Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

Dominion Medical Monthly

EDITORS:

W. H. B. AIKINS, M.D. | W. B. NESBITT, B.A., M.D.,

WITH THE ACTIVE COLLABORATION OF

A. B. ATHERTON, M.D. J. J. CASSIDY, M.D. A. A. MACDONALD, M.D.
J. H. BURNS, M.D. J. FERGUSON, M.D. G. S. RYERSON, M.D.
A. H. FERGUSON, M.D., WINNIPEG, MAN.

VOL. II.] TORONTO, ONT., FEBRUARY, 1894. [NO. 2.

ORIGINAL ARTICLES.

(No paper published or to be published elsewhere as original, will be accepted in this department.)

A NOTE ON THE DIAGNOSIS OF PEDICULOSIS CAPITIS.

BY DOUGLASS W. MONTGOMERY, M.D.

[Profe sor of Diseases of the Skin, Medical Departments of the University of California; Consulting Physician for Diseases of the Skin, and for Pathology, German Hospital.]

One good thing about the practice of medicine is its bathos. In the midst of the most learned and the most scientific considerations, the fool slides in, as in King Lear, and shows us that that part of nature must also receive attention. Sometimes we would gladly eliminate what we might choose to consider trifling, but the exigencies of practice will not allow it. For instance, in the diagnosis of that Proteus, syphilis, the common head louse may have his place. And we ought to be glad of these seeming incongruities, for they mean confusion to that patron Satan of book-worms who invented tables of differential diagnosis. Why, it is all tabulated, and one would think that one had only to bring the patient and the book together, and the thing would be done!

On Dec. 20th, 1893, a boy, thirteen years of age, came to the Clinic of the University of California, asking treatment for a papular eruption of the face and neck. The papules were small, pin-head sized and greater, and not much raised above the level of the surrounding skin. Many of the pimples had excoriated tops, and a few of them were pustulating. The rash was most thickly strewn over the forehead and around the mouth, straggling off more and more sparsely down the neck both in front and behind. On the scalp were a great number of excoriated papules, with a slight formation of pus. There was not much itching, and there was no other rash on the body. The

posterior cervical lymphatic glands on both sides were painlessly enlarged; none of the other subcutaneous lymphatic ganglia were demonstrable.

The following facts pointed to lues: The papulo-pustular eruption on the face, the localization of its greatest intensity on the forehead and around the mouth, the excoriated papular eruption on the scalp,* the lymphatic engorgement, and the fact that his mother was being treated in the clinic for syphilis, acquired from her husband about twenty months previously. The consideration that no primary lesion could be found was not of much weight, as it not infrequently is so slight as to escape notice; but the confinement of all the symptoms to the head and neck was a matter of much more importance. On examining the hair, a vast number of nits were found. The simple treatment of this condition cleared up the whole question in a few days; it was a case of impetigo from pediculosis, in which the papules were not as broad, and the pustuation not as pronounced as usual. It looked strikingly like a syphilide, and the gravity of the mistake which might have been made need not be insisted on. Although in this case the patient was both poor and worthless, yet, no medical man need be reminded that neither lousy heads nor syphilis are confined to the lower strata of society.

A short time before this a man came to me whose child had such an eruption on the face that he was ashamed to bring it to the office. He said he had had syphilis before marriage, and indicated his opinion that the wheel had come full circle, and that his pleasant vices had returned to whip him. In this case, to a practised eye, the diagnosis was easy, for the large, yellow, superficial, brittle crusts about the lower part of the face gave the classical picture of impetiginous eczema, which, in so many instances is due to the presence of pediculi capitis that we almost involuntarily look at the hair of the occiput for nits. The nits were found on this patient, and treatment of the pediculosis quickly cleared up the rash. Even after this, however, I had some difficulty in persuading the father that the child was not syphilitic, for the posterior cervical lymphatic glands remained enlarged quite a long time, as they always do, and the association of "blood taint," or "scrofula," with enlarged glands in the neck is one of those "fixed ideas" of society, which it seems almost hopeless for the medical profession to try to eradicate.

REMOVAL OF PUS TUBES AND OVARIES FROM A WOMAN SUFFERING FROM GONORRHŒAL RHEUMATISM—RECOVERY.†

BY A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., ENGLAND.
Gynecologist to the Montreal Dispensary.

Mrs. J. consulted me on the 4th of June. She was forty-two years of age, married ten years, no children, had one miscarriage four years ago. Menstruation, which began at the age of thirteen, was always painful and profuse, and at the time of her consulting me, lasted ten days. She had never been well since her marriage, but has been much worse since the miscarriage; was very thin, and stated that she had almost constant pelvic pain.

†Read before the Medico-Chirurgical Society of Montreal.

* Lesser (*Lehrbuch d. Haut-und Geschlechtskrankheiten von Edmund Lesser*, Th. II., S. 108) insists, and it seems to me rightly, on the importance of impetigo syphilitica of the scalp in the diagnosis of syphilis, not only because it is so characteristic of the disease, but also because the patient's attention is called to the existence of a rash from the comb catching in the pustules and crusts. The syphilitic secondary rashes so frequently pass over without any subjective symptoms, that the patient may never be aware of their presence. Syphilitic impetigo of the scalp is, however, often itchy.

On examination, the uterus was found to be low down, very large and fixed, as were also the tubes and ovaries; the appendages filling Douglas' pound with a fluctuating mass the size of an orange. As they were exceedingly tender and apparently full of pus, I advised immediate operation, which was agreed to, and she entered my private hospital for the purpose. While undergoing a few days' preparatory treatment, during which her temperature had been normal, she suddenly developed a very high fever, with severe pain in the first knuckle of the right hand; at the same time her water became scalding and high colored. The operation was postponed for a few days, until the temperature would have come down. Next day the right knee became exceedingly painful. The husband having admitted that he had had gonorrhœa several times, and had had a fresh attack quite recently, the patient was examined and a yellow discharge was observed coming from the urethra and vulvo-vaginal glands. The knee-joint became very much enlarged and swollen, and fluctuation in it was readily obtained. The temperature still continued high in spite of large doses at first of salicylate of soda, and afterwards combined with iodide of potash and aromatic spirits of ammonia. The knee was also vigorously blistered, but with little effect in relieving the pain, which became so acute on the slightest movement that the joint had to be immobilized. Fearing that the joint was full of pus, I made an exploratory puncture with an hypodermic needle, but with the result of finding only opalescent serum. I regret that this specimen was not examined for gonococci of Neisser. After four weeks the pain in the knee diminished so that passive movements were begun, but were ill-borne owing to the severe pain. At the end of seven weeks my private hospital was closed for the summer, and the patient, who had been sitting up for a week, went home. Her joint remained stiff and painful all summer and she returned on the 1st of October for her operation. Her temperature was now normal and she was very anxious for the operation, being convinced herself that the trouble in the knee would only be better when the pelvic trouble was cured. Cœliotomy was performed three weeks ago, when two pus tubes and ovaries were dug out of Douglas' cul de sac with great difficulty, it being almost impossible to find a line of cleavage at which to begin the separating. At last they were extracted, but on cleaning up the cavity which they had occupied, I found pus oozing from the posterior layer of the broad ligament on the right side. This was pressed out and cleaned away as much as possible, the abdomen washed out and a draining tube inserted close to the broad ligament. Little or nothing came from it so that it was removed in two days. The curious feature of the after history is that next day the patient smilingly informed me that she could almost straighten her knee without pain, and on investigation I found a great change in this respect from the condition that was present twenty-four hours before.

Gonorrhœal rheumatism in the female is extremely rare. Foucard, quoted by Bumstead,[1] says: "I have not been able to find a single case of gonorrhœal rheumatism in the female, either in special treaties on the subject or in the medical journals."

Councilman[2] says, first, that gonorrhœal rheumatism is not amenable to treatment with salicylates, and second, that it does not generally cause heart complications. My patient bears out the truth of that statement.

The uterus was large, and I feel sure its parenchyma was infected. It should, therefore, have been removed. My failure to do so is the only regret I have connected with the operation.

Although the knee joint was the principal one affected, the knuckle of the left fore-finger was also very painful and red, and swollen for a few days at the beginning of the attack. The patient is now recovering nicely.

On looking at the specimens you will find that a thick, yellow pus can be easily expressed from the cut end of the tubes. You will also notice that the ovaries and tubes are all in one piece, owing to the dense inflammatory exudation.

The causation of gonorrhœal rheumatism has long been a question of considerable interest. Longstreth,[3] in his excellent work, says: "At present the gonorrhœal urethral inflammation is regarded as the cause of the articular disease, although there is some difference of opinion with respect to its mode of action in producing the joint inflammation. The majority of observers favour the pyæmic mode of causation, and I think rightly so. Others ascribe the effects to the results of the reflex irritation, and many instances have been cited in support of this view."

The original explanation of the disease was that the inflammation was transferred from one place to another by metastasis; but this theory has fallen to pieces in reference to other morbid action, and is now abandoned. The most probable explanation is that during the growth of colonies of gonococci, ptomaines are given out which paralyse the heat controlling centres so that an immense amount of tissue combustion takes place, without, however, an adequate amount of oxygen being provided. This results in the blood becoming loaded with uric acid, or urates, which being deposited in the joints, sets up inflammation of their articular surfaces. Men suffer from gonorrhœal rheumatism very much more frequently than women, and this preponderance is relatively greater than the proportion of attacks of gonorrhœa in the two sexes. Women having gonorrhœa show less liability to the articular disease, and this exemption has been accounted for by the less sensitiveness and greater thickness of the mucous membrane of vagina and urethra in woman than the urethral tissues in man.

Morrow[4] says that two-thirds of the cases occur in the knee; one-fourth in the ankle, and one-fifth in the fingers and toes. According to Finger, who has collected 375 cases from the various authors, the knee-joint was affected 136 times, the ankle fifty-nine, the wrist-joint forty-three, the fingers thirty-five. According to Bornemann, the average duration of the disease is sixty-eight days. In my case the acute symptoms lasted about three weeks; although she was unable to use her leg for five months, or until after the operation. Although the fact that there was pus in the right broad ligament would leave one to consider the case one of pyæmia rather than rheumatism, yet that the exploratory puncture revealed only a clear or slightly opalescent liquid in the joint is against the theory of pyæmia. I have seen the knee-joint affected in a case of pyæmia, but it presented a totally different appearance from what this one did, so I have no doubt whatever of the exact nature of the disease.

Whittaker.[5] It is as yet undecided whether gonorrhœal rheumatism depends upon the gonococcus or upon pyogenic organisms of subsequent, *i.e.*, secondary infection or invasion.

The disease fixes itself, for the the most part, upon the knee, ankle or joints of the foot. These joints become swollen, sometimes immensely swollen, without any acute pain, because of the tolerance which is established under a slow development. Gonorrhœal rheumatism, like chronic rheumatism, shows no sweating, has no cardiac complication and leaves no deformity. Unlike chronic rheumatism, when finally cured, it ceases never to return, unless through new infection.

The "American Text-book of Surgery,"[6] in speaking of gonorrhœal rheumatism or urethral arthritis, says: "Joint affections of several kinds are frequently found associated with gonorrhœa. There may be often only a more or less severe intermittent arthralgia, which soon passes away; or there may be a chronic inflammation with abundant effusion into the joint cavity, chiefly that of the knee or an acute sero-plastic arthritis or a suppurative inflammation, which is comparatively rare. For a long time the disease was called gonorrhœal rheumatism, and even now it is generally so named. The joint affection, whether characterized by intra-articular effusion by articular and peri-articular exudations or by the presence of pus, is not rheumatic, though a patient with gonorrhea may have rheumatism and a rheumatic joint, because of such antecedent disease may be more susceptible to the toxic action of the gonococcus or of the mixed gonorrhœal and pyogenic infection. The more carefully the gonococcus of Neisser has been sought in the fluids and tissues of the affected joints, the more frequently it has beenfound, and in cases in which it cannot be detected, there is good reason for believing that its ptomaines are the exciting cause of the metastatic arthritis. When joint disease of somewhat similar character is developed in non-gonorrhœal urethral fever, as, *e.g.*, after the passage of a catheter or sound, it is possibly due to the taking up from the injured mucous membrane of the urethra of the common pyogenic cocci; or it may be due indirectly to their chemical products. The affection very rarely attacks women. It may appear at any period in the course of the disease, but occurs much more often in the third and fourth week than later, especially in its acute form. Any articulation may be its seat, though in nearly one-half of the cases it is the knee; and in about two-thirds, the knee, the ankle or the joints of the fingers or toes. Generally it is mono-articular, rarely more than two-thirds of the joints being attacked either at the same time, or in succession."

In the treatment of gonorrhœal, as in that of other forms of arthritis, rest is of prime importance. As long as there is any inflammation present, the joint should be kept immobilized. Blisters, mercurial applications, fomentations, cauterizations, all of which have been employed again and again, can accomplish but a fraction of the good that results from the quietude and equable compression secured by the plaster of Paris bandage. The immobility of the joint must not be maintained for too long a time, lest ankylosis, to which, as has been stated, there is a strong natural tendency, be established. If, on the other hand, passive motion is too early resorted to, the inflammation will be lighted up again. The only safe rule to take is to keep the parts quiet until all inflammatory symptoms seem to have subsided, and then gently to move the joint. If the pain which follows disappears spontaneously, within a few hours—twenty-four at the outside—no harm has been done, and the motions may be continued and increased. If the pain continues, the parts should be again immobilized, for a time. An exhausting hydrarthrosis may be aspirated, and carbolic acid injections used. If suppuration occurs, aspiration and thorough antiseptic irrigation may be employed, and the joint then immobilized, with a fair prospect of success. If such

1. Bumstead. 1870. Page 202.
2. Councilman: *American Journal Medical Sciences.* Sept., 1893.
3. Longstreth: "Rheumatism, Gout and Some Allied Disorders." 1882. Page 240.
4. Morrow: "System of Genito-Urinary Diseases." 1892. Vol. I., page 237.
5. Whittaker: "Theory and Practice of Medicine." 1893. Page 320.
6. "American Text-book of Surgery." 1892. Pages 393 and 859.

treatment is not quickly followed by marked amelioration of the symptoms, the cavity must be opened and drained, as in suppurative arthritis due to other causes. Absorption of exudations and disappearance of adhesions, when not very close or strong, will be much favoured by the employment of massage, baths and douches continued for as long a time as may be necessary after the removal of the immobilizing dressings. If ankylosis has taken place, it must be broken up or the joint excised; such operation, however, will seldom be found necessary.

Although one case is hardly enough to draw any important deductions from, the immediate relief following the operation would point to the value, in similar cases, of a thorough examination of the genital tract and the removal, when possible, of any grossly diseased organs.

CLINICAL NOTES.

REPORT OF A CASE OF PUERPERAL SEPTICÆMIA WITH HIGH TEMPERATURE.*

BY J. ALGERNON TEMPLE, M.D.
Professor of Obstetrics and Gynecology, Trinity Medical College.

On June 24th, 1893, 4 p.m., Mrs. B., aged 42 years, primapara, was confined; breech presentation. On my reaching her house I found the child born as far as the arm; the child was then dead, and after a little difficulty I completed the delivery. Placenta came away naturally; no laceration to maternal passages. Ordered an antiseptic douche to be used at bed-time.

25th—Temperature and pulse both normal Lochia healthy and free from any offensive odour.

26th, 7 a.m.—Temperature and pulse normal. In the afternoon, patient was seized with a severe rigour which lasted fourteen minutes. Temperature ran up to 104.4. Pulse, 130. I saw her shortly after this; she complained of no pain or tenderness. I immediately gave her an intrauterine bichloride douche myself, but nothing came away. A few hours after temperature dropped, however, to normal. I also gave her quinine and antipyrine. This rigour was followed by severe diarrhœa, sleeplessness and retention of urine, and I may here state this retention continued throughout her whole illness, necessitating the constant use of the catheter; and both the diarrhœa and sleeplessness complicated the course of her whole illness, both these symptoms being more or less present.

I used the intrauterine douche myself twice each day up to July 3rd, when she had another violent rigour, which lasted ten minutes. Temperature, 102.4. Pulse, 114.

July 9th, 8.50 a.m.—Severe rigour lasting fifteen minutes. Temperature, 104. Pulse, 126.

10th, 12.25 p.m.—Rigour lasted ten minutes. Temperature, 104. Pulse, 118.

*Read at Toronto Clinical Society.

11th, 4.45 p.m.—Severe rigour, lasted twelve minutes. Temperature, 102.2. Pulse, 112.

13th.—Rigour lasted twenty minutes. Temperature, 105. Pulse, 134.

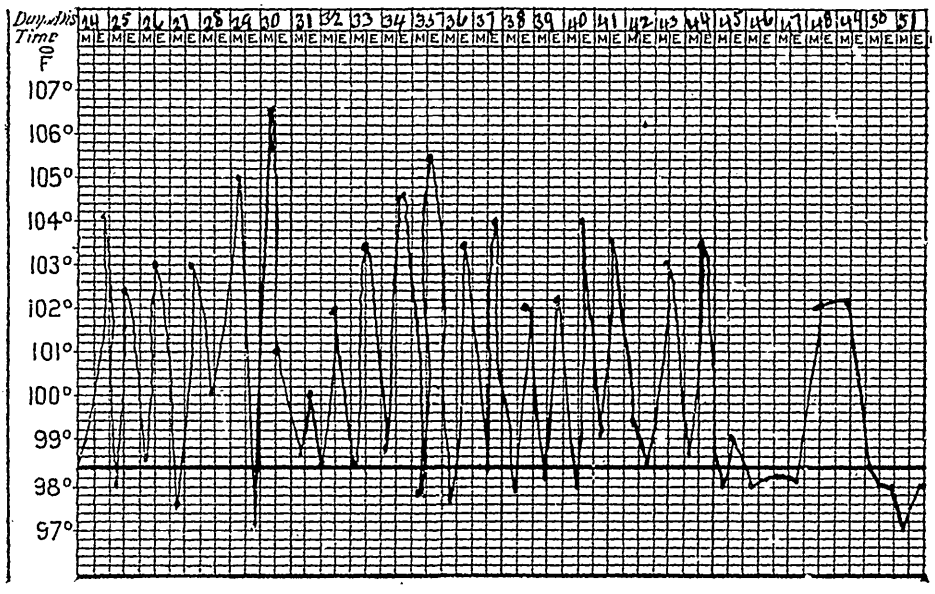
14th.—Rigour. Temperature, 100.4. Pulse, 100.

15th, 4.10 p.m.—Rigour lasted forty-five minutes. Temperature, 105.4. Pulse, 134.

16th, 8 p.m.—Rigour lasted twenty minutes. Temperature, 101.4. Pulse, 118. 12.40 p.m.—Rigour lasted twenty minutes. Temperature, 104.4. Pulse, 138.

17th, 10 a.m.—Rigour. Temperature, 105. 10.55 p.m.—Rigour.

Up to this time patient had been taking quinine chiefly and proper nourishment, with antiseptic douches, and, when the temperature was very high, fifteen grains of antipyrine was given. Repeated examinations, both by myself and Dr. Grasett, failed to discover anything in the uterus or its neighbourhood to account for these frequent rigours; on the contrary, the uterus was unusually small and free from tenderness and pain, very movable, without any evidence of any inflammatory deposit around it, and no evidence of septic peritonitis whatever. I now gave my patient ʒj of peroxide of hydrogen every three hours and discontinued all other medicines; this she took regularly up to July the 23rd, during which time she had no rigours, but temperature remained between 101° and 103°. On this day she refused to take any more of the peroxide, as it was nauseating her.



On the 24th of July she had a rigour. Temperature rose to 106.2; pulse, 146, the highest point up to the present. I now ordered eight ounces of whiskey, to be given in twenty-four hours; this I increased to twelve ounces. She seemed rather better at first and had no rigour till the 27th. Temperature, 106.2; pulse, 140. 9.30 p.m.—Had a very severe rigour, which lasted forty minutes. Temperature, 105.2. Pulse, 140.

28th, 12.45 m.—Severe rigour, lasted fifty minutes. Temperature, 105.6 Pulse, 136.

29th, 8.30 p.m.—Rigour lasted fifteen minutes. Temperature, 103. Pulse, 124.

For the last few days the patient is constantly bathed in the most profuse perspiration, not immediately after the rigours, but at all times, so that a rubber sheet was kept under her to protect the bed, and a draw-sheet was removed simply saturated. Cold sponging with iced water and alcohol were used several times a day with little benefit. I decreased the whiskey and gave her 1/100 grain of atrophia every four hours with the happiest results. The perspirations were entirely checked, and there was no recurrence of the rigours till August 3rd, 5.15 a.m., when she had a very slight one. Temperature, 103; pulse, 136. I continued this same remedy up to August 11th, when the temperature became normal; and from that time till I ceased my attendance, on the 22nd of August, the patient steadily regained her strength and healt'

The most remarkable features, to my mind, in this case is that this patient had eighteen severe rigours with a continuous high temperature, and that she made a complete recovery without the formation of pus anywhere in the pelvis. As to the origin of her septicæmia I cannot give any opinion.

I would also draw attention to the great improvement which followed immediately after I began the use of the atrophia.

TRAUMATIC ANEURISM OF THE ORBIT.*

BY G. S. RYERSON, M.D.,
Professor of Ophthalmology, Trinity Medical College.

The case I propose to say something about is that of a man, forty-five years of age, who was kicked by a horse during the early part of May. He was rendered unconscious at the time, and, in addition to injuries in the neighbourhood of the orbit, he had a fracture of the jaw and a scalp wound.

He was sent to me some time in the beginning of June. When he came he had lost the sight of his right eye, and there was marked protrusion of the eye-ball. He had severe pain at times, but not constantly. I kept him under observation about a week, and, at the end of that time, the pain having become much more severe, and on careful palpation, it being evident that there existed a tumour behind the eye, I determined to enucleate. I could feel the tumour, but, strange to say, I could not detect any pulsation, and could not, with a stethoscope, detect a bruit. However, the pain continuing, and there being pronounced atrophy of the optic nerve, and no vision nor hope of vision, I removed the eye, intending to remove the tumour at the same time. The eye was almost out, when there was a sudden gush of blood—a stream nearly as large as my finger. I whipped the eye out as quickly as possible, and packed sponges into the orbit. When pressure was put on them pulsation was distinct. I plugged the orbit with sponges temporarily, thinking that when the hæmorrhage was stopped I would go on with my operation. In three hours I removed two or three of the superimposed sponges, but, upon removing the last sponge, hæmorrhage recurred as bad as ever; couldn't even examine the orbit, the hæmorrhage was so severe. Plugged the orbit the second time. Next day again put patient under chloroform, removed the sponges, and the same thing occurred. Used some perchloride of

*Presented at Toronto Clinical Society, February 14th.

iron at the time. We thought a little later we would examine it, but the hæmorrhage recurred a third time. It was evident we had to deal with a very vascular tumour.

I was called out of town next day, and during the day, or early in the evening, a very severe hæmorrhage occurred spontaneously, the orbit still being plugged with sponges retained by a firm bandage pressure. Dr. W. H. B. Aikins was called in, in my absence, and ordered the patient to be removed to the General Hospital. Pressure was re-applied, and, in addition to the ordinary bandages, an elastic bandage was put on. This was removed in a few days. Still there was considerable oozing. On examining the orbit a mass was to be seen which could not be very well defined, but which did not visibly pulsate. We tentatively kept the orbit plugged, using every antiseptic precaution. Hæmorrhage came on again, but not extensively. No improvement taking place and the bleeding recurring, Dr. Teskey tied the right common carotid. Even after tying the artery there was a very severe hæmorrhage. Made an examination, after the hæmorrhage had all ceased, with the finger. I found a large fissure extending along the base of the orbit and obliquely from within outwards, through the top of the orbit.

After a while there was general sloughing of the orbit and upper eyelid, probably due to prolonged pressure. All the tissues came away. A portion of the slough was like the finger of a glove, which apparently was the sack of what appeared to be an aneurism of the orbit. When the orbit was empty the brain could be plainly seen over a space of about two square inches. An artery in its surface being dangerously *en evidence.* Purulent discharge could be seen to make its way forward from the under surface of the brain.

In cleansing the orbit with antiseptic solutions I actually syringed the man's brain.

This man went about apparently in good health. The orbit gradually healed; the skin grew inward and, when last seen, was closing the orbit. The patient went home about the beginning of July, but there was still a tremendous fissure through which the brain was perfectly open to view.

I received a letter from this patient about three weeks ago, in which he said that he was "first-rate." The fissure was closing up, and he said he thought he would be all right.

I have not looked up the literature on the subject. I think it was a remarkable case.

Dominion Medical Monthly.

All literary communications, exchanges, and books for review, should be addressed to the DOMINION MEDICAL MONTHLY, *50 College Street, Toronto.*

Address all business communications to the Publishers, THE MEDICAL PUBLISHING CO., OF TORONTO, *Box 418, Toronto, Canada.*

TORONTO, FEBRUARY, 1894.

ANTIPYRIN — ANTIFEBRIN — PHENACETIN.

An enquiry regarding the importance of ill effects following the use of the above drugs has been conducted by the Therapeutic Committee of the British Medical Association, and we copy some of the results which have been procured.

It would appear from the reports published that a great deal of care was exercised in order to procure evidence from authentic sources throughout England and Scotland. We append a copy of the reports as tabulated:

ANTIPYRIN (PHENAZONE).

TABLE I.

No.	Nature of Ill-Effect, as Specified by Observer.	Dose in Grains
1	Weakness and shakiness	(20 to 40).
2	Serious collapse in a case of typhoid fever.	30 twice.
3	Syncopal attack on one occasion	15.
4	Symptoms of collapse.	20.
5	Enfeebling in its action	(5 to 20).
6	Depressant	(12 to 20).
7	do.	(20).
8	Cardiac weakness and irregularity.	15 every 4 hours.
9	Great depression	30 at hourly intervals.
10	do. do. and exhaustion	15 every 4 hours.
11	Alarming depression	45 in 8 hours.
12	Cyanosis and dangerous cardiac depression	20.
13	Cyanosis and dangerous cardiac depression	20.
14	Depressant on heart	(15 to 20).
15	Excessive sweating, cyanosis, and partial collapse	(20).
16	Vasomotor pains, lividity, profuse perspiration, tendency to collapse, and to pneumonic congestion	(30).
17	Collapse and death in a case of rheumatic fever	80 in 5 hours.
18	Alarming faintness in anæmic individuals	(15 to 20).
19	Langour and depression	(15).
20	Weakening effect in 10 per cent. of cases	20 repeated in an hour.
21	Serious collapse in a case of typhoid.	2 doses of 30.
22	Loss of speech, lasting 24 hours, in a case of commencing meningitis which subsequently proved fatal.	7½ repeated in an hour.
23	A condition of mania from long-continued use of the drug, recovered from when drug withheld	
24	Dyspnœa and much nervous excitement once out of many hundreds of cases	5.
25	Salivation with urticarial rash twice in same patient	10.
26	Dizziness and loss of power in legs.	3.

ANTIFEBRIN (ACETANILIDE).

TABLE II.

No.	Nature of Ill-Effect, as Specified by Observer.	Dose in Grains.
1	Alarming collapse more than once.	(4).
2	Excessive sweating, cyanosis, feebleness of pulse, and partial collapse, comparatively frequent.	(2 to 5).
3	Cyanosis after repeated doses	(5 to 10).
4	do. on two occasions	7 every 4 hours.
5	do. and collapse once after a double dose	(10).
6	Collapse in two children	(6 to 10).
7	Cyanosis and collapse in one or two cases	Not stated.
8	Cyanosis and depression	(5).
9	do. do.	(10).
10	do.	(7½).
11	Collapse and death	Not stated.
12	do after continuous doses of 7½ grains.	(5 to 10).
13	Collapse after 10 grains	(2 to 3).
14	Undue perspiration and depression.	(5).
15	do. do. do.	(8).
16	Collapse	(3 to 10).
17	Depression	(6 to 8).
18	Palpitation and collapse	(2 to 20).
19	Great cyanosis after 2 doses of 10 grains each	(5 to 8).
20	Cyanosis once	(4 to 8).
21	Cyanosis, profuse perspiration, and partial collapse	(10).
22	Cyanosis and collapse.	(8 to 10).
23	do. do.	(3 to 10).
24	do. do.	(5 to 10).
25	do. do.	(8 to 10)
26	Collapse in phthisis even after 2 grains	2.
27	Alarming collapse in a child by a second dose	3.

PHENACETIN.

Out of a total of eighty observers, only seven have any ill-effects to record.

TABLE III.

No.	Nature of Ill-Effect, as Specified by Observer.	Dose in Grains.
1	Collapse on one occasion.....	5 every 3 hours for 3 days.
2	Extreme weakness, cyanosis, and feebleness of pulse.....	(10 to 15 every 4 hours.)
3	Cyanosis once	7 every 4 hours for 3 days.
4	Slight giddiness once	(5 to 10).
5	Depression, although not often....	(5 to 10).
6	Lividity and diaphoresis	(10 to 20).
7	Subnormal temperature, coldness, shivering.....	(5 every 4 hours).

If we eliminate the last four, in which the ill-effects described are obviously of slight degree and importance, there remain only three where the ill-effect was at all specially marked. And it was of the same character as that already noted with regard to antipyrin and antifebrin, namely, cyanosis and collapse. They were only met with on one occasion by each observer, and their presence is sufficiently accounted for by the dosage used, namely, 5 grains every three hours for three days, 10 to 15 grains every four hours, and 7 grains every four hours for three days.

The general conclusion is as regards their freedom from ill-effects, the drugs may be placed (1) Phenacetin, (2) Antipyrin, (3) Antifebrin.

We have observed a curious effect in a patient taking 4-grain doses of antifebrin. It produced cyanosis and coldness of the ring finger of the right hand upon two occasions after taking the second dose within four hours of the first. The same individual recently took ten grains of antipyrin at 9.00 o'clock in the morning, and repeated the dose at 9.30 o'clock in the evening of the same day. Shortly after midnight he was awakened with dyspnœa. Upon examination there was found an œdematous condition of the lower lobe of the left lung, which quickly passed off under a stimulating treatment.

The conclusion is being arrived at pretty rapidly by physicians watching the effects of these useful, but sometimes dangerous drugs, that they may be prescribed with equal advantage in much smaller doses. To be within the bounds of safety and to obtain results equal to those produced by larger quantities we would advise our readers to prescribe as follows :

Antipyrin. .....gr. 2 to 5
Antifebrin.....gr. 1 to 3
Phenacetin. .....gr. 2 to 8

and not to repeat too frequently or at too short intervals, unless the patient is under close observation.

Idiosyncrasies are probably more likely to be found in the use of the coal-tar preparations than in any other class of remedies mentioned in the pharmacopœia.

THE PREVENTION OF TUBERCULOSIS.

No one will deny the statement that tuberculosis is the great plague among civilized people. When the disease has become fully established it is one of the most unfavourable with which the medical man has to do. These two facts render it imperative that every effort should be made to prevent the disease.

The advance of knowledge is placing us in possession of data that, if acted upon, would go a long way towards annihilating this disease. Tubercular trouble affects children very frequently in the bones, joints, membranes, and lymphatic channels. In these cases there is strong reason for suspecting the digestive canal as the source through which infection has taken place.

When we turn to persons more advanced in years, it is noticed that the main stress of the disease rests upon the respi-

ratory organs. This shows that the infection has gained entrance into the system by the air passages. These two main channels of infection must therefore be carefully guarded. For the protection of the young, the most rigid care must be given to the milk and food supply. For the protection of the older members of society the atmosphere mainly must be looked to.

Healthy and well ventilated houses, factories, schools, and public buildings will do a great deal towards lessening the ravages of this frightful disease. The proper care of the sick is also a question of the utmost importance. The most stringent instructions ought to be laid down with regard to sputum and other discharges containing tubercular germs.

It is known that in the form of dust the tubercular bacillus retains its vitality for a long time. Why a consumptive should be allowed to go about, and not be forced to take such precautions as would prevent the spread of the disease to others, is hard to understand.

We have already stated in our columns that it is our opinion that there should be a national hospital for consumptives. To such an institution those who are diseased, and have no proper means at home for treatment, could be removed. Many cases might recover by this means, but the great value would lie in the influence such a step would have over the spread of the disease. With these stern facts staring us in the face, something should be done for the sick, and to prevent the infection of the well.

AN AMERICAN BUREAU OF PUBLIC HEALTH.

The Committee on Quarantine of the New York Academy of Medicine has prepared the draft of a bill providing for the establishment, within the Treasury Department, of a Bureau of Public Health for the United States. This bill will be presented to Congress during the present session. It provides, among other things, for the creation within the United States of nine sanitary districts. The proposed Bureau is to consist of a commission of fifteen, of whom eleven shall be appointed by the President by and with the advice of the Senate, as follows, viz.: One medical commissioner from each of the sanitary districts of the United States, and two commissioners-at-large; the compensation of the commissioners when actually engaged in the performance of their duties is to be ten dollars per diem and reasonable expenses. The other members of the commission, who are to be the Surgeon-General of the Army, the Surgeon-General of the Navy, the Supervising Surgeon-General of the Marine Hospital Service, and an officer learned in the law, detailed by the Attorney General from the Department of Justice, shall receive no compensation.

The members of the commission shall meet at such time and place as may be designated by the Secretary of the Treasury and organize by the election of a president, who shall be one of the members-at-large, and who shall receive five dollars per diem in addition to the ten dollars already provided, when engaged in the performance of his duties under the Act. The other member-at-large shall be Vice-President of the commission. The commission may appoint a secretary, not one of its members, and fix his salary at a sum not exceeding three thousand dollars annually.

Provision is also made for the appointment of an Executive Committee of the commission, consisting of its President, the Surgeon-General of the Army, the Surgeon-General of the Navy, the Supervising Surgeon-General of the Marine Hospital Service, and the officer detailed by the Attorney General.

The duties and powers of the Bureau

are set forth with much comprehensiveness of detail. For instance, provision is made for conference with State Boards of Health, for the collection and diffusion of information on public health matters; likewise to advise the Government, the executives of the several States and all health authorities on all questions submitted to it, or whenever, in the opinion of the Bureau, such advice may tend to preserve and improve the public health; to secure the best sanitary conditions of vessels from foreign ports; to prevent the introduction of infectious diseases into the United States, and their spread from one State into another; to co-operate with and aid State and municipal health authorities in the execution and enforcement of rules and regulations to suppress infectious diseases; and, in general, to be the medium through which the General Government shall adopt such measures and take such action as will most effectually protect and promote the health of the people of the United States. The Bureau will obtain reports from U. S. Consuls as to the sanitary condition of foreign ports, and places from which infectious diseases might be imported; also from State and municipal sanitary authorities, private associations, etc.; also from statistics relating to marriages, births and deaths. The Bureau is also required to secure an international system of notification of the existence and progress of infectious diseases, particularly cholera, small-pox, typhus fever and yellow fever.

Quarantine provisions form an extensive portion of the Act.

The sum of $1,000,000 is called for to meet emergencies arising in the execution of the provisions of this Act.

The American Public Health Association, which had its annual meeting at Chicago, October 9-14, 1893, evidently does not view this matter from quite the same standpoint as the New York Academy of Medicine. This may be gathered from the following resolution, offered by Dr. Henry P. Walcott, of Massachusetts, which was adopted:

Resolved,—That the American Public Health Association again urge upon Congress the necessity of the appointment of some officer with general sanitary authority in connection with the National Government;

That the functions of such an authority are of sufficient importance to demand the exclusive attention of the best-instructed sanitarian;

That such authority should be enabled, from time to time, and under proper regulations, to secure the advice and co-operation of the State boards of health.

The establishment by the National Government of a commission will probably, however, commend itself to the majority of practical sanitarians as a wiser procedure than the appointment of "an individual with general sanitary authority."

It is to be hoped, however, that should the Act become law, the United States Government shall appoint as members of the commission only such persons as may have acquired a special education in sanitary studies.

TRAUMATIC HYSTERIA.

It is within the knowledge of many medical men that some of the most troublesome cases of hysteria are caused by injuries. To those who are of nervous or hysterical tendency, this result may be very easily brought about by traumatism. But there are cases, where there was no previous tendency to hysteria, that have arisen out of some injury or surgical shock.

Some of these cases are mild and temporary in their nature, while others are amongst the most difficult that the practitioner has to encounter. It will not do to make light of many of these attacks. They are extremely obstinate, and may

render the life of the sufferer perfectly wretched, if not almost useless, for years.

No greater mistake was ever made than to regard all these cases as sham or humbug. They are, in many cases, as real and genuine as a broken leg. It is true that there may be no organic substratum found in the nervous system to account for these cases, yet they exist, and resist all efforts at successful treatment. For some cases of insanity no physical basis can be found in the nervous system, nevertheless the unfortunate person is confined to an asylum for many years or life.

In hysteria caused by injury we meet with some of the most difficult problems that can face the medical man. The treatment is often extremely troublesome. The prognosis is also very obscure. One case may be well in a short time, a second may be months, a third may be years, and a fourth may last for life. Such are the teachings of experience. Under these circumstances it will not do, when we meet with a case of marked hysteria following an injury, to make light of the whole affair and state that it is only an attack of hysteria, it is all sham.

SURGICAL SHOCK.—Charles P. Noble, M.D. (in *American Lancet* for Feb., '94), describes surgical shock as a condition where the heart is feeble and rapid, the respirations shallow and frequent, the temperature is lowered, intellection, digestion, secretion of urine, and assimilation are much in abeyance. Perspiration is free and the surface cold and clammy. Vitality is at a low ebb.

With regard to treatment, much can be done in the way of prevention by selecting the proper time for operation, and by giving proper attention to the health of the patient prior to the operation. This can be done in all cases, except emergency ones. The temperature of the room should be from 75° to 85° F. Loss of heat from the patient's body can be prevented by the way in which the patient is dressed and covered during the operation.

Much can be done to avoid shock by the proper administration of the anæsthetic. Patients should not be drowned with ether or chloroform.

Every effort should be made to lessen the amount of blood lost during the operation. All tissues, especially those of the abdomen, should be handled gently.

In the event of shock existing or coming on during the operation, heat must be applied to the body. The heart is best stimulated by a hypodermic injection of gr. $\frac{1}{15}$ strychniæ and gr. $\frac{1}{30}$ digitalin. The strychniæ may be repeated every fifteen minutes till improvement takes place. If the shock is profound gr. $\frac{1}{100}$ atropia and two or three minims of 1 per cent. solution nitro-glycerine may be given. Three or six grains caffeine citrate may be tried.

Dry friction of the extremities is of considerable value in shock. Whiskey may be given by enema, if the patient has not had too much ether. Morphia may be administered both as an anodyne and as a heart stimulant.

For some time after shock the stomach is not retentive of food. Some hot coffee or hot beef tea is as much as should be given. The amount of nourishment can be increased as the stomach improves.

In cases where the depression lasts for several days, the utmost care must be given to the alimentation of the patient, as death may result from asthenia. In some of these cases the administration of oxygen gas is of signal service.

OBSERVATIONS AMONG BEER DRINKERS.—Dr. Lambert Ott (*Medical News*, Jan. 6, 1894), in the course of his experience and observations on beer-drinkers, remarks, that there is a tendency among

those who work in breweries and drink beer to acquire a kind and honest disposition. There is a florid complexion, due to capillary varicosity, and an accumulation of fat.

The blood of those who work in breweries and drink nothing but beer, becomes richer in red corpuscles and poorer in white corpuscles than normal blood. When the habit of beer-drinking is suddenly stopped, the person loses fat, and the blood changes to the normal corpuscle standard.

To the healthy man working in breweries, the drinking of beer does not retard digestion. He states that he has never heard, nor seen, complaints of indigestion. These beer-drinkers acquire an enormous bladder capacity.

Among the pathological conditions, subacute gastritis is the most common. Seventy-eight per cent. of those cases occurred in the hot months; and was, most likely, due to pouring large quantities of cold beer into the stomach. In most cases of gastritis it is found that the persons who suffered used their morning "schnapps."

Usually the bowels move from two to four times daily. The kidneys are very active, and the urine pale, and of low specific gravity. Cirrhotic kidney and hob-nail liver are not met with among beer-drinkers.

Anæmic persons, with poor nutrition, taking to beer-drinking, gain in weight, and in the quantity and quality of the blood. The sudden withdrawal of beer in a sin ple beer-drinker does not cause the nerve agitation that occurs in the whiskey drinker.

Treatment of Piles.—Thomas H. Manly, of New York (*Boston Medical and Surgical Journal*, Feb. 1st, 1894), recommends the following operation for piles: Give the patient two to four ounces of whiskey; wash thoroughly the perineum, and round the anus; shave clean; cocainize, by giving a hypodermic injection. Then dilate the anus thoroughly. This must be done with care. The piles are now thoroughly cleansed, and wiped dry. They are taken one by one between the thumb, index and middle fingers close up to the base. It is put on moderate stretch, then twisted, and thoroughly crushed. When this is completed the entire mass is returned into the rectum.

The advantages of the operation are:

1. It is simple, and can be performed with few assistants.

2. There is no division of tissue, no bleeding, and little risk of infection.

3. There is no danger of secondary hemorrhage.

The results so far by this method have been very satisfactory.

Syphilis and Tabes Dorsalis.—B. Sachs, M.D. (*N. Y. Med. Record*, Jan. 6, 1894), in dealing with the above subject, refers to the statistics recently published by Erb, showing that eighty-nine per cent of tabetics had syphilis.

Dr. Sachs holds that the following afford strong reasons for regarding tabes as of syphilitic origin:

1. The frequency of general paresis in tabes, and of tabetic symptoms in general paresis, this latter being more apt to occur in syphilitics than in any other.

2. General paresis and tabes occurring in women and very young persons, are invariably preceded by syphilis.

3. In cases of cerebral and cerebro-spinal syphilis, symptoms occur that resemble on one hand paresis, and on the other tabes.

4. The failure of specific treatment in tabes does not afford any negative evidence. Specific treatment often fails in undoubted cerebral syphilis.

The author is strongly of the opinion that diseases of the midbrain and nuclear

trouble, and, also, that tabes beginning with ocular palsies, are apt to be cases of cerebro-spinal syphilis.

It is highly improbable that the degeneration in the cord is primary. In all probability, the syphilis produces disease in the nerve cells, and from this ensues the degeneration in the fibrous matter. The cells for the sensory fibres are situated in the spinal ganglia, while those for the motor fibres are in the cotex and anterior coruna.

The meninges of the cord are readily affected in syphilis, and, by this means, the spinal ganglia and posterior roots may become implicated. Ascending degeneration would ensue from disease of the ganglia, or a focus of disease between the ganglia and the posterior horns of the cord.

A Mode of Compressing the Aorta.—William McEwan, of Glasgow (*Annals of Surgery*, Jan., '94), gives the following method of controlling the circulation in the abdominal aorta. The patient is placed on his back on a table. The person who is to compress the aorta stands on the left side of the patient with his face towards the patient's feet. He shuts his right hand and places it on the patient's abdomen, with the knuckle of the index finger of the right hand touching the upper border of the umbilicus. In this position the shut hand will em brace about three inches of the aorta. The femoral artery can be tested with the left hand.

Hints on Feeding Infants—Dr. James A. Patterson, of Salem, N.J. (*Med. and Surg. Reporter*, Feb. 3rd, 1894), remarks that the first point to attend to is that infants require feeding in proportion to their digestive ability and constitutional requirements.

If the child is artificially fed it should be constantly watched. If the flesh becomes soft and flabby, and the child is not gaining properly in weight, it should receive immediate attention.

The author condemns, as a rule, dried preparations of cows' milk with starchy ingredients. The mixture of cream and milk, as recommended by Charles D. Meigs, is often valuable. Rotch's formula is a good one.

Cream (20%)	℥iss.
Milk	℥i.
Water	℥v.
Milk Sugar.....	℥iii.
Lime Water	℥ss.

In this mixture there is dilution to avoid curds; cream to supply fat, and an alkali to counteract the acidity of the cow's milk.

When the author gives amylaceous food, he has used cream and milk with Mellin's food. In this there are dextrin and maltose from wheat and barley, with an alkali. For a child from three to six months, he uses six to seven tablespoons of cream, three of milk, three of Mellin's food, and a quart of water. The cream and milk are scalded with the boiling water, and the food afterwards added. The strength of the mixture is gradually increased. If digestion is very weak, the milk should be omitted for a time.

Treatment of Phthisis.—Dr. E. A. Wood (in the *Medical Standard*, January, 1894), reviews the subject of phthisis. He remarks:

1. That this disease is, in all cases, due to the entrance into the system of the bacilli.

2. That every effort should be resorted to for the purpose of preventing the infection of those who have not the disease by those who are affected. All bacilli should be destroyed in sputum and discharges. The strumous diathesis

should be carefully treated, so as to prevent the lodgment of the bacilli.

3. In the treatment of consumption the author speaks highly of the preparations of gold. The chloride of gold and sodium, gr. 1-30, hypodermically, once a day. Better still are the liquid preparations of Barclay, as the bromide of gold and arsenic. This preparation agrees well with the digestive organs, and the lymphatic system can be saturated with it.

The glycerole of popoid and alcohol, equal parts, inhaled from an atomizer, are useful in the muco-purulent discharges of the pulmonary cavities.

THE CAISSON DISEASE.—Drs. A. H. Smith and W. G. Thompson, of New York (*N. Y. Med. Record*, Feb. 3rd, '94), have articles on this interesting disease. As the result of the greatly increased atmospheric pressure in the caissons, those who work in them suffer from a special train of symptoms. The blood is driven from the surface, and the internal organs become congested, especially the cavities of bones, the brain and spinal cord, and liver and kidneys. There is often much pain in the lower part of the spine, in the lower extremities, and paralysis of the bladder and legs.

NITRO-GLYCERIN IN HYSTERO-EPILEPSY.—R. B. McCall, of Hamersville, O. (*Medical Summary*, February, 1894), reports a case of hystero-epilepsy, which he treated by the administration of nitro-glycerin, gr. 1-250, in tablet triturates, three times a day. The drug exerted a very beneficial effect over the attacks. When an attack came on, a two-drop pearl of amyl nitrite was crushed on a napkin. This had a happy effect. The rigid muscles soon relaxed, and the patient fell into a quiet slumber, being bathed in a profuse perspiration.

Items, Etc.

DR. ROLPH B. LESSLIE, brother of Dr. J. W. Lesslie, of this city, a graduate of Toronto University, 1875, died of fever and was buried at sea near the Island of Dominica, West Indies, on the 20th of last December. The following notice, written by a friend, appeared in a London (Eng.) morning daily, and depicts in touching words his honourable and loveable character :—

"I hear with great regret of the death of my friend, Dr. Rolph Lesslie. He was known to many people in London, to hundreds of friends scattered over the many lands which he visited in his singularly varied career: and I don't believe, among them all, he had a single enemy. A Canadian by birth, he came to this country at an early age, I remember him nearly twenty years ago, a thin, peach-blossom-cheeked boy, with a tiny, refined face, refined features, and a small fair moustache. He was on his way to the Russo-Turkish War, having taken service as an army surgeon with the Turks. He went through all the scenes of peril and bloodshed with a cool, careless courage.

"When his period of service was completed he joined the Red Cross Society, and did excellent work at Shipka, Plevna, and in all the principal engagements both in Europe and in Asia Minor. Nothing daunted him; the more dangerous the work the more it invited him. He was in the thick, as physician to the Turkish Compassionate Fund, of a small-pox epidemic; served in the Zulu War; was with Stanley in the Congo; travelled all through Persia; had been many times around the world; and observant, clear-eyed, with no illusions and no hatred, except of meanness, he retained to the end the same sweet, innate sunny nature.

"He had resolved to rest at last from

such wandering; and was engaged to be married to a sweet and amiable young lady. But he had undertaken to join a certain mission; and, honourable and faithful to a fault, he left love and rest and the haven of a home behind him to fulfil a professional engagement. It was to be his last voyage before settling down. Struck with fever in the West Indies, he died and was buried at sea, just a few weeks before Christmas, and in his 42nd year. Such fine fellows ought not to die young.

"A characteristic story of him was told to me by Dr. Thomas Neville, who was one of his companions in the Russo-Turkish campaign. Lesslie found a little girl, about six years old, wandering about homeless, friendless—her parents had been killed in the awful massacres in Bulgaria which brought about the war. Lesslie adopted the helpless orphan, gave her in charge to a Greek priest, paid for her support for years, and even travelled two hundred miles to see her. Always in the receipt of a large income, he never had a penny saved; it all went in relieving the needy members of his own profession."

PROF. BILLROTH.—Christian Theodor Billroth died somewhat suddenly, on the 5th of this month, at Abbazia, on the Adriatic, from heart disease. In 1860 this accomplished man was elected to the chair of Clinical Surgery at Zurich. In 1867 he accepted the call to Vienna to fill the place made vacant by the death of Franz Schuh. In 1882 he was urged to go to Berlin to fill the chair of Surgery at the University, as successor to the noted Langenbeck, but he declined, preferring to remain in Vienna where he had achieved his greatest triumphs. The students of the University showed their appreciation of this decision by a most elaborate torch-light procession. We well remember this occasion, when all Vienna seemed to turn out to do honour to their beloved Surgeon Billroth. The following is extracted from a notice in the *British Medical Journal:*

"Billroth was certainly one of the boldest and most successful operators of his time, but he was far indeed from being merely what Shakespeare would have called "a tall fellow of his hands." As an artist with the scalpel he was second to none of his contemporaries, but he was also a thoroughly scientific surgeon. He was, indeed, one of the pioneers of surgical pathology, and most of his earlier work was done in this important field. We need only mention his investigations on the structure of mucous polypi, on the development of blood vessels, and above all, the work by which he is best known to English readers, his 'Lectures on Surgical Pathology and Therapeutics,' which has gone through innumerable editions in Germany, and which has been translated into nearly every civilized tongue. The Sydenham Society published an English translation from the eighth edition in 1877-78.

"Billroth's literary activity was immense, the total number of his published books and papers, of which he was the author, amounting to about one hundred and forty. Amongst these the largest is the encyclopædic '*Deutsche Chirurgie*,' which he edited in collaboration with Lücke. He also collaborated with von Pitha in a 'Text-book of General and Special Surgery,' the publication of which was completed in 1882. To this Billroth contributed the section on Scrofulosis and Tuberculosis, Injuries and Diseases of the Breast, Instruments and Operations, Burns, Frostbites, etc. One of his most important works is his 'Clinical Surgery, or Reports of Surgical Practice between the Years 1860-1876,' which was translated for the Sydenham Society by Mr. Clinton Dent in 1881.

"During the Franco-German war of 1870-71 Billroth did excellent work in the military hospitals at Mannheim and

Weissenburg, and he embodied his experience of war surgery in his 'Surgical' Letters from Mannheim and Weissenburg. He was so impressed by the horrors of war, that he was ever afterwards an ardent advocate of peace. On December 3rd, 1891, he delivered an address on the care of the wounded in war which made a profound sensation and led to large sums of money being voted by the Austrian legislative chambers for the provision of adequate means of succor for the wounded.

"Billroth was also greatly interested in nursing. He founded a training-school for nurses in Vienna, and wrote a book, 'Nursing at Home and in Hospital,' which is a model of what such a book should be.

"Honours and decorations were showered on the distinguished surgeon, and in 1887 he was made a member of the Austrian Chamber of Peers, a distinction which has been rarely bestowed on members of the medical profession.

"As a teacher, his influence was very far-reaching; his works are the classical text-books in Germany, and there is hardly a practitioner in the Fatherland who does not seek for guidance in surgical difficulties in the writings of the famous teacher of Vienna. Among his best titles to fame are the names of his pupils, who include such men as Czerny, Gussenbauer, Mikulicz, Salzer, Winiwarter, Wölfler and Von Eiselberg.

"Professor Billroth was a man of fine presence and powerful physique. He had a highly cultivated feeling for music. He was an excellent performer on the piano and violin, and at one time seems to have had some thought of taking up music as a profession.

"Sir Wm. MacCormac contributes a personal reminiscence as showing his princely hospitality. During the great International Exhibition in Vienna he entertained a party of about one hundred military and civil surgeons who had come to attend a conference on the subject of medical aid in time of war, at a banquet at Voslau, a well-known suburban resort of the Viennese. There were the choicest wines, from the Imperial Tokay downwards; native oysters from Colchester; sturgeon from the Volga, and, last and best, Strauss' band. I shall not easily forget the magical effect produced when, after dinner, Johann Strauss, one of Billroth's great friends, mounted the orchestra, and, waving his bâton, the band played the 'Beautiful Blue Danube.' The music was beautiful before, but it seemed transformed when Strauss led it. Immediately afterwards Billroth gave the only toast proposed on this memorable occasion. He said, 'Ein Oesterricher grüsse ich Sie, in Oesterich, mit Oesterich.' The response did not want in enthusiasm. This dinner took place in a restaurant on the slope of a vine-clad hill covered with ripening grapes, which were to make wine such as we were drinking."

An Important Decision.—Common Pleas Division; the Divisional Court; before Galt, C.J., and Rose J. Reg. v. Howarth.—Judgment on motion to make absolute a rule nisi to quash a summary conviction of the defendant by the police magistrate for the city of Toronto, for an offence against sec. 45 of the Ontario Medical Act by an alleged practising of medicine for hire without registration or license. The defendant is a chemist and druggist and apothecary. The alleged offence was *indicating a medicine for symptoms described by a customer, and selling a bottle of it at the regular price.* The defendant contended that this was not practising medicine for hire within the meaning of the Act, and even if it was, it was not for gain, and even if it was for gain, the defendant was entitled as an apothecary so to practise. The court held that *there was evidence of practising medicine* on which a magistrate might well convict; that *it was practising*

for hire, and that the defendant's registration under the Pharmacy Act did not qualify him to practise in the same way that one registered under the Medical Act as a physician and surgeon could practise. Rose, J., held that a druggist can properly *tell* a customer the name of a remedy for a disease, or even tell him which of several remedies he deems the best, but *cannot legally enquire into the customer's symptoms* to ascertain the nature of his ailment and then indicate the remedy. Rule nisi discharged with costs. A. Cassels for the defendant. Osler, Q.C., for the prosecutors.—(Extract from *Empire* of 18th Feb.)

We are pleased to place before our readers the above very important decision of Chief Justice Galt and Justice Rose, for the benefit of the profession and the guidance of druggists in that very objectionable form of counter prescribing, against which the medical profession has protested for so long a time. Stripped of its legal phraseology, the above judgment may be defined as follows:

1. That it is illegal for a druggist to select out of his stock and sell to any customer, any medicine, for symptoms described by that customer.

2. That it is illegal for a druggist to even enquire into a customer's symptoms and then indicate a remedy; but he can *tell* a customer which of several remedies he thinks the best.

In this case, the police magistrate convicted the druggist, who then appealed to the higher court. As seen by the above, the judges threw out the appeal and supported the decision of the magistrate.

Let us hope that this will have a good effect in abolishing the reprehensible practice of counter prescribing in this Province.

Medical Legislation.—Dr. Ryerson will, at the present session of the Legislature, introduce a bill entitled "An Act for the Reclamation of Inebriates and Narcophils."

Dr. Ryerson will also introduce an Act respecting "Privileged Communications." The *Medical News*, of February 17th, has an interesting note on privileged communications.

"It is the object and purpose of the law to enable a patient to make a full statement of his physical infirmities to his physician, with the knowledge, says the Supreme Court of California, in the case of Flint's Estate, that the law recognizes the communications as confidential, and guards against the possibility of his feelings being shocked, or his reputation tarnished by their subsequent disclosure. To him the considerations are even more weighty that the privilege remain inviolate after he has gone to his grave, for his good name is left behind, deprived of his protecting care. His rights are not buried in the grave, and heirs and devisees quarrelling among themselves over a division of his patrimony should, in justice to his memory, not be allowed to waive the privilege. Consequently, the court holds that a Statute which provides that, 'a licensed physician or surgeon cannot, without the consent of his patient, be examined in a civil action as to any information acquired in attending the patient which was necessary to enable him to prescribe or act for the patient,' rests upon a sound public policy, and cannot be waived by an heir seeking to set aside a will by proving by an attending physician that he prescribed for the testator for mental trouble. Reference is made to New York State, where there is a similar law, except that it provides that the privilege is present, unless 'expressly waived by the patient,' and it is uniformly held by the courts that the patient alone can waive the privilege, and when such patient is dead the matter is forever closed. This would also seem to be the doctrine of many of the other States. But in

Michigan, Missouri, and Indiana there are decisions under quite different statutes. which can, perhaps, give an heir power to waive the privilege. And in some other States the legal representative, the administrator, can waive it."

THE ANNUAL BANQUET of the Toronto Clinical Society was held on the 6th of February, at McConkey's, and was a most enjoyable affair. The President, Dr. McFarlane, was in the chair. Among those present were Drs. Temple, J. E. Graham, J. J. Cassidy, F. L. M. Grasett, A. A. Macdonald, F. Strange, C. Sheard, J. L. Davison, G. S. Ryerson, D. C. Meyers, G. A. Bingham, A. J. Harrington, N. Walker, E. E. King, B. Spencer, G. R. McDonagh, A. Baines, A. H. Wright, W. P. Caven, W. H. B. Aikins. Dr. Montizambert was present as a guest of the Society.

WE are unable to publish a letter which has been received from "Scrutator" on the subject of the emoluments of professors in the Medical Faculty of Toronto University. This letter points out that the reconstruction of the Medical Faculty has not been a financial success, and that the professors last year received $440, and it is estimated that they may each receive $610 this year for the session's work.

PROVINCIAL BOARD OF HEALTH.

The first quarterly meeting of the Provincial Board of Health for 1894, opened in Dr. Bryce's office in the Parliament Buildings on the 15th inst. Those present were :—Dr. Cassidy, chairman ; Dr. Bryce, secretary; Dr. Covernton, Toronto; Dr. MacDonald, Hamilton ; Dr. Kitchen, St. George; Dr. Rae, Oshawa ; and Dr. Vaux, Brockville.

After the reading of the minutes of the last meeting, a number of communications were read by Dr. Bryce. They included a report of a nuisance at Port Dalhousie, consisting of a quantity of stagnant water which had been lying in the old canal, the channel having been cut off by the new railway running into the town. The matter has since been remedied. A report of the grand jury of Sault Ste. Marie was read concerning the typhoid fever existing in the unorganized districts and in various lumber camps in the vicinity. The Board of Health of Eglington also reported on the recent outbreak of diphtheria at Mount Dennis. A large number of cases exist in that section, some of which have proved fatal. The prevalence of the disease has been attributed to a hog-breeding establishment near Eglington, and the owner will be compelled to remove the establishment to a greater distance, and to take all necessary precautions to prevent evil effects from its existence.

Dr. Cassidy delivered an address, in which he congratulated the members on their good health and on the satisfactory state of sanitary matters. He expressed pleasure at the increasing interest which is being taken by the public in the state of the health of the community, and at the willingness generally shown to assist the cause of sanitation by giving attention to cleanliness. He said that some important recommendations had been made by the Board during the year in the matter of obtaining pure water supplies. The contiguous municipalities of Walkerville and Windsor had been advised to cooperate in obtaining a supply from the Detroit River above the outfall of the Walkerville sewers. The experiments made by officers of the Board had demonstrated that the Windsor water supply was polluted by the Walkerville sewage. The water supply of Deseronto and Petrolea had been approved of. Important reports had been made on the sewers of Waterloo, Ottawa, Walkerton, Lindsay,

Chatham and Watford. With the exception of a few cases reported from the District of Algoma last spring, and seven cases in Hamilton during December last, the province had been singularly free from small-pox during the year. This was a subject of congratulation, in view of the fact that the disease prevailed in England and was rampant in the United States. It had been deemed prudent to again warn local boards to enforce vaccination and re-vaccination. The work done by local boards was referred to in complimentary terms.

The Federal Government deserved great credit for the thorough manner in which it had carried into effect the recommendations of the health conference held at Ottawa last year with reference to the threatened invasion of Asiatic cholera.

Typhoid fever had been reported from all the cities in the province during the year; from 62 per cent. of the towns, 32 per cent. of the townships and 26 per cent. of the villages. In the large majority of cases the disease arose from the use of water charged with excremental filth. In most cases the cause had been traced to the well. Local boards of health were instructed to continue with energy the action inaugurated a year ago in the inspection of drains, cesspools and outhouses. Elaborate instructions were given as to how to properly construct wells, which would insure perfectly pure water. The report closed with a hope that the various suggestions would be adopted by the people, and that typhoid might be driven out of the country.

The address was adopted and ordered to be printed in the annual report. Dr. Montizambert, superintendent of the Dominion quarantine station a Grosse Isle, who was present, was invited to address the Board. In complying with the request, he alluded to the necessity of vaccinating immigrants at the port of departure; to the efficient preventive power exercised by the thorough disinfection of ocean steamers, and to the difficulty sometimes experienced by physicians in diagnosing varioloid, or even small-pox. After the subject of prevention of small-pox had been further discussed by the Board, it was at length moved by Dr. Rae, seconded by Dr. Kitchen, and carried, that in view of the prevalence of small-pox in Europe, and the consequent danger of its introduction into Canada, as seen in the number of ships arriving in quarantine during the past season with the disease on board, and recognizing the desirability of removing this danger by vaccination or re-vaccination of crews and passengers, the Board would draw the attention of the Dominion Minister of Agriculture and the Superintendent of Dominion Quarantine to the matter of having vaccination at the port of departure made compulsory in all cases.

The Board having resumed its sessions on the morning of the 16th inst., the report on "Tuberculosis in Ontario" was presented by Dr. Bryce. The report was voluminous, so that any condensation would be impossible. He dealt first with tuberculosis as occurring in human beings, mentioning the discovery of tuberculin as one of the things which have caused medical men to realize its contagious character. He gave exhaustive figures showing its prevalence in Canada and other countries, and the mortality from it. He described the manner of contracting the disease. In reference to its occurrence in cattle, it was shown that many cattle which were troubled with pleuro-pneumonia were also infected with tuberculosis. In England, under the Pleuro-pneumonia Act of 1890, 12,000 cattle were destroyed for pleuro-pneumonia. Of these 12,000 cattle, post-mortem examinations showed that 12.2 per cent. had also tuberculosis. The most

important deductions which the doctor made were that it produces fatal results at all ages in about the same degree, that contagion might be transmitted through milk, but that in the great majority of cases it is contracted through the respiratory organs.

The report concluded with suggestions for the prevention of the spread of the disease, including isolation of suspected cases, ventilation of stables, rigid quarantine, and also gave the methods employed in different countries to check the progress of the disease. Dr. Bryce then read a full account of the experiments conducted on the animals slaughtered at the Ontario Agricultural College, owing to the recent outbreak of tuberculosis among the cattle there.

The discussion on this report was begun at the morning session on the 17th inst., and continued at the afternoon session. Finally the report was amended in some details, adopted and ordered to be printed.

Regulations to prevent the spread of scarlet fever were also adopted by the Board. The principal novel feature introduced was that the bodies of persons dying of this disease were to be interred in some cemetery in the municipality in which they died, transportation of the bodies being forbidden.

The Government will be asked to give force of law to these regulations, and also to renew the cholera regulations of 1893.

The Board then adjourned.

Book Notices.

Electro-Therapeutical Catalogue of The McIntosh Battery and Optical Company, Chicago.

The sixteenth or latest edition of this catalogue would seem to indicate that the business for which it is the index has just reached the interesting age of "sweet sixteen"; such, however, is not the case, as it embodies the accumulated work and experience of a *quarter of a century*, having only been issued yearly since the rapid advance of electricity in medicine. It contains 200 pages, and besides the many illustrations of "up to date" electrical apparatus for physicians' use, it abounds in standard articles from the pens of the most eminent electro-therapeutists in the world.

It is evident that the profession think it a good thing, as each edition is now said to reach the number of 70,000 copies.

By mentioning this journal, the catalogue will be sent to physicians upon application *without charge*, and we should advise every one of our readers to have a copy sent them.

A System of Genito-Urinary Diseases, Syphilis and Dermatology. By various authors. Edited by PRINCE A. MORROW, A.M., M.D., Clinical Professor of Genito-Urinary Diseases, formerly lecturer on Dermatology in the University of the city of New York, Surgeon to Charity Hospital, etc. With illustrations. In 3 vols. Vol. II., Syphilis. New York: D. Appleton & Co.

This superb volume on Syphilis is before us. It is the second volume of the system on genito-urinary, syphilitic and cutaneous affections. A glance at the contents shows at once that nothing has been overlooked or omitted. Everything, from the history of the disease to its treatment, is fully and ably handled by gentlemen highly competent for the task that has been assigned them by the editor. A glance at the names is sufficient guarantee for the contents of the volume. Drs. Hyde, Fordyce, Bulkley, Bronson, Zeisler, Morrow, Alexander, Allen, Hartley, Townsend, Mackenzie, Councilman, Tuttle, Fuller, Sachs, Bullard, Bull, Green, Sturgis, Klotz, J. William White, Arm-

strong and Martin have contributed special chapters in this volume. The editor is to be congratulated on the array of talent he has been able to secure. This large octavo volume of nine hundred pages is the most complete treatise on syphilis that we know of.

The paper, type, illustrations, plates and binding are of the very best, and reflect the utmost credit upon the old and reliable house of D. Appleton & Co. We can recommend this work to our readers with the fullest assurance that it will meet with their approval. To see the work is to admire it, and to read it is to appreciate it.

The Physician's Wife; and the Things that Pertain to Her Life. By Ellen M. Firebaugh. With portrait of author and 44 photo-engravings of original sketches. In one crown octavo volume of 200 pages. Extra cloth, $1.25 net. Special limited edition, first 500 copies, numbered, and printed in photo-gravure ink on extra-fine enameled paper; bound in half-leather and vellum cloth, $3 00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

An interesting little work which gives, in well-chosen and refined language, glimpses of the troubles and pleasures of the country physician's wife. It is worth reading, there is so much of common sense and genuine heartiness about it. We quite agree with the author "that the large cities are far from containing all the best-educated and best-equipped physicians," and after perusing the book would add to this sentence: "and physicians' wives."

The Modern Climatic Treatment of Invalids With Pulmonary Consumption in Southern California. By P. C. REMONDINO, M.D. Geo. S. Davis, Detroit, Mich.

This neat little volume is one of "The Physicians' Leisure Library" series. The mechanical make-up of the volume is all that could be desired by the most fastidious. The author has evidently expended considerable care and thought upon the production of this work. He gives a very useful account of the various climatic and weather changes of Southern California. He also gives some very useful information on general nosology of the state. The main feature of the book, however, is what the author has to say regarding consumption. We think that every physician who has any thought of sending a consumptive to California ought to read this work.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.
Correspondents are requested to be as brief as possible.

MEDICAL EDUCATION IN ONTARIO.—IT IS MOST UNFAIR TO ASK OR TO EXPECT THE PUBLIC MONEY TO BE SPENT ON EDUCATING DOCTORS.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—A letter of mine of no great length was published in some of the city papers recently, challenging the correctness of the views strongly advocated by the Vice-Chancellor of the University of Toronto and the Honourable Minister of Education at the last medical banquet of the Toronto University; viz., that it is right to spend public money liberally for the professional education of medical men in Ontario. I maintain strongly that

The Public should not Pay for giving Doctors their Profession.

1. I gave what appeared to me to be good, valid, unanswerable reasons why no public funds should be thus applied—(1) That our supply of doctors, well educated in our own medical colleges, and without any cost to the public, is abundant; indeed so much so that, not long ago, the Chan-

cellor of the University said playfully at Convocation "that he wondered whether there were not nowadays more doctors than patients"; and (2) that the quality of our Ontario-educated doctors is the best, as is proved by the distinction with which they fill the highest positions both at home and abroad.

The Ontario Government Sound on the Question.

2. I quoted the views of our Government, so forcibly and clearly stated by the Honourable Chancellor of the University in 1892, in speaking of the University Medical Faculty, with which alone Government has anything to do—as all the other medical colleges manage their own affairs. The Chancellor said that "it was the understanding and intention, the policy and pledges of the Government, as signified in their minutes and resolutions, and declared in the Assembly, that the Medical Faculty of the University of Toronto should involve no substantial charge on the resources of the University"; that is, in plain terms, that it should be entirely self-sustaining. These words of the Government are too plain to be misunderstood. And they are as wise and sound in principle as words can be.

Dr. MacCallum thinks his Medical College needs Government Pay, and should have it.

3. All the other Medical Faculties in Ontario are wholly self-supporting; why should that connected with Toronto University be the single exception?

Dr. A. B. MacCallum, however, who is one of the junior teachers in that faculty, and is therefore an interested party, strongly favours the spending of public money for medical education in his own, although not in any other college.

Only Self-supporting Medical Colleges for Ontario.

4. He has recently written two very long, diffuse letters, the two filling nearly, if not quite, *five* columns of valuable newspaper space in reply to my letter. In the *Globe* of the 3rd inst. I briefly noticed the first of these, which paper also contained the second of the doctor's very long epistles. Both of his letters are, for the most part, mere personal attacks on me, to which I pay no attention. My position is clear and well defined, as well as just, and therefore unassailable, viz.: that every one of our medical colleges should be altogether self-supporting, irrespective of its University connections—meaning by this, *that not one of them* has the slightest right, as a matter of justice to the others and to the tax-paying public, to receive one farthing of public money from any source.

Trinity Medical College is flourishing. Gets no Government Pay. She neither asks for it nor needs it.

5. The medical college over which I have the honour to preside was never more flourishing and successful, in every way, than it is at present, and was never so well and so fully equipped—and all entirely at our own cost. What we can do, and have done, without public aid, every other medical college, if its teaching be such as to command public confidence and patronage, ought surely to be able to do equally well, and for any person to suggest the maintenance of one medical college only, in whole or in part, and that *his own*, at the public expense, is simply a piece of selfishness too gross to be entertained.

Dr. MacCallum ignores the principle contended for, and fills up his letters with all sorts of irrelevant matters.

6. Entirely ignoring the cardinal principle for which I contend, a principle fully accepted and emphatically stated by the Ontario Government, Dr. MacCallum takes up most of his second, as well as of his first letter, with matters which have nothing to do with the main question. He spends columns on my connection, between thirty and forty years ago, with

Victoria Medical College, when, in common with all other medical colleges in Canada, a grant was given to it by Government for some years. This has no sort of connection with the subsidizing of medical colleges with public funds in 1894. These grants ceased entirely as long ago as 1869.

Medical Colleges might be better to-day, more energetic and more self-reliant, if they had never got any grants.

7. I cared nothing for the grant when Victoria had it, and am decidedly of opinion now, that had no grant at all ever been given to the medical colleges at that time, the country would have been so much the richer, and the medical colleges would very likely have worked even harder and better than they did, and to-day would be none the poorer, and might cherish without even one exception, that noble spirit of indomitable energy and self-reliance which is the grand secret of all real success, and which now characterizes them all, except the one to which Dr. MacCallum belongs. I am not at all sure, indeed I do not believe, that the miserable spirit of mendicancy which he persistently exhibits and appears to glory in, pervades his own faculty to any very great extent,—nay, I respect many of its members far too highly to think so. Dr. MacCallum is wonderfully mistaken if he thinks that the getting of the grant long ago by the medical colleges was ever kept a secret. Everyone knows it. It is a matter of medical history, and it is well that those public grants are now a matter of *ancient* medical history.

If Public Aid should, unwisely, ever be given to Medical Colleges in the future, as is most unlikely, it will be given to every college—not to one only.

8. Dr. MacCallum should know that, if ever in the future public funds should unwisely be spent on medical education, every medical college will have an equal share. When we have so many of our doctors, educated here, actually settling in the United States and elsewhere to practise, it is absurd to think of taking the people's money for their medical education, but most outrageous to propose to do so in the interest of any one college, even although Dr. MacCallum does happen to be one of its younger teachers.

The grant which occupies so much of Dr. MacCallum's two letters, which ceased twenty-five years ago, has really no more to do with the question now under consideration than the Tower of London.

The real point, which Dr. MacCallum is always forgetting.

9. The point being discussed is, purely and simply, whether, in 1894, with a very abundant supply of thoroughly good doctors, educated in Ontario at no cost to the people, it would be either *just* or *wise* to return to the policy of giving State support of medical education, which, in 1869, was deliberately and wisely abandoned as at once both foolish and needless.

Dr. MacCallum greatly troubled because, in an old letter, the much older grant was inadvertently unnoticed. And further troubled about another quotation from another old letter, which was long since fully answered and explained.

10. Dr. MacCallum is much troubled because, in an old letter of mine, written years ago, forgetting for a moment the old grant, I spoke of Victoria Medical College as "entirely self-supporting." Had the thought of that grant crossed my mind at the moment of writing, I would, of course, have added, "with the exception of the small grant the College received in common with every other teaching medical institution." The truth is, it was not given when I joined Victoria College, had ceased before I left, and, twenty-five years having since passed away, I very seldom think about it.

Dr. MacCallum parades a quotation from another old letter of mine, written

in 1887, two years before he graduated in medicine, and endeavours to distort its obvious meaning. The same thing has been brought up, with the same objec in view, at least twice before, and is fully answered in the part of the old letter which the doctor quotes. I will give a rather longer extract from it than he does, to make the whole matter quite clear.

"The entire letter was written for the very purpose of showing how 'unwise' and 'undesirable' it would be to restore a Medical Faculty to Toronto University; that to do so would reduce the University, so far as medicine was concerned, from her Provincial position as a centre, round which all the medical colleges might cluster, each sending up a quota of its students to graduate every year, to that of a mere local college competing keenly for students." In the light of to-day, does this not seem somewhat prophetic

"I think it will be ample time to give the subject full consideration when we learn that the Government of Ontario, with the cordial support of our Provincial Legislature, has fully decided to create, equip and endow liberally, a new medical teaching body; and to provide for it a staff of the best teachers the country can furnish; each of whom shall have a salary secured to him of not less than $2,000 a year, for each of the principal chairs; and a suitable retiring allowance, when, from age or ill-health, he is no longer able to discharge his duties. Till this is done, the project is a mere 'castle in the air.'"

"Now this letter ended as it did only because, on indubitable authority I was informed, and then believed, that the 'conditions' pre-supposed by me of 'endowing and equipping,' the giving of salaries and retiring allowance, etc., were just as likely to occur as would be the appointment of (the person referred to) as Admiral-in-Chief of Her Majesty's Navy, or the extension of the Toronto Street Railway to the moon, and no more so. The old letter is filled with all sorts of reasons showing that matters had much better be left as they were, and that the proposed scheme would be very unlikely to work well, and that the carrying of it out bristled with many real and most practical difficulties. Has this not proved to be the case?"

Because I did not quote the final three lines of this letter, the doctor most impertinently, for I can use no milder term, says, "It is not true that the letter ended in the way represented." The omitted lines he quotes with great gusto, although I regard them as, under the circumstances, of no importance whatever, and, therefore, and for no other reason, left them out.

The explanation already given covers the entire quotation. Having, before writing that letter, made all possible enquiries in quarters where alone reliable information was to be obtained, I knew perfectly that what I imagined in the letter as happening, *would* never and *could* never happen. The Government, even then, had fixed upon the policy which it desired to have carried out, so that what I supposed was quite as unlikely to occur as is the passing of an Act by the Ontario Legislature during the coming session of 1894.

Creating the position of "Public Piper" to the University Medical Faculty,

And giving it to Dr. MacCallum—the Act to provide that the "piper" shall dress in the Highland costume, including the kilt, and that the "piper" shall be paid, not out of the University or from any other public fund, but by passing round the hat amongst those present at his public performances. When I wrote the letter from which the doctor quotes, in March, 1887, I knew that the "tangible form" was just as likely to become a reality then as is the Act above referred to, to be passed in 1894, and no more so.

Regarding the University Medical Faculty. The Government's Policy clandestinely contravened, and the serious financial results which have ensued to the University on account of this.

11. One point more, and I have done: The understanding and intentions, the policy and pledges of the Government, as signified in the minutes of Council and in resolutions, and declared in the Assembly that the Medical Faculty (of the University of Toronto) should involve no substantial charge upon the resources of the University; in fact, the policy decided upon by the Government is now well known because so openly declared, yet this understanding and intentions, policy and pledges, etc., etc., were, as is equally well known, clandestinely contravened to a surprisingly large extent, and without the knowledge of either the Government or the Legislature, or even of the Senate as a whole. Large amounts of money, taken out of the University's income-earning capital, were spent in a way that was never contemplated for a moment, or intended (except by those in the secret) on buildings and equipment for medical teaching purposes, and even valuable property belonging to the University was leased, etc., as part of the same policy, and now forms a page, and not a bright one, of University history, and is therefore well-known and understood by most people. Whatever the motives of those responsible for all this, it was the very reverse of creditable to those concerned. For evidence regarding it, see the Government's action when the truth was at length brought out, and the Chancellor's full statement regarding it, and the Senate's and Bursar's Reports, etc., which are readily accessible. The effect of all this has been, notwithstanding Dr. MacCallum's statements to the contrary, to "cripple the University financially," in the meantime very considerably. True, the new arrangements, made by order of the Government subsequent to the exposure of all this clandestine work, have done something to improve matters, and to bring into the University treasury more or less interest as *rent*,—on a portion of the money paid for the part of the building now used for medical teaching. But the University is largely indebted to me, and not to Dr. MacCallum and his friends, for bringing about the exposure of the wrong done by my having persistently (and long before any action was taken) represented it to the Government, and interested parties, such as Dr. MacCallum, have long tried to cast no small amount of obloquy upon me for what I have done in this direction. Large numbers of the very best friends of the University, however, I am happy to say, amongst the Arts men especially, have fully and regretfully admitted to me the injury the University has sustained, and have assured me of the good service I rendered, in letting in the light of day upon what had long been kept dark, and thus preventing anything more of the same kind being attempted in the future.

Dr. MacCallum speaks of large sums of money now flowing into the University treasury for medical degrees and for other payments, yielding together a fabulous rate of interest upon all expended capital. But it should be remembered that for each degree conferred, every University, without expending a dollar of its own capital, is entitled to be paid, and for some other payments, such as rent for the medical part of the new building, etc., the University has largely to thank me, and not Dr. MacCallum, for it is no secret that rent was first thought of and charged, only *after* the exposure had been made.

If there be such a number of graduates in medicine paying their fees every year, there must be a correspondingly large number of undergraduates. This would mean ample funds for every purpose. But, if all reports be true, and I believe they are, money is not so plenty in the

Medical Faculty chest as Dr. MacCallum's letter might lead us to imagine. Many of his own colleagues, indeed, speak of the pay they get for their work as being very poor. Dr. MacCallum says that I "hamper, or seek to hamper," the University Medical Faculty. This I absolutely deny. I wish it all success, as I do my own, but I will not permit the Medical Faculty to which Dr. MacCallum belongs, any more than I would any other, to draw upon public funds for support without entering my earnest protest against it. This is no "hampering," it is merely *in accordance* with the doctrine of "even-handed justice and fair play all round."

If a medical teaching college is worthy of it, it can command ample patronage and be quite self-supporting, and in Ontario all medical colleges may be not only content but glad to stand to-day, as regards an entire absence of any State support, on exactly the same level.

WALTER B. GEIKIE,
Dean Trinity Medical College.

Toronto, February 12, 1894.

Progress of Medical Science.

CLIMATE AS ONE ELEMENT OF CURE.

BY JOHN M. KEATING, M.D., LL.D.*

Many articles on the climatic treatment of consumption have recently appeared, but, owing to their technical nature, they have been little understood by the layman. This subject, together with the sending of patients from the Atlantic seaboard to the climate best suiting their cases, is eminently worthy of the consideration given it throughout the world. The most important thing at the present day in the treatment of pulmonary disease is a thorough knowledge of what this disease consists of, and this should be shared by patient and doctor. In other words, the more clearly the public understands the causes of consumption, the more chance there is for a lessened mortality from this disease. There is no doubt whatever that tuberculosis, which is the most common form of consumption, and in fact the only one we will deal with, is caused in some way or other by the bacillus which was discovered by Koch. This bacillus may either be inherited, as some authorities now believe, or acquired through the medium of the expectoration of consumptives, inhaled by individuals or swallowed through the dust, and find at some time or other a fertile soil for its development.

Most individuals in the course of a lifetime must get a dose of this material, but a resistance, which is recognized as good health, will either cause it to be thrown off or make it dormant, to become active only should the individual run down. Therefore, the public should understand that the maintenance of health, on the part of the individual, is the greatest preventer of consumption, and that cleanliness and the hygiene of private houses and public places are the most important means to prevent the spread of this infection. As to-day we are ignorant of any remedial measure which will effectually eradicate the bacillus with its poisonous productions, we are thrown entirely for the treatment of our consumptives upon measures which are directed towards the establishment of health and its maintenance.

Clinicians have divided the treatment of pulmonary phthisis into home and climatic, both of these being simply additions to the most important of all, the proper nutrition of the human body. To send a patient away from the comforts of home, even though that home be

* This article was the last upon which Dr. Keating was engaged, as it occupied his attention only a few weeks before his death, and was to have been used as the commencement of a work on climatology, a subject in which he was most deeply interested.—H. R. W.

in an unsuitable climate, to the most salubrious spot on earth, and there deprive him of proper food and the means of financial support, is a fallacy which those who live in a health-resort realize only too well. Climate of itself is only one element, but when it can increase the vigour of the individual, in enabling him or her to live in the open air and cultivate an appetite for plenty of nourishing food, it becomes one of the most valued in therapeutic measures. Therefore, it is evident that not only the disease should regulate the advice of a physician in exiling his patient, but likewise the physical maintenance which is dependent on so many varied individual conditions.

Consumption is a disease which is fostered by dampness, both of the air and soil, as statistics all the world over show, and this dampness is usually associated with lack of sunshine and great variability of climate. The large cities of the seaboard naturally possess these conditions to a very marked degree, and as man, undoubtedly, was healthier in his nomadic condition, the nearer we approach an out-of-door life, which will give sunshine, fresh air and dryness, the nearer we approach perfect health. Unfortunately, the personal conditions of each individual, such as the social elements which enter into the calculation, the financial matters and those which make him more or less dependent on mental resources, together with the tension of a high civilization, are well calculated to make the physician halt before passing sentence of exile. In fact, the physician deserves more credit than the average layman is willing to give.

One of the most delicate subjects of discussion in this connection is the widespread circulation of health-resort advertising literature. Naturally a physician is out of the advertising line and believes a good wine needs no bush. Unfortunately, there are a large number of hopeless cases who, realizing their desperate condition, will grasp at any straw for improvement, and, after using all the quack remedies available, purchase a railroad ticket with their last penny, and find themselves stranded without visible means of support at some well-advertised resort, to die among strangers and to be buried by popular subscription. A dose of climate should be like a dose of medicine, prescribed intelligently after due consideration of the case in all its details, and these details include all the personal considerations before mentioned, — the financial, mental, and social conditions of the patient. There is no one particular climate nor one particular resort which is suitable for every case, but there are certain points where the proper combination of climatic-hygienic surroundings, suitable accommodations, and mental relaxation have produced marvellous results, arresting disease and prolonging life, which before seemed irrevocably doomed.

Medical men should feel grateful to the many eminent climatologists throughout the world who have at last succeeded in impressing upon the public that the study of the value of climate is no haphazard theory, but the outgrowth of careful scientific investigation. It is not necessary that patients from America should be sent to foreign lands in search of these climatic conditions. The public, even including the profession, do not fully realize what enormous resources we have on this continent in the perfection of climates. We have every climate and almost every mineral spring which one would need in the treatment of any disease, and for consumption, particularly, we have the great advantage of possessing places where individuals can live all the year round. For one to thoroughly secure all the advantages of a climate, one must become a resident and not a mere sojourner. This, unfortunately, is not sufficiently understood, as the average patient believes that in a few months he

can regain health and go back to his old surroundings with the disease cured beyond possibility of its return. This is the great objection to foreign resorts, and the more the public is impressed with this fact the easier it will be for doctors to persuade patients to reside in that portion of this country best suited to their condition. In a statement of this character it is impossible to give an outline of the various divisions of climate which are at the command of the physician in arriving at his selection.

Fresh air and out-of-door life being essentials, other matters have to be taken into consideration in regard to the choice of locality. Thus, we all know the results which have been achieved in places like the Adirondacks, Georgia, the Great Dry Belt of the Rocky Mountains, and in the wonderfully equable climate of Southern California. The most important considerations next to the individual ones already spoken of, are not only the suitability of the climate but the medium by which the individual can take advantage of the places which are theoretically suited to his case, and this is a very important point.

It is well enough to say to a patient, "Go to Colorado, to New Mexico, to Southern California, to Arizona," but should he not be told specifically, after a thorough understanding of the case, to what objective point he should go to find all the advantages which would enable him to benefit by a residence at that particular point? To send an active business man, who has been accustomed to a busy commercial life, surrounded by congenial friends and home comforts, to an isolated ranch seventy-five miles from a railroad station, no matter how salubrious the climate, and have him live on ham and pressed corn-beef, deprived of all social intercourse except what the cowboy can furnish, is enough of itself, when the novelty has worn off, to drive him to desperation and annul any beneficial influence the climate might have. This applies not only to the man, but is daily manifested in pitiable cases where delicate women have been sent from home to contend with the distressing combination of sickness, poverty and loneliness. Climatic treatment needs, in addition, the advantages found in sanitaria, and were one obliged to make a choice it would be preferable to choose the well-equipped sanitarium, based on modern principles, in a less advantageous climate, than to seek in climate alone a means of cure. This is why the home treatment is assuming such proportions in the discussion of this subject.—*International Medical Magazine.*

SOCIALISM IN MEDICINE.

Nationalization and centralization have, of late, made rapid strides in medicine. The position of the physician as a private person is more and more encroached upon, and it is not an idle speculation or theoretic dream to say that, if the present methods continue to increase as they have done in the past, the physician of the future will be an officer of the State or of the city, duly appointed and salaried as such. Little by little the work of attending to the sick is being taken up by the community, whether federal, State, or municipal in nature, by institutions endowed with public moneys or by private or semi-public corporations. The city officials provide vaccination at the public expense, performing in Philadelphia on an average 11,000 a year, and thrice that number in times of epidemics. The Municipal Hospital of the same city is called upon to admit cases of diphtheria, scarlatina and measles, and during last year's epidemic 183 cases of diphtheria and 159 cases of scarlatina were treated in its wards. With increased facilities, a much larger number will be admitted.

. . . . . .

There are thirty-five large hospitals in Philadelphia, having a bed capacity for 4,500 patients, and the total population of these institutions on September 30th, 1892, was 2,600. The total receipts of thirty of these hospitals, not including the Philadelphia Hospital and the Municipal Hospital, were, for the year 1892, over $1,400,000; the total expenditures for the same period were $1,300,000. Only twenty hospitals received payments from patients, amounting in all to $160,000; for the rest of their expenses they were dependent on public and private charity. Moreover, these institutions are in reality not used by the very poor, who must be crowded into the old Philadelphia Hospital. It is chiefly the middle classes that are admitted, many of them belonging to special religious denominations.

Surgery is mostly carried on in institutions. Formerly the young doctor had a chance of being called to attend an accident-case happening in his neighbourhood. Many a physician has won his way into a fair practice through the skill shown in such emergencies. But to-day the patrol-waggon or the ambulance is as speedily obtained as the nearest doctor, and the case is whirled off to the hospital. It is treated in the dispensary if a slight case, or sent to the wards or a private room, according as the financial condition of the patient seems to warrant. We have known rich men to pay $25 a week for a private room in a general hospital, and demand extra attention of resident and visiting physicians, without ever thinking of remunerating one or the other.

Cases of enteric fever, owing to the more complicated treatment, viz., the Brand method, are more and more coming under hospital supervision, and even the young physician is very likely to send his patients to an institution if he finds it difficult to carry out the details of the treatment at home. . . .

Specialism is largely attended to by the dispensary clinics. The eye, ear, nose and throat departments are always crowded, and usually by the better classes. Costly underwear is not infrequently seen in the gynæcologic out-patient departments.

. . . . . .

It cannot be doubted that the dispensary greatly injures the family physician, whose advice was formerly asked for and remunerated by a large number who now regularly attend the special clinics. Even obstetrics is becoming institutional, and the eleven lying-in hospitals and schools of Philadelphia attended in 1892 to 1,200 confinements. . . .

The country physician is likewise beginning to suffer from this centralization. The rich, and even middle class, often go to the nearest city in search of medical, and especially surgical advice. The hospitals usually become their resting-place, but having a letter to the hospital surgeon, the latter usually brings in a bill for his services. One prominent surgeon has stated that were it not for such practice referred to him from the country, he could hardly pay his living expenses.

We see, therefore, that while the family physician first suffered from specialism, both he and the specialist are now suffering from institutionalism and paternalism, and that very soon the only remunerative work in medicine will be that coming from public position, either directly or indirectly, In the meantime, the hospital visiting surgeon or physician should demand payment for his services, and if the profession will unite in this demand, it must be acceded to, for the hospital cannot exist without the physician.

Private patients should be compelled to pay for medical services, and at clinics and dispensaries some charge for services should be made, except in certain cases. It is as pauperizing to a community to give gratuitous medical service as it is to give free bread.—*Editorial, Medical News.*