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THE  
**Canadian Medical Review.**

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No. 1

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**Original Communications.**

**Vicarious Urination (?)**

BY DR. A. T. RICE, Woodstock.

The case, the history of which I wish to bring before you to day, is of such a unique character that for a better name I have appended to it that of Vicarious Urination.

I trust that subsequent discussion by the members present will help to solve what to myself and other medical gentlemen who saw the case was somewhat of a mystery.

The patient, aged 30, daughter of a farmer, of somewhat nervous temperament and rather weak intellect, was attacked about three years ago with cystitis of two or three weeks' duration, the attack being somewhat severe, there being complete atomy of the bladder, necessitating the use of the catheter during that period.

This attack gradually subsided though considerable tenderness remained lasting even up to the present time.

One year after this attack she was again laid up with what this time took the form of involuntary twitchings or spasms of the whole body emanating from the dorsal region over which portion of the spine there was a good deal of tenderness. These spasms were so severe as to confine her to bed for some weeks.

Accompanying this attack there was a number of discolorations of the right leg and thigh extending almost entirely over the limb, but without tenderness. This, after a few weeks, gradually disappeared and the patient regained her ordinary health.

About one year ago the atony of the bladder returned and the patient was again obliged to resort to the use of the catheter three times a day, about half an ounce being drawn each time.

During this time her general health suffered severely, the bowels being extremely constipated, appetite poor, mucous patches in the mouth and breath foul.

No amount of treatment seemed to have the slightest effect upon these abnormal conditions. The twitchings or spasms also returned and continued throughout.

About the first of August the feet began to swell slightly, though not sufficient to incommode her to any extent.

At this time a peculiar complication set in and the main one to which I wish to call your attention.

The secretion of the bladder gradually diminished, but was compensated for by an exudation of fluid from the anterior portions of lower limbs between the knee and ankle. This fluid was voided regularly three times a day, the amount gradually increasing, the average being about thirty to forty ounces per day.

The fluid simply oozed from the skin without any abrasion of the skin or discoloration or even the slightest edema being present.

The patient would realize that the fluid was about to begin and would place her feet upon a stool and a dish beneath her heels.

I happened to be present at one time when it began and can therefore vouch for the correctness of the statement.

The fluid was of an amber color similar to healthy urine. Sfs. gr. 1010, an absence of albumen or sugar, had a strong smell of urine upon boiling, with a distinct ammoniacal smell after standing. Examination also showed the presence of uric acid.

After this symptom showed itself the patient's health rapidly improved and became fairly well established so that she had little to complain of except the inconvenience caused by this peculiar phenomenon.

From my notebook I have taken the following data :

September 31st, 1897.—The patient passed three quarts to-day by measurement.

September 23rd.—Patient passed seventy ounces this morning at one "sitting." This condition until October 2nd, when the patient "passed" one gallon in half an hour in the morning followed by one

pint at 11 a.m., when it suddenly ceased altogether and began to pass through the urethra, first in small quantities every few minutes, followed by five to six quarts the first night. After this the natural condition gradually became established, but the patient became again very ill, the spasms reappeared, accompanied by headache, swelling of feet and great swelling of the face.

This condition remained for about a week when the symptoms gradually disappeared and the patient regained her usual health which has continued until the present time.

I might say, that during the last two weeks when the flow was excessive through the shins the bladder remained quite empty and the use of the catheter was stopped as no urine could be obtained at any time.

*Question.*—What was this? Was it Vicarious Urination? If so, how is it to be explained? Through what channel did it travel? What the pathological condition?

The fluid certainly stood all the tests for urine, resembled urine, and its elimination from the system through this peculiar channel permitted the patient to live.

Dr. Mearns saw the patient in consultation with me, and I have explained the case to a number of gentlemen, but all are equally at sea with myself.

I wrote a history of the case to Prof. Guiteras, Genitourinary Surgeon, of New York Post Graduate School, who took a great interest in the case, but stated that he had never heard of such a case.

The only case bearing any resemblance to this was one that occurred in the practice of Dr. Clement, of Woodstock.

This occurred in an old lady in which each winter for six years the secretion of the bladder stopped and all of the urine exuded through the skin in the form of perspiration; the patient died after the sixth year.

The foregoing is a plain statement of what, to me, was a unique case which baffled me from first to last, both as to diagnosis and treatment, and I hope that in the discussion to follow some gentleman may be able to throw light upon a peculiar phenomenon, or will be obliged to admit that some of the vagaries of the human system are past our finding out?

## Abstracts from Dr. Britton's Address.

PRESIDENT OF ONTARIO MEDICAL ASSOCIATION.

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THIS brings me to the subject to which, for a few minutes, I wish to direct your attention, viz., the present relationship of the profession to the public at large; and, as a pre-eminent factor thereof, the standing of the profession itself, viewed, as much as in me lies, from an impartial standpoint.

Not self-constituted as such, but in the very nature of things, he who enters upon a medical career is compelled by the peculiarity of his calling to recognize himself as a guardian of the common weal, prompted by instincts the loftiest and motives superior to mere selfishness or ardent longings for the accumulation of wealth. The people claim, and rightly so, the devotion of his unflagging energy to the physical welfare of those to whose necessities he is called upon to minister. Not this alone, but his avocation stands upon a still higher plane than the relationship to the individual; the world at large is the scientific physician's parish, and its defects the supreme object of his best thought: never satisfied with what has already been accomplished by others, his leisure moments are occupied in striving to solve the problem of nature: often unsuccessful, but never without that reward which invariably follows the pursuit of the true and abiding. A Jenner, a Simpson, a Koch or a Lister once in a while towers aloft as some snow-capped Alp in the light of the rising sun invested with all the majesty of a noble creation. These intellectual giants few can ever hope to emulate; but, from the history of their lifework, the lowest and most obscure may draw such inspiration as glorifies labor with high ideals and fills the heart with burning desire for the good of others. Community of interest so intimately links the profession and the laity that it seems not unbecoming for me to dwell for a little on some features of human-life family, social and educational, as we see them in this Province of Ontario; and, in so doing, if I should indulge in a little criticism, do not for a moment imagine that I am posing as the stalwart exponent of some great reformation. Much that I shall say has already been better said and written, my object being repetition for the sake of added testimony and emphasis.

During the past two or three generations there has been in progress amongst our people a certain kind of questionable evolution—intellectual development somewhat out of proportion to physical force and endurance. Our grandparents were a hardy stock, well furnished physically for coping with life's difficulties. In those early days of

migration from the old lands Canada was to them a far-off, unknown country, clad in its primeval forests, and, to reach its shores, they had to undertake an ocean voyage in sailing vessels often badly equipped for the stormy journey. The weak and puny dared not venture; consequently, by natural selection, Ontario was peopled with a sturdy race of pioneers blessed with great physiques, living in a primitive, natural fashion, and free from the burden of too much scholastic training. *Pari passu* with the financial advancement of the country, a gradual change has been going on in these respects; let us inquire if it is for the better.

Herbert Spencer never said a truer word than when he affirmed that "first attention should be devoted to the development of the body, and that profound erudition should be looked upon, in some senses, as of secondary importance." True education can be nothing more nor less than that which prepares mentally and physically for the oncoming struggle. It is fortunate for the race that young men naturally choose for their helpmates rollicking, buxom damsels in preference to the sunken-eyed, sallow-faced slaves of knowledge. I do not for a moment seek to enter a protest against the higher education of woman; mental culture is, for her, a diadem of beauty; but too often a possession acquired at tremendous cost. None but the strongest should, in my opinion, enter on a career of study so exhaustive and exacting as the curricula of our universities set down. A head full of knowledge and a worn out nervous system are but poor qualifications for the coming mothers of Canada's sons. We as a people are proud of our Ontario school system; that it is largely taken as a model by the Provinces of Quebec, Manitoba and British Columbia and the North-West Territories, and has been highly commended by the foremost educationists of the United States, among them the Commissioner of Education at Washington, is a tribute to the wisdom and foresight of those who have placed able administrators at the head of this department of public affairs; but, like all things of human origin, we must not look for perfection in its details. From the physician's standpoint I humbly submit that it is handicapped with a defect of such magnitude as to alarm him who weighs well the possibilities of the future. The standards of to-day reach so far above those of a couple of generations back that evolution along the line appears to have advanced at a galloping rate. Is it not time to tighten the reins? Are not children sent to school at far too early an age to stand the fatigue of bookwork? The first seven or eight years of life should be free from care and worry and devoted exclusively to such pleasurable pursuits as shall conduce, in the highest degree, to the development

of bone and muscle ; for, during this period, the nervous system will have plenty to do in automatic preparation of itself for the subsequent performance of its special duties. Parents and teachers leap for joy when a five-year old manifests his precociousness ; and the nervous little monster is held up by his attenuated arms in the sight of his phlegmatic or sanguine classmates as a paragon of perfection angelic to behold, when he should be making mud pies and wearing out his pantaloons in the physical activities of childhood.

Unless the vision be tested too much with small objects, no one can take exception to the work of the kindergarten ; for its essence is agreeable discipline, the training of the faculty of observation and the directing of memory in preparatory channels without forcing its exercise ; in a word it is child's play made systematic

In the ordinary schools, homework, as a rule, is made a burden too heavy to be borne with safety—when the pupil has finished the task there remains insufficient time for rest and recreation, and it is no unusual thing to find the problems of the evening in advance of what already has been thoroughly taught. It would appear at times as though the schoolroom were transformed into a hall of inquisition for the purpose of discovering how much the pupil has failed in his home study, instead of being the place for intelligent education in harmony with the order of development of the mental faculties.

It is to be hoped that, ere long, in the advanced classes of the collegiate institutes as well as in our universities, competitive examinations will cease to be so stiff that victorious combatants emerge from the conflict proud of their conquests ; but, as likely as not, to fall into the hands of the doctor for repairs—sometimes too late—for often the foundation has already been laid for a neurasthenic superstructure. I am not speaking theoretically, but am setting forth those things with which, professionally, I have had to deal.

Let us propound to ourselves the question—why is insanity, especially that of adolescence, together with kindred forms of nervous disorders, on the increase ? And, having solved it to our satisfaction, let us give the community the benefit of the investigation. The emulation and everlasting strife for a place in the front ranks of society, financially and socially, constitute doubtless a potent factor ; but let us not forget that this restless activity is often born of the habits engendered long prior to manhood.

Functional excess is always at the expense of defective reparative power. An extraordinary organ is the brain—a tired muscle refuses to work, an over-wrought mind declines to take repose—the ploughman, after having “homeward plodded his weary way,” sinks into

sweetest slumber, while the over-taxed student is, too often, the victim of insomnia with all its hideous reveries.

Someone has well said that the bulwarks of a nation consist not in strong fortresses erected on its boundaries, nor does its stability depend upon mighty navies that traverse every sea; but its security lies in the keeping of intelligent men and women who have sound and rugged bodies ever ready to repel the inroads of disease.

It is a matter for congratulatory reference that Governmental assistance, municipal aid and private contributions, prompted by appeals from the profession and under its guidance, have dotted the land with hospitals for the reception of the poor and needy, as well as for the convenience of the opulent, and that these institutions are accomplishing a great work in the interests of all classes; but it is to be deplored that, under the guise of poverty, daily abuse is made of the privileges that philanthropic motives have provided for the deserving poor.

Here the attending physicians discharge responsible and onerous duties without hope or expectation of reward, other than that which might be expressed in Portia's words paraphrased—"Charity is twice blessed: it blesses him who gives and him who receives," but gratuitous services to those who are quite able to remunerate are not a blessing but a pauperizing curse to the recipients.

It is stated by no less an authority than the *Medical Record* that the number of persons who received free medical and surgical relief at the hospitals and dispensaries of New York during the past year amounted to 49.7 per cent. of the entire population, and that fully 70 per cent of this number were quite able to pay a medical practitioner at least a moderate sum for his services; and no member of a hospital staff in Ontario will deny the fact that the evil exists here. How this difficulty is to be met it is hard to determine; but some effectual check should be placed on a custom so fraudulent in character. As a rule, before admittance is granted to a free ward, a certificate is required from a clergyman or other reliable citizen to the effect that the case is one deserving charitable consideration; and, it seems to me that, were such a law extended so as to include those seeking out-door advice or attendance, the evil would be much mitigated. It is, of course, understood that exceptions would be made in cases of emergency and amongst those who are utter strangers in the municipality. I would suggest that a representative committee be appointed whose duty would be to make full inquiry as to the best method of minimizing these positions and with instructions to report to this Association at its next annual meeting.

My immediate predecessor denounced in forceful language the universal existence of lodge attendance; I can only emphasize the remarks that fell from his lips. To contract work, on the ground of principle, none could fairly take serious exception, provided always that the contract price is fully commensurate with the value of the work done; but to bring about such a condition of things will be accomplished only when the dignity of the profession rises superior to that which is accounted merely expedient; for, so long as medical men are willing to accept the beggarly pittance of one hundred and fifty dollars a year or less for looking after the health of a hundred members of some lodge or other, with the hope of securing thereby professional entree into their family circles, just so long will this financial snap prove to be one of the strongest drawing cards in the hands of fraternal societies.

I do not feel free to denounce the individual transgressor to the lowest depths—the custom is everywhere; and often, contrary to his nature, for self-protection he is forced into this objectionable line of work. Still, after all, it is at best the same old lame excuse: “If I don’t do it, others will.” With all my heart and soul I stigmatize the system as a rotten plank in the platform of gentlemanly dignity and independence.

We have, in this country of ours, an array of medical men and a galaxy of schools of medicine and surgery that would be a credit to any land under the sun. For all that, one is forced to lament the fact that, in a certain sense, their light may be hidden under a bushel. I refer particularly to the non-production of home-made medical literature. Thirty or forty years ago our special knowledge was derived from the writings of men in the mother land; since that time our cousins across the line have been forging ahead so rapidly that, to-day, in any medical library are to be found almost as many volumes of their production as those that come across the Atlantic; and, amongst the best of these, are those whose authors were formerly Canadian citizens, but who, in search after larger spheres of activity, have gone over to the Republic.

We have a few noted exceptions—workers who have had the courage to venture out on this field of labor—and their writings have met with much favor and appreciation. There are many others who have been richly endowed by nature, and possess the knowledge requisite for the purpose, but a single obstacle in the way—lack of self-confidence—has hitherto deterred them. Personally, I hope to see the day when our students will have in their hands first-class books, emanating from those of the profession in Canada who

have the genius of imparting their thoughts in a form alike striking and attractive.

Should this company formally express its convictions as a stimulus I cannot believe that I am allured by an ignis fatuus when I predict that ere we meet again in happy conclave we shall see further evidence that the hardy sons of the North are determined that our country shall stand side by side with those that have given to the world medical works worthy of closest perusal, accepted as standards and a credit to the authors.

A few years ago, for reasons best known to themselves, the members of the Ontario Cabinet indirectly assumed the responsibility of annulling that clause of the Medical Act which made provision for the framing of a tariff in each electoral district; such scale of charges to be authoritative after endorsement by the Council of the College of Physicians and Surgeons.

I was given to understand at the time that Sir Oliver Mowat expressed the opinion that the system was objectionable owing to the lack of uniformity amongst these various tariffs, emanating, as they did, from as many council constituencies. In my humble opinion, on close investigation, this could not be held as a valid reason. The urban and pioneer settlements of the Province are vastly different so far as the financial resources of the people are concerned: a uniform tariff would either press too heavily on some or be inadequate for the circumstances of others, and, therefore, could not be as fair as those which were in existence.

We all know that during that session of the House there was not a little influence exerted by a certain clique or section of the Legislature, which promulgated the doctrines of extreme radicalism and was largely founded on the principles of iconoclasm. A prominent feature of its policy was obnoxious opposition to all kinds of class legislation, and the doctor was labelled a parasite in the community. Zeal, not born of knowledge, used all available means to secure destruction of the tariff. How much their efforts conduced to the ultimate result I do not know, but speedily the tariff became a thing of the past, and, as a consequence, the judges of the land are left without any recognized guide in estimating the value of services rendered, for which compensation might be sought in the courts.

A petition to the Government, asking for redress of this grievance and directing attention to other matters of moment was circulated last year amongst the profession by order of the Medical Council. It obtained nearly two thousand signatures and was presented in due form, but the understanding given to the Committee

of Legislation was that the complexion of the house was such as to render, for the present, any amendment to the Medical Act inexpedient.

I have always been, and am to-day, a consistent supporter of our administration: therefore, it will, I trust, be conceded that I speak from an unprejudiced standpoint; but I must say that we, as a profession, cannot afford to be deprived of that which was our honestly acquired possession, a privilege the abuse of which has rarely been assailed and never proven. Let this Association not forget that it wields a tremendous influence politically. I appeal to its members, as well as to those of the profession who have not yet entered its ranks, to account to their individual and combined duty to lay before their representatives in Parliament the exact facts of the case in order to have a speedy restoration of their rights.

COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.—As a result of the elections held, the new board will be constituted as follows: *District of Montreal*—Dr. C. Marshall, Bedford; Dr. C. L. Cotton, Iberville; Dr. E. N. Chevalier, Joliette; Dr. M. S. Boulet, Montreal; Dr. T. Cypihot, Ottawa; Dr. E. L. Quirk, Richelieu; Dr. E. H. Provost, St. Hyacinthe; Dr. E. Turcot, Terrebonne; Hon. Dr. D. Marcell. *City of Montreal*—Dr. J. E. Baril, Dr. L. J. V. Cleroux, Dr. J. I. Desroches, Dr. Girard, Dr. A. R. Marsolais, Dr. J. A. Macdonald. *District of Quebec*—Dr. T. Fortier, Hon. Dr. R. Fiset, Dr. P. E. Gaudbois, Dr. S. Bolduc, Dr. Jules Constantin, Dr. J. M. Ladriere, Dr. M. Brophy. *City of Quebec*—Dr. J. P. Boulet, Dr. F. X. Dorison, Dr. C. Gingras, Dr. A. Jobin, Dr. C. C. Sewell, Dr. A. Vallee. *District of Three Rivers*—Dr. L. J. O. Sirois, Dr. L. P. Normand, Dr. E. F. Panneton. *District of St. Francois*—Dr. P. Pelletier, Dr. A. N. Worthington, Dr. T. L. Brown. As a result of this meeting, the administration was thoroughly reorganized, the following officers being elected: President, Dr. E. P. Lachapelle, Montreal; First Vice-President, Dr. Clark, Dean of the McGill Medical Faculty; Second Vice-President, Dr. Calettier, Quebec; Secretary, Dr. J. A. Macdonald, Montreal; Treasurer, Dr. Jobin, Quebec; Registrar, Dr. A. R. Marsalars, Montreal, in place of Dr. Beausoleil, who was defeated.

At a recent meeting of the Société de Biologie of Paris, M.M. Bergonie and Sigalas stated that as a result of recent investigations they had found the superficial area of the human body to be 16,206 square decimeters (17.4 square feet).

## Society Reports.

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### International Association of Railway Surgeons.

THE eleventh annual meeting of this Association was held in this city July 6th, 7th and 8th, in the buildings of the Department of Education, and was largely attended by a brainy and astute aggregation of surgeons connected with the railway system of this continent. Representatives came from Texas on the Mexican border and from as far west as Medicine Hat, N.W.T. Dr. Bruce L. Riordan, of Toronto, was elected President for next year.

Dr. Bruce L. Riordan, as Chairman of the Committee of Arrangements, opened the meeting shortly after ten o'clock, and called upon the President, Dr. George Ross, of Richmond, Va., to take the chair.

Rev. Dr. McCaughan then opened the meeting with prayer.

The reading of the minutes was dispensed with, and proposals for membership followed. Dr. E. R. Lewis, of Kansas City, the Treasurer, read his report, which dealt with this question. During the past year 886 registrations have been made, 447 registrations having taken place for the present year, making a total of 1,199 registrations since the books of 1897 were closed. This is the best beginning of any year in the Treasurer's experience.

"Notwithstanding the humanitarian war our States are to-day engaged in," said the report, "our members are, without exception, deeply interested in our philanthropic work, and the large increase in our Canadian membership insures our continued proud position as the strongest surgical organization in the world known to the undersigned."

Dr. Lewis then discussed the finances of the Association. "Four years ago," he said, "when we were elected treasurer, our indebtedness was about five hundred dollars. To-day, July 1st, we have in the treasury about \$833.65, with but few bills to be deducted." They had at the moment, Dr. Lewis added, about \$1,200 or \$1,300 in cash on hand. The report was dealt with through the usual channels.

#### PHYSICAL EXAMINATION OF EMPLOYEES.

Dr. G. P. Conn, of Concord, N.H., read his paper. After quoting the dictum that the common carrier is liable to all losses sustained through its own neglect, but is not an insurer, Dr. Conn pointed out that the corporations owe duties to their servants, and from this deduced the theory that the railway companies should take pains to

educate its employees. Extra hazardous labor requires extra diligence and care in the selection of employees, and the proper instruction and information of these employees, he said. From a recent decision in New Hampshire he made the following deduction: "This shows that employees occupying responsible positions, such as require the organs of vision and hearing to be acute, their habits and mental faculties to be without fault or blemish, must from time to time be examined by those competent to determine their fitness to perform their service without danger to themselves, their fellow-servants or the public.

After saying that railway surgeons, especially those who are on lines with some form of a surgical organization, should be anxious to have their road effective in this particular, Dr. Conn went on to argue on behalf of a physical examination of applicants for positions on railways. His position was as follows: "(1) That a rigid physical and mental examination should be instituted before allowing new recruits to enter the service of railroads; (2) all roads should have a school of instruction in which new recruits should be thoroughly drilled in the work which they are to perform, so as to bring out the best results of all safety appliances and also those intended to supply the heating, lighting, ventilating and cleaning of cars; the intention of this being to simply enlarge the school of instruction in the use of automatic brakes that is now practised on most large roads, and which might without much additional expense be made a part of the standard of education; (3) that the recruit after being thoroughly instructed in every duty that can in any way serve to render the lines and property of all concerned more nearly safe and comfortable, and having passed an examination, he should be advised of the fact that in taking service upon a railroad he is entering upon a vocation extra hazardous in its nature, but, having been thoroughly instructed in his work and given an opportunity to learn its duties, he must take a certain amount of chance of his life and limb without recourse or damages."

Dr. Conn stated in amplification of these points that he would have the examination as vigorous as that for the United States army.

The discussion which followed was of considerable length. Dr. H. L. Getz, of Marshalltown, Ia., emphasized the need for a rigid examination. The ordinary examinations for sight and hearing were useless, he said; the men should be stripped and thoroughly examined. Dr. W. S. Hoy, Wellston, O., observed that his State has adopted a physical examination. Dr. Currie, of Toledo, spoke of the methods adopted. Dr. Pepler, of Toronto, concurred in Dr. Conn's suggestions. Dr. Hungate, of Nebraska gave two or three specific instances which bore out Dr. Conn's point. Dr. W. D. Middleton, of the Rock

Island Line, stated that it had found it necessary to adopt a physical examination. Dr. J. M. Dodson, professor of physiology in the Rush Medical College, Chicago, raised the question as to whether the average doctor is competent to conduct such an examination. He suggested that instruction in the diagnosis of the normal subject be included in the curriculum of the medical college.

#### AFTERNOON SESSION.

The Association opened its session at 2.30 o'clock. Some business was transacted, a number of committees being appointed.

#### THE PRESIDENT'S ADDRESS.

The President, Dr. L. J. Mitchell, of Chicago, then read his annual address. After a general introduction and a reference to the wonderful achievements of medical and surgical science, he passed to a consideration of the means taken by railway corporations to cope with disasters. He referred to the special duties which fall upon the railway surgeon, and expressed his pleasure at the recent change of the Association's name to "International." He expressed his pleasure at meeting in Toronto, of which he spoke in terms of warm praise. He concluded with a reference to "the half-prophetic declaration recently made by the Hon. Mr. Chamberlain," and a hope that Mr. Chamberlain's forecast would come to pass. "Nothing, surely, can be more conducive to an end so desirable as such gatherings as this, in a city extending such warm and cordial greetings as Toronto has extended to us."

#### THE SURGEON IN COURT.

A pregnant and deeply interesting address was given by Mr. B. B. Osler, Q.C., one of the counsel of the Grand Trunk Railway, upon "The Surgeon in Court." In nearly all important cases connected with railway work the counsel and surgeon had their positions: the corporation was in their hands. He noted one great advantage which the counsel had over the doctor. The counsel was paid his fee, was expected to show his bias, and was not under oath. The surgeon was paid his fee and still was expected not to show bias, was expected to conceal it—under oath. (Laughter). It was a very difficult task, Mr. Osler said. The surgeon had at bottom his honesty and sense of professional propriety, and yet was retained as the professional adviser of the railway corporation whose interests were committed to his hands. He had to consider his position, and had to be ready for cross-examination, sometimes at the hands of a counsel who had

studied more law and facts than ethics. (Laughter.) He had to meet the claims lawyer and the claims physician. It was matter of comment in the profession that doctors rarely agreed, that they often differed as widely as counsel, though they were under oath. It was one of the hardest positions a doctor could occupy, and he had seen, Mr. Osler observed, amid laughter, doctors wishing themselves in the foulest sick room rather than in the pure atmosphere of a well ventilated court room.

The surgeon had to bear in mind, Mr. Osler went on, that in his duty to the sick and maimed that were under his care some difference arose from the fact that he had not been called in by the sick man or his relatives, but had been sent as the railway surgeon, sent by the corporation. His duty was at once to the corporation and to the sufferers immediately under his care. There was, however, no privity between the patient and the doctor in such cases. The doctor owed two loyalties, one to the patient, one to the corporation. If it was only to the patient there were many things the doctor ought not to tell, but owing a duty as he does to the corporation, he must report many things which were pertinent. In that case it was no breach of professional etiquette or propriety for the surgeon to reveal these facts. It would be such a breach if the physicians had been called in by the patient or his friends: but being in the corporation's pay, as long as the patient's friends chose to leave him under his care, his first duty was to the corporation. In such a case they were at liberty to give information which it would be improper for them to give if they were there only in the interests of the patient. In Ontario the relations of physician and patient were not privileged. In court they must consider the fact that privilege does not exist, and that they were bound to answer all questions in relation to the sufferer and claimant. The courts of Ontario had decided that where the employer engaged the surgeon he was entitled to the information that relates to the case.

The question of expert testimony, Mr. Osler went on, had passed almost into a current joke. In his experience, the difficulty was not so great, and was being greatly removed. In his experience there was no better way yet devised of getting at the truth than cross-examination and the placing of opposing experts in the box. Alluding to the expedient of appointing medical experts by the court, Mr. Osler observed that to some extent this was done in Ontario. A medical expert so appointed by the court could afterwards be called by one side or the other as witness. To make such an expedient complete, Mr. Osler observed, the report of an expert so appointed should be received as a finality, and so end the medical controversy. He did

not think that this would be a better plan, though it would be more pleasant for the medical profession. The object of cross-examination was to get at the truth. There might be a hundred men who could make a report, and only ten who could stand cross-examination. The medical profession should try to eliminate that which had caused it to make a bad appearance before the public. He offered one or two suggestions as to how this might be done. First, any doctor going into the box to testify in chief should remember that there was a counsel on the other side who was crammed for the occasion, and who, perhaps, had a better knowledge of some of the details of the physical surroundings than the doctor had, through lapse of time. Thus, in the cross-examination, the lawyer might appear to know more about the matter than the doctor. The first duty of the physician was to prepare himself for the cross-examination, to freshen up on the subject. Then a doctor should have courage now and then to say, "I don't know." It would do him no harm: in fact, it would do him a great deal of good, for the man with courage enough to say that would be the more apt to be believed as to what he said he did know.

The scandal of opposing expert testimony was being diminished year by year, Mr. Osler went on. The real remedy lay in the tone of the profession in a high sense of professional responsibility. They were getting it more and more every year through the Medical Associations and the tone which they gave. When a man found that he could not be elected to positions of honor by his fellows, he naturally wanted to know why. They found that a young, energetic doctor, who was going into the box on the side of a claimant, was apt to be much more careful in his evidence when he saw in the court-room a couple of seniors whom he honored and respected.

He had found, Mr. Osler added, in the last two or three cases he had been connected with, no necessity for calling in the railway surgeon, as expert testimony, because the doctors appearing for the claimants had been so moderate and reasonable in their statements of the damages sustained by the claimants. It was to the credit of the medical profession that the difficulty was being steadily overcome by the doctors themselves, by the better tone and standing of the medical profession as a whole.

Mr. Osler spoke for a few moments of the "railway spine" or traumatic hysteria, which causes so much trouble to railway surgeons and to lawyers. "Along the backbone hangs all sorts of frauds," he said, and he gave a graphic picture of how many a hard-pressed man has picked himself up from a minor railway accident with a "Thank God, at last some money is in sight," and has gone home, not to saw

wood, but to get into bed and send for a claims lawyer and a young doctor. The subjective nature of the symptoms made the subject very difficult. His chief suggestion on this point was that the longer trials were deferred the better it was for the railway. Early examination for discovery, before the patient had had time to read up the symptoms, was of the greatest importance, as was early medical examination, to be followed by another such examination near the trial.

The railway surgeon, sometimes, especially the junior, is more or less a claims agent of the railway, Mr. Osler said next. They should never act in that capacity. They should never try to settle for the railway. That was none of their business. It was often convenient for the railway company to have the surgeon do it, but it was best not. The surgeon's duty was to the man before him, and the relationship was such that, though he was a railway agent, he should not be a claims agent. This class of settlement was looked on with grave suspicion by the courts and was often set aside to the great discredit of the doctors concerned.

Mr. Osler finished with a gracefully worded welcome to the visitors. "Remember," he said, in conclusion, "that you are among your neighbors and among your friends—if you will have it."

#### CHLOROFORM OR ETHER.

Dr. C. P. Gordon, of Dalton, Ga., followed with a paper on "General Anesthesia by Chloroform or Ether." Which? Local anesthesia by cocaine or eucaine. Which? General or local anesthesia in enucleation or extirpation of the globe of the eye. Which? Dr. Gordon's paper was a vigorous upholding of chloroform as against ether, one feature of it being his declaration of his conviction that the symptoms mentioned in Genesis point to the celebrated removal of the rib from Adam as having been performed under chloroform.

The paper provoked a good deal of discussion. Dr. Fulton, of Kansas, was in favor of the use of chloroform. He pointed out, however, that anyone could administer ether, while it took far more skill to administer chloroform. Dr. W. H. Elliott, of Savannah, Georgia, was in favor of chloroform. Dr. John Eddy, of Olean, N.Y., was of opinion that the indications pointed to the surgical operation mentioned by Dr. Gordon having performed by aid of hypnotism. Dr. A. I. Bouffleur, of Chicago, pointed out instances of the unreliability of chloroform. Dr. Joseph A. White, Richmond, spoke strongly in favor of cocaine. Dr. W. S. Hoy, Wellston, Ohio, suggested that the sense of the meeting be taken as to which anesthetic should be used in selected cases, and Dr. Bouffleur protested against

this being done, as it would tend to commit the Association to a certain plan of treatment. After a good deal of discussion this view of the case prevailed.

#### FEVER AND THE FEVER STATE.

Dr. F. C. Vandervoort, of Bloomington, Ill., read a paper on this subject, which was a careful and technical review of the subject. He was followed by Dr. W. H. Coffey, Parksville, Mo., with a paper on "Conservatism," in which he laid stress on the need for caution in operating. Dr. W. S. Hoy discussed the subject briefly.

#### EVENING SESSION.

A musical and complimentary reception was given to the members of the Association, and addresses of welcome were given by Hon. G. W. Ross, Mayor Shaw and Dr. Thorburn.

Dr. Thorburn briefly welcomed the visitors and concluded with a word of hope for the Anglo-American alliance, which was cheered to the echo.

Mayor Shaw, who was suffering from indisposition, added his welcome. He, too, alluded to the Anglo-American alliance, and assured his audience that Canadians are heart and soul in sympathy with the Americans in their present war—a remark which elicited loud cheers.

Hon. George W. Ross was called upon. He expressed in most graceful terms the heartiness of the welcome which Toronto extended to the railway surgeons. He eulogized the profession which they represented and welcomed their American guests in especially warm words. They had decorated the hall in recognition of their guests, and Mr. Ross observed he had never seen so many Stars and Stripes in it as on the present occasion, and never seen the Union Jack and Stars and Stripes so closely entwined. He was glad of it. The Union Jack said to Old Glory, as their guests called their flag: "Let there be no strife between you and me, between my kinsmen and your kinsmen, I pray thee, for we are brothers."

Dr. Ross, the President of the Association, thanked the gentlemen who had spoken, speaking in warm terms of the heartiness of the welcome extended to them and of the eloquence of Hon. Mr. Ross.

#### THURSDAY MORNING.

"Shock, Its Nature and Pathology," by Dr. F. J. Lutz, of St. Louis. This was followed by another paper on the "Pathology of Railway Shock," by Dr. Wyatt Johnston, Montreal.

Dr. H. L. Getz, Marshalltown, Iowa, dealt with the "Varieties and Causes of Shock."

Dr. S. R. Miller, Knoxville, Tenn., contributed a paper entitled, "Is the Symptomatology of Shock in Injuries to the Liver Different from that of Other Injuries of the Same Gravity?"

Dr. Hugh M. Taylor, Richmond, Va., spoke on "The Prevention of Shock."

One of the most interesting papers of the session was that of Dr. J. G. Tuten, Jessop, Georgia, entitled, "Is Shock a Predisposing Cause for the Development of Consumption?"

The last paper before adjournment was read by Dr. DeSaussure Ford, Augusta, Ga., and was entitled "Shock, Railway or Psychic."

#### AFTERNOON SESSION.

Dr. Wm. Outten, chief surgeon of the Missouri Pacific, opened the discussion when business was resumed in the afternoon. He was followed by Sir William Hingston, Montreal. Sir William regretted that with all modern appliance it had not been found possible to discover where the physical shock ended and the mental began. Referring to the question under discussion, he said that he always maintained that hæmorrhage and shock had nothing in common. They might, however, exist together. In many instances where prostration resulted from shock the patient did not realize that he had anything the matter with him until long after he had recovered from the shock.

Dr. Hugh M. Taylor, Richmond, Va.; Dr. W. F. Trigg, Cumberland, Md.; Dr. C. J. McOscar, Fort Wayne, Ind.; Dr. Taylor, Richmond, Va.; Dr. Jay, Chicago; Dr. Fulton, Kansas City; Dr. Elliott, Savannah; Dr. Moore, Texas; Dr. Conn, Concord, N.H.; Dr. Budd, Minnesota; Dr. Eddie, New York; Dr. Girdlewood, chief surgeon of the C.P.R.; and a number of others, took part in the discussion. Dr. Fulton declared that the use of alcoholic stimulants was always injurious, no matter how administered. He also asserted that shock could not cause consumption. Dr. Eddie took exception to Dr. Fulton's first statement, and declared that he had known of cases where alcohol was used with good results.

Dr. Bouffleur, Chicago, Ill., read a paper on "Cerebral Contusions" at the close of the discussion on "Shock." Traumatism of the head, he said, were very common, and were generally followed by cerebral symptoms. The practice of classifying all cerebral lesions following injury into the cerebral concussion or compression was inconsistent, and usually most unsatisfactory. The etiology, pathology and symptomatology of a large proportion of the cerebral lesions were so iden-

tical with those of contusions in other parts of the body that contusion of the brain should be recognized as a distinct lesion of frequent occurrence.

The term "cerebral concussion," as generally employed, he said, was indefinite, unsatisfactory and inconsistent with modern ideas of pathology and precision. It should in reality be limited in use to those phenomena resulting from the disturbance of the function of the brain by trauma, without the production of gross mechanical lesions of the brain. The slightest manifestation of concussion was due to disturbance of the fluid equilibrium of the brain, and is always of momentary duration and effect. More severe concussions produced a spasm of the vasomotor system, and resulted in the production of signs and symptoms which were identical with and indistinguishable from shock, and which persist until the circulatory equilibrium is restored, and not thereafter. The gross mechanical lesions of the brain produced by trauma with or without fracture of the skull were identical with those of contusion elsewhere. The clinical history corresponded with what they should naturally expect from a contusion of tissues of such delicate structure, and of such specialized function with such anatomic relations. The treatment of contusion of the brain was the same as that of contusions elsewhere, with the special demand for the early treatment of complications. In conclusion, he stated that the term indicated a mechanical disturbance of the circulation of the brain by any lesion which materially increased intracranial tensions.

The paper was discussed by Dr. Outten and Dr. Elliott

After hearing a paper by Dr. Francis B. Fite, Muskogee, Ind. Terr., on "Surgery Tendons in Infected Regions," the Association adjourned to meet again at nine o'clock next morning.

The Executive Committee decided on Richmond, Va., for the next place of meeting.

#### FRIDAY MORNING.

The first paper read was "The Pelvic Brim in Diseases of the Pelvic Organs," by Dr. A. L. Fulton, Kansas City, Mo.

Dr. C. F. Leslie, of Clyde, Kansas, read a paper which was a report of a case of "Lightning Stroke, with Accompanying Fracture of Base of Skull." The case was one which Dr. Leslie described as being, as far as he knew, unique. The man was a brakeman, and was knocked off his car by a flash of lightning. The train was running at full speed, and in his fall he sustained a fracture of the base of the skull. A handkerchief which he wore about his neck was cut in two, his watch and chain were melted, and his flesh was lacerated. Not-

withstanding the extraordinary complication of injuries he made a fairly speedy recovery, and is now on the road.

#### CHOOSING A PRESIDENT.

Dr. F. J. Lutz, of St. Louis, Mo., moved that Dr. Riordan, of Toronto, be the new president. He did so in a graceful speech, which was liberally punctuated with applause. He spoke in warm terms of the splendid manner in which Toronto has treated her visitors, and added, amid cheers, that the Association should in this way show its appreciation of the way in which Dr. Riordan's country had come to the aid of their country and had held back the rest of the world when it was seeking to tie their hands.

Dr. Fulton, of Kansas City, Mo., seconded the nomination.

Dr. W. B. Outten, of St. Louis, made an extended speech, in which he fully acknowledged the glorious reception given to them by Toronto. However, he thought that the interests of the Association would be better served by the election of Dr. A. I. Bouffleur, of Chicago, whom he accordingly nominated. Dr. C. J. McOscar seconded this nomination.

Dr. Fulton raised a question of privilege, noting the grudging manner in which the Association had been treated by the railroads in the matter of transportation, and observing that the one exception had been the Grand Trunk; that road had treated them splendidly.

Dr. W. S. Hoy, of Wellston, Ohio, drew attention to the feeling of international unity which has marked the meeting. "I must turn my face to the Union Jack," he declared, and he added a warm word of praise for the entertainment accorded them.

The discussion continued for awhile, Dr. J. R. Taylor, of Texas, Dr. M. Jay, of Chicago, Dr. Eddy, of New York and Dr. Lester Keller, of Ironton, Ohio, taking part. The latter gentleman, referring to praise of Dr. Bouffleur's ability, said that "there are others." Dr. Riordan, he said, had shown executive ability second to none. If there was anything else in Toronto which he had not got for them the speaker wanted to know what it was.

#### DR. RIORDAN ELECTED.

The vote was taken, and resultèd in 135 for Dr. Riordan and 82 for Dr. Bouffleur. Dr. Bouffleur moved that it be made unanimous, and, amid cheers, this was carried. Dr. Riordan was escorted to the platform and introduced to the meeting in a very graceful manner by Dr. Bouffleur. He was heartily greeted and spoke briefly, thanking his hearers for their kindness. The Nominating Committee then brought forward its report, which proposed the following names:

Vice-President—Surgeons R. E. L. Kincaid, Texas; James C.

Hunt, Utica, N.Y.; James L. Foxam, Huron, South Dakota; W. Gunn, Clinton, Ont.; A. H. McKnight, Hartford, Conn.; C. F. Leslie, Clyde, Kansas; Hugh M. Taylor, Richmond, Va.

For the Executive Board—Surgeons F. J. Fritz, St. Louis, Mo.; James Alexander Hutchison, Montreal, Que.; H. L. Getz, Marshalltown, Iowa.

The Nominating Committee suggested that Richmond, Va., be the next place of meeting.

The afternoon was devoted to pleasure. The city contributed to the afternoon's entertainment, which took the form of a trip on Lake Ontario on the steamer *White Star*. The steamer left the Bay Street wharf shortly after two o'clock with a heavy load, and steamed westwards as far as Long Branch. It then went east as far as the eastern gap, and then came along the bay to Exhibition Park. There the party disembarked and proceeded to the park, where a civic "high tea" was tendered them in a large marquee. The band of the Royal Grenadiers was in attendance. The street railway then conveyed the visitors to Munro Park and to other points of interest.

Saturday was given over to an excursion to Gravenhurst and Port Sandfield. About 550 participated.

The Committee of Arrangements expressed their thanks to Hon. A. S. Hardy and members of the Cabinet of the Ontario Government for a generous grant towards entertaining the members and their friends on this excursion, also to Mr. Charles M. Hays, General Manager Grand Trunk Railway system, for railway transportation, and to Mr. A. P. Cockburn, Secretary and General Manager Muskoka and Georgian Bay Navigation Co., for transportation by steamer on the Muskoka lakes.

#### LOCAL COMMITTEE OF ARRANGEMENTS.

Drs. T. G. Roddick, M.P., Sir W. Hingston, J. Alex. Hutchison, Montreal, Que.; J. Bray, Chatham, Ont.; A. McKay, Ingersoll, Ont.; L. B. Powers, Port Hope, Ont.; J. Coventry, Windsor, Ont.; J. Gunn, Clinton, Ont.; D. M. Fraser, Stratford, Ont.; A. Taylor, Goderich; Drs. J. Thorburn, C. O'Riley, J. F. Graham, Adam Lynd, A. J. Johnson, J. F. W. Ross, W. Oldright, R. E. Nevitt, George Peters, A. H. Wright, J. Noble, W. H. B. Aikin, T. McKenzie, C. A. Temple, G. H. Burnham, R. A. Pyne, P. H. Bryce, Chas. Sheard, J. Cassidy, H. A. Bruce, H. T. Machell, J. Gilmour, W. F. Gallow, W. H. Pepper, E. E. King, J. Dwyer, A. A. MacDonald, W. A. Young, J. D. Thorburn and H. H. Oldright, of Toronto; also Ald. Bowman, Ald. Dunn, Ald. Richardson. H. A. Bruce, Secretary; R. A. Pyne, Treasurer; Bruce L. Riordan, Chairman Committee of Arrangements.

## The Toronto Medical Society.

THE regular meeting of the Society was held on May 6th, 1898. Dr. MacMahon presided.

Dr. R. A. Reeve presented two patients upon whom he had performed Mule's operation. This procedure is a substitute in certain cases for enucleation. It preserves the scleral cup, the contents of which are scooped out and supplanted by a glass vitreous. The lips of the scleral wound are then sewn up. The operation is more difficult to perform than enucleation, and there is likely to be much more reaction after the operation than after enucleation. Dr. Reeve said he had not observed all the directions that were given in regard to the use of strong antiseptic injections, because he thought that as the scleral cup was practically aseptic they were unnecessary. He had done the operation on patients from three years old and upwards. The operation was not suitable where a high degree of inflammation was present, such as in pan-ophthalmitis, or where there was extreme danger of sympathetic ophthalmia. The doctor then related briefly the history of the two cases presented. The results in both were extremely good. The patients had almost perfect movements of the eye with the artificial shell. One had to examine closely to detect which was the real and which the artificial eye. In these cases the sulcus present over the upper lid in enucleation cases is not to be seen.

Dr. Webster alluded to the practice Dr. Reeve advocated some time ago of enclosing blood clot in the scleral cup. Dr. Reeve said he had abandoned that practice. Its fault was that the clot shrunk.

Dr. Rudolf presented a patient with a peculiar condition of the throat. The palate was adherent to the back of the pharynx so as to almost entirely obliterate the opening between the pharynx and the naso-pharynx. The patient was twenty-five years of age, and when twelve years of age had suffered from ulceration of the throat. The patient suffered from hoarseness, for which he had consulted Dr. Rudolf. There was no history of syphilis.

Dr. Parsons said the patient had attended his clinic in March giving a history of vomiting of blood. There had been some jaundice. The spleen was enlarged, but the blood was not leukæmic. There was no alcoholic history, which shut out cirrhosis from drinking. Dr. Parsons diagnosed the case as one of syphilitic cirrhosis, the specific disease being probably congenital. He had not noted the condition of the throat.

Dr. Carveth recalled a case similar to this shown at the Society a number of years ago, presented by Dr. Cameron.

Dr. W. J. Wilson said he had seen two cases of this sort. In both the syphilis was acquired.

Dr. Webster said he had a case whose throat was like the one presented, the deformity being on the left side. The patient had syphilis six years ago. Dr. Rudolf closed the discussion.

Dr. H. T. Machell presented a pair of pus tubes he had removed from a patient whom he had had under observation for over two years. She suffered from pain in the back and in the pelvis and was unable to get about. Examination revealed a matted condition of the contents of the pelvis and a large tube could be felt on either side. The woman was aged 35, had been married twice. From her former husband she contracted gonorrhœa. She gave a history of miscarriage previous to this. There was a good deal of difficulty in removing the tubes, but the woman has made a good recovery.

Dr. MacMahon, commenting on the contagion, referred to an operation on a case of this sort in which the husband had denied having had gonorrhœa to the operating surgeon: but after the operation, Dr. MacMahon, who assisted, saw the husband whom he recognized as a former patient whom he had treated for gonorrhœa.

Dr. Carveth reported a case of "lymphatic leukæmia." The patient was a carpenter, aged 56, who gave a history of having had ague some twenty years ago. Latterly he had suffered from indigestion and failing health. He had an attack of grippe, following which he had difficulty in urinating which gradually increased until he was obliged to use a catheter. Later he suffered from pneumonia. In February the liver was discovered enlarged. The abdomen was opened for exploratory purposes. The observations confirmed what had already been made out. Subsequently the glands throughout the body became enlarged. This, with a later examination of the blood, led to the diagnosis. The patient had since suffered from an attack of erysipelas.

Dr. Greig, who examined the blood, said he had made a count of 200,000 white corpuscles per c.m. He thought there was no doubt regarding the diagnosis.

Dr. Parsons said he, too, had examined stained specimens of the blood. He found a great increase in the mononuclear elements, particularly of the small ones. Of the small mononuclears there were 69.5 per cent.; of the large, 13 per cent.; of the polynuclears there were 10 per cent.; of the eosinophiles one-half per cent. Later he had noted the condition of the blood and had found 4,560,000 red corpuscles; 302,000 white; hæmoglobin, 55 per cent.

Drs. Webster and Machell briefly discussed the case

The Society then adjourned.

## Editorials

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### The Proposed Sanatorium for Consumptives.

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WE publish an outline of a proposed sanatorium for consumptives. At the present time our hospitals do not care to admit tubercular cases. Of course this applies to tuberculosis of the lungs. All hospitals are giving accommodation to patients suffering from tuberculosis of the various other organs, bones, joints, etc. This could not be otherwise.

Such an institution is needed. There is always the difficulty in the organization of these new enterprises, and the addition to the number of charities already too numerous. We learn that one of our hospitals has under contemplation the establishment of efficient accommodation for tubercular cases, especially those of the respiratory tract.

The following is an outline of a movement now being made by medical practitioners and a few other gentlemen of Toronto to provide a sanatorium for consumptives outside of but within a few miles of the city, so that city patients and those in the vicinity desiring to take advantage of it may be easily visited therein by their own physicians and their friends :

It is the intention to have it near one of the trolley lines which run out of the city, on either of which there are very good elevated sites, and to make it a first-class institution in every respect as relates to general equipment—providing all well recognized modern means for the most scientific treatment of patients, yet on an economical plan.

It is the purpose of the promoters to provide for the poorer classes of patients and in all stages of the disease, with the hope of checking its progress in cases even considerably advanced in the second stage—as sometimes has been done—and also to provide a home wherein the last days of hopeless sufferers may be relieved of their most distressing symptoms and made as comfortable as the resources of modern medicine—including, of course, the best of nursing and general care—can make them, and not be a source of danger to their relatives and others.

In view of the fact that loss of time in treatment is such an important element in lessening the chances of improvement or recovery in any stage of phthisis—the disease usually making daily progress—patients, on proper application, will be received into the sanatorium at once, as in any hospital.

It is proposed to obtain, if possible, a small farm in an elevated, sunny locality, as free from fogs and dampness as possible, in order both to provide ample room for buildings on the cottage plan, for the different classes of patients and stages of the disease, and also that some of the patients who would be benefited by such exercise may engage in farm and garden work, and so help to provide the institution with the necessary farm and garden food stuffs, including food for cows, poultry, etc.

The promoters feel assured that there is a very general feeling amongst city practitioners and others that such an institution is much needed.

It is therefore believed that a project as above outlined will appeal so strongly to the charitable public of Toronto and its vicinity that there will not be much difficulty in obtaining the necessary funds to carry it out. Indeed there should not be.

### Ozonised Oxygen in Consumption.

In the recently published prize essay in the competition for the Weber-Parkes prize, conferred by the Royal College of Physicians, the author, Dr. Arthur Ransome, Consulting Physician to the Manchester (Eng.) Hospital for Consumptives, mentions briefly several remedies which had been tried in the hospital in the treatment of patients in the different stages of consumption. Amongst these remedies, and the most important of them, are tuberculin (Koch's), cantharidinate of potash and chloride of gold and the iodides (iodol, iodoform, etc.), arsenic, the phosphites, cod-liver oil, and antiseptic inhalations, as hot air, compressed air, pure oxygen and pure ozonised oxygen under slight pressure.

In respect to the last named, he writes: "I have never seen any ill-effects arising from its use, but usually great benefit, especially to those patients who were at all anæmic. Although we have often had highly gratifying results from other treatments at the hospital, I do not remember any that were quite so satisfactory as in those cases in which this ozone was also used;—such continuous freedom from fever, absence of night sweats, diminution in the amount of expectoration, improvement in appetite and sleeping power, and such consequent gain in weight and strength, and in the color of the blood."

The ozone did not appear to act as a germicide, but to "have a beneficial action upon the general health, improving the condition of both the white and red corpuscles of the blood."

The remedy had been first tried some eight years ago, and acted

so favorably on a few patients that sixty cases of phthisis had been since so treated. Very little selection in the cases had been made, excluding only obviously hopeless ones. All three stages were submitted to the treatment. In only one or two instances did the tubercular mischief progress under it.

Ozone being but an allotropic form of oxygen, or oxygen in a more active or stronger oxidizing state, obviously this treatment is practically but a modification, or an intensification, of out-door or pure-air treatment.

The success of this treatment appears to be confirmatory of the theory advanced and contended for by Dr. Playter in his recent book: that the cause of phthisis, or at least of an auto-intoxication constituting the soil factor, is a defective respiratory function—a breathing capacity too limited for the wants of the system: and that the remedy for the disease is a supply to the blood and tissues of oxygen in some such way or form as shall be assimilated by the organism. Hence the open-air remedy, the lung gymnastics, and cold air; as the colder the air the more oxygen, bulk for bulk, it contains, and usually in a natural, often ozonised form.

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### Surgeon Captain Scott.

THERE is a great talk of the decadence of human nature to-day, and of a growing effeminacy, even amongst the men of our race, such as marked the epoch just before the fall of proud Rome. Yet every history of a war to-day as much as in past times, brings to the light deeds of courage and daring grand enough to make us feel with thanksgiving that heroes exist among us even yet. Of such is the piper Findlater, who, sinking to the ground with shattered knee, still, amid his intense agony, cheered the Gordons on to action with the stirring drone of his pipes.

Findlater had his praises sung through all lands and his Queen's own hand has pinned the coveted honor to his breast. Now another name must be added to the grand list of British heroes, that of Surgeon Captain Scott, whom we Torontonians can proudly claim as our own; a Trinity man and a grand-nephew of one of Trinity's veteran professors, Doctor C. W. Covernton, of Toronto.

His claims to heroism have already been ardently set forth in English and Canadian medical papers as well as in the *Illustrated London News* and other lay journals, but we recount them here that all his countrymen, especially those of his own profession, may know of his deed of courage and endurance performed amid terrible suffering. Bertie

Scott, as he was called in Trinity days, while in action in Sierra Leone, received three severe bullet-wounds at the same time. One pierced the muscles of his chest, a second shattered his thigh and the third lodged in the ankle-joint of his left leg, yet, amid the awful pain from these wounds, he caused himself to be propped up against boxes and continued to minister to the sufferings of others. Hour after hour passed and the agony and fever caused by the wounds must have increased with every minute, yet still this glorious fellow worked on for his comrades, extracting, amputating, bandaging and soothing the hurts of others whilst his own remained uncared for. Then, at last, when, and only when, all his men were attended to, he gave up as may be supposed, he nearly succumbed to severe shock and fever on his way to the coast, but God spared him to his country and his dear ones. The sea voyage partially restored him, and, as soon as he is strong enough, the bullets are to be extracted by means of the Roentgen rays. Then, may we not hope it, he too will receive the greatest earthly reward possible to a British soldier, the Victoria Cross, which, as it lies upon the breast of a brave man, causes the hearts of his countrymen to glow with delight, because they can claim him. Let us hope that we shall see it resting on the uniform of Surgeon Captain Scott, whose deed of bravery, if possible, excelled that of Private Findlater. Music, even when played under suffering will rouse enthusiasm in the heart of the sufferer and thus strengthen him to bear and to do, but nothing except the most noble spirit of self-sacrifice could prompt so Christ-like a deed as the conquest of one's own agony in order to help that of others.

Let old friends and Trinity Fellows join in a great cheer for our countryman.

“Hip! hip! hurrah for Bertie Scott.”

A. B.

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### The Victorian Order of Nurses.

FROM all the indications at our possession it does not appear that the medical profession or the general public are taking much interest in this order. We have already a number of persons in all parts of Canada who are willing to go out and earn a little money by nursing. This order comes into direct competition with those who have been in this way earning a trifle by this cheap nursing.

A few are making use of the order who should engage a nurse and pay her a fair fee. This is doing the regular nursing profession a great injustice. In addition to this it is pauperizing the people. We have never seen any need for the order, and our mind has not changed in this matter.

## Book Notices.

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*Clinical Lecture on Diseases of the Heart and Aorta.* By GEORGE WILLIAM BALFOUR, M.D., F.R.C.P. (Edin.), Consulting Physician to the Royal Infirmary, Edinburgh, etc., etc. Third edition. London: Adam & Charles Black. Toronto: The Publishers' Syndicate. 1898.

The first edition of this work appeared in 1875, and the second in 1881. It will at once appear to those who are familiar with the former editions that the present one has been thoroughly revised and re-written. The volume is an exceptionally handsome one, of nearly five hundred pages. The paper is ideal and the type exceeding clear and of good size. The illustrations add much to the usefulness of the work. They are not numerous, but of such a character as to be of the utmost utility to a student of the book.

Dr. Balfour has long been recognized as one—perhaps the leading one—of those who have written upon cardiology. His teachings have been of the utmost value to the profession, as the means of disseminating correct views. His opportunities have been great, and he has made the most of these opportunities.

On reading this work one is at once impressed with the thorough knowledge the author possesses of the literature on his subject. Of the enormous amounts that have been written upon the heart and aorta, nothing seems to have escaped his attention.

The literary finish of the work is fine. It reads like Ruskin, or Lang or Arnold. Yet the thorough-going scientific side is not lost in this fine finish. Indeed, the beautiful style renders the descriptions of the varying conditions very clear and almost simple.

But the strong part of the work is the therapeutics. In the matter of treatment the author utters no uncertain sound. The conditions are laid down with great clearness; and then what ought to be done is stated in the most distinct and positive manner. This is very refreshing.

This is one of the books of which it may truthfully be said every doctor should have a copy. The amount of information between the covers is really marvellous. And all this, as already stated, in so readable a form.

## Correspondence.

The Editors are not responsible for any views expressed by correspondents.

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*To the Editor of the CANADIAN MEDICAL REVIEW :*

SIR,—It is deplorably sad to be ignorant, but it is infinitely more so to assume the title of the learned (?) without true merit. I was much amused to read the terrible "exposure" of "Aristarchus" in your issue of June, and supposing he is a true doctor, full of wisdom even as the learned doctors of old, I must go slow ere I tempt to even consider, in criticism, his noble words, and yet, unlike those days when it was unsafe to disagree with the learned doctors, we now live in an age of freedom of expression and thought, I would like to ask my critical friend wherein lies the merit of the title of doctor. Is it in the pile of stones or brick we call a university, is it in the knowledge possessed by the professors who daily teach their pupils, or is it rather in the merit of the pupil himself? It is in this latter, you will agree with me and whether he follow the lines of medicine or science or philosophy, or law or theology, or your seemingly especially despised dentistry or veterinary surgery, if he truly is a learned man why should he be refused the title of doctor? Why should the medical profession usurp the title entirely, as seemingly my friend would have it so? A doctor is looked upon as a learned man, an instructor, a teacher, one skilled in a learned profession, and while I believe it improper to confer this title upon any profession until its standard has reached a learned degree, yet by no means should we withhold it when such is the case. The profession of dentistry in Ontario has won its standard equal with the medical profession, and we will find in its ranks men as clever and learned even as "Aristarchus" himself, whoever he may be. I wish he had signed his name, in order that we might know who would thus endeavor to contempt a profession the better understanding and consequently better appreciation of which would make him a better man and of necessity a better doctor. It is certainly unfortunate that there is such a dividing and almost malicious force separating the medical and dental professions, for without the skilful and efficient practice of either the other will advantage little. It had been far better for our medical friends to co-operate with us, for their many failures can often be traceable to absolute ignorance in conditions known even to the freshman in dentistry, and yet the time will come when human ideas will triumph over petty malice and envy, and our stricken and suffering patients will realize the benefits of

medicine and surgery unfortunately kept from them now. The announcement of the Western University, which he quotes as saying "dentistry is a mechanical business," may also say the same of medicine with like truth, and let me say that the best surgeon or dentist is he who is a true mechanic. And now, to close, let us in future try and merit in ourselves the title of doctor, and not alone by a university's privilege or possible avarice.

V. H. LYON, D.D.S.

Alexandria, Ont., June 22, 1898.

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### Canadian Medical Association.

*To the Editor of the CANADIAN MEDICAL REVIEW:*

SIR,—There is no man so deserving of a holiday as the hard-working physician, who has had his nose to the grindstone from early morning till late at night. It is not only a privilege, but a duty, to relax one's energies at least once a year and take an outing. Having made up one's mind to go away for a bit, the next question is where to go, for one likes to gain some mental profit as well as physical vigor. This year the Canadian Medical Association offers peculiar inducements to the busy man by meeting in the historic old city of Quebec on August 17, 18 and 19 next. This will give to the physicians ail over the Dominion an opportunity to visit, at a trifling expense, one of the most picturesque parts of Canada. It, too, will enable the English and French to become better acquainted, thus helping to bring about a more thorough understanding. The President, Dr. J. M. Beausoliel, of Montreal, is putting forth every effort to make the meeting a success. The local committee of arrangement, under the chairmanship of the Vice-President, Dr. C. S. Parke, ably assisted by the local Secretary, Dr. A. Marois, are doing good work towards making the visit of their medical brethren enjoyable. It has been whispered that a trip to Grosse Isle is a probable part of the entertainment. The officers of the Association are confidently looking forward to a large and enthusiastic gathering. For particulars address F. N. G. Starr, 471 College Street, Toronto.

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*To the Editor of the CANADIAN MEDICAL REVIEW:*

DEAR SIR,—In the June number of THE MEDICAL REVIEW there appeared an item stating that there were fair openings for medical men at Crookston, near Madoc, and Menie, near Campbellford.

With reference to Crookston, the article is certainly misleading, as

there is not a population of one hundred and twenty-five there, all told, and not more than four hundred in the village and all the country tributary to it, while Madoc, only five miles distant, has four physicians, with only 1,200 population.

Respecting Menie I am not prepared to give an opinion, not being acquainted with the locality, but from enquiries I believe the article is just as misleading with respect to that location.

Now a word as to the propriety of publishing such items. Surely the world is wide enough and intending practitioners should have brains enough to choose their own location without such assistance. In my humble opinion, a medical journal should certainly be able to find some more laudable use for its columns than trying to bring more medical talent into competition with physicians in an already over-crowded district.

Yours respectfully,

Madoc, June 24, 1898.

M. D., MADOC.

[The item referred to was furnished by a well-known and respectable physician.—ED.]

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## Personals.

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DR. T. BIBBY has moved to Kimberley.

DR. PLAYTER has removed from Ottawa to 185 Carlton Street, Toronto.

DR. T. COLEMAN, having returned from Germany, has located in Toronto.

DR. W. GRAHAM has moved from Grosvenor Street to College Street West.

DR. HUNTER having returned to California has located at 8 O'Hara Avenue.

DR. E. HOOPER has returned from England and opened office at 92 College Street.

SIR WILLIAM HINGSTON, of Montreal, has received the degree of LL.D. from the Ottawa University.

DR. J. N. E. BROWN, the popular Secretary of the Ontario Medical Association, having secured a lucrative Government appointment, will leave for the Yukon District next week.

DRS. CAMERON, GRASSETT, PETERS, PRIMROSE, MCPHEDRAN, REEVE, McIlwraith, of Toronto; Dr. Hamilton, of Selkirk, and Drs. Roddick, Birkett and Stewart, of Montreal, are among the Canadians at present in England with the intention of attending the British Medical Association.

## Selections.

INTRAVESICAL INJECTION FOR CHRONIC CYSTITIS.—The *North American Practitioner* for May gives the following :

R Guaiacol . . . . . 75 grams ;  
 Iodoform . . . . . 1 drachm ;  
 Sterilized olive oil . . . . . 3 fluid ounces.

M. For injection into the bladder.—*New York Med. Jour.*

RHUS AROMATICA IN INCONTINENCE OF URINE OF CHILDREN — Dr. Ludwig Freyberger, clinical assistant to the Hospital for Sick Children, Great Ormond Street, London, recommends the liquid extract of rhus aromatica in this complaint. He records thirty cases treated with gratifying results, and says that the astringent taste and disagreeable odor of the liquid extract of rhus aromatica are sufficiently disguised by syrupus aromaticus. The dose employed was five to ten minims for children two to five years old, ten to fifteen minims for children five to ten years old, and fifteen to twenty minims for older children. A very convenient formula is the following :

R Ext. rhus aromaticæ liq . . . . . min. 10 ;  
 Syrup. aromatici . . . . . “ 20 ;  
 Aq. destillatæ . . . . . ad dr. 1.  
 S. : Three times a day.—*Treatment*, May 12th.

THE PROHIBITION OF THE CORSET IN RUSSIA.—We learn from the *Gazetta degli ospedali e delle cliniche* for June 16th, that the Russian Minister of Public Instruction has issued, on the grounds of public health, a decree prohibiting the use of the corset by women. This is government interference with a vengeance. Such matters are not at all fit subjects for such interference, but only for the education of the people. Even if the entire profession were agreed that the corset was an unmitigated evil to the individual who wore it in all cases and under any circumstances, such a meddling decree would be a tyranny like prohibition laws, anti-cigarette laws, and so forth. Such measures are not on a par with the suppression of public nuisances, such as the control of noxious trades, because those ordinances are for the protection of the many against the few, whereas such decrees are an attempt to forcibly protect a man against himself in opposition to his own free will, and in regard to matters which other people choose to consider bad for him. This reasoning would justify anything—and is, in fact, the very reasoning which was adduced to justify the tortures of the inquisition.—*New York Medical Journal.*