it, will refuse to admit that an accurate knowledge of the many complex and powerful medicinal agents which we use, can be acquired only by long and careful industry and study, and particularly by most minute and microscopic clinical observation. As Fothergill, in his practitioner's hand-book well says:—"We must

supply a digest of the general principles of Therapeutics, and arrange well-known facts of practice, together with the explanations furnished by Pathological research, and physiological enquiry, in such a way and form that the treatment of each individual case shall become a fairly intelligent and rational procedure, rather than a grouping empirical guess." This deficiency is perhaps the one most keenly felt by the young practitioner, who emerges from college filled with correct enough and wide enough knowledge of symptomatology, etiology, and pathology, and is suddenly set face to face with the grave responsibility of caring for a complicated and important case.

Now, as to the fourth group,—Those who follow the Pharmacologist too closely and ignore Empiricism. I feel that I am treading upon ground in these modern days considered sacred, and that the implication is that the Pharmacologist is sometimes an unsafe guide. Still, I take that position without hesitation, and say that much of what the practitioner has to read as authoritative and conclusive from experimental sources is only contradictory, confusing, and misleading, and tempts him to fall back upon the touchstone of clinical experience as his sole and safest guide. I need only remind you of the recent decision of so eminent a clinician and scientist as Trudeau, to control his use of Tuberculin not by opsonic estimations, but by the clinical results in each case; or of the doubts recently cast upon the brilliant findings of so eminent an investigator as Sir A. E. Wright, in his work upon Coagulation of the Blood. There seems to grow in the breast of the average laboratory man an invincible "cock-sureness," not to say in some cases, arrogance, of which we, too, would be the victims were not our enthusiasms damped and our assurance tamed by continued contact in practice with the "personal equation" and the individual peculiarities of the patient, which the test-tube and the experimental animal can never show. I make no quarrel with the Pharmacologist, but hail him as a co-worker, a doer of work both necessary and impossible to the clinician, but we demand of him that he realize his limitations; and I make the claim that the physician who can, for instance, face the patient and say that the pulsating chest contains rather a thoracic Aneurysm than a hypertrophied and dilated heart, and go on to prove his suspicions by the use of a well-trained hand and ear, is a much more valuable member of society than the Pharmacologist, and this, "not that I love Cæsar less, but Rome more."

Finally, what is the best way of dealing with these difficulties? The only answer I think can be, "*Medio tutissimus ibis.*" In the middle path between Empiricism and the slavish worship of the Experimental, lie safety and success. Medical teaching is more now than it ever was before in need of wise and judicious balancing of subjects. The burden

now laid upon the students and practitioners of medicine is, like Cain's, greater than we can bear, and the end is not yet. But if we are not to stampede our classes, as they graduate, straight into the arms of the traveller for the wholesale drug firm, we must get back to the Pharmacopœia, throw out of it five-sixths or nine-tenths of the unnecessary materia-medica, train ourselves thoroughly in the knowledge and use of the valuable residuum, cease the attempt to make research work, a part of the training of every undergraduate, reduce the hours spent by him in the laboratory, but insist upon his appropriating the results of the laboratory and research work done by the skilled men who devote themselves to it, and demand higher clinical standards for graduation.

I cannot close my paper better than by a quotation from a very recent lecture by Professor F. R. Bradshaw, of Liverpool:—"For many years, we, as members of a learned and progressive profession, have been more and more attracted to the new and fascinating studies of bacteriology, hæmatology, and pathological chemistry, and we are not without grounds for believing that if we are ever to arrive at a knowledge of the ultimate processes that underlie the phenomena of health and disease, it will be by pursuing investigations on these lines. But, though I should be among the last to belittle the value of the incubator, the microscope, and the test-tube, as means for extending our knowledge, I am convinced, that in the daily routine of our work as medical practitioners, they are of very limited application. Such practical results as they do yield are only of value when obtained by those who are constantly engaged in that kind of investigation, and in the case of the inexperienced they are apt to be absolutely misleading. It is on the physical examination and the careful study of the patient at the bed-side, not on work in the laboratory, that we have in the main to rely in the diagnosis and prognosis of our cases; and we will all do well to beware lest, in our eagerness to employ the more recondite proceedings which are continually being offered for our aid, we neglect the first principles of clinical investigation,—the training of the eye, the hand, and the ear."

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EXTRA UTERINE GESTATION AT FULL TIME, OPERATION,  
IMMEDIATE REMOVAL OF THE PLACENTA, CLOSURE  
OF ABDOMEN WITHOUT DRAINAGE, RECOVERY.\*

By J. F. W. ROSS, M.D.,  
Professor of Gynecology, University of Toronto.

**M**RS. L. P., aged 28, has had no serious illness up to the present time. Patient was admitted to my service in the Toronto General Hospital, having missed two periods and thinking that she was five months preg-

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\* Read before the Academy of Medicine, Toronto, October 20th, 1908.

nant. After missing two monthly periods, at the third month she had a profuse hemorrhage that came on suddenly at night and was accompanied by a considerable amount of pain; after that there were intermittent attacks of pain at intervals of two and three weeks. The hemorrhages were sudden and profuse and left the patient feeling very weak. Up to that time she had done her own house work, but since then had been lying about. Before her admission to the hospital the pain was severe at times and was generally over the whole abdomen. She was vomiting both morning and evening.

The patient was seen by Dr. McIlwraith in consultation with Dr. Gallagher before her admission to the hospital; the diagnosis lay between an extra uterine pregnancy and a pregnancy with threatened abortion. The patient had felt no foetal movements until the day after her admission to the hospital. A swelling was found occupying the lower central zone of the abdomen extending to within an inch of the umbilicus. There was no discharge from the uterus; temperature normal, though the pulse was elevated, running from 88 to 110. On careful vaginal examination the pregnancy appeared to be intrauterine. Improvement took place and in five days the patient left the hospital, having been told to report if any of the old symptoms returned.

The patient did not come back to the hospital as promised and it was not until the 8th of June, 1908, that I saw her. Her general condition was so good that she thought the pregnancy was running a normal course. The patient was comfortable and had no recurrence of uterine hemorrhage and had but little pain, until at last spurious labor pains set in and drew her attention to her condition. It was now time for delivery and no natural labor seemed to come on. She sent for Dr. Gallagher and he in turn asked Dr. McIlwraith to see the patient with him again. An anæsthetic was administered and the uterus was found to be empty, with the exception of some decidua, and part of this was removed, hemorrhage came on and continued until her admission into the hospital. Upon the patient's admission to the hospital, foetal heart sounds could be distinctly heard over the front of the abdomen and there was a free hemorrhage from the uterus.

On my first examination after her re-admission to the hospital I removed from the uterine cavity the largest decidua that I have ever seen. Its removal was followed by such severe hemorrhage that firm packing with iodoform gauze was required. The patient was much worried from prolonged pain; the abdomen was normally distended to the full size of a full time pregnancy, and the foetus could be felt through the abdominal walls just as in ordinary intrauterine pregnancy. I decided to wait until after the death of the child before proceeding to operative inter-



ference. The patient had born two living children. From day to day the foetal heart sounds were made out, until at last on the 12th of June they ceased. Six days later, on the 18th of June, operation was performed. An incision was made in the median line reaching from the umbilicus to the pubis. Inspection revealed a sac and showed the placenta to be well formed and situated low down in the abdominal cavity, chiefly behind the right broad ligament. An opening was made into the sac, and a well developed, dead male foetus was removed. The liquor Amnii was thick and grumous and was immediately washed out with saline solution to prevent infection of the abdominal cavity; it escaped among the intestines but was so rapidly washed away with a strong stream of saline that it was not likely to do any harm. This procedure was carried out before any further manipulation and immediately after the removal of the foetus. The sac was now found to be everywhere adherent to the omentum and to intestines and was carefully separated from its attachments until finally the placenta was reached.

Council was then taken of my confreres who were present as to whether the placenta should be left *in situ* and drainage instituted or whether it should be removed. It was decided that it was advisable to remove the placenta and thus finish the operation at one sitting. I now passed my hand rapidly under it and separated it from its attachments; the bleeding was very profuse but was controlled by the back of the left hand pressed over the sacrum upon the vessels. The left hand was kept in this position with the palm turned forwards; I was thus able to use the finger tips to assist in tying the catgut ligatures placed on bleeding points, and at the same time keep up compression upon the pelvic vessels. When the knuckles were lifted a little the large bleeding points could be readily seen and picked up in forceps by my senior assistant, Dr. Marlow, and then the pressure was continued again until a vessel had been controlled by placing a cat-gut ligature on it. In this way all the large vessels were occluded and we had only the loss of blood from small points to contend with. Already the drain began to show upon the pulse and it was found necessary to administer a subcutaneous saline and to bandage the arms and legs firmly to keep the blood in the nerve centres. Temporary hot packs were now rapidly placed in under the surface of the right broad ligament and right ovarian fossa, while the rest of the toilet of the peritoneum was carried out. After removing the hot packs, sponges soaked in alcohol were placed on the few remaining oozing points and the hemorrhage ceased entirely.

The wound was rapidly closed and dressed in the ordinary way; it healed primarily throughout; no drainage tube was placed and no gauze packing left in the abdominal cavity; the cavity was completely closed.

The recovery was uneventful except that there was an elevation of temperature that varied from 99 to 103 from the second to the sixteenth day after operation. Some thickening could be felt below the umbilicus, at first, firm to the touch and afterwards tender. This did not give rise to much pain and was looked upon as a localized peritonitis, in all probability a collection of serum and perhaps of blood poured out from the raw placental site. Though the mass softened down and became distinctly fluctuating, a policy of non-interference was pursued, and this was rewarded in a few days by a drop of the temperature to normal and an uneventful convalescence from this time on. Rapid absorption took place. The patient was discharged on the 16th of July, and I have now great pleasure in presenting her to you, in order that you may see for yourselves that she has been restored to excellent health.

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#### RES MEDICAE.

By JOHN HUNTER, M.B., Toronto.

**S**PRING, with its showers, balmy air, and sunshine, vitalizes germlife in the physical world, and gives us the verdure of the field, the foliage of the forest, and the bounteous harvest. The opening of the schools, colleges, and universities in the autumn sets in action those intellectual forces, that not only perpetuate, but also elevate our status of civilization. In our calling there is no more appropriate time for taking up, and discussing medical topics than at this period of the year. The evenings are lengthening out, so that the physician has more time to read, and to ponder over the problems that confront him. The various medical societies are holding their meetings, and at these medical questions can be very fully discussed. It is therefore a very opportune time to direct our attention to those matters that have a very direct bearing on the welfare of medicine, not only in our own province but throughout the whole Dominion.

#### DOMINION REGISTRATION.

More than a decade ago, Dr. Roddick, of Montreal, with splendid tract, and with a large expenditure of time and energy, brought before the profession, and also before the Dominion Parliament a measure to secure for every legally qualified physician, the right to practise his profession anywhere in Canada. Some details pertaining to this measure may have been open for discussion, but the purport of it could not be challenged. From one cause, or another, interest in this most desirable piece of legis-

lation has been allowed to die out, especially in so far as Ontario has been concerned in it. The result is as lamentable as the apathy is disreputable. However, the darkest cloud has a silver lining. Within the past few months the medical men of the four great western provinces—with that breadth of outlook, optimism, courage, and dauntless zeal, that have ever characterized pioneer life—have taken up this question and doubtless, within a short time, will have a great medical confederacy extending from the western borders of Ontario and Quebec to the shores of the placid Pacific Ocean. It is not for the medical men of Ontario and Quebec to be envious of their brethren in the West, but in imagination let them “line-up” and lustily cheer the victors as they pass, in the hope that their success may have the same effect on the benighted condition of the profession in these older provinces, that the rays of the morning sun have on a foggy atmosphere. Great as will be the value of inter-provincial registration to the medical men of the West such legislation would be of even greater value to the physicians of the older provinces. The immense expanse of country out there, together with the rapid influx of population will prevent overcrowding for ages to come. In the older provinces overcrowding, especially in the villages, towns and cities, is already a menace to the welfare of physicians, individually, and a severe handicap to the progress of scientific medicine. When the struggle for existence is exhaustive, what chance is there to secure any leisure for study, and for travel!

When overcrowding so impairs the physician's income that it is barely sufficient for the necessities of life, he may be able to acquire some more knowledge and skill from his experience, but it is absolutely impossible for him to keep abreast of the medical progress of the day. It follows that just as the “rank and file” fall behind in the race, the status and usefulness of the profession wanes. The untoward conditions menacing the welfare of medicine in Ontario, bring up the question of, how are we to obtain “Dominion Registration?” Some are disposed to lay all the responsibility, and all the censure on the “Ontario Medical Council.” The writer has no apology to offer for the shortcomings of this body, which are very many, and very grievous; but its members may reply to the accusations against them, by asking their accusers “Where is the sentiment in favor of Dominion Registration?” “What has the medical press, or what have the medical associations, done to secure this legislation?” Besides, all history teaches us that very few great reforms are initiated by the rulers. If the abolition of slavery in the United States had been left for its statesmen to deal with, slavery would be rampant still, and the government of the nation under its thralldom. Groups of obscure men and women, who for years were mercilessly ridiculed, and

even persecuted by the politicians, created such a sentiment against slavery that the nation was forced to stake its very existence on the abolition of it. Now the physicians of Ontario, by discussing this question wherever they meet each other, and by forcing its discussion on the medical societies and associations, can create a sentiment in its favor that will very soon compel the medical council and our medical leaders to seek and to obtain the legislation required. What men have done, men can do again. If the western physicians can secure interprovincial registration the older provinces can too. The narrow, jealous spirit of mere provincialism is a fatal handicap to the progress of scientific medicine.

#### THE MEDICAL COUNCIL.

The time for another election of members to the council is sufficiently near to demand the attention of every medical man in Ontario. It holds just as true in medicine as it does in politics, that the electorate gets the kind of representation it deserves. If the electors are indolent and apathetic about their own interests, they are not going to get representatives overzealous about them. The besetting sin, of far too large a proportion of medical men is, that they allow the drudgery of their calling to so isolate them from the society of their fellows, that they are—professionally—dead and forgotten, years before physical dissolution comes, although this usually comes prematurely on account of the monotonous character of their lives. Why need the members of the council worry themselves over much, when they know that the majority of the men who elect them will never be heard of, or from, again? Medical men lose very heavily by isolating themselves from the companionship of their fellows. What would literature have lost if Samuel Johnson, Hogarth, Edmund Burke, David Garrick, Sterne, *et al*, had missed their daily meetings at the Literary Club, the Turk's Head, or Reynold's House? If medical men would only throw aside their petty jealousies and suspicions; have their social gatherings, at which they could informally discuss medical topics, they would be immensely benefited individually; the status of their profession would be elevated, and they could then select men to the council who would worthily discharge the duties of their office. They would not have the anomalous, undesirable, undemocratic conditions they tolerate now. They would rebel against medical colleges—alive or defunct—appointing their representatives. How long would the electors of this province tolerate the churches, the Board of Trade, or the Manufacturers' Association, to appoint one-third the members of the Ontario Legislature? How long are the medical men of Ontario going to allow themselves to

be rated lower in intelligence than the lay-electors, by permitting their legislative body—the council—to be filled up by men appointed to represent either defunct institutions, or living ones “cute enough” to jealously guard their own interests? Our medical council has become largely an incubator for keeping alive that old delusion of mediæval feudalism, viz., that all power should be kept in the hands of the “classes” as the “masses” were supposed to be too ignorant to exercise supervision over their own affairs. If the physicians of Ontario are not intelligent enough to elect their own representatives they are “a lot of chumps.” Another gross defect in our council is its size and expensiveness. The Toronto “Board of Education” composed of fourteen unpaid members, has supervision over millions of dollars worth of property; the selection of about one thousand teachers; an annual expenditure of nearly two millions, and an amount of routine work fifty fold greater than that of the council: All this work is done in a manner that compares most favorably with the average work of the council. Abolish all college representation; reduce the membership one-half and we can have far better representation at a mere fraction of the present wasteful expenditure. Under some such reform physicians who have paid their fees for twenty years or over, could be released from any further obligations, as the forty dollars they have already paid, would bring in interest, the amount of the annual fee.

#### MEDICAL PAPERS AND DISCUSSIONS.

The President of the Academy of Medicine in his inaugural address gave a timely and very just criticism of the “unpreparedness” so very evident in many of the papers presented at our medical meetings, and the lack of intelligent interest shown in the discussion of these papers. Who can read over the “Provisional Programs”—published in our medical journals a few weeks before the Ontario and Canadian Medical Associations meet—and look at the long list of “Titles of papers to be announced later” without feeling, that if the subjects of these papers are in such a nebulous state in the minds of the readers of them, the work cannot have much scientific merit in it. If the papers and discussions are to be made worth listening to, they must be so thoroughly prepared as not only to present personal experience, accurately and honestly, but also the best information available in current literature. An ambitious young preacher rushed up to an old veteran who had just delivered a great sermon, and asked “Doctor how many hours did you spend on that sermon?” The stunning reply came: “More than fifty years.” An example well worth emulating.

## CURRENT MEDICAL LITERATURE

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MEDICINE.

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

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PHOSPHORUS.

W. Koch in the *Journal A. M. A.* for May 1, summarizes a series of experiments as to the nutritional value of phosphorus compounds as brain foods: (1) There is no evidence of any need to supply phosphorus to the brain in conditions of exhaustion as a lack of that element has not yet been demonstrated. The actual amount lost in the exhaustion of general paralysis cannot of course be replaced on account of the inability of the central nervous system to regenerate. (2) The phosphorus required for the growth of the brain is amply supplied by the phosphorus of our daily diet. If desired, the addition of phosphorus-rich foods such as eggs, sweetbreads (pancreas), liver, and some meats can be made to meet further requirements and the phosphorus in them will far exceed in amount that obtained in less natural form from the prescribed doses of any of the various drugs in commercial use. The use of such foods is, however, limited by their richness and their tendency, on account of their rich fat content, to interfere with gastric digestion. (3) As far as the nervous system is concerned, the addition to the diet of commercial phosphorus compounds such as hypophosphites, glycerophosphate, phytin, lecithin, etc., is to be discouraged because, in the first place, there is no conclusive evidence that they have any effect on the growth of the brain, and, second, the amount usually recommended means only a very insignificant addition to the amount of phosphorus (even in its special forms such as lecithin) taken with the daily food.—*Cleveland Medical Journal.*

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APOMORPHIA.

In the *Therapeutic Gazette* for June, Chas. J. Douglas considers the action of apomorphin as an hypnotic. Apomorphin is one of the most peculiar and interesting remedies known to medicine. It is comparable to no other drug. It is *sui generis*. Although derived from morphin, it has none of the therapeutic properties of that remedy. It is an emetic and its hypnotic action, for it is the most prompt and vigorous of hypnotics, is totally different from that of any other known hypnotic. Douglas first called attention to its hypnotic properties in 1899. In the papers

first published he gave  $1/30$  grain hypodermically as the average hypnotic dose of the drug and all the textbooks that have since referred to this property of the drug have quoted this figure. But it should be remembered that this is not a fixed amount as individual susceptibility to its action varies somewhat. If it is desired to avoid nausea, the dose must be as near to the emetic dose as possible without quite reaching it. If it is a little too small it produces no effect whatever, even if repeatedly administered every 30 minutes, as it has no cumulative action. On the other hand if the dose is a little large it produces emesis. We must sail between Scylla and Charybdis if we would attain the ideal result of profound sleep without nausea. He has seen the wildest alcoholic delirium yield to this remedy and the patient fall into a restful sleep within 20 minutes after the hypodermic administration of apomorphin. In such cases it is not important that nausea be avoided, as emptying the stomach does no harm. If the remedy is to be frequently exhibited, the dose must be gradually increased as toleration soon develops. He has been using apomorphin continuously since 1889 in his sanatorium work for hypnotic purposes and has found that in promptness and certainty of action it has no equal. While there are few infallible remedies, and this one may occasionally fail, yet among the hypnotics he knows of none that is so certain in its effects. Its safety is another advantage. As 1-10 grain is universally considered a safe emetic dose, the hypnotic dose of 1-30 grain must be absolutely devoid of danger. It is prompt, safe and sure.—*Cleveland Medical Journal*.

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#### INCREASED URINARY CALCIUM EXCRETION IN TUBERCULOSIS.

In the *New York Medical Journal*, June 12th, 1909, Crofton reports the results achieved by a number of experiments on calcium excretion in tuberculosis. Calcium excretion is of two kinds, that derived from the food, exogenous, which plainly may vary exceedingly in any case, and endogenous, that derived from the metabolism of the tissues, a quantity remarkably fixed in health. Careful calculation of the food content must be made in these experiments, but with these precautions the writer found an increase in urinary calcium excretion in tuberculized dogs of as much as fifty times the amount in health. An albumose called "deuteroalbumose" constantly accompanies the tubercle bacillus, and this substance if injected into tuberculized animals causes a rise in temperature. Crofton finds that this substance has a remarkable affinity for calcium, and found, too, that the addition to it of calcium destroyed its

power of raising the temperature, and suggests that in this way may be explained the association of calcium with the healing process in tubercular foci, and has undertaken new experiments to decide if it is possible to increase resistance by the exhibition of calcium. Doubtless the increased urinary excretion of endogenous calcium would be significant of beginning tubercular disease, but the estimation is too laborious a process to be of any value as a diagnostic sign.

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### DESCENSION EXERCISE.

Stern publishes in the *New York Journal of Medicine* an article on a new form of remedial exercise, namely, "descension," for which various advantages are claimed as compared with ordinary ambulation or hill climbing. There is not the same strain put upon the heart as in climbing, the muscles which keep the body erect are called upon so that there is a straighter attitude, the abdominal muscles are relaxed and the organs of the abdomen receive more stimulation from the jolting movement. This form of exercise is indicated in all functional and many chronic organic diseases of the abdomen, in diabetes and obesity, in heart conditions—not adherent pericardis—and in pulmonary affections. The best form of the exercise is the going down graduated slopes in the country, but as this is not possible for many sufferers, climbing down flights of stairs forms a substitute.

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### PAINLESS DENTAL DISEASE AS A CAUSE OF NEURASTHENIA AND INSANITY.

In the *Cleveland Medical Journal*, August, Upson calls attention to the important bearing that painless dental conditions may have as irritants to the nervous system in causing or protracting severe nervous or mental disorders. Impaction is one of the simplest dental lesions, but is not considered a common one, as only by skiagraphic examination can it be diagnosed in all cases; the writer has found it the cause in a number of cases of insanity, and has found improvement or recovery in some on the removal of the cause. Of course, where the resultant conditions have been long existent and aggravated, removal of the original irritant will not be sufficient, but in 22 out of 28 cases reported where impaction existed there was improvement. These cases were of the following classes: mania-depressive type dementia precox, psychosis, insomnia, and neurasthenia.



## GYNÆCOLOGY AND ABDOMINAL SURGERY.

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

## ACUTE FORMS OF ABDOMINAL TUBERCULOSIS.

D. N. Eisendrath (*Jour. Amer. Med. Assn.*, Jan. 23, 1909) states that primary tuberculous appendicitis is not as rare an affection as was formerly thought. Such an infection may be followed by secondary involvement of the ileocecal lymph nodes which is out of all proportion to the pathologic changes in the case. In the majority of cases there are evidences of tuberculous foci in the appendix, but secondary lymph caseous nodes may be found without visible macroscopic or microscopic tuberculous changes. Butter, milk, and cheese from tuberculous cows are the chief sources of infection in primary intestinal tuberculosis. In 27 per cent. of the twenty-nine published cases of tuberculous appendicitis the clinical picture resembled an acute nontuberculous appendicitis. The proportion of cases of tuberculous peritonitis which begin acutely is larger than is usually thought. Through early diagnosis and radical removal of the tuberculous appendix and infected lymph nodes (as far as practicable) complete and permanent recovery can occur. Some of the cases of ileocecal tuberculosis and of tuberculous peritonitis may thus be avoided through removal of the probable starting point. *American Journal of Obstetrics and Diseases of Women and Children*, June, 1909.

## INTESTINAL ANASTOMOSIS BY INVAGINATION.

A. Ernest Maylard, Glasgow, *Annals of Surgery*, May, 1909, gives his very rapid method of anastomosis. Suppose the case to be one of excision of the cecum. After the resection, the open end of the ascending colon is stitched up. A longitudinal incision is then made in the colon sufficiently long to accommodate the insertion of the divided ileum. Across the patent orifice of the latter a silk suture is passed, like a drawstring; its ends are left long and the free end is passed through the eye of the needle (which thus holds both ends of the suture). The needle is passed through the opening in the colon and up into the lumen of the bowel about two inches, when it is made to emerge. By pulling on the needle, and by a little manipulation, the open end of the ileum is made to pass along the inside of the colon a short distance. While the "sling" is kept tense the ileum is fixed to the colon by interrupted Lambert sutures around the circumference of the opening of the colon. Un-

threading the needle, the sling suture is withdrawn and the orifice of the ileum thus allowed to open out. A ligature is passed around the puncture in the colon, and the anastomosis is thus completed. When invaginating colon into an inch or so of the mesocolon (being bulkier than mesentery) must be tied off first.

In this operation, because of the mechanics of the anastomosis, only one row of sutures is necessary, Maylard says. Another advantage, he thinks, in addition to the saving of time, is the lessened danger of contraction at the site of the anastomosis. He is not prepared to deny that the invaginated portion may not be productive of trouble (intussusception), but he thinks the risk is slight. Probably the segment introduced assumes a valve action, thus replacing the ileo-cecal valve in case of ileo-colostomy. Maylard has performed this operation four times, each with perfect union.—*American Journal of Surgery*, June, 1909.

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#### THE PROPAGANDA AGAINST CANCER OF THE UTERUS.

Prof. Pastalozza, Rome, *La Ginecologia Moderna*, October, 1908, urges an active propaganda throughout Italy in order to familiarize the people with the insidious onset of cancer, the all-important necessity of an early diagnosis, and an early radical abdominal hysterectomy according to the methods of Freund and Wertheim.

The people must be taught that only initial cancer of the cervix is curable, and that in all advanced cancers even the radical operation is only palliative. Researches along the lines of serum-therapy as carried out by Sanfelice on animals, based on his hypothesis of the blastomycetic origin of malignant epithelial neoplasms would seem to have a hopeful future. The future treatment of cancer will depend on surgery and serum-therapy. When serum-therapy becomes established on a firm basis, surgical cure of cancer will be relegated to second place.

Little can at present be done in the way of prophylaxis, with the exception of removing local conditions believed to be predisposing to cancer, such as lacerations and erosions of the cervix.—*Surgery, Gynecology and Obstetrics*, May, 1909.

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See the remarks about the Canadian Medical Association on page 251. The meeting of 1910 should be kept well in mind.

## OBSTETRICS AND DISEASES OF CHILDREN.

Under the charge of D. J. EVANS, M.D., C.M., Lecturer on Obstetrics, Medical Faculty  
McGill University, Montreal.

## TREATMENT OF CONTRACTED PELVIS.

Prof. Fehling, of Strassburg, read a paper on the above subject before the Section of Obstetrics and Gynæcology at the meeting of the British Medical Association last summer, which appears in the *British Medical Journal* for October 9th, 1909.

He gives Denman the credit of having made the most important advance in the treatment of contracted pelvis up to this time by introducing premature labour.

To-day three methods of dealing with the condition are available to protect the woman from the dangers of a contracted pelvis. First, knowing the approximate size of the pelvis we can try to obtain a corresponding size of the child's head. This can be effected by dieting the mother during pregnancy. A second way by which a small foetus can be obtained is by inducing premature labour.

It is now generally accepted that induction of labour should only be undertaken in the case of multiparæ.

In the author's clinic 80 per cent. of the children were born alive as a result of induction of premature labour in suitable cases, while 76.46 per cent. of those born living were discharged in good condition. Of the children discharged living 82 per cent. were alive at the end of the first year, which is a larger proportion than is the case in children born by Cæsarean section.

In cases which do not come under observation until labour has commenced, the Walcher position during labour is recommended, as by it the length of the V. C. is increased from 1 to 1.5 cm. It is specially useful for the passage of the after-coming head and is of less value in cases of delayed entry of the head into a narrow pelvic brim.

In hospital practice pubiotomy is recommended. It is to be avoided in cases of oblique distortion of the pelvis. In non rachitic and rachitic flat pelvis and in cases of general contraction whether rachitic or not, the true conjugate should never measure less than 7 cm. when this operation is resorted to.

The operation is indicated when from the beginning of labour it is known that there is a disproportion between the size of the child and the pelvis, and when during the course of the labour it is seen that danger for the mother or the child is arising therefrom, and then is impossibility of bringing the labour to an end by more usual means.

In private practice probably the better course when dangerous symptoms arise is to save the mother by a high forceps operation, and if this fails, to perforate, even a living child.

It is important if pubiotomy is selected that the child should be in good condition. If it is in danger Cæsarean section is probably a better method of delivery. The method of operation suggested by Doderlein is recommended or the subcutaneous method of Bumm.

The author as a rule follows Zweifel's advice and awaits a spontaneous birth after dividing the pubic ramus as by this means he thinks the soft parts are less liable to injury. He makes a strong point of compressing the soft portion of the bone with gauze pads applied both within the vagina, and outside, in order to prevent venous bleeding and the production of hæmatomata. This procedure should be maintained after the birth of the child until the placenta has come away and then the vagina should be packed with gauze for from 24 to 36 hours. A catheter is left in place for 48 hours.

Of 32 cases the author has lost one mother from septic infection following manual removal of the placenta. Twenty-seven children were born alive.

At the present time the newer methods of performing Cæsarean section have pushed pubiotomy into the background, but the author is convinced that in spite of this it will always retain its place in mid-wifery.

He sums up the conduct of labour by saying that in the first place one must wait as long as possible, for in more than 80 per cent. of the cases spontaneous delivery takes place. Forceps should then be tried and then either perforation or pubiotomy, if this fails.

The third method of evading the dangers of labour in narrow pelvis is the radical, *i.e.*, Cæsarean section, the absolute indication being a true conjugate of 6.5 per cent. or less and a viable child. "The boundaries in which I perform relative Cæsarean section are narrow on account of pubiotomy. The indication is given when the true conjugate of a multipara measures between 6.5 and 8 cm., and other methods, as forceps, premature labour, even pubiotomy itself have given bad results for the child. The upper limits 7.5 to 9 cm. generally accepted as indication for relative Cæsarean section, I reserve for pubiotomy."

Relative Cæsarean section is out of the question for primiperæ, for infected cases and when the child is dead.

Uncertainty concerning the bacterial content of the internal genitals renders Cæsarean section even in the hands of the best operators an operation of higher mortality than myotomy.

The author does not consider the peritoneum especially sensitive to infection as experiments have shown the healthy peritoneum can deal with bacteria.

He states his intention to replace the classical Cæsarean section by the cervical, expecting better results than from the extra peritoneal method.

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“DANGERS TO THE CHILD IN OPERATIVE DELIVERIES.”

S. A. Houghton, in the *Boston Medical and Surgical Journal*, June, 1909, sees no reason, either theoretical or practical, why a long first stage of labour *per se* should injure the child, if that labour can be terminated naturally. In other words, a first stage that is prolonged as a result of inertia of the uterus is practically harmless to the child. Of course, when there is some degree of obstruction to the entrance of the child's head into the pelvis it is a different matter.

An examination of the records of 50 cases in the Boston Lying-in Hospital in the year 1891, in which the first stage was prolonged over twenty-four hours, in which every labour was terminated naturally or by low forceps, the child being born alive and discharged well from the hospital two weeks later.

The author has compared the records of the Boston Lying-in Hospital in the years 1892 and 1893 with the records of the same institution in 1907 and 1908, taking the same number of cases in the latter period as he had obtained in the former. These records are as follows:—

	1892-93	1907-08
Number of cases .....	1,008	1,008
Stillborn babies, excluding macerated fœtuses .....	25	48
Babies died in hospital .....	32	62
Low forceps .....	78	58
High forceps .....	7	44
Version .....	13	37

These records show, then, a great increase in the proportion of high forceps operation and of version. They also show an increase of nearly 100 per cent. of stillborn babies and deaths in the hospital. There were more than 20 Cæsarean sections in the latter series and none at all in the former.

He thinks it is more than a coincidence that the death rate should be double when high forceps and version deliveries predominate.

### FIVE HUNDRED NEGATIVE OPHTHALMO-REACTIONS IN THE NEW BORN.

M. Duverger, *Annal. de Gyn. et d'Obstet.*, August, 1909, states that in the course of a year 500 new born children received instillations of tuberculin. The children were taken by hazard, no attempt being made to select special cases. The tuberculin was in an aqueous solution and was supplied by the Pasteur Institute. The effects were usually to be noted within 14 hours.

Three solutions were used at first for observation. First, one containing a solution of tuberculin 1 per cent., a solution of  $\frac{1}{2}$  of 1 per cent., and third, pure distilled water. The results in all three were negative. In every single instance where a 1 per cent. solution was used, the reaction was negative.

No irritative effects upon the conjunctiva were seen to follow instillation.

In a few instances one or both of the parents were known to be subjects of tuberculin infection. The only conclusion that the tests permit is that new born children never react to a 1 per cent. solution of tuberculin instilled into the conjunctiva.

The author thinks that his observations prove the non-heredity of tuberculosis.

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## OPHTHALMOLOGY AND OTOTOLOGY.

Under the charge of G. STERLING RYERSON, M.D., L.R.C.S., Edin., Professor of Ophthalmology and Otology Medical Faculty, University of Toronto, and F. C. TREBELCOCK, M.D., Ophthalmologist, Toronto Western Hospital.

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### ON THE NORMAL RANGE OF ACCOMMODATION.

Duane, of New York, has tabulated his results in examinations for the normal range of accommodation in a series of 400 cases. The classical diagram of Donders has been visualized by every oculist, and he must often have been impressed with the way his own experience differed from that of the father of refraction, especially when determining the presbyopic correction in the fifth decade; prescriptions, according to Donders' rule, leading generally to over-correction.

Duane has graphically shewn what we all have realized to be true, viz., (1) that accommodation does not decrease year after year by any steady sweep, but at some periods of life seems to remain about the same for years together, and then to decrease rapidly; (2) a decided and rather abrupt plunge begins at the age of 40 and continues to the age of 51; while after 51 the accommodation remains nearly constant, diminishing not more than 0.50 dioptries in 10 years.

## THEORY OF VISION.

*The Lancet* (London) prints a communication on "The Theory of Vision," from the pen of Edridge-Green, read by invitation at the late Congress at Budapest.

It is a matter of surprise to many who have followed Edridge-Green in his work, that what appears to them to be a simple theory, easily grasped by the student, and explaining many difficult problems in physiology, should be so coldly received by the profession at large, British as well as foreign. The attitude of many students is exactly that of the Board of Trade of whom the *Lancet* Editor says "They will have none of it."

Careful reading of any dissertation upon vision, elaborates the ideas of Young, Helmholtz, or of Hering, gives one the impression that their theories are too theoretical to be of any practical value, and hence by many they are purposely forgotten. To such, Edridge-Green brings the dual interest of novelty and simplicity, where the earlier theorists made differences in the histological or chemical characteristics of the retina, the factors in perfect or deficient color-vision, he places this differentiation in the cerebral visual centre itself and considers the histology and physiological chemistry of all human retina comparatively uniform.

In one paragraph his ideas are: the retina cones are quite insensitive to light, but are sensitive to the chemical stimulation of the visual purple. This latter substance is stored in the rods, is liberated from them by the action of light and diffused amid the cones. The quantity of light rays entering the eye is the physiological basis of the sensation of light; the quality of these rays (their definite length) is the basis of the sensation of color, whether the sensation of color be registered or not, depends little upon the presence of certain special fibres in the retina (Young-Helmholtz) or of certain chemical substances there (Hering), but much upon the presence of a definite nerve-centre in the cerebrum, evolved enough, complicated enough, to receive and interpret stimuli so slightly differentiated.

His theory of the evolution of the color-sense is very interesting. He supposes that the visual centre was developed first and at one time all objects appeared of one color, as in a photograph. The varying intensity of stimulation dependent upon the varying length of the light rays was then as now, but the nerve-centre was not sufficiently organized to note these variations. With evolution came the ability to differentiate between these stimuli; first the coarsest differences, viz., between those of light rays of least length and of rays of greatest length, and red was distinguished from violet. As the centre became more and more developed, the ability to distinguish lesser variations followed, up to the present maximum, viz., the faculty of seeing seven distinct

color bands in the spectrum. To be sure, there are few men who have so perfectly developed color-vision as this, few who can see an indigo between blue and violet.

His remarks upon the color-blind are clear and precise, and upon such a theory as he propounds, one which is so easy to comprehend and which fits so well the facts of practice, the physician may build explanations of phenomena of vision which are often met with, and have been inexplicable to his satisfaction hitherto.

Whatever may be said against the Edridge-Green theory, it has quite as much to stand upon as the older ones, and to our mind is much less intricate and far more reasonable.

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#### ON THE ETIOLOGY OF IRITIS.

A very instructive analysis of the etiology of 500 cases of Iritis in the practice of the Will's Eye Hospital, Philadelphia, is given in the October issue of *Ophthalmology*. The incidence iritic inflammation is of keen interest to the physician on account of (1) its comparative frequency and (2) the serious effect it may have upon the integrity of the eye-ball and upon vision, e.g., tying down of the pupil margin, exudates into the pupillary area, deposits upon the back of the cornea, and secondary glaucoma.

As in other analyses, it is here shewn that the great majority of iritic inflammations (60 per cent.) are due to the toxins of syphilis. Attention is called to the fact that the eye-complication may be co-incident with the chancre or be postponed for more than twenty years; oftenest occurring at the time the secondaries appear. The importance of early and heroic treatment is emphasized in that the pupillary margin was tied down in 174 eyes (151 cases), and in only 15 of these eyes could these adhesions be broken down. In nearly 20 per cent. there was history of a previous attack (possibly not always specific) "thus showing the comparative infrequency of recurrences in syphilitic, as compared with rheumatic and gonorrhœal iritis." Compare, "Syphilitic iritis seldom relapses," Nettleship; and "It displays a great tendency to recur," Fuchs.

Rheumatism is credited as the causative factor in 25 per cent. of cases. The line is not sharply drawn between acute rheumatic fever and "55 (cases) of articular rheumatism involving generally the large joints;" but we take it these are chronic cases allied to the so-called irregular gouty type. ("Iritis does not occur as a sequel of Acute Rheumatic fever," Nettleship). These are the cases which most commonly relapsed and posterior synechiæ formed in 77 eyes in 57 cases, and in only 6 eyes could they be broken down.



Five per cent. of the list were gonorrhœal in origin; of these 5 cases occurred more than eleven years after the urethritis. Such are oftenest preceded by a gonorrhœal joint, but three cases have been quoted by Gendron where no joint symptoms were ever present. Gonorrhœal iritis is considered toxic in immediate origin, but since metastatic gonorrhœal conjunctivitis has been placed upon a rather sure basis by some European workers and a case reported by McKee, of Montreal, in *Ophthalmology*, July, 1909, it may be that certain of these will ultimately be proven metastatic also.

Tuberculosis is blamed for only 6 cases, nearly 1%; in 5 of these the cornea was also involved and 4 had demonstrated lesions elsewhere. The danger of the ophthalmic-reaction as a test in suspected eyes should be remembered, but the cutaneous inunction of old Tuberculin, or the Moro skin test might be of service in doubtful cases.

The remainder of the 500 are due to toxæmia from acute infections, chronic poisoning, *e.g.*, diabetic, malaria, or lead or exposure (doubtful).

The communication ends with a plea for an exhaustive inquiry into the past history of every case of iritis.

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## THE MEDICAL COUNCIL'S POWERS.

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### JUDGE WINCHESTER'S STATEMENT.

Judge Winchester, in sentencing Dr. S. B. Pollard for the crime of performing an abortion on a young woman, spoke as follows on the subject of the Medical Council's powers:—

“If the council would do its duty there would not be so many charges of this nature before the courts.”

### DR. HARDY'S LETTER.

The following letter appeared in *The Toronto Globe* of recent date. It is from the President of the Medical Council, and merits careful study:—

“It is not my intention to enter into a controversy with the judicial or editorial critics of the council of the College of Physicians and Surgeons of Ontario, but in fairness to the council, I think the sections of the *Ontario Medical Act* which cover the subject of the criticisms should be placed before the public in your paper. These sections are as follows: Sec. 33 (1) When any medical practitioner has either, before or after the passing of this Act, and either before or after he is registered,

been convicted either in his Majesty's dominions or elsewhere, of an offence, which, if committed in Canada would be a felony or misdemeanor, or been guilty of any infamous or disgraceful conduct in a professional respect, such practitioner shall be liable to have his name erased from the register; (2) The council may, and upon the application of any four registered medical practitioners, shall, cause inquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and on proof of such conviction, or of such infamous or disgraceful conduct, shall cause the name of such person to be erased from the register, etc., etc.

"The remaining clauses deal with the procedure in conducting trials. If the Crown, backed by all its resources, fails to convict, how can the council, with its income of a few thousands a year, be expected to follow and trail legally innocent persons, only suspected of guilty practices, and try to bring them to judgment? It is the duty of the council to scrutinize and inquire into the correctness of the burial certificates. What section of the Act so states? Is there one 'penitentiary criminal' who has a standing in the college? What section of the Act states that the council shall or may take action against anyone 'known to the profession to be guilty of unprofessional conduct. You say 'the law officers of the Crown will enforce the criminal law against the known criminals in the profession.' When has the council failed to take action against 'known criminals?' Is the council, whose deliberations are open to the press and public, the body to openly discuss and pass judgment upon 'suspicions?'

"In a recent judicial utterance it was stated: 'This is not the first time you have stood in the prisoner's dock charged with the same offence.' Why was this man not convicted and sentenced before? If the Crown did not secure sufficient evidence to convict, how could the Medical Council do so, with its lack of all the machinery which the Crown controls. It cannot be said truthfully that the council 'has deliberately and persistently shirked its responsibility,' or that, upon proof being presented against a member of the college, the college has not inflicted punishment, but it may be said that the council never has, and never will, convict any person against whose name only rumor or suspicion points."

#### THE TORONTO GLOBE'S EDITORIAL.

Dealing with the question of "The Medical Council's Useless Power," *The Toronto Globe*, editorially, on 3rd November, writes as follows:—

"In his defence of the Ontario Medical Council, published in *The Globe* yesterday, Dr. E. A. P. Hardy, if his argument proves anything,

proves too much. The consequence of his reasoning is that the Medical Council should be deprived of the extreme disciplinary power which it has under the *Ontario Medical Act*. That statute, passed by the Legislature of Ontario for the protection of the public, and at the very urgent instance of the representatives of the medical profession, empowers the Medical Council to erase from the register the name of any practitioner (1) who has been convicted of a felony or misdemeanor, or (2) who has been guilty of any infamous or disgraceful conduct in a professional respect. That power of professional discipline belongs by statute to no other body except the Law Society. It is conferred for the protection of the public. If it is not used in the interests of the public it ought to be withdrawn. The logical issue of Dr. Hardy's defence would be the revoking of the statute conferring on the Council the power of dismissal from the profession for unprofessional conduct. There is no alternative. Such power is too extreme and too dangerous if not exercised seriously, impartially, and solely in the public interests.

"It is altogether out of the question and absurd to assume that such extreme power would be granted by the Legislature to the Medical Council for the petty purposes of fixing schedules of charges, or of compelling the payment of membership fees, or of disciplining physicians who offend against etiquette in the matter of paying for their newspaper advertising at regular advertising rates, or of employing a detective to run down all unapproved practitioners like the osteopaths, or for any other bit of the mint and anise and cumin of the business interests of the medical profession. These lesser matters may be of importance to the profession, but they do not greatly concern the public. It was not for these trivialities the almost absolute power of discipline was put into the *Ontario Medical Act*.

"Why was that power given to the Council? For the very reason urged by representatives of the medical profession at the time the legislation was under discussion. For the very reason urged by *The Globe* again and again during recent years. This was the reason: That the medical profession, having special knowledge of the 'infamous or disgraceful conduct in a professional respect' of its own members, should through its own executive rid itself of those who practise illegal operations under such protection of the profession that they may not be detected and convicted through the ordinary process and technicalities of the courts of law. It was argued then and it is argued now that unprincipled practitioners can and do make use of their professional skill and privileges for unworthy and unlawful ends, and that the ordinary officers of the law cannot detect them. Their fellow-practitioners know them and know their nefarious works. It was therefore in the interests of public morality that the Legislature gave the Medical Council power

to dismiss from the profession practitioners 'guilty of infamous or disgraceful conduct in a professional respect.'

"If the Medical Council accepts Dr. Hardy's argument, and refuses to erase a name for unprofessional conduct until the courts of law have registered a conviction for a crime—except in the case of petty etiquette—then the Legislature must be asked to amend the statute so as to revoke the power. It is not important to the public that a name be erased when the guilty practitioner is already in the penitentiary. If that is all the Medical Council can do with its 'infamous or disgraceful' practitioners, then the 'close corporation' features must be removed from the *Ontario Medical Act*. There is no alternative."

#### DR. JOHN L. BRAY'S LETTER.

Dr. Bray, the Registrar of the College of Physicians and Surgeons, wrote to *The Globe* in reply to the foregoing editorial. The following is the letter and it speaks for itself:—

"To the Editor of *The Globe*: I notice in Monday's issue of *The Globe* your editorial, 'The Medical Council is Censurable.' Now, sir, I maintain your article is misleading and altogether untrue. First, no man's name can be removed from the Medical Register unless it is clearly proved that he has been guilty of infamous and disgraceful conduct. The council cannot remove a man from its ranks on merely street rumor, hearsay, gossip, and in such cases as are alluded to in *The Globe* the evidence is most difficult to obtain. In the majority, if not in all cases of abortion, there are only two witnesses, the party who operated and the woman operated on. Who is to give evidence against the operator but the woman operated on? If she recovers she will perjure herself rather than confess, and if she dies the evidence dies with her. Now, sir, if the police force, with all its officers, and the Government, with its detectives and an unlimited treasury, cannot convict except in an occasional instance, how can the Medical Council do so?

"With an experience of nearly thirty years as a member of the council, I unhesitatingly state that your remarks about the council side-tracking discussion on this subject is, as Mr. Balfour says, 'a frigid and deliberate lie,' and I call on *The Globe* to prove its assertion or apologize to the council for its libellous attack."

#### THE TORONTO GLOBE AGAIN.

The following editorial appeared in *The Toronto Globe* of the same date, 5th November, as that of Dr. Bray's letter. *The Globe* writes under the caption "In Defence of the Medical Council":—

"There will be found in this issue of *The Globe* a letter in defence of the Ontario Medical Council from Dr. John L. Bray. Dr. Bray is

Registrar of the College of Physicians and Surgeons. He speaks out of 'an experience of nearly thirty years as a member of the council.' He would have the public believe that he and his associates on the Ontario Medical Council have discharged their whole duty alike to the public and to the medical profession. If what he says is true, and if he justly represents his associates, then either the Medical Council should be reconstituted or the powers of discipline and dismissal conferred on it by the Legislature should be revoked. If the Medical Council has no advantage over the police in detecting medical practitioners 'guilty of infamous or disgraceful conduct in a professional respect,' then the power to deal with such guilt should be taken from the Council. Being useless, it is dangerous. If not used for the great public purposes for which it was granted, it is in danger of being used for petty professional purposes, which it was not intended to serve.

"But Dr. Bray is too innocent and too unsophisticated, notwithstanding his 'nearly thirty years as a member of the Council.' What a smile of incredulity will come over the face of the experienced family physician as he reads the Registrar's description of the Council's dilemma! And if anyone, physician or layman, cares to know how really serious cases of 'infamous or disgraceful conduct in a professional respect' may be mishandled, let him read the proceedings of the Ontario Medical Council in the light of sworn evidence, some of it uncontradicted, in the courts of law. Even within the Council itself protest has been made against delay and failure in dealing with such cases. But a motion looking to an amendment of the statute by the Legislature was defeated. That motion was significant. It declared: 'Whereas the Medical Act as it now stands is ambiguous, and whereas it is well known that the Medical Council is desirous that prompt action should be taken in certain cases reflecting upon the professional conduct of members of the College of Physicians and Surgeons.' That declaration was negatived, as well as the resolution proposing an amendment of the Medical Act such as would facilitate action. Having voted against that declaration of its own attitude, the Council need not be surprised if the public takes it at its word.

"But the discouraging thing is the apparent inability of these defenders of the Medical Council to distinguish between the Council's duty and the duty of the police. The police have nothing to do with unprofessional conduct. That belongs to the Council. But these defenders of the Council persist in arguing that because the police may fail in securing a conviction for a crime the Council is under no obligation to take action for 'infamous or disgraceful conduct in a professional respect.' And yet in cases that involved nothing at all criminal, but only matters of etiquette, the Council did not hesitate to erase the name and forbid

the man to practise his profession. It would seem that in the least things the extreme penalty is inflicted without regard to the courts, but that in the gravest moral cases shelter is taken behind the police and the courts.

"If the Medical Council accepts the Registrar's position, and shirks its obligation in the case of the most infamous and disgraceful moral conduct, then the statutory power which involves that obligation should be revoked."

F. N. G. STARR ON THE POWERS OF THE MEDICAL COUNCIL.

To the Editor of THE CANADA LANCET,  
Toronto.

SIR,—Recently my attention was called to an editorial in the August number of THE LANCET under the above caption, and for your information, as well as for the information of your readers, I quote the resolution that was voted upon by the Medical Council at its last session. It is copied from the Announcement of the Council for 1909-10, page 284.

"Dr. Starr—Whereas the Medical Act as it now stands is ambiguous, and whereas it is well known that the Medical Council is desirous that prompt action should be taken in certain cases reflecting upon the professional conduct of members of the College of Physicians and Surgeons of Ontario, I beg to move, seconded by Dr. Johnson, that the Medical Council through its Legislation Committee, approach the Legislature of the Province of Ontario and seek to have section 33, sub-section 2, of the Ontario Medical Act amended by the addition of the words "Or its Executive Committee" after the words "The Council" in the first line, and by the addition of the words "The Council" between the words "Conduct" and "Shall" in the sixth line.

"This would make that sub-section 2 of section 33 of the Act read thus:—The Council or its Executive Committee may, and upon the application of any four registered medical practitioners shall cause inquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and on proof of such conviction or of such infamous or disgraceful conduct the Council shall cause the name of such person to be erased from the Register," etc.

I should think, Mr. Editor, that with this before you and with your well-known command of the English language, you will see that the resolution does not place the "power in the hands of three members of the Council," and "for this reason, and a very good one, the Council voted down the proposed change." I can't help but wonder whether the Ed-

itor still thinks the Council was wise in voting down the proposed change.

The yeas and nays on this motion will be found in the Announcement on page 289.

Yours faithfully,

F. N. G. STARR.

TORONTO, Nov. 26th, 1909.

Those who voted yea were Sir James Grant, Drs. Henry Hillier, MacCallum, Ryan and Starr—6.

The nays were Drs. Adams, Bascom, Gibson, Griffin, Hardy, Hoare, Jarvis, King, Lane, Luton, MacArthur, MacColl, Merritt, Moorhouse, Robertson, Spankie, Temple and Vardon—18.

The Editor of *THE CANADA LANCET* can assure Dr. Starr that he is in full sympathy with his efforts to secure such needed amendments to the Medical Act as would enable the Council to act promptly in cases of "infamous and disgraceful conduct in a professional respect." *THE CANADA LANCET* has more than once found fault with the fear of going to the Legislature to ask for requisite amendments. With the intention of Dr. Starr's proposed change, as a means of expediting investigation, we are in full accord. We do not hesitate to state that the Council showed weakness in voting for delay in this matter; for it is bound to come up again. Dr. Starr's amendment would enable the Executive Committee to order an investigation in the interim of Council meetings. This would not give the Executive Committee undue power.

#### THE MEDICAL ACT.

As many physicians may not have a copy of the Act at hand to refer to, the following extracts from The Ontario Medical Act may prove of interest. They give all the Act has to say upon the subject of erasing a name from the register:—

"33.—(1) Where any registered medical practitioner has either before or after the passing of this Act, and either before or after he is registered, been convicted either in Her Majesty's Dominion or elsewhere of an offence, which if committed in Canada, would be a felony or misdemeanor, or been guilty of any infamous or disgraceful conduct in a professional respect, such practitioner shall be liable to have his name erased from the register.

"(2) The Council may, and upon the application of any four registered medical practitioners, shall, cause enquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and on proof of such conviction or of such infamous or dis-

graceful conduct, shall cause the name of such person to be erased from the register; Provided, that the name of a person shall not be erased under this section on account of his adopting, or refraining from adopting the practice of any particular theory of medicine or surgery, nor on account of a conviction for a political offence out of Her Majesty's Dominions, nor on account of a conviction for an offence which though within the provisions of this section ought not, either from the trivial nature of the offence, or from the circumstances under which it was committed, to disqualify a person from practising medicine or surgery.

"34.—(1) Where the Council directs the erasure from the register of the name of any person, or of any other entry, the name of that person or of that entry shall not be again entered on the register, except by the direction of the Council, or by the order of a Divisional Court of the High Court of Justice.

"(2) If the Council think fit in any case, they may direct the Registrar to restore to the register any name or entry erased therefrom either without fee or on payment of such fee, not exceeding the registration fee as the Council may, from time to time, fix; and the Registrar shall restore the same accordingly.

"35.—(1) The Council shall for the purposes of exercising in any case the powers of erasing from and of restoring to the register the name of any person or any entry, ascertain the facts of such case by a committee of their own body not exceeding five in number, of whom the quorum shall be not less than three, and a written report of the committee may be acted upon for the purpose of the exercise of the said powers by the Council.

"(2) The Council shall from time to time appoint, and shall always maintain a committee for the purpose of this section, and subject to the provision of this section, may from time to time determine the constitution, and the number and tenure of office of the members of the committee.

"(3) The committee shall meet, from time to time, for the despatch of business, and subject to the provisions of this section, and of any regulations from time to time made by the Council, may regulate the summoning, notice, place, management and adjournment of such meetings, the appointment of a chairman, the mode of deciding questions, and generally the transaction and management of business, including the quorum, and if there is a quorum the committee may act notwithstanding any vacancy in their body. In case of any vacancy the committee may appoint a member of the Council to fill the vacancy until the next meeting of the Council.

"48.—(1) and (2) makes provision for the erasing from the register the name of any one who by fraud secures registration. These sections



lay down the procedure to be followed by the Council and the punishments which may be imposed upon the convicted person."

OBSERVATIONS BY THE EDITOR OF THE CANADA LANCET.

From the foregoing extracts from the Ontario Medical Act, it is quite clear that there are three conditions under which a registered practitioner may have his name erased from the medical register. These are:—

(1) If he has been found guilty of a felony or misdemeanor after a proper trial by a court of competent jurisdiction, and the result of such conviction made known to the Council.

(2) If he has been guilty of any infamous or disgraceful conduct in a professional respect. In this matter there are two methods of procedure:—

(a) "The Council may cause enquiry to be made into the case of a person alleged to be liable to have his name erased."

(b) "The Council upon the application of any four registered medical practitioners shall cause enquiry to be made into the case of a person alleged to be liable to have his name erased."

(3) If he has procured or caused to be procured his registration under this Act by any false or fraudulent representations.

It is quite clear that in clauses 2 and 3 the initiative is largely with the Council, except in such an instance as four registered practitioners might apply to the Council to investigate the professional conduct of a certain other practitioner. This will not be a very common experience of the Council. It is very unlikely that at any time four practitioners would come forward and formally make an application to the Council, calling for an enquiry into the professional conduct of any practitioner, however bad his reputation might be.

This condition of things brings the onus of action upon the Council itself. It has the machinery for finding out if any practitioner secured his registration "by any false or fraudulent representations." It is not likely that any regularly registered practitioner will act as a complainant. It is still less likely that any four registered practitioners will come forward with an application against another practitioner charging him with "infamous or disgraceful conduct in a professional respect."

Under sub-section 2 of section 33, it is quite plain that if any action is to be taken it must be taken by the Council itself under the words "The Council may cause enquiry to be made into the case of a person alleged to be liable to have his name erased." The Act does not state by whom the allegation is to be made. This information may come from any source that would warrant the Council, through its committee, as

provided for in subsection 1 of section 35, to take action. Information from its own detective officer would do.

Section 36 provides that "no action shall be brought against the Council or the Committee for anything done *bona fide* under this Act." This holds the Council harmless. We fail to find in the Act anything that would protect the four practitioners who might put in an application to the Council to make enquiry into the conduct of any other member of the profession. If the charge failed there would be the possibility of an action for damages.

Our readers have now before them the editorials in *The Toronto Globe*, the letters from Dr. Hardy, the President, Dr. Bray, the Registrar, and Dr. Starr, the extracts from the Medical Act affecting erasure of a name, and our own observations upon the powers and duties of the Council. In our opinion *The Globe* is not fair in its attacks upon the Council; but it is also our opinion that the Council has not done its whole duty in its efforts to keep the register clear of the names of those "guilty of infamous or disgraceful conduct in a professional respect." It is this inertness on the part of the Council that has opened the doors for some of the attacks that have been made upon it, and that will continue to be made in the future. The whole subject is up now and cannot be brushed aside by any statement from the Council or its officers.

The Council must now take steps to improve its record. It must have the courage to go to the Legislature and ask for amended powers. It would be far better to have no powers at all in such matters than to have such nominal powers as lead the public to think it can accomplish much when in reality it can do but little.

If the Council would make investigations into the conduct of those who may be under strong suspicion, under the protection that section 36 furnishes, we are of the opinion that some at least would desist from questionable acts in the conduct of their practice.

We leave the case with the Council and the medical profession. One thing is clear, namely, that public attention is fairly well aroused on this matter of the Council's duties and powers. If the Council should find itself shorn of the powers it has, the result will not come without having had due warning. If on the other hand the Council intends to serve a really useful purpose it must make proper use of the powers it has as the best argument it could advance why these powers should be increased.

The Council and the medical profession need not expect much help from the public press. It is the "infamous and disgraceful" advertiser in the last analysis who will have the support of the newspapers. When an attempt was made to place on the statute book of this county a bill regulating the sale of nostrums, *The Globe* called out very loudly against

the bill, and appealed for the protection of vested rights, and the duty of safeguarding the great skill and labor that had been expended on these nostrums. This is enough to make those who know better blush for shame.

In Nova Scotia a short time ago there was an attempt made to secure an Act to curtail the sale of certain drugs in nostrums. The lay press came out in large letters "Kill this Bill." The regular medical practitioner and medical council are not advertisers, and they must remember the words of Napoleon that "Providence usually fought on the side of the large army." In this case the large army is the advertiser, however "infamous and disgraceful" he may be.

We conclude with the advice that the Medical Council should make use of the limited powers it has, and should not hesitate to go to the Legislature and ask that these powers be extended. To the lay press we would also venture a word of advice, namely, to be fair to the Medical Council and the medical profession and assist them when they try to secure a better Act; but above all things to be fair and truthful in any attacks and criticisms that may be made upon them; for we have seen some that had neither of these elements—fairness and truthfulness.

We close the matter for the present with the words of Lowell, that it is a splendid thing to be

"In the right with two or three."

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## RESOLUTIONS OF WESTERN MEDICAL DELEGATES.

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

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

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

Alberta.—Dr. R. G. Brett, Banff; Dr. G. A. Kennedy, McLeod; 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. Munro Secretary.

After due deliberation and discussion the following resolutions were adopted :

#### RESOLUTION I.

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 II.

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 III.

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 IV.

Resolved that the possession of a certificate of having passed the Examination Federal 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 V.

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 the Board of Examiners. Carried.

## RESOLUTION VI.

(a) Resolved, that any person who begins the study of medicine after the year 1912 shall possess a certificate from some university approved of 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 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 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, Obstetrics, Therapeutics.

(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 fifty per cent. in each of the Primary subjects, and at least sixty per cent. in each of the Final subjects. Carried.

## RESOLUTION VII.

*Finances.*—The initial expenses of the Board of 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 VIII.

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 application for admission from other Provinces of the Dominion to join in the Federation, and the several Provincial Councils will be notified to that effect.

#### RESOLUTION IX.

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.

#### RESOLUTION X.

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.

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## SIXTEENTH INTERNATIONAL CONGRESS OF MEDICINE AT BUDAPEST.

(Letter from Dr. W. H. B. AIKINS.)

The Sixteenth International Congress of Medicine was opened on the 29th of August, at 11 a.m., in the large banqueting hall of the Municipal Building, in the presence of the Archduke Joseph, representing the Emperor of Austria and King of Hungary, patron of the Congress. Many ministers, numerous diplomats and high officials, the delegates from 32 governments, and about 3,500 medical men assembled at Budapest from all parts of the world to assist in this scientific reunion. Owing to the indisposition of President Müller, the meeting was opened by Professor Baron Frederick de Kcranyi, who expressed words of welcome. After the Hungarian national hymn had been sung by a specially selected choir, His Imperial and Royal Highness Archduke Joseph opened the Congress in the name of His Imperial and Apostolic Royal Majesty in the following words:

*“Messieurs,—It is with a particular satisfaction that I have the honor to open, representing His Majesty, the Sixteenth International Medical Congress.*

"Messieurs,—To be at the service of humanity, to consecrate all the physical forces and intellectual faculties that God has given us to the well-being of our fellow-man, remains always the ideal object of our existence. We cannot do without the help of others, and the individual value of each man augments in due measure as his work is more profitable to other individuals, or to humanity at large. What is true in regard to a person is still more true in regard to an entire profession. In this respect all equally minded people must recognize that there are but few professions exercising on the individual, or on the family, or as a last consequence on the whole life of states, an influence so profound and so widespread as that of the medical profession. Every living being has the desire and the right to be happy, and this for as long a time as possible, and it is no new truth that the fundamental condition of happiness on this earth is a healthy, satisfied, long life.

"As the strong arm and vigorous spirit of a father in good health shape the prior condition and state of happiness for the whole family, so the health and vitality of successive generations constitute the well-being of the state, and, in consequence, humanity.

"That is why, gentlemen, when with your knowledge you exert yourselves to preserve from peril the health of the individual, to cure diseases and restore the capacity to work, you try to safeguard the whole population against that which attacks the health, and which threatens human life. In addition to the recognition of the individual, you are fully assured of the gratitude of mankind. Outside the resulting profit from your scientific activity, one ought still to recognize in this activity the inherent value of all scientific efforts; to have his place in the progress of the civilization of humanity. Besides, one ought not to forget that in your profession each of your words and acts is destined to become an aid to the suffering. You have the mission to cultivate in every respect the noble feelings of humanity, not only in the service of science, but also the feelings of kindness of all.

"We also know the great progress that your science has achieved since olden times. We all know the great success you have achieved at features your knowledge of suffering humanity. With a full recognition of the results that you have already attained; with the firm hope that the very assembly will contribute greatly to the development of science from the native and that it will in a measure elevate the level of civilization, Bretonneau, relieve the suffering of individuals and strengthen the economic assemblies of the state. I ask the richest blessing of the All Powerfull their cordial wishes of this assembly and on their work. In the name of the universities, hospitals, and Apostolic Royal Majesty I declare the Congress of France.

Following the address of the Archduke, His Majesty acted so many colleagues Albert Apponyi, Hungarian Minister of Education of your thinkers, of your

speech in French, and in the choicest terms extended a warm welcome from the Hungarian Government to the representatives of medicine of nearly every civilized country.

Then the Lord Mayor of Budapest, Herr Calman de Fulepp, extended a cordial welcome in behalf of the municipality to the visiting delegates.

#### THE PRESIDENT'S ADDRESS.

Professor Müller, the President of the Congress, being indisposed, his address was read for him. In this was presented an historical review of the various International Medical Congresses, the first being held in Paris in 1867, consisting of 333 French and 589 foreign members. Florence, Italy, was the seat of the second Congress. Four years later, in 1873, the third Congress was held in Vienna, when compulsory vaccination was recommended to the various European Governments. The fourth Congress was held at Brussels in 1875. The principal topic of discussion at this meeting was the role which alcohol played as a therapeutic agent.

In 1877 the fifth Congress was held at Geneva. Among the noted men present were Bouchard, Broadbent and Esmarch. Amsterdam had the honor of the sixth Congress in 1879, with a membership of between 400 and 500. Lister, Virchow, Donders, Sayre and Semmola took a prominent part in the work of this meeting. The membership of the seventh Congress, which was held in London in 1881, was 3,182. Many of the noted men of the time were there present. Virchow, Pasteur, Paget, Lister, Huxley and Charcot were on the platform at the opening meeting, which was opened by the then Prince of Wales.

The eighth Congress was held at Copenhagen in 1884, with a membership of 1,700. The ninth Congress was held at Washington in 1887. Over 7,000 members were registered at the tenth Congress, held at Berlin in 1890, when Virchow was president, and Koch, Lister, Bouchard, Bergmann and Billroth took part in the discussion. The eleventh Congress was held at Rome in 1894; the twelfth at Moscow in 1897; the thirteenth in Paris in 1900, with a membership of over 6,000. The fourteenth Congress was held at Madrid, under the patronage of King Alfonso. The fifteenth Congress was held at Lisbon in 1906 under the patronage of King Carlos.

Dr. Müller concluded his address as follows: "Medicine is a science of expediency; it originated with the necessity to relieve human suffering. To-day we work upon the strictest scientific methods which are at the disposal of the exact physical sciences, and we have successes to point to, to which undeniable statistics bear witness, showing with what weapons medicine can safeguard the life and health of the individual,



and how fortified she is to protect whole continents against the ravages of epidemics. With full right our breasts are filled with the noble consciousness that no science stands up so wholly in the service of altruism as medicine."

#### ADDRESS OF THE SECRETARY-GENERAL.

Then Professor Emil de Grosz, General Secretary, delivered an able address, in which he described the work of organization of the Congress since its inception in 1906, and reported that 3,432 members had already signed the roll and that there were 900 ladies accompanying the members; that 274 delegates had been sent from various governments; 149 from various universities; 327 from municipalities and learned societies. The numbers of members, from the following countries, enrolled were as follows: America (United States), 202; Argentine Republic, 37; Austria, 235; Belgium, 47; Bosnia, Herzegovina, 9; Brazil, 25; Bulgaria, 18; Chili, 4; Cuba, 6; Denmark, 10; Egypt, 21; France, 281; Germany, 288; Great Britain and Ireland with the Dominions beyond the seas (Dominion of Canada, 14; Australia, 1), 97; Greece, 19; Hungary, 1,436; Italy, 170; Japan, 48; Mexico, 3; Monaco, 2; Norway, 2; Netherlands, 33; Portugal, 32; Roumania, 10; Russia, 288; Servia, 7; Spain, 67; Sweden, 5; Switzerland, 29; Turkey, 22; Uruguay, 3.

#### GOVERNMENT DELEGATES ADDRESS THE MEETING.

The speeches of the delegates of the various countries were pithy and to the point. Professor Uhtoff replied for Germany; Ritter von Huberler for Austria; Professor F. W. Pavy for Greater Britain; Professor Bacelli for Italy; Professor Kitasato for Japan; Professor de Ott for Russia; Professor Zoeros Pasha for Turkey; Dr. J. H. Musser for the United States; Dr. G. Sterling Ryerson and Dr. McPhedran were on the platform as representing Canada, while France was represented by Professor Landouzy, who was given a hearty reception. His eloquent address in French, which was considered one of the great features of the opening, was as follows:

"To His Imperial, Royal and Apostolic Majesty we bring the very respectful homage of the French medical men. Coming from the native country of Bichat, Corvisart, Laennec, Dupuytren, Bonnet, Bretonneau, Claude Benard, Villemin, Pasteur and Curie, our delegation assembles here to offer to the country of Philippe-Ignace Sammelweis their cordial greetings and the collaborations from academies, universities, hospitals, physicians and medical societies from all parts of France.

"Numerous are the reasons which have attracted so many colleagues to Transluthania. It is not only the renown of your thinkers, of your

artists, of your scientists. It is not only the peaceful beauty and then the torrent of force of your Danube, or the wealth of your Tisza, from whose banks flow your wines, which are of gold in color and in value. Nor were we attracted by the souvenirs and the monuments of your glorious city. We came to see what you show with justifiable pride: the palaces, the libraries, the schools, the museums, the institutions which you have consecrated to the worship of Arts, Sciences and Charity. You are proud, and rightly so, of your institutions for the relief of the poor, for the spread of education and the spirit of human solidarity by which you desire that throughout Hungary the practice of medicine, having henceforth become as much the art of preventing as of curing illnesses of the mind and of the body, shall be exercised with more justice, so that, to promote the psychical and physical health of the people, there shall be a better distribution of material and moral well-being among individuals and collectivities.

"We know how greatly the rate of mortality and misery has been decreased in your capital. We know that the time is past where with you 'the seekers of beds' are legion. We know how healthful houses have replaced the old ruins where a whole population of agricultural workers lived crowded together, and how through the impelling power of Dr. Werkerle, President of the Council, the bright city women workers are going into the suburbs to live. We know how with you, as in all countries where sanitary politics is honored, your statesmen, the Andrassy, the Aponnyis, the Kossuths, the de Daranyis unite with the medical men, who by reason of education are sanitarians, that morals may be made healthy, without which the laws for public safety remain as a dead letter.

"In this time of international struggle, where each civilized people work conquests other than those of warlike victories, we love to assemble together in incessant congress, curious of many things other than the equipment of the land and naval forces, even the aerial conquest, for which through envy to be foremost all the states of Europe run into debt that of which we take care, we other doctors, is an international war against disease. That which we visit with curiosity are the fortresses—the clinics and the laboratories, where one makes the assault on ignorance and misery. That which we love are the arsenals and the equipments which kill epidemics, epizootics, epiphytics, which make disease and pain avoidable, old age endurable and death delayed. This is why we take part in your solemn international gatherings and why our illustrious colleagues, Professors Muller and Emile de Grosz, wish to have discussions as interesting and brilliant as those of previous union.

"That is why we have responded to your appeal to assist in the special advancement of medical science, each one coming to borrow from

his neighbor that which promises to be most profitable to all. Your former President of the Cabinet, M. Coleman de Szeil, by his patriotism and philanthropy, succeeded in having passed the law of 1901, and it is due to him and to the instruction of the minister, M. Jules Andressy, that last year legal protection was extended to over more than 36,000 infants.

“There is another struggle than that directed against the miseries, disgraces and loss of child life, of which we will study the mechanism with so much more interest since we know that lately you have entered upon the same contest, following the warm discourses in 1906 in the Senate chamber by our fellow-member Frederick de Koranyi—the struggle against tuberculosis. We know how, thanks to private philanthropy, to the state, to the solicitude of Count Andrassy and Leopold Edeisheim, Gulay, through the energy of Dr. Chyser, has entered into the struggle in the Kingdom against this disease. Hungary finds the dispensaries of the Calmette type the best weapon against tuberculosis.

“It is in a spirit of cordial scientific emulation that the French delegation respond numerous and earnestly to the invitation of the Committee, that you may honor the report of your learned men and your ministers, who, I know, practise the thought of Disraeli—‘The care of the public health is the first duty of a statesman.’

“To the wishes already so ardently expressed for the full success of our meeting, I have the very great honor of adding the wishes of France. May it please Minerva that by the Sixteenth International Medical Congress may be reflected on triumphant Budapest for the greatest benefit to humanity as much lustre as was known by the eighth International Congress of hygiene and demography, so marvellously organized by the illustrious J. Fodor and his colleague, Calman Müller, presided over with so much authority by the eminent engineer, Hieronymi, then Minister of the Interior. Before this Congress, amid the other powerful debates and after learned discussions, was submitted to your judgment the communication of Emile Roux on the employment of anti-diphtheritic serum, which the pupils of Pasteur made in the Hospital for Sick Children at Paris. At Budapest, on the same day fifteen years ago, was gathered together the most distinguished hygienists, dermographists and bacteriologists. So to-day the most eminent physicians meet. These are those attracted by the radiance of the science of medicine and the high culture and courtesy of the Magyars.”

#### SECTIONS CONVENE. ENTERTAINMENTS.

On Monday, August 30th, at 9 a.m., the first session of all the sections of the Congress convened, and again at 3 p.m. A number of

the delegates paid a visit at the same hour to the Apenta Springs. At 5 o'clock Professor Bacelli delivered a lecture on "*Sulla introduzione dei Medicamenti eroici entre le Vene,*" and at 9 o'clock in the evening the Lord Mayor of Budapest received the members of the Congress, including the ladies, at the City Hall. Champagne was served at 10 o'clock.

On Tuesday, the 31st August, the session again opened at 9 a.m. and 3 p.m. Among the interesting side trips of the day were: an excursion to the city brewery, visit to the Apenta Springs, visit to the water-works, and a visit to the Louis Francois champagne factory. The soiree given in the evening by the Hungarian ladies at the Royal Hungarian Museum was a success brilliant and unique. The tables were spread in the open air, and the charming Hungarian ladies, beautifully gowned, proved most capable in meeting all the requirements of hostesses.

On Wednesday the various sessions of the sections opened again promptly at 9 a.m. and 3 p.m., and those members who were tired of absorbing scientific work had an opportunity of visiting the champagne factory of Joseph Torley & Co. by special steamer on the Danube. A performance of Emerich Madach's "Tragedy of Man" was enacted at the National Theatre, where the acting was superb and the scenic effects long to be remembered.

#### RECEPTION AT THE COURT.

But the climax of social events at the meeting was the reception at Court, which was held at the royal palace by order of His Imperial Majesty, the Archduke Joseph receiving. About 1,500 invitations are said to have been issued. The official delegates were divided into groups according to the nationality, and each presented by Count Apponyi, supported by Count Zichy and the two Secretaries of State, together with Professor Grosz, the General Secretary of the Congress, and Professor Karoly Jassinger.

The Canadian delegates had the honor of an invitations to this reception. Among those present were: Dr. King, of Cranbrook, B.C.; Dr. Jasper Halpenny, of Winnipeg; Drs. Drake and Meek, of London; Drs. G. Sterling Ryerson, Primrose, Bruce, McPhedran and Aikins, of Toronto. The following delegates from Great Britain, the Dominion of Canada and Egypt were presented: F. W. Pavy (London), President of the English National Committee; G. F. Bashford (London); D'Arcy Power (London), Secretary of the English National Committee; Ruffer (Alexandria); William Grant MacPherson (London); A. McPhedran (Toronto), President Canadian National Committee; G. S. Ryerson (Toronto), representing the military service of Canada; W. H. B.

Aikins (Toronto), Secretary of the Canadian National Committee; Sir Benjamin Franklin (London); Sir Havelock Charles (London); Sir William Sinclair (Manchester); Sir Felix Semon (London).

The British delegation was received in audience at about 10 o'clock. Each member had the opportunity of conversing with the Archduke, who was most friendly in his expressions to those whom he received.

The usual work of the session was carried on on Thursday, the 2nd of September, and in addition provision was made for the visiting of the various hospitals of the city, both civil and military, as well as visits to many points of interest. At 8 o'clock the presidents of sections held receptions. Professor Vrosz gave a large At Home at the Park Club, and Professor Baron de Koranyi entertained the members of the medical section at a most brilliant reception.

#### PROFESSOR LANDOUZY ENTERTAINS.

It was also the writer's good fortune to be entertained at a luncheon given by Professor Landouzy to the French delegation in the banqueting hall of the Grand Hotel Hungaria. Covers were laid for about 100, and the speakers, who used the French language, expressed towards the Hungarian nation feelings of greatest amity, and praised in no measured terms the magnificent organization of the Congress, the unbounded hospitalities of the people and the wit and beauty of the fascinating ladies of the Hungarian capital. Count Albert Apponyi, a distinguished aristocrat of the country, distinguished as an administrator, a linguist of note and an orator of power, replied eloquently to the moving toast proposed by the President of the French Committee.

#### APPENDICITIS.

On Friday, the 3rd of September, in addition to the work of the sessions at 9 a.m. there was held a common session on the standard subject of appendicitis.

"The discussion became one in which conservative Europe was arrayed against radical, or rather progressive, America. The continental physicians, led by Sonnenberg, of Berlin, in a paper entitled 'The Early Operation in Appendicitis,' contended that operation was seldom called for, certainly not so frequently as American writers would lead us to suppose. Sonnenberg reported on 300 cases of undoubted acute appendicitis in which the attendant had refrained from operation, and in which a perfect recovery had been obtained. He maintained that early operation was not essential in acute appendicitis and that the patient's condition in recovery following the conservative plan of treatment was much

better than it was when the appendix had been removed. The surgical, or operative, side was taken by John B. Murphy, of Chicago and Robert T. Morris, of New York, who spoke strongly and with emphasis of the duty of operating in the early stages, before such extensive damage had been done as seriously to jeopardize the life of the sufferer or to expose him to the dangers attendant upon a recurrence of the inflammatory process at a time or in a place when skilled surgical help could not be obtained. The speaker quoted the statistics put forth by the advocates of both methods of treatment, and showed that those of the Americans, in cases in which early operation had been resorted to, were more favorable than the European figures of the results of the so-called conservative or expectant plan of treatment."—*Med. Record*.

At 5 p.m. a lecture was delivered by Dr. J. Loeb on "Artificial Parthenogenesis and Its Bearing Upon Physiology and the Pathology of the Cell."

#### RECEPTION BY COUNT AND COUNTESS APPONYI.

In the evening one of the most brilliant and successful receptions was held. Count Apponyi and the Countess received 400 members and their ladies at the Park Club in the City Park. The guests included representatives of every nation—for the most part the official delegates and the representatives of the medical press. Among the Hungarian ministers and members of Parliament present were Counts Zichy, Toth, Molnar, von Bezeredi, Naray-Szabo, Thurn-Taxis, Fontenay and Boda. Another most interesting guest was the Cardinal, Graf Peter Bay, whose literary achievements have secured for him a world-wide reputation.

#### MILITARY SECTION.

The XXth or Military section was one of the great successes of the Congress. Germany, France, Great Britain, Denmark, Italy, the United States and Canada (the latter by Colonel G. Sterling Ryerson) were officially represented. Dr. de Farkas entertained the foreign delegates at a splendid luncheon at the Nobles Club, an entertainment which was greatly enjoyed. Later in the week the Society of Military Surgeons of Budapest gave a magnificent banquet at the Military Club. It was a really grand affair in a superb setting.

#### CONGRESS TO MEET IN LONDON IN 1913.

The International Commission of the Congress accepted the invitation to hold the next Congress in 1913 in London. This was the first occasion on which the British Government had invited a scientific con-

gress to assemble in London. The following despatches in answer to the invitation were forwarded :

*To His Very Gracious Majesty Edward the Seventh, King of Great Britain and Ireland :*

The Sixteenth International Congress of Medicine, held at Budapest under the august patronage of His Imperial and Apostolic Royal Majesty, has unanimously decided at its final sitting to accept the very courteous invitation of the Government of Your Majesty to hold its next session in Great Britain during the year 1913. The Congress humbly begs Your Very Gracious Majesty to bestow upon it your august patronage, and presents to Your Majesty its homage of profound respect and infinite gratitude.

CALMAN MULLER, *President.*

EMILE DE GROSZ, *General Secretary.*

The other despatch was addressed :

*To the Secretary of State for Foreign Affairs, Whitehall, London :*

SIR,—The Sixteenth International Congress of Medicine, held at Budapest under the august patronage of His Imperial and Apostolic Royal Majesty, has unanimously decided at its final sitting to accept the very courteous invitation of the Government of His Very Gracious Majesty, and will hold its next session in Great Britain during the year 1913. The Congress begs you, Sir, to be so good as to accept this reply, and expresses in advance the warmest thanks for the hospitality it will receive in your country.

CALMAN MULLER, *President.*

EMILE DE GROSZ, *General Secretary.*

Dr. F. W. Pavy, of London, was named as the next President.

#### CLOSING CEREMONIES.

On Saturday the closing ceremony was held, the President of the Congress, Professor Müller, being in the chair. Various resolutions of thanks and appreciation were passed with great unanimity. The various nationalities were represented by official delegates, who gave expression to the general feeling of the different countries in declaring that Hungary had placed itself in the van of nations by the magnificent and successful Congress which had just been brought to a close.

Dr. F. W. Pavy, President-elect, was received enthusiastically, and emphasized especially the great success of this meeting from both the scientific and social sides. Dr. R. Blondel (Paris) spoke on behalf of the International Association of the Medical Press. The Mayor of Budapest expressed the satisfaction of the citizens at having had so many savants, including many of the most celebrated in the world, at present in Budapest. Count Apponyi, speaking on behalf of the Hungarian Government, said (*Lancet*) "He had prepared no speech, but he would take Professor Salamonsen's admirable phrase as his thesis, 'Merci, adieu, au revoir.' He thanked the members of the Congress especially for their display of scientific knowledge, and declared that the medical profession in Hungary would persevere under the light given them, and would maintain in their hearts the flame which had been kindled. With regard to the word 'adieu,' all that was elevated and good was of God, and he consigned them all to God's keeping. But how was he to say 'au revoir'? The Congress would meet again in London, where he had no business. His presence at the Budapest Congress was an accident. But if he could not see them again in person and in London, ideas and sentiments were always visible; by the work they would accomplish he would continue to see them, for his government would always study the humanitarian aspirations of the medical profession. 'We will never cease to see you, so I will say, 'Merci, adieu, et nous vous verrons toujours.' "

In the *Revue de Hongrie* of the 15th of August, a copy of which was handed to each member of the Congress, there appeared an excellent article on "Souvenirs du Canada," par le comte Pierre Vay de Vaya. This article was spoken of and helped to bring Canada into prominence at this gathering.

The Canadian Committee have every reason to be pleased and gratified with the manner in which, as a committee and individually, they were entertained in the progressive and beautiful city of Budapest. The leading officers of the Congress expressed their pleasure in having so large a deputation from the Dominion. Count Apponyi in conversation showed that he was quite alive as to what was taking place in Canada. Professor Baron de Koranyi entertained some of the members of the Canadian delegation in a manner most charming. The Secretary-General, Professor Emile de Grosz, tried to anticipate the wants of the delegation and was at all times most helpful. To Professor Arpad Bokay, president of the section in therapeutics, we are also greatly indebted, as well as many other officials, and to Dr. Richard Kovacs for kind attentions, while Dr. Charles Jassinger, the Secretary of the Congress, one of the hardest worked officials, seemed to have always leisure to talk to his Canadian confreres, and was indefatigable in his efforts to advance



their pleasure and interests. The writer cannot conclude this incomplete sketch of this most important, superbly organized, highly successful and enjoyable Congress without expressing his profound appreciation to Dr. Jassinger personally and on behalf of the Canadian Committee.

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## PERSONAL AND NEWS ITEMS.

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### ONTARIO.

Dr. R. B. Harris, of Huntsville, has been appointed an Associate Coroner for Muskoka.

Dr. Fletcher McPhedran has gone to Johns Hopkins Hospital, Baltimore, as a resident physician for a year.

Fred Shaw, son of Dr. Shaw, of Chatham, was killed by a G. T. R. train near McGregor's Creek. The body was terribly mangled.

Dr. W. J. Roe has been appointed a coroner for the County of Halton.

Dr. R. W. Faulds has purchased the practice of Dr. J. H. Ratz, of Elmira, who has gone to Spokane.

Ingersoll has now a hospital. It is up-to-date in every respect, and will prove a great acquisition to the place.

Dr. S. B. Pollard, of Toronto, was convicted of performing an abortion, was sentenced to five years in the Kingston Penitentiary. Dr. Pollard is in his 63rd year. He loses his license.

Dr. H. A. McColl has resumed his practice at Milton, after an absence doing post-graduate work in the Edinburgh and London hospitals.

The Medical Health Officer for Brantford has issued his report. There were during the year 274 deaths, or a rate of 13.03 per 1,000. There were 121 cases of contagious diseases.

Dr. Charles Sheard, Medical Health Officer, Toronto, attended the annual convention of the American Public Health Association, which was held in Richmond, Va., in the latter part of October.

The Sisters intend erecting an addition to the Hotel Dieu, Kingston. The new wing will cost about \$40,000, and will be 40 feet by 86 feet.

At the Convocation of Victoria College, a portrait of Dr. William Canniff was unveiled. He was connected with Trinity Medical College for many years.

Dr. J. N. E. Brown, medical superintendent of the Toronto General Hospital, was elected first vice-president of the American Hospital Association at its meeting in Washington.

Among the reading items in *The Toronto Globe* of 10th November, the following appeared:—"Dr. Hawke, 21 Wellesley Street, Toronto, makes a specialty of all diseases of the lower bowel. Hemorrhoids (piles) successfully treated without an operation. Write for free booklet."

Grace Hospital, Toronto, recently graduated thirteen nurses. Sir Henry Pellatt presided on the occasion. Miss Pearson won the Wismer medal, Miss Jean Wilson and Miss Hunter were equal for the Superintendent's prize; Miss Bell secured the Principal's prize, and Miss McPhail was awarded the prize for neatness.

On the evening of 8th November, Ionic Loyal Orange Lodge presented Dr. G. S. Sproule, M.P., Grand Master and Sovereign of British North America, with a fine portrait in oil. The large hall of the Temple building, Toronto, was filled with members of the order, including the leading officers from all parts of Ontario and one representative from Montreal.

*The Canadian Journal of Medicine and Surgery*, in November, dealt severely with an article that had appeared in the *Medical Press and Circular* (British) belittling Canadian Medical Journals. THE CANADA LANCET handled this same article some time ago and without gloves. There was only one Canadian Medical Journal found any favor with the writer in the *Medical Press and Circular*.

#### QUEBEC.

Dr. T. G. Roddick, of Montreal, has returned after his trip abroad.

There is an agitation on foot in Montreal to have a Committee of five doctors to look after health matters along with the Medical Health Officer.

The Montreal General Hospital is going to erect a new pathological building, also an addition to the main building. During six months the income of the hospital was \$59,000, and the disbursements \$65,000.

Dr. Samson, of Grand River, was sentenced to two years in the St. Vincent de Paul Penitentiary. Judge Tessier said that the doctor had been so careless in the handling of poison as to cause the death of Mrs. Samson. He was therefore guilty of manslaughter.

The Royal Edward Tuberculosis Institute was opened in Montreal on 21st October. Col. Burland and his sisters are the donors of this institution. By a signal from King Edward the Royal Standard rose to the top of the flag pole, the doors opened and the lights were turned on. Sir George Drummond, President of the Board, presided. Dr. Phillips, of Edinburgh, gave an address. This institution will fill a much needed want in Quebec.

## FROM ABROAD.

Mr. John D. Rockefeller recently donated \$1,000,000 for the eradication of the hook worm disease. It is estimated that about 2,000,000 are suffering from this parasite.

Dr. Wilfred T. Grenfell, the Labrador missionary, and Miss Anna McClannahan were married 17th November in Chicago. They left for Labrador a few days afterwards.

Sir Arthur Mitchell, K.C.B., M.D., formerly Commissioner of Lunacy for Scotland, died on 12th October. He was a distinguished authority on lunacy and crime.

Professor Cesare Lombroso died suddenly at Turin, Italy, on 19th October, in his 74th year. He was one of the highest authorities in the world on degenerate and criminal types of man.

Sir William Thompson, the King's Physician in Ireland, and who visited Tororo with Lady Aberdeen a few months ago, died in Dublin on 13th November.

Andrew Carnegie's offer of 450 acres of mountain land at Cresson, on the top of the Alleghenies, Pennsylvania, for a State sanitarium for the treatment of tuberculosis, was accepted by the State. Plans will be prepared at once for the erection of buildings.

Mr. Marsh, of England, known as the "Radium King," was in New York lately to establish a radium institute there. He has discovered mines of uranium in Guarda, Portugal, from which the radium is obtained.

At the recent meeting of the International Medical Congress in Budapest, the Minister of Agriculture and the Wine Growers' Association presented to each delegate two bottles of Tokay wine. This called for vigorous protest from Sir Victor Horsley and others.

Mr. Strauss has presented the facts of the recent milk-borne epidemic of typhoid fever in New York. In seven weeks there were 1,424 cases. In two wards there were 487 cases. The foreman of one of the large supplying concerns had had an attack of typhoid fever. As soon as this dairy was compelled to pasteurize its milk the epidemic ceased.

The centenary of Oliver Wendell Holmes was celebrated on 9th October by the Medical Society of the County of New York. Dr. Holmes was a great teacher and eminent writer. His work on puerperal fever would make any man immortal. Lately an effort has been made to rob him of much of his glory, however.

Vital statistics of France for the first six months of the present year show an excess of deaths over births of 28,205. In 1908 the excess of deaths was 10,508, and this growing discrepancy has raised again a cry of alarm for the future of the French race, which is the only people

of Europe experiencing depopulation. Dr. Jacques Bertillon, the statistician, proposes a heavy increase of taxation upon families in which there are two children or less.

Through the generosity of public spirited persons an institution has been opened in the Lakewood Pines, N. J. The institution is called The Tuberculosis Preventorium, and is for children. This institution has been made a possibility through the liberality of Mr. Nathan Strauss. It is estimated that there are about 40,000 children in the New York tenements infected with tuberculosis. It will cost about \$100,000 a year to care for 400 children.

A small book has been published by the British Medical Association on "Secret Remedies." The sale has been continuous and extensive, and several issues have now been exhausted. Several newspapers in Britain have refused to insert an advertisement that the book is for sale. This is no doubt in the interest of their quack advertisers. It is stated that forty-one million bottles or packages are sold annually in Britain of proprietary nostrums.

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## OBITUARY.

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G. EVANS, M.D.

Dr. G. Evans, of Sutherland, Saskatchewan, died on 3rd November, 1909, in the General Hospital, Saskatoon. Deceased removed there from St. Thomas, Ont., but a few months ago, and four weeks ago was elected Councilor for the town of Sutherland. Though resident in the place but a short time the late doctor was very popular, and death came unexpectedly.

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W. D. SPRINGER, M.D.

Dr. Springer died at Boise, Idaho, on 19th October, at the age of 45. He formerly practised at Nelson, Ont. He was a graduate of Trinity University of the year 1889, and was in his 45th year at the time of his death.

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E. ALLWORTH, M.D.

Dr. Edward Allworth, probably the oldest medical practitioner in Essex County, passed away at his residence in Kingsville, on the 9th

November, at the age of 73. Dr. Allworth had filled many offices of public trust during his long career, but was perhaps most widely known through his prominence in Grand Lodge Masonic circles, which he served with distinction.

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#### HAWTRY BREDIN, M.D.

Dr. Hawtry Bredin, formerly a well-known medical practitioner of Picton, passed away 11th November, at his home, 119 Ann Street, Toronto, after two years' illness. His wife predeceased him on April 1st last, and on March 23rd his grandson, Arthur, died. A few days ago his only son, Egerton Ryerson, passed away. The late Dr. Bredin was in his eighty-second year. The funeral, which was private, took place at Picton.

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#### HIRAM A. WRIGHT, M.D.

After an illness of four months from typhoid fever, Dr. Hiram A. Wright, a prominent Detroit physician, died 24th November. Dr. Wright was 46 years old, and was born in Guelph, Ont. He went to Detroit at the age of 23, and had been practising medicine till his recent illness. He was thought to be recovering until he suffered a relapse. He is survived by his widow, a daughter, Mildred, and a brother, H. B. Wright, of that city.

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#### JOHN BARR, M.D., M.P.

Dr. John Barr, Member of Parliament for Dufferin, was found dead in his bed in the Hotel Cecil, Ottawa, on 19th November. He was in his 66th year, and was apparently in good health the day before when he attended to his parliamentary duties. The attendants at the hotel failed to arouse him, and on making a way into his room he was found dead. He was very highly respected by his fellow members, and by all who knew him. He was elected to the House in 1904. His remains were interred in Shelbourne.

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## BOOK REVIEWS.

## WILSON'S MEDICAL DIAGNOSIS.

A Handbook of Medical Diagnosis in four parts. I. Medical in General, II. The Methods and the immediate results. III. Symptoms and Signs, and IV. The Clinical Applications, for the Use of Students and Practitioners. 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; with 408 text illustrations and 14 full page plates. Philadelphia and London: J. B. Lippincott & Company. Canada: Mr. Roberts, Montreal.

There are now many works on diagnosis at the command of the student and practitioner. Of late years this has been a popular subject with many writers. The one before us is from the pen of a well-known writer and experienced clinician. Professor Wilson has long been recognized as one of the leaders in medicine in the United States. One expects under such circumstances that a new work from an author of such a standing will contain the elements of usefulness, method, science and clearness. In these subjects this work well calculated to aid the student, and be pleasing to the experienced practitioner. On the scientific aspects of the subject of diagnosis marked advances have been made of recent years. This fact renders the task of one who would produce a good work in diagnosis no sinecure. Dr. Wilson has shown himself to be in possession of a thorough grasp of the most recent views on pathology, bacteriology, medical chemistry and microscopy; and, therefore, well able to place before his readers sound teaching upon this special field of the science and practice of medicine. The work is an exhaustive one, containing over 1,400 pages octavo. The publishers deserve their full share of praise. They have evidently spared no pains to give the profession an attractive and handsome volume. The paper, binding, type, and illustrations are all that could be desired.

## ADAMI AND NICHOLLS' SYSTEMATIC PATHOLOGY.

Systemic (including Special) Pathology. By J. George Adami, M.A., M.D., LL.D., F.R.S., Professor of Pathology in the Medical Faculty of McGill University, Montreal, and Albert G. Nicholls, M.A., M.D., F.R.S., Assistant Professor of Pathology in McGill University. In one octavo volume of 1082 pages, with 310 engravings and 15 colored plates. Cloth, \$6.00, net. Lea & Febiger, Philadelphia and New York, 1909.

With his volume in *General Pathology*, Professor Adami effectually disposed of the old opprobrium that English-speaking races borrowed

or adapted their works on the subject from the Germans. The plan and execution of that volume were highly original, and established even more firmly, if possible, the author's reputation as the peer of any pathologist in the world. The immediate and widespread welcome extended to the book showed both the need for it and the highly developed intelligence of the profession in America. Time was when empiricism was the guide; now it is universally recognized that reason must underlie medicine as well as any other science, and that the straight way to success in treatment is to know the exact nature of the disease to be treated. The volume on *General Pathology* explains the features common to all diseases, and so enables the authors of the completing volume on *Systematic or Special Pathology* to cover in convenient compass the entire field of the individual diseases. The same easy and charming literary style, and the same tracing of cause and effect, give the reader the reasoning in a way he will not forget, and endow him with a mastery of his profession that will render him a better practitioner, no matter what his previous attainments may have been. The reputation already won by the first volume will render every reader anxious to possess its companion, and will set American medicine on an even higher plane, both of science and practice.

Before going into the pathology of each organ, the authors give a brief, but very carefully prepared statement of its histology. The functions of the various organs are also given in such instances as may be required to make clear the pathology. We can recommend this work in the very highest terms of praise. We think every practising physician should study it carefully.

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#### CLINICAL MEMORANDA.

For General Practitioners. *Clinical Memoranda*, by Alex. Theodore Brand, M.D., C.M., and John Robert Keith, M.D., C.M., London: Baillière, Tindall and Cox, 8 Henrietta Street, Covent Garden, 1909. All rights reserved. Price 3s. 6d. net.

This little book of upwards of 200 pages, makes no pretense at being a treatise on clinical medicine, but merely a series of condensed notes on a great variety of interesting topics. These notes are divided into medical, surgical, obstetrical, gynecological, and therapeutical—the diseases most frequently met with in practice. This is one of those little books that contain many useful suggestions and observations in condensed form, which can be read by a busy doctor in his spare moments. This is the real purport of the book. All through the book there are useful tips and tests. The book is got up in a very neat form.

## AMERICAN DERMATOLOGICAL ASSOCIATION.

Transactions of the American Dermatological Association at its Thirty-Second Annual Meeting held in Annapolis, Maryland, September 24 and 25 and Baltimore, Maryland, September 26, 1908. Official Report of the Proceedings by Grover W. Wende, M.D., Secretary.

The contents of the volume are rich in material. Among those who contribute papers we have pleasure in mentioning Dr. A. R. Robinson, James Nevins Hyde, E. Wood Ruggles, W. Allen Pusey, Frank Schamberg, John A. Fordyce, Francis J. Shepherd, etc. The articles are all good. The illustrations are excellent and greatly enhance the value of the volume. We can speak in high praise of this year's work.

## UROLOGICAL ASSOCIATION.

Transactions of the American Urological Association, Sixth Annual Meeting. Atlantic City, N.J., June 3rd and 4th, 1907. Edited by Charles Green Cumston, M.D. Printed for the Association at the Riverdale Press, Brookline, Mass., 1908.

These two volumes contain a number of articles of a very meritorious character by practitioners of large experience in urological work. Among the subjects we find bullet wounds of the urethra, dilatation of the urethra, the prostate and infection, the prostate and gonorrhœa, latest cystoscope, urinary infections with staphylococcus, movable kidney as a cause of bile duct disease, renal calculus, renal tumour, symptomless hæmaturia, etc., etc. The articles are all good and there are some attractive illustrations.

## PHYSICIANS' VISITING LIST, 1910.

This is the 59th year of issue of this well-known visiting list, so familiar under the name of Lindsay and Blakiston's. It is issued by P. Blakiston's Son & Company, 1072 Walnut Street, Philadelphia. This pocket visiting list is got up in a very neat and useful form. It contains many tables of much value. The binding is limp leather with pocket and flap. We can commend this Visiting List.

A number of books have been received too late for this issue, but notices of them will appear in the next issue.



## CORRESPONDENCE.

THE XVII<sup>TH</sup> INTERNATIONAL CONGRESS OF MEDICINE.

EDITOR CANADA LANCET :—

SIR,—The Congress has come and gone, and has left pleasant memories with those who were so fortunate as to attend this memorable meeting.

The whole programme of the Congress was carried out with scarcely a hitch, though the president, Professor Müller, suffering from the strain of overwork was obliged to be absent from the opening ceremonies. The weather on the whole was agreeable but hot.

The interior arrangements of the main Congress building left nothing to be desired. Every facility was given to congressionists to make their visit profitable and enjoyable. Reading, writing and conversation rooms were provided, a restaurant dispensed refreshments, a post office, telegraph office, and telephone office were installed. A noticeable feature was that members of the central organization committee wore different colored ribbons, the color of which indicated the language which the wearer spoke, thus, a blue ribbon indicated French; white, German; green Italian; yellow, Russian; red, English, and so on. Many of the members of the committee wore several ribbons, indicating their proficiency in several languages. The Congress badge, worn by every one, is a work of art, of bronze, designed by the Hungarian artist, Geza Vastagh; it shows on the obverse in relief, the handsomely proportioned figure of Aesculapius, attended by the symbols of wisdom, the serpent and the owl, with the legend "Conventus Medicorum XVI. Internationalis." On the reverse are also in relief, the arms of Hungary and of Budapest, with the legend "MCMIX. Budapestini," the whole surmounted by a view of Budapest. There were twenty-one sections, which were attended by nearly 4,000 medical men. Ample provision was made for the 900 ladies accompanying the delegates.

Forty-one governments sent delegates. Dr. F. W. Pavy headed the British contingent, and associated with him were Sir Felix Semon, Sir Wm. J. Sinclair (Manchester), Sir Thomas R. Fraser (Edinburgh University), Dr. Wm. Allan Jamieson (President Royal College of Physicians, Edinburgh), Lt.-Col. W. G. Macpherson, C.M.G., delegate from the army medical service, Fleet Surgeon, B. Pickthorn, delegate from the Royal Navy, and Colonel G. Sterling Ryerson, delegate from the Canadian Army Medical Service.

The congressionists were invited to numerous social functions, prominent among which were the Court, held by the Archduke Joseph, at the Royal Palace by order of the Emperor, by Count Albert Apponyi, by Professor Müller, by the municipality of Budapest, and by the ladies of the associated committee. Everything was done to make it agreeable for the visitors.

Among the general addresses was one on post-graduate teaching, by R. Kutner, of Berlin, in which he maintained that no student should suppose that his education was finished when he left college. The advance of science renders it necessary for him to continue to learn during the whole course of his professional life. He advocated the giving of free courses of instruction to graduates in medicine. Professor Eugene Hollander, of Berlin, gave an address on "The Precolumbian Diseases, Based on Studies of the Peruvian Collection in Berlin." He was not able to identify leprosy, syphilis, and lupus, but pointed out significant resemblances. Professor Barricelle, of Rome, delivered a lecture on "Intravenous Medication," in which he reviewed the whole question and strongly advocated this method of administering drugs.

The demonstration by Dr. Bashford (London) on cancer in man and animals, illustrated by lantern slides, was largely attended. The points which he made were that cancer is not limited to white men, it is not rare in any quarter of the globe. He did not believe that cancer was increasing in frequency, but that it was being better recognized. He dealt with cancer in the lower animals and remarked on the analogy. The most important point was, after that of histological structure, that of age incidence. With regard to the determination of site he said, by chronic irritation of the upper end of the intestinal tract (mouth, etc.), males were more exposed than females, and cancer was more frequently met with in males in this region. The irritation of the female pelvis accounted for the greater frequency of the lower end of the intestinal canal in women. He further said that there was no evidence of congenital cancer, but there could be no doubt that it occurred in situations most exposed to irritation. The argument against infection was very strong. He warned the audience that the etiology of the disease would not soon be made out.

Other special addresses were those of Professor Loeb, of Berkeley University, California, on "Artificial Parthenogenesis and Formative Stimulation;" on "Tropical Diseases," by Professor Leveran, and on "Inheritance, Selection and Hygiene," by Professor Gruber, of Munich.

The Congress closed amidst a general shower of applause and congratulations upon its successful management. The next Congress will be held in London in 1913.

The Canadians present were Drs. Primrose, Bruce, McPhedran, Aikins, and Ryerson, Toronto; Dr. King, Cranbrook, B.C.; Dr. J. Halpenny, Winnipeg, Man.; and Drs. Drake and Meek, London, Ont., and Dr. Remy Casgrain, Windsor, Ont.

G. STERLING RYERSON.

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THE AMERICAN SOCIETY OF GYNÆCOLOGY.

DR. JOHN FERGUSON, EDITOR, CANADA LANCET:—

Dear Sir,—The President of the American Gynæcological Society has 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 St., Philadelphia, Pa.

Thanking you for any assistance you can afford the Committee in their work, believe me,

Sincerely yours,

B. C. HIRST.

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INTERNATIONAL CONGRESS ON HYGIENE AND  
DEMOGRAPHY.

THE EDITOR OF THE CANADA LANCET:—

Dear Sir,—On the invitation of the Department of State of the United States Government, the XV. International Congress on Hygiene and Demography will convene for the first time on the American continent in Washington, D.C., from September 26th to October 1st, 1910. Section III. of this Congress deals with the subjects of the Hygiene of Infancy and Childhood: School Hygiene. It is believed that this will be a meeting of the utmost importance.

We take this means of requesting your readers to let us know of any pieces of original work which are being done, bearing upon this topic. The general ground to be covered by this Section is indicated by the enclosed rubric.

Sincerely yours,

A. JACOBI, *President.*

L. H. GULICK, *Secretary.*

## MISCELLANEOUS.

## KILLED AND INJURED ON UNITED STATES RAILWAYS.

A decrease in the number of casualties on American railroads for the year ended June 30, 1909, is shown by a report issued to-day by the Interstate Commerce Commission.

During the year 2,791 persons were killed and 63,920 were injured on railroads, as against 3,764 killed and 68,869 injured during the previous year.

The total number of collisions and derailments during the second quarter of 1909 was 2,100, and the damage to cars, engines and roadways was \$1,703,642.

## HOSPITAL FOR INCURABLES, TORONTO.

The thirty-fifth annual meeting of the Hospital for Incurables was held three weeks ago in the large dining-room of the hospital. Sir William Mortimer Clark was Chairman, and the attendance was large. The Rev. Dr. Cleaver opened the meeting with a short reading of Scripture from the parable of the Good Samaritan. In his address Sir Mortimer Clark referred to his long connection with the institution, during which he had seen the extension of its work and buildings. He alluded especially to the new wing, which would accommodate one hundred more patients, and to the nurses' home so greatly wanted, and which would give the necessary room for a large addition to the staff. Dr. Burns presented the annual report, showing 138 patients now in hospital and 37 deaths. Nine patients had left the hospital to reside with relatives. Great praise was given to the general admirable condition of the hospital.

The report of Mrs. Forsyth, Lady Superintendent, showed that sixty-eight of the patients were men and seventy of them women. A number of the patients are entirely helpless. All the beds are filled, and there is a long list of applicants for admittance. Some touching incidents of the manner in which the patients help each other were related. There are twenty nurses now in training, some of whom take turn in nursing amongst the poor. Many entertainments were given by friends, and these were greatly enjoyed.

Miss Groote, the Secretary-Treasurer, in her report, referred to the gift of \$50,000 by the city for the new wing. There is still an overdraft of some \$3,500, but everything was in good standing.

Mayor Oliver congratulated the officials and council of the hospital on the good work accomplished. He moved the adoption of the report, seconded by Mr. Blaikie. Bishop Sweeny made a short congratulatory address. The President, Mr. Ambrose Kent, outlined the ambitions and hopes of the board, referring to the gift from the city, which had greatly aided in the advancement now in progress. In feeling terms he spoke of the death of Mr. H. C. Hammond, ever a warm friend and benefactor of the institution. Thanks were tendered to the medical men, the clergy, and solicitors, and others who had given of their energy, time and ability to the work. A verse of the national anthem brought the formal proceedings to a close, refreshments being afterwards served in the board room.

The following is the Board of Management, 1909-1910:—Lady Mortimer Clark, Mrs. Grant Macdonald, Miss Mortimer Clark, Mrs. G. R. Baker, Mrs. J. P. Balfour, Mrs. H. Beatty, Mrs. A. Cowan, Mrs. Wm. Davidson, Mrs. A. Foy, Mrs. Forsyth Grant, Mrs. James Hunter, Mrs. Ambrose Kent, Mrs. Ralph King, Mrs. Lauder, Mrs. S. G. Little, Miss McGee, Mrs. Hugh MacMath, Miss Effie Michie, Miss Agnes Nairn, Mrs. H. Winnett, Sir William Mortimer Clark, Rev. Dr. Parsons, Rev. Canon Bryan, Rev. W. B. Caswell, Rev. A. Logan Geggie, Rev. Dr. Hincks, Ven. Archdeacon Ingles, Dr. W. H. B. Aikins, Dr. Bruce L. Riordan, Dr. E. E. King, Messrs. Ambrose Kent, Charles Cockshutt, Charles Hunter, James Hunter, Noel Marshall, R. Millichamp, Geo. McMurrich.

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#### WHITE PLAGUE'S VICTIMS.

A group of distinguished physicians and philanthropists, constituting the Anti-tuberculosis Committee, appeared before Mayor McClellan of New York a short time ago, and urged that \$487,000 be set aside by the Board of Estimates to reduce an economic loss estimated at \$15,000,000 yearly to that city alone, caused by the ravages of tuberculosis.

Robert W. Deforest, President of the Charity Organization Society, declared that of 44,000 tuberculosis sufferers in New York, but 16,000 were receiving proper medical attention, while there are, he said, 24,000 new cases and 10,000 deaths each year.

Twenty thousand cases on the books of the Health Department have moved since they were registered, and their present whereabouts are unknown to the department. None of them is counted as receiving proper care.

## THE ANNUAL REPORT OF THE TORONTO WESTERN HOSPITAL.

The annual report of the Toronto Western Hospital shows that the number of patients under treatment during the year was 1,721. The number of births was 119, and the number of deaths 103, a considerable percentage of these dying within a few hours after admission.

There are forty-five nurses on duty, and during the year there were fourteen graduates from the Training School.

The financial condition of the hospital is steadily improving. The income for the year was \$38,969, and the expenditure on account of patients' general maintenance was \$35,708. This gives the remarkably low cost rate of \$1.09 per day. When it is borne in mind that a large amount of the work done in the hospital is emergency and surgical, this is regarded as a very favorable showing.

Taking the buildings and land at their original value, and the land is now worth double the price paid for it, the property is worth \$169,955. This does not take any account of all the appliances, furniture, fixtures, etc. Against the property there is a mortgage debt of \$36,000, which it is hoped to have paid off during the coming year.

During the year several substantial donations have been received; \$25,000 from one friend, and \$1,000 from each of two others, besides a number of smaller sums.

The Board of Governors for the coming year are Messrs. E. B. Osler, M.P.; Hon. Thomas Crawford, M.P.P.; David Fasken, Herbert Langlois, H. C. Tomlin, Chancellor A. C. McKay, Randolph Macdonald, and Noel Marshall. The medical members of the board representing the staff are Drs. A. A. Macdonald, Jas. McCulloch, Price Brown, J. B. Gullen, H. A. Beatty, and John Ferguson.

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## THE CANADIAN CONFERENCE OF CHARITIES AND CORRECTIONS.

At the annual meeting, held in Toronto a short time ago, the following officers were elected:—Honorary President, Hon. W. J. Hanna, Provincial Secretary; President, J. P. Downey, M.P.P., Guelph; Vice-Presidents, Major H. J. Snelgrove, Cobourg; J. Ross Robertson, Dr. Helen MacMurchy, and Dr. Rosebrugh, Toronto; J. J. Kelso, Toronto; A. Studholme, Hamilton; Sheriff Middleton, Hamilton; C. H. Corbett, Kingston; Secretary-Treasurer, F. M. Nicholson, Toronto; Executive

Committee, Dr. R. W. Bruce Smith and Thos. R. Parker, Toronto; Sheriff, D. M. Cameron, London; Sister Clementine, Brockville; Sister Gabrielle, Kingston; Dr. Lockhart, Hespeler; Mrs. M. S. Griffin, Fergus; S. M. Thomson, Brantford; W. L. Scott, Ottawa; J. Rae, Hamilton; Geo. Martin, Berlin, and J. E. Farewell, Whitby. Guelph was selected as the next place of meeting, the date to be fixed by the Executive.

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#### COLLEGE OF PHYSICIANS AND SURGEONS' EXAMINATIONS.

The College of Physicians and Surgeons 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, I. 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 Thompson, Charles R. Totton, W. C. Usher, F. W. Wallace, Charles B. Ward, C. C. Whittaker, L. B. Williams.

*Final.*—J. E. Bromley, Percy 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. Macpherson, 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.

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#### VISIT OF PHYSICIANS TO THE APENTA SPRINGS, BUDAPEST.

*The Lancet*, of September 25th says that hundreds of the physicians attending the Sixteenth International Medical Congress at Budapest,

August 29th to September 4th, visited the "Apenta" springs, where the process of raising the bitter waters was shown, together with the ingenious machinery employed. In making wooden boxes the nails are driven in by an American machine. Then straw envelopes for placing around the bottles so as to prevent their breaking are also made by machinery. This is an English machine. A German machine pastes the labels on and the machine for putting on the capsules is home-made. It was especially noticed that scrupulous cleanliness prevailed throughout and that the water does not come into contact with the hands of the workers. Nevertheless, medical surveillance is exercised over the employees so that there shall be only healthy persons on the premises.

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#### DR. HAMILL'S MEDICAL EXCHANGE.

The Canadian Medical Exchange, conducted by Dr. Hamill, Medical Broker, King & Yonge Sts., wishes us to announce that at the present time he has a very desirable list of registered buyers who are seeking locations to practice medicine, and that he is in a position to dispose of any medical practices and property which is inviting. All prospective buyers are bound legally and morally against publicity, piracy, or offering opposition if they do not buy.

The Doctor would be glad to give details of his plan of negotiations to any intending vendors.

For fifteen years the Medical Exchange has been buying and selling medical practices along lines which have been entirely satisfactory to the profession.

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#### SKIN DISINFECTION WITH IODINE IN ABDOMINAL AND OTHER OPERATIONS.

Charles Jewett, Brooklyn, *Medical Record*, August 14, 1909, claims that the method published by Grassich one year ago, is extremely simple. Some hours before the operation, the field is shaved dry and is then painted with a 10 to 12 per cent. tincture of iodine. No water or other liquid is permitted to come in contact with the skin. The surface is covered with a dry sterile dressing. On the operating table the painting is repeated. As an additional precaution, the author shaves and thoroughly cleanses the skin twelve hours before the iodine is applied.

The author has obtained primary union in every case in which this method was resorted to.—*American Journal of Surgery*, October, 1909.