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## Original Articles.

### MASTER-MINDS IN MEDICINE—JOHN HUNTER (1728-93), GREAT MAN OF SCIENCE AND SURGEON.

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Author of "Songs by the Wayside," "Winona and Other Stories," "The Toller and Other Poems."

"I am not anxious about my children, but in their doing well in this world. I would rather make them feel one moral virtue than read libraries of all the dead and living languages."—JOHN HUNTER.

In the whole history of medicine it is almost impossible to find a more striking personality than John Hunter. Great man of science and surgeon that he was, we love to look back a few centuries, with pleasure and satisfaction, upon the eventful years that covered his life. "It is impossible," writes one, "to include in one view the multitudinous forms of Hunter's work; you cannot see the wood for the trees."

Picture Hunter going around as physician, surgeon, anatomist, biologist, pathologist and naturalist—all these faculties developed to a high degree—and your mind's eye can form a picture of the strong, versatile talent of this great and wonderful man. John Hunter was not an idle dreamer, sitting by the wayside, thinking and spinning out his wonderful theories, his fancy rearing strange castles in the air. No, far from it. Hunter was a builder. He

worked upon strong foundations, his work was lasting, and when he died he had built for medicine and surgery a beautiful Day out of the clear Dawn, in which Harvey and Sydenham were fading, twin morning-stars. He was verily a Caesar amongst men. What a pity the spiritual side was so sadly neglected throughout his life! Into his career he crowded work that would have done credit to a number of busy, active minds. In his unremitting toil, he lost sight of the great law of the conservation of energy, and we will see how this over-exertion often cost him, later, many a bitter pang of suffering.

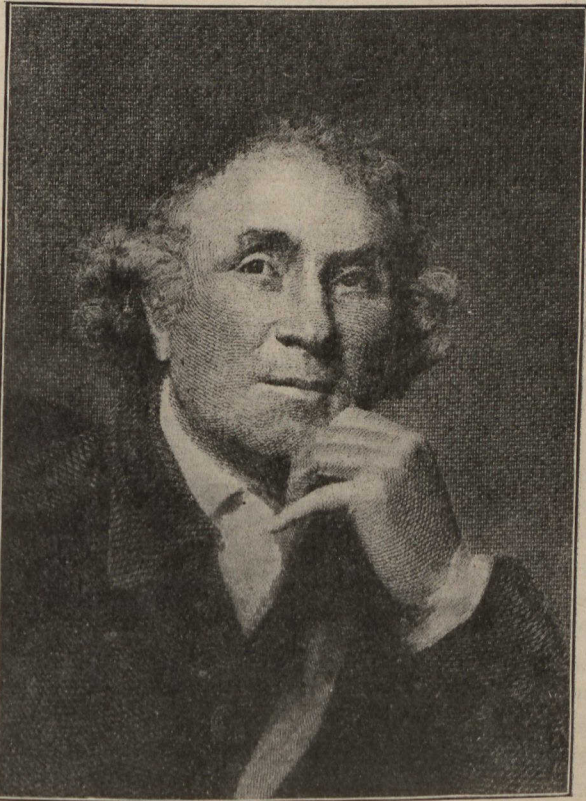
Hunter was not born with the lucky "silver spoon in his mouth." All his greatness was due to himself; he was an indefatigable toiler, and when the end came he died in harness—worker to the last.

"Men have varied in their tendency to careful observation or to mere thinking," writes James Paget. "They have varied as have the several individual mental fitness or inclinations; but the general tendency has been to observation, to the accumulation of facts—as in the work of Pasteur and Lister. This, then, was Hunter's chief distinction: that his mind was set on practical surgery. He was not at first scientific; he had mere business teaching in his boyhood and a natural love of collecting; but after maturity he became scientific, and then was made constantly active in science by his continued love of collecting, and by the use of his collection for the advancement of pathology, and by the study of all structures even remotely connected with the specimens in his collection. Thus his mind, given to science, was engaged in practice; he associated surgery with science and made them mutually illustrative."

Student of nature from boyhood up, student in busy days of practice, Hunter remained a student—a seer to the last. He had not only read with his eyes, but he probed into the things about him and experimented and dissected with his own hands hundreds and thousands of living things in nature's vast garden. "Don't think—try!" he would say. "Be patient! be accurate!" Simple words, it is true, but applicable at the present time to the whole range of medical science and everything pertaining to it. And to-day Hunter, the instructor of such great men as Astley Cooper, Abernethy, Cline, Thompson, Physick and Jenner, is looked upon as one of our greatest clinicians—for his eyes were ever ready to see and his hands to feel.

The history of the Hunters of Hunterston, in Ayrshire, Scotland, goes back to the thirteenth century, and from this great Scotch

branch sprang John Hunter, the subject of this sketch. The old manor-house of Hunterston, with its antique tower, stands to this day. In the days of old it was a stronghold; now it is a farmhouse and cattle graze in the fields around it. We have to do with the Hunter branch of Long Calderwood, a small estate seven miles from Glasgow—for here lived John Hunter, his father, and here John Hunter, Jr., was born on February 13, 1728—the last of ten



Sir Joshua Reynolds, Pinxit.

JOHN HUNTER.

children. Dr. Mathew Baillie says of the father that "he was a man of good understanding, of great integrity and of an anxious temper." His mother, Agnes, a daughter of Mr. Paul Maltster, who was treasurer of the city of Glasgow, was "a woman of great worth and of considerable talent." The Hunters were not rich; they could only afford the most necessary things of life. "Their father," writes one, "from the expenses of a large family, although man-

aged with great frugality, was occasionally obliged to sell portions of his estate. This increased the constitutional anxiety of his mind, and he was often kept awake in the night from thinking upon the difficulties of his situation."

In this sketch we are obliged to touch upon one of John's brothers—William—who also did great things for the good of medicine. The lives of the two brothers, sometimes so strangely at variance, are yet so deeply interwoven that no true picture of John Hunter can be drawn without recognizing how deeply they influenced each other.

William Hunter was ten years older than John. He was diligent at school, and in 1731 went to Glasgow College, where he remained for five years. He read theology for a while, but grew tired of it. Then he made application for appointment as schoolmaster of his native village, but the cold hand of circumstance luckily turned him down. Then he fell in with Cullen, a physician of note in his day, and from 1737 to 1740 lived with him, helping him in his practice, which covered many miles. In 1740 he attended Alexander Monro's lectures at Edinburgh, and the following year left for London. Here he soon fell in with Dr. John Douglas, became his assistant, lived with him at Covent Garden, and finally entered St. George's Hospital. In 1743 the young man contributed his first paper to Transactions of the Royal Society, "On the Structures and Diseases of Articulating Cartilages." In those days Samuel Sharp lectured on surgical operations. His health failing, he was forced to abandon his lectures, and in 1746 William Hunter—who through thrift and industry had soon made himself heard—took his place. The lectures were announced thus in the *Evening Post*:

"On Monday, the 1st of February, at Five in the Afternoon, will Begin a Course of Anatomical Lectures, to which will be added the Operations of Surgery with the Application of Bandages. By William Hunter, Surgeon. Gentlemen may have an opportunity of learning the Art of Dissecting during the whole winter season in the same manner as at Paris."

The same year he toured Holland and also visited Paris, and in the following September was joined in London by John Hunter. Little is known of John Hunter's boyhood. The first seventeen years of his life, however, were spent at Long Calderwood. "Throughout his boyhood," writes one, "he was good at such games as the village afforded to boys and observant of nature; but deficient in self-control, idle and ignorant—a great disgrace for a Scotch boy whose father was a gentleman, whose brothers were studying law and medicine and who lived within walking distance of Glasgow College." He afterward said of himself: "When I was a boy, I

wanted to know all about the clouds and the grasses, and why the leaves changed color in the autumn; I watched the ants, bees, birds, tadpoles and caddis-worms; I pestered people with questions about what nobody knew or cared anything about." He hated his school-books; nor did he see the good of learning, even at Oxford, in a couple of months that he wasted there long after boyhood was over. "They wanted to make an old woman of me, or that I should stuff Latin and Greek at the university," he said, "but these plans failed."

John was always his mother's blue-eyed boy. His father, being an invalid, could do nothing with him, and consequently the boy very often had his own way. He was a "cross" child and would sit and cry for hours when he could not get just what he wanted. He was a very bold child as well, and never seemed to realize what fear was, as the following anecdote will show:

"One night, when he was about twelve years old, having gone to chat a little with some neighbors who lived in a cottage near his father's house, whilst he was sitting by the fire with two or three country people, a most terrible apparition, with a face resembling the devil's, opened the door and looked in upon them. The company, which consisted of a woman and two men, believing it to be what it really represented, were petrified with fear and remained immovable; but John Hunter—who was, as he afterwards confessed, by no means certain that it was not the devil—snatched the tongs from the hearth, and, attacking the spectre, made it roar with pain and run out of the house. This terrible figure proved to be a man dressed up with a painted mask, which in those days none of the country people would have any idea of; and so terrible was the face that amongst the people which he visited that night, going about from one cottage to another, one man fevered immediately and died of the fright."

Before his father's death John was sent to a Latin school at Kilbride, but books held no attraction for him. At school he was stupid and lazy. There was only one book he loved—the book of Nature—and it lay before him always, open and inviting, full of the living truths that his deep, probing mind could not overlook. "He would do nothing," writes Stephen Paget, "but what he liked, and neither liked to be taught reading nor writing nor any kind of learning, but rambling amongst the woods, braes, etc., looking after birds' nests, comparing their eggs—number, size, marks and other peculiarities—whilst his two elder brothers had both been to college, and got the same education that the sons of country gentlemen got."

At seventeen he buried himself in Buchanan's timber-yard at Glasgow, but the work did not suit him and he returned home.

When he was twenty, being still unsettled, his eyes turned towards London. He liked the ring of the voice of that mighty city, calling him, "as is her way with all the best men in Scotland." Then he dispatched a hasty letter to his brother William. He received a favorable answer and the kindest of invitations, and in a short time he was in London beside his brother, joining hands and brains—companions in work.

Two greater opposites and extremes could not have met than these two brothers. The one was the direct antithesis of the other. Consequently, many little differences arose between them, which resulted finally in a bitter quarrel, but the two became reconciled again before death.

In September, 1748, the two brothers began to work together. William was delighted with John's dissection and made him assistant in the dissecting rooms. Ottley gives us the following picture of him about this time: "He was fond of company and mixed much in the society of young men of his own standing, and joined in that sort of dissipation which men at his age, and freed from restraint, are but too apt to indulge in. Nor was he always very nice in the choice of his associates, but sometimes sought entertainment in the coarse, broad humor to be found amid the lower ranks of society. He was employed by his brother to cater for the dissecting room, in the course of which employment he became a great favorite with that certainly not too respectable class of persons, the resurrection men; and one of the amusements in which he took special pleasure was to mingle with the gods in the gallery, for the purpose of assisting to damn the productions of unhappy authors, an office in which he is said to have displayed peculiar tact and vigor."

Anatomy was John's principal study. The dissecting room was his little world. From sunrise to sunset he slaved with his scalpel, laying up those wonderful stores of knowledge that come to those only who toil patiently and earnestly. His talents were soon recognized, and in a short time he was appointed demonstrator to the students, one of the highest gifts in the hands of the school. To be sure, the position from an aesthetic point of view was not a very desirable one—"hobnobbing with the resurrection men, slaving all day long in unwholesome air, dissecting, demonstrating and putting up specimens"—but the master loved his work and labored incessantly. In conjuring up in our mind the picture of this man we are bound to acknowledge the validity of Ruskin's strong lines: "It is only by labor that thought can be made healthy, and only by thought that labor can be made happy." Here was a man laboring incessantly with his hands, but his colossal mind kept pace with

all these activities. Hunter, of all men, derived much happiness from his work.

Soon John fell into another strong man's hands. Cheselden was then in his glory at Chelsea Hospital. Over sixty years old, his fame was recognized on the Continent. He was a great lover of art, an intimate friend of Pope, the poet, and, as one might expect, also very fond of poetry. It is said of him that he was very kind and "notwithstanding the extensive practice he enjoyed, he always, before an operation, felt sick at the thought of the pain he was about to inflict." This was before the day of chloroform anesthesia. For two summers, then, John Hunter followed Cheselden at the hospital clinics, a great deal of minor surgery being entrusted to him. The old master, however, was afflicted with paralysis and died a year after, when his fame was at its zenith. Percival Pott, the other great man of London, was busy at St. Bartholomew's Hospital, and thither John Hunter went after Cheselden's death and was enrolled a surgeon's pupil. Here he walked the wards and assisted at great operations. In his young days, then, Hunter had the great advantage of coming closely into touch with such eminent and conservative surgeons as Cheselden and Pott.

In 1754 John entered as a surgeon's pupil at St. George's Hospital, where he was to serve humanity later for twenty-five years. Hunter's one aim, one hope in life was to become a great surgeon. His going, then, to St. George's started the foundation for such a career.

Only twenty-nine years old, the fortunate Hunter was travelling along a highroad that gave him magnificent views of the undiscovered, untilled fields. The future lay dimly before him—but Hunter cared little for the future. He worked and slaved in the living present. Everard Home has this to say of him, about this time: "It was not his intention to make dissections of particular animals, but to institute an inquiry into the various organisms by which the functions of life are performed, that he might thereby acquire some knowledge of general principles. This, I believe, had never been before attempted, or certainly had never been carried far into execution. So eagerly did Mr. Hunter attach himself to comparative anatomy that he sought by every means in his power the opportunity of prosecuting it with advantage. He applied to the Tower for the bodies of those who died there, and he made similar applications to the men who showed wild beasts. He purchased all rare animals which came in his way; and these, with such others as were presented to him by his friends, he entrusted to the showmen to keep till they died, the better to encourage them to assist in his labors."



No man could work as Hunter did without experiencing, sooner or later, a breakdown. The life-strings were bound to lose their elasticity and snap under such a strain. And the breakdown did come. In 1759 he suffered a severe attack of inflammation of the lungs. The disease weakened the vital powers and he did not build up very rapidly after it. Consequently, the year following, he was advised to go abroad, "having complaints in his breast which threatened to be consumptive." In the following October, then, he was appointed a staff surgeon in the army by Robert Adair, who was with the army at the siege of Quebec. In 1761 he went with the fleet, under General Hodgson and Commodore Keppel, to Belleisle—an island near the coast of France, which was eventually captured. The next year brought war with Spain, and he left, as staff surgeon, on the expedition that was to protect Portugal, which was then allied with England. But even during those two years with the army Hunter did not neglect his medical researches. It was during these days that he gathered material for his great work, "Treatise on the Blood, Inflammation, and Gunshot Wounds"—written thirty years later and published one year after his death. It was a notable work, covering five hundred and seventy-five pages, and contained, also, some physiological observations on digestion and on the organ of hearing in fishes. He always resorted to simple methods of discovery. Thus he tells us how he discovered the sense of hearing in fishes: "In the year 1762, when I was in Portugal, I observed in a nobleman's garden, near Lisbon, a small fish pond full of different kinds of fish. The bottom was level with the ground—the pond having been made by forming a bank all round—and had a shrubbery close to it. Whilst I lay on the bank observing the fish swimming about, I desired a gentleman who was with me to take a loaded gun and fire it from behind the shrubs. The moment the report was made the fish seemed to be all of one mind, for they vanished instantly, raising a cloud of mud from the bottom."

During all these years John was abroad William worked assiduously at London. "He never married," writes Paget; "he had no country-house; he looks, in his portraits, a fastidious, fine gentleman, but he worked till he dropped and he lectured when he was dying." In May, 1763, John returned to London, rented apartments in Golden Square, and started practice as a surgeon. While John was abroad William took every precaution to protect and proclaim his brother's discoveries in anatomy. In 1762 he published his "Medical Commentaries, Part I."—"surely," writes Paget, "one of the strangest books that a physician or a surgeon ever wrote. From beginning to end, it is an incessant attack on those who discovered what the brothers also discovered; every

device of italic type, notes of exclamation and long quotations, interrogation and interjection, heavy sarcasm, charges of stupidity, falsehood and flagrant theft—all these things make the book, and there is nothing else in it, hardly one line that is quiet. It was the method of controversy fashionable in his time, full of sound and fury." The disputes were over the discovery of the lachrymal ducts in man, congenital hernia, the absorbent system and other matters. These controversies with the Monroes and Percival Pott caused a great deal of bitterness on both sides. "They must not be taken too seriously," writes one of Hunter's biographers; "it was the fashion of the time to conduct every controversy after the example of Dr. Johnson, as though it were a criminal case at the Old Bailey. Yet it is evident that William, more than other men, was proud of his success, irritable and suspicious; that John, less apt for rhetoric, was not less obdurate over facts or less conscious of his strength; and that each of them, alike, would have his rights, and would hold it a point of honor to fight against the least infringement of them. Therefore, since it was neither sentiment nor temperament that bound the brothers together, nor anything else but work, they would break the bond between them so soon as they began to dispute over their work; and the very vehemence with which they had fought, side by side, against men who claimed the discoveries that they had made working side by side, would at last thrust them apart whenever they should both lay claim to the same discovery."

William remained all his life in London. His last days were lonely ones, but he worked hard and consoled himself with the fine arts. He was the friend of the artists, Reynolds and Gainsborough. The King also thought of him favorably and made him Physician Extraordinary to the Queen. "He spent his money on science and art; he gathered for himself and gave to the nation that most wonderful art collection, which alone would perpetuate his name: pictures, portraits, engravings, books, manuscripts, coins and curiosities." William cared much for practice and art, but for anatomy he cared more. It was the one ruling passion in his life. He was Vesalius born again. To give full play to all his hopes and fancies, then, in 1768 he built himself a house, lecturing theatre, museum and dissecting rooms, in Great Windmill Street, and here he worked until death relieved him. The study of anatomy had drawn the two brothers' hearts together, but it was soon to separate them. Disputes arose. One claimed the discoveries of the other; other quarrels followed; then came bitterness, the open rupture and the final estrangement. The dispute reached the ears of the Royal Society, and each of the two brothers wrote a letter urging his claim. But

on Sunday, March 30th, 1783, William Hunter died—sixty-four years old. The illness came on with an attack of gout. He was a very sick man then, but his lectures at the school were due, and almost when death stared him in the face he hobbled from his house to the school. After the lecture he fainted from exhaustion, was taken home, and two days later sustained a paralytic stroke, which hastened his death. It is comforting to know, however, that the two brothers were together again in those last days. John was at the sick bed continually and gave him tender and skilful care to the end.

When John settled down to practice in Golden Square he was thirty-five years old. First came the years of waiting for practice, that rise from the river of Time like the lean kine in Pharaoh's dream—"poor and very ill favored and lean-fleshed, such as I never saw in all the land of Egypt for badness." Everard Home says that his income for the first eleven years of practice never amounted to a thousand pounds. There were great difficulties in the young man's path. He was only a young surgeon, and there were leaders—men of great experience—then handling the scalpel, Percival Pott towering above all. Then there were Sharp and Warner at Guy's Hospital, and Hawkins and Broomfield at St. George's. "What happened to John Hunter," writes Jesse Foot, "happens to every surgeon in the beginning; there was not employment enough furnished by the practical art to fill up the active hours of the day. . . . He opened a room for dissections and demonstrated subjects to his pupils; he began to make preparations upon his own account. . . . He had not at this time exacted those rigid severities of temperance to which he was observed to adhere at his latter part of life. John Hunter, at this time, and for some time after, was a companionable man; he associated in company, drank his bottle, told his story and laughed with others." Ottley states, too, that in order to witness an interesting or extraordinary case, he would take any trouble or go almost any distance without a chance of pecuniary recompense. And, again, when a call would come to him, often he would throw down his dissecting knife rather unwillingly, and exclaim: "Well, I must go and earn this guinea, or I shall be sure to want it to-morrow."

John soon tired of his home in Golden Square. He wanted more elbow-room, a large place in which he could carry his researches to more successful issue. In 1764 he found a place dear to his heart, a spot called Earl's Court, about two miles from London. He bought two acres of land and built a house thereon. "It so expressed his work and character that the accounts of it suggest something endowed with life; and the news of its demolition, ten years

ago, came like the announcement of a man's death. It was not only alive but highly organized, a most complex or heterogeneous structure; a farm, a menagerie, an institute of anatomy and physiology, and a villa decorated in the fashion of the period."

Paget gives us the following interesting description of the place: "At the east end of the grounds, near the gates, was an artificial mound of earth having an opening in its side which led into three small vaults, or cellars, beneath it. On the top of the mound was a little rampart of bricks and tiles, making a toy fortress of it; and there is a tradition that a gun was put here and sometimes fired. This mound was the Lions' Den; here he kept such animals as were most dangerous. In a field facing his sitting room was a pond, where he kept for experiment his fishes, frogs, leeches, eels, and river mussels; and it is said the pond was ornamented with the skulls of animals. The trees dotted about the grounds served him for his studies of the heat of living plants, their movements and their power of repair. He kept fowls, ducks, geese, pigeons, rabbits, pigs, and made experiments on them; also opossums, hedgehogs and rare animals—a jackal, a zebra, an ostrich, buffaloes, even leopards; also dormice, bats, snakes, and birds of prey. Sometimes the larger beasts were troublesome."

One day two leopards escaped from the outhouse and got into quite a "mix-up" with some dogs around. Hunter sprang into the midst of the fray, grabbed the two leopards and carried them back to their den. It is said Hunter did not realize the great danger he was in at the moment of rescue, but, later, when he had time to reflect upon what had occurred, he was so worried and agitated that he almost went into a fainting spell.

Earl's Court, in time, grew with Hunter's growth, and developed into a beautiful spot. The house contained Hunter's study, a drawing-room, a morning-room, artistic bedrooms and a conservatory.

It has been said that a surgeon without a hospital is like an artist without marble. Hunter had done without the marble a long time, but before long he was to chisel out for himself a beautiful career. In February, 1767, he was elected a Fellow of the Royal Society, and two years later—great honor that it was—he was elected one of the surgeons of St. George's Hospital by a majority of seventy-two votes over his opponent, Mr. Bayford. His brother often used to say to him: "Were I to place a man of proper talents in the most direct road for becoming truly great in his profession, I would choose a good, practical anatomist and put him into a large hospital to attend the sick and dissect the dead."

John Hunter was now forty years old and had twenty-five more

years to live. The hospital appointment gave him prestige and was the stepping-stone to success that he needed badly. He now, also, had the right to have "house-pupils." They remained with him one or two years, were instructed, boarded and lodged, and paid him one hundred pounds per annum. One of his first pupils was Edward Jenner, the discoverer of vaccination. John Hunter, therefore, breathed easier and was a happier man. During the next few years two important events occurred in his career; he published his first book and was married. He thus announced his marriage, by letter, to his bachelor brother:

"Dear Brother,—To-morrow morning at eight o'clock, and at St. James' Church, I enter into the Holy State of Matrimony. As that is a ceremony which you are not particularly fond of, I will not make a point of having your company there. I propose going out of Town for a few days; when I come to Town, I shall call upon you. Married or not married, ever yours,  
John Hunter.

"Jermyn Street, Saturday Evening."

It is said that the profits of his first book ("Treatise on the Natural History of the Human Teeth"), which was translated into Dutch and Latin, paid for the expenses of the wedding.

Mrs. Hunter was the eldest daughter of Robert Boyne Home, surgeon to Burgoyne's Regiment of Light Horse. She was twenty-nine when she married Hunter, and was, according to Ottley, "an agreeable, clever and handsome woman, a little of a 'bas bleu,' and rather fond of gay society, a taste which occasionally interfered with her husband's more philosophic pursuits." And then he goes on to relate: "On returning home late one evening, after a hard day's fag, Hunter unexpectedly found his drawing-room filled with musical professors, connoisseurs, and other idlers, whom Mrs. Hunter had assembled. He was greatly irritated, and, walking straight into the room, addressed the astonished guests pretty much in the following strain: 'I knew nothing of this kick-up, and I ought to have been informed of it beforehand; but as I am now returned home to study, I hope the present company will retire.' This intimation was, of course, speedily followed by an 'exeunt omnes.'"

Four children brought sunshine into the Hunter home, two sons, John and James, and two daughters, Mary Ann and Agnes. Mrs. Hunter, much to the annoyance of her quiet, peace-loving husband, moved freely in society and was, it is said, in close touch with all the famous, clever women of her time, among them, Madame D'Arblay and Mrs. Montague. She also dabbled in music and things literary, was a poetess of no mean order, and in her widowhood published a striking volume of poems. It is also interesting to mention that it was she who wrote the words for Haydn's

“Creation.” Her lines, “My mother bids me bind my hair,” will never die as long as Haydn’s music lives. After Hunter’s death, Mrs. Hunter became companion to two wealthy young ladies, the wards of a certain Dr. Maxwell Gartshore. She toiled through twenty-seven years of widowhood, honored and respected to the end.

In 1773 John Hunter suffered his first attack of angina pectoris, the malady that was later to cause his death. We quote below his own version of the attack. It is a striking pen-picture of a man’s suffering, and very interesting to the profession at this late day: “I had the gout in my feet three springs successively and missed it in the fourth. In the fifth spring, one day at ten o’clock in the forenoon, I was attacked suddenly with a pain nearly about the pylorus; it was a pain peculiar to those parts, and became so violent that I tried every position to relieve myself, but could get no ease. I then took a teaspoonful of tincture of rhubarb, with thirty drops of laudanum, but still found no relief. As I was walking about the room I cast my eyes on a looking-glass and observed my countenance pale, my lips white, and I had the appearance of a dead man looking at himself. This alarmed me. I could feel no pulse in either arm. The pain still continuing, I began to think it very serious. I found myself at times not breathing and, being afraid of death soon taking place if I did not breathe, I produced a voluntary action of breathing, working the lungs by the power of my will. I continued in this state three-quarters of an hour, when the pain lessened, the pulse was felt, and involuntary breathing began to take place. During this state I took Madeira, brandy, ginger, and other warm things; but I believe nothing did any good, as the return of health was very gradual. About two o’clock I was able to go about my business.”

For a number of years following Hunter was free from those painful attacks, but when they did return he was almost a daily sufferer. The same year in which the first attack of angina had occurred he gave his first course of lectures, at No. 28 Haymarket, on the “Principles of Surgery.” The preparation of these lectures required a great spending of energy. Hunter was not a strong man by any means, hence the work told heavily upon his constitution. It is said that he never lectured without a preliminary dose of thirty drops of laudanum—“to take off the effects of his uneasiness.” Like Harvey and Sydenham, Hunter also had his uphill fighting to do. There was opposition on many sides; he had his critics and oppressors. One day he said: “I know I am but a pigmy in knowledge, yet I feel as a giant when compared with these men.”

Ten pence apiece was not much pay for these lectures. They

brought Hunter little gold for all the "wear and tear" of preparation. But men came there from all parts and sat and listened, and went home wiser; and, no doubt, Hunter found much satisfaction in lecturing to the bright fellows seated round. One day Astley Cooper asked whether he had not, a year before, stated an opinion directly at variance with what he had to say about it then. "Very likely I did," he answered. "I hope I grow wiser every year."

Although Hunter was busy at his lectures, at practice, and at the hospital, he was still experimenting and dissecting. New preparations were being added daily to his museum—worth now about seventy thousand pounds. Of his daily life Ottley gives this account: "He commenced his labors in the dissecting room generally before six in the morning, and remained there till nine, when he breakfasted. After breakfast he saw patients at his own house until twelve, when he made it a point to set forth on his rounds, even though persons might be in waiting for the purpose of seeing him. He dined at four, then the fashionable hour, and gave strict orders that dinner should be ready punctually whether he was at home or not. He was a very moderate eater and set little value on the indulgence of the palate. During many of the latter years of life he drank no wine, and therefore seldom remained long at table after dinner, except when he had company. After dinner he was accustomed to sleep for about an hour, and his evenings were spent either in preparing or delivering lectures, in dictating to an amanuensis the records of particular cases—of which he kept a regular entry—or in a similar manner committing to paper the substance of any work on which he chanced to be engaged."

In January, 1776, a new honor came to Hunter. He was appointed Surgeon Extraordinary to the King. The same year he gave the first of his Croonian Lectures on "Muscular Motion" before the Royal Society. A year later he had another severe illness, akin to angina. When a little better he went to Bath, drank the waters there, but returned in three months again to London, his health little improved.

Nearly all his life Hunter was in financial straits. He could not hold money; he did not know the value of it, and his investments in his museum fairly crippled him. Besides, he was very extravagant, there being no fewer than fifty persons daily provided for at his expense.

Two friends never loved more than Hunter and Jenner, and this sketch would not be complete were we not to mention the abiding, consoling friendship that existed between these great men. "It was a truly interesting thing," writes Baron in his "Life of Jenner," "to hear Dr. Jenner, in the evening of his days, descant-

ing with all the fervor of youthful friendship and attachment on the commanding and engaging peculiarities of Mr. Hunter's mind. He generally called him the 'dear man,' and when he described the honesty and warmth of his heart, and his never-ceasing energy in the pursuit of knowledge, it was impossible not to be animated by the recital." The two friends were always corresponding, exchanging views on their various experiments on the one hand and asking advice about some particular disease on the other. Jenner sent Hunter animals for his museum, and Hunter sent him, in return, rare paintings and works of art for his drawing-room. Most of these letters are extant at the present time and make very interesting reading. They mirror the soul of friendship, pure and beautiful. We quote one below. It will give us an idea of the continual interchange of ideas and "things" between the two friends:

"Dear Jenner,—I received yours by Dr. Hicks, with the hedgehog alive. I put it into my garden; but I want more. I will send you the picture, but by what conveyance? or to what place? I have a picture by Barrett and Stubbs. The landscape by Barrett; a horse frightened at the first seeing of a lion, by Stubbs. I got it for five guineas. Will you have it? I have a dearer one, and no use for two of the same master's; but do not have it excepting you would like it, for I can get my money for it.

"I am glad you have got blackbirds' nests. Let me know the expense you are at, for I do not mean the picture to go for anything, only for your trouble. Ever yours, J. H.

"N.B.—I should suppose the hedgehogs would come in a box full of holes all around, filled with hay and some fresh meat put into it."

Toward the end of Hunter's life the daily attacks of angina became almost unbearable, and yet when face to face with death he was writing away for swallows, ostrich eggs, lions, chameleons, and other beasts and birds! Those about him expected that every attack would end the scene. Hunter himself never thought of death. He pictured it as something afar off. The thought of it did not seem to disturb the tranquility of his mind. He was not given to religious meditation; he believed in a God, but outside of this stood the bare walls of a religious creed that did not invite him to take shelter within. Once he did speak of death, however, and someone asked him if it was true that his brother William had praised the pleasantness of it all. "Aye, 'tis poor work, when it comes to that," was John's thoughtful answer. In Hunter's time little was known of the pathology of angina pectoris, hence very little relief could be given him in a medical way. Disturbances of vision and mind, in their turn, brought a long train of symptoms



that annoyed and worried him. His nights were long and sleepless, and in vain he longed for the breaking of daylight; but the night was not far off that was to close in upon him.

When William Hunter died John was left unrivalled in the field of anatomy, and at the death of Percival Pott he was easily the first surgeon in all England. "He had now arrived at the highest rank in his profession," pleasantly writes Adams, "and was consulted by all those surgeons who were attached to Mr. Pott during that gentleman's lifetime; he was almost adored by the rising generation of medical men, who seemed to quote him as the schools at one time did Aristotle. . . . His town house was beginning to return all the sums it had cost him; it was spacious and exactly suited for his residence. The ground floor was occupied for professional purposes, and such was the afflux of morning patients that to find room for them the drawing room sometimes was so suddenly deserted that the French grammar and other implements of instruction were left behind."

Four years before Percival Pott's death Hunter read his remarkable paper on "Inflammation of the Veins." It made him many new friends. The next year was the "annus mirabilis" of his life. Though a year of suffering and distress, yet its December witnessed one of the master's most wonderful achievements; though his heart was weakened by disease, his hand was still steady enough to perform for the first time in history the operation for aneurysm, which to this day bears Hunter's name in our modern text-books on surgery—an operation which has since saved thousands of limbs and lives.

The constitution of Hunter was gradually weakening under the strain of all this work. What Thackeray said of Swift applies equally as well to Hunter: "He simply tore through life." In 1786 he could no longer walk, and, consequently, was driven wherever he went. But this was a busy year of writing for him. He prepared and published his book, "Observations on Certain Parts of the Animal Economy," during these months. Then came the appointment of Deputy Surgeon-General of the Army, and Hunter, who thought life still held out long days to him, accepted the position. The following letter to Jenner, about this time, shows us that he had not yet abandoned his other activities:

"Dear Jenner,—I have all your letters before me, but whether I have answered any of them or not I cannot recollect. First, I thank you for your account of the cuckoo, and what further observations you can make I shall be glad to have them, or even a repetition of the former will be very acceptable. I received the bird: it is well known, but I look upon myself as equally obliged to you.

I also received your cocks, which were very good. I have bought the print of Wright, viz., 'The Smiths,' which is his best. There is one more I would have you have. I mean Sir Joshua Reynolds' print of Count Ugolino; it is most admirable and fit only for a man of taste. We had a sale of bad pictures lately, but there were some good heads: I gave a commission for them for you, thinking they would come cheap, but unluckily there were some that saw their merit as well as I, and they sold above my commission. Pictures seem to be rising again. I will not send yours till I hear from you.

"I am told there is a skin of a toad in Berkeley Castle that is of prodigious size. Let me know the truth of it, its dimensions, what bones are still in it, and if it can be stolen by some invisible being. I buried two toads, last August a twelvemonth; I opened the grave last October and they were well and lively.

"Have you any queer fish? Write to me soon and let me have all the news.

"Anny sends, with little John, their compliments. From yours,  
John Hunter."

In 1787 Hunter had the honor of appearing before the Royal Society with three papers—his monograph on the "Structure and Economy of Whales" being the most important. The Royal Society in return gave him the Copley medal as a mark of appreciation. The same year he was elected a member of the American Philosophical Society. It was also about this time he sat for Sir Joshua Reynolds' portrait, which is in the possession of the Royal College of Surgeons. Hunter was greatly averse to having his picture painted, but Sharp, the engraver, finally persuaded him. About this time, also, Hunter stood godfather to Jenner's first child—"sooner than the brat should not be a Christian," as he states jokingly in a letter of congratulation to Jenner about this time. In 1790 Hunter read another remarkable paper on "Paralysis of the Muscles of Deglutition, with the Method of Feeding the Patient Through a Tube." The year following he was inviting Jenner and Mrs. Jenner to town, asking, by the way, for more hedgehogs. His "Treatise on the Blood, Inflammation, and Gunshot Wounds" also received its finishing touches in those last busy moments. For twenty-five years Hunter had been surgeon to St. George's Hospital, but his years there were not peaceful ones. He clashed with his confreres continually. They were partly jealous of him, and a bitter quarrel finally ensued. Discussions and quarrels arose about things pertaining to the hospital. Hunter sent a pamphlet broadcast saying that "all his attempts to improve the teaching of the hospital had been frustrated." The other three surgeons—Gun-

ning, Walker and Keate—his opponents, sent back answer. The quarrel in a short time was the general topic of conversation all over the city. Then Hunter addressed a letter to the governors of the hospital. A meeting of the Board took place, Wednesday, October 16. What happened there is best told in the words of the biographer: "On the Wednesday morning he saw one of his friends, who called at his house; he told him what was to happen at the meeting, and said that he was afraid there would be a dispute and was sure it would be the death of him. He went into the work-rooms and told his resident pupils some droll stories of how children counterfeit disease. He left his house to pay a visit before he drove to the hospital; he was in good spirits, whistling a Scotch air as he went out. He had forgotten his visiting list; William Clift took it after him to York Street, St. James', the first place on the list. Hunter came out of the house, took the list, and in an animated tone told the coachman to drive to the hospital. The meeting had already begun; he presented the memorial from the young men and spoke on their behalf. One of his colleagues flatly contradicted something he had said. Then came the end. Angina seized him; he turned toward another room to fight out his pain by himself, and Dr. Mathew Baillie followed him; he went a few steps, groaned, and fell into Dr. Robertson's arms—and died."

It was a sad ending to such a great life, but when the master fell it was before the very altar of Medicine—rapt devotee to the last.

Eleven years after Hunter's death his wife composed the following epitaph for a memorial tablet to him in St. Martin's-in-the-Fields:

"Here rests in awful silence, cold and still,  
 One whom no common sparks of genius fired;  
 Whose reach of thought Nature alone could fill,  
 Whose deep research the love of Truth inspired.

"Hunter! if years of toil and watchful care,  
 If vast labors of a powerful mind  
 To soothe the ills humanity must share,  
 Deserve the grateful plaudits of mankind—

"Then be each human weakness buried here  
 Envy would raise to dim a name so bright;  
 Those specks, which in the orb of day appear,  
 Take nothing from his warm and welcome light."

Waterloo, Ont.

## Medico-Legal Department

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### MISNER v. TORONTO AND YORK RADIAL R. W. CO.

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*Damages—Personal Injuries—Quantum of Damages—Injury to Knee—Conflicting Testimony as to Permanent or Temporary Disability—Assessment of Damages by Jury—Refusal to Disturb—Address of Counsel to Jury—Inflammatory Remarks—Reference to Amount Claimed in Action—Rejection of Evidence—Rule 785—No Substantial Wrong or Miscarriage—Judge's Charge—Allowance or Consideration of Sums Received by Plaintiff from Benefit and Accident Insurance.*

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Appeal by defendants from judgment of Mulock, C.J., in favor of plaintiff, upon the findings of a jury, for the recovery of \$2,500 damages in an action for personal injuries received by plaintiff by reason of a collision between two cars of defendants, upon one of which he was a passenger, owing, as he alleged, to the negligence of defendants.

I. F. Hellmuth, K.C., and C. A. Moss, for defendants.

J. MacGregor and H. M. East, for plaintiff.

The judgment of the Court (Osler, Garrow and Maclaren, J.J.A.) was delivered by

OSLER, J.A.:—The plaintiff sustained an injury to his knee joint owing to the negligence of defendants. The latter conceded liability, and the only question at the trial was what damages the plaintiff ought to recover. The jury awarded \$2,500, and the only questions involved in the appeal are, whether the damages are excessive, and whether certain sums which the plaintiff had received by way of accident or benefit insurance should not have been deducted or allowed for by the jury.

At the time of the accident, 23rd July, 1906, the plaintiff was employed as a freight checker on the Grand Trunk Railway, receiving wages of \$50 per month. In jumping from one of defendants' cars to avoid injury from a collision of that car with another car, he sustained an extremely severe injury to the knee joint of the left leg. He was confined to his bed for three months, and suffered much pain all the time. After that he got about on crutches, which he ceased to use after 1st June in the following year. At the time

of the trial he described his condition thus: "the leg is in a partly stiff condition, and sore in the joint; crushing and grinding of the joint inside; a certain amount of locking of the bones; when I step to the ground crooked or on a lump of anything, it is liable to thrown me down; has a tendency to knuckle unless I step very carefully; a certain amount of pain when I rest my weight on it; have not been able to work at my usual employment since, as that required me to be on my feet constantly, and bending it; cannot lift as I used to do, or do any kind of hard work which would cause heavy pressure on the knee; have no other means of support; no trade."

Dr. Machell, who was the first surgeon called to attend the plaintiff, said that the leg was in splints continuously for nine months. If they were taken off for a day or two plaintiff was worse, and they were re-applied. A poro-plastic mould was then applied, which had been on within the past three months, not continuously. At the trial the tissues about the joint were still thickened, caused by inflammation and inflammatory matter thrown out into them. There was a certain amount of grating when the knee was moved in a certain way. The normal movement of the knee was limited. Plaintiff could not walk in same way on that leg as on the other, could not bend it in the same way, could not bear his weight on it at all in a flexed position. On cross-examination the witness said that the knee was better now than it was six or nine months ago, that it was improving slowly, and would continue to improve, but he did not think it would ever be as good a leg as it was before. Had never seen a leg damaged in the way plaintiff's was remain as long (*sic*). Had seen such limbs become useful limbs, but a little knock or blow which would not affect anyone else would be likely to set up synovitis again and lay a man up for weeks or months. Plaintiff would not be able to do work which would require his bending or stooping. . . . Will be a better leg in a year, and better still in five years, unless he gets some intermittent attack of acute inflammation.

Dr. Allen found the plaintiff's leg to be in a condition of acute synovitis, chronic inflammation of the living membrane of the joint, with thickening of the joint. There would always be the thickening and the creaking or grating of the joint. Plaintiff had a permanently weakened joint.

Dr. Richard Nevitt found the knee stiff and enlarged, joint did not work smoothly, creaked and grated; . . . did not think the man would ever recover the full use of that leg.

For the defence, Dr. Clarence Starr had examined plaintiff six

weeks before, in the presence of Dr. Machell and Dr. Riordan. He had had synovitis and inflammation of the living membrane of the joint, which had almost entirely subsided. No possibility of his having an absolutely permanent disability. Thought the plaintiff had practically recovered; thought so then; thought he had prolonged his disability by laying up too long and not using his leg enough. Had frequently seen other knees or joints in a similar condition. In the great majority of cases, practically in all of a similar type, patients got a functional use of limb. "I think there is no doubt plaintiff would have proper functional use of the joint, perhaps not as absolutely free a joint as if he had never been injured, but would have all necessary motion and strength in the joint for any work he had to do—for all purposes—except perhaps extremes of motion." . . . In cross-examination, did not agree that the man would always have a tender knee. Saw no reason why he should not have all the use of the knee he required at the end of three or four months; quite sure he will not have a stiff leg, and very much surprised that he has one now.

Dr. Primrose, who had made a personal examination of the plaintiff's knee three weeks before the trial, under the authority of a Judge's order, found the circumferential measurement of the knee a quarter of an inch larger and that of the thigh an inch and a half and of the calf an inch smaller than similar measurements of the other leg. Some grating in the joint . . . attributable to roughing in the living membrane of the joint; this would disappear. He would straighten the leg but not bind it completely—a little less than a right angle. The man was gradually recovering from the effects of the injury, and was still improving. He agreed with Dr. Starr and thought there would be complete recovery of the functions of the joint in the course of three or four months—by the end of the year. Had never known a case of that type which had not recovered. Thought there was no possibility of his having a stiff leg. For all practical purposes he would have the same use of his leg as if it had not been injured. Would have almost complete binding. It was characteristic of that type of injury to the knee that complete binding of the joint was not possible. No reason why he should not be able to perform the work of a car-checker, or of lifting sacks or bags, in two or three months.

Dr. Riordan was of opinion, from his experience of other cases, the nature of the injury, and plaintiff's present condition, that he would make a good recovery, would be fit for his former occupation in three or four months. The witness was in the employment of the Grand Trunk Railway Company, and had some time before the

trial—16th September—examined the plaintiff and certified that he was fit to go into some suitable employment. This was for the purpose of getting the plaintiff off the funds of the Grand Trunk Railway Benevolent Association.

Each side has thus examined their expert witnesses, and, while we may think that on the whole it would have been more satisfactory if the jury had given more weight than they seem to have done to the evidence given on behalf of the defence as to the possibility of a substantial recovery of the injured limb at a comparatively early period, it is impossible to say that the jury were wrong, in the face of the evidence given for the plaintiff, in adopting the adverse view, that the injury, which was undoubtedly an extremely severe and painful one, would leave the leg in a permanently weakened condition, which would incapacitate the plaintiff from engaging in the work he had been accustomed to, and in which he had been for a long time in receipt of substantial monthly wages, which, on the most favorable assumption, he would be deprived of for a period of 18 or 19 months. For that period at least he would be a disabled man; and, if the jury came to the conclusion that the disability was likely to continue for an indefinite period in the future, then, taking into consideration the plaintiff's prolonged and severe suffering and his present loss of wages, I am unable to say that the damages awarded are excessive, large as they undoubtedly are.

The defendants also complain of the conduct of the plaintiff's counsel at the trial in referring to the amount of damages claimed and the introduction of irrelevant matter in his address to the jury. This, however, was stopped and corrected by the trial Judge at the time, and in his charge to the jury, and so far as it went, I do not see that a case has been made for interfering with the verdict on this ground. For myself, I must say that as regards stating the damages claimed, I see no harm in it, and everyone who can remember the former practice on a trial at nisi prius must be familiar with the remark so frequently made by the Judge to the jury that within the amount claimed in the declaration the damages recoverable were in their discretion, or to that effect. The practice is, however, now supposed to be discontinued and disapproved of by high authority. But when counsel travel out of the record of the evidence, and make statements which can serve no purpose but to inflame the passions of the jurors, I should be glad to see the trial Judge firmly take the case away from them and dispose of it himself. A few examples of that kind would teach a salutary lesson to counsel who disregard their duty in this particular.

An objection taken on the ground of the rejection of evidence—

the refusal to allow a question to be put in cross-examination of Dr. Starr—is sufficiently answered by the provision of Rule 785. No substantial wrong or miscarriage can be said to have been caused by it. And the objections taken to the Judge's charge are, I consider, covered by what was said to the jury when they were recalled. The plaintiff certainly had no reason to complain of the charge, taken as a whole, but this, I think, is the strength of the defendants' objection to it.

Lastly, it was contended that the trial Judge was wrong in not telling the jury that the sums received by the plaintiff for benefit insurance from the Grand Trunk Railway Benevolent Association and for accident insurance from the Sons of England Benefit Society should be allowed or taken into consideration against the damages. These allowances were payable to and were received by him under his contracts with these bodies and in consideration of payments and contributions he made to their funds.

In my opinion, the charge of the learned Judge in this respect was right. The rule laid down in *Hicks v. Newport R. W. Co.*, 4 B. & S. 403 n., and *Grand Trunk R. W. Co. v. Jennings*, 13 App. Cas. 800, affirming *Jennings v. Grand Trunk R. W. Co.*, 15 A. R. 477, in cases under the Fatal Accidents Act, has no application where the action is brought by the injured person himself. In the latter case the ground of the action is the wrong done to the individual. "The fact that he has guarded by anticipation against such an event neither diminishes the wrong itself nor the liability of the wrongdoer to pay for it": *Mayne on Damages*, 6th ed. (1899), p. 538. In the former case it is the pecuniary loss caused by the death "which is at once the basis of the action and the measure of the damages"; and, therefore, within defined limits indicated by the above cases, the receipt of insurance money is a circumstance to be taken into consideration by the jury in estimating the pecuniary loss of the survivors: *Mayne, ubi supra*.

On the whole, I think the appeal must be dismissed, with the usual result as to costs.—*The Ontario Weekly Reporter*.



## SMITH v. STEELE.

*Contract—Physicians—Sale of Professional Practice—Breach—Damages.*

Action for damages for breach of a contract.

G. M. Vance, K.C., and W. H. Wright, Owen Sound, for plaintiff.

W. H. Blake, K.C., for defendant.

BRITTON, J.:—The parties are physicians resident in Shelburne, Ontario, and this action is for the breach of a contract in writing between them, made on 14th December, 1906. The agreement is not difficult to construe. It refers to different matters, but is one agreement, and the intention of the parties in entering into it was that the defendant should sell to the plaintiff and that plaintiff should purchase the defendant's professional practice, good-will, residence and other property. The plaintiff, however, before settling down to the more extensive practice which would naturally follow from defendant's leaving Shelburne, desired to take a post-graduate course in New York, and to practise with defendant, having the advantage of defendant's personal introduction of plaintiff to defendant's work; so 1st May, 1907, was agreed upon as the time for plaintiff to finally take over defendant's practice and property. This agreement then provided for a partnership from 1st January to 1st May, 1907.

To begin with, the defendant was to take over, so far as possible, all of plaintiff's patients and practice, and the plaintiff was to receive from the defendant, for this, for the time plaintiff would be absent from Shelburne taking this post-graduate course, \$7 a week. Upon the return of plaintiff to Shelburne he was to take an active part in this joint practice to be carried on in the office occupied by the defendant. The plaintiff was to allow the defendant \$7 a month as his share for the use of the office, including its heating and lighting. The plaintiff was to procure and keep one horse for his own use exclusively. The defendant was to keep one or more horses for his own use exclusively. The plaintiff was to pay for one-half the cost of drugs and horse feed, and he was to get as his share of this partnership business, from the time of his return to Shelburne to actual practice, until 1st May, 1907, one-half the proceeds of such practice.

On 1st May the plaintiff was to pay \$2,000, and the defendant was to convey his residence to the plaintiff, and the defendant was

to assign and hand over to the plaintiff certain shelving, electric light fixtures, curtains, telegraph line and connections, and stock in a telephone association. The defendant was also to assign his good-will in the practice to the plaintiff. The \$2,000 was to be paid as follows: \$1,000 in cash, and \$1,000 by assuming an outstanding mortgage on the residence for that amount. In addition to the above, the plaintiff was to purchase and take over from the defendant certain stoves, pipes, blinds, linoleum, and drugs, for the further sum of \$125, to be paid by the plaintiff to the defendant. The adjustments as to taxes, interest and insurance were to be made as of 1st May, 1907.

The defendant also agreed that upon giving up his practice in Shelburne he would not resume it at or within 15 miles of that place. It is not necessary for the purpose of this action to consider what was the effect, if any, of the plaintiff not having searched the title to defendant's residence before 1st January, 1907. The defendant was in possession, and, no doubt, had a good title, and the plaintiff could accept it without search, if he desired.

The plaintiff left Shelburne for New York on 31st December, 1906. The defendant had from 14th December, 1906, to 1st January, 1907, to consider his contract. He could, at any time between these dates, had he desired to do so, have retreated from and rescinded the agreement, forfeiting to the plaintiff \$200, but he did not do so. On the contrary, on 1st January, 1907, the defendant entered upon the performance of it. He took over and continued the plaintiff's practice, paying to the plaintiff, for eight weeks, the \$7 per week as stipulated.

The plaintiff returned to Shelburne on 8th March, and announced his readiness to practise with the defendant, but defendant said he did not intend to leave Shelburne, and he gave as a reason for not carrying out his agreement that a Mr. Morton, the mortgagee, would not allow plaintiff to assume the mortgage. That was a matter the defendant need not concern himself about. The plaintiff had agreed to assume it, and if Mr. Morton would not continue it, then plaintiff would be obliged to pay it, and failing to do so, he and not the defendant would in that respect be in default.

On the following Monday (the 11th March) the plaintiff presented himself ready to assume his part of the joint practice, and the defendant refused to permit plaintiff to do so. I am of opinion that this was ample notice to plaintiff of the defendant's intention not to perform his contract.

I find that the refusal of defendant to permit plaintiff to enter upon the practice of his profession with defendant, on defendant's

premises, was an absolute and unequivocal notice to the plaintiff of the defendant's intention of renouncing and repudiating the contract. This action of the defendant was not taken from any mistaken construction of the agreement, nor was it a mere expression of present disability to perform it, but it was a complete and unqualified refusal, so as to entitle the plaintiff to sue at once for a breach by the defendant. The plaintiff did not, however, commence this action until 29th August, 1907. I am of opinion that, owing to the conduct of the defendant and the refusal by him, no tender of money or of conveyance by plaintiff was necessary.

The defendant, long after his refusal to allow plaintiff to practise with him, viz., on 23rd April, made a qualified avowal of his readiness to carry out the agreement, by saying that the account of the partnership and the conveyance would be ready after the receipt of an "accepted cheque" payable on 1st May. The account of the partnership here would be only of work by defendant; plaintiff should have joined in the work, but defendant would not allow this. The conveyance and the account of profits were only part of the agreement. The plaintiff did not want defendant's residence or other property without his practice, and he wanted that practice with the good-will of the defendant, and an agreement that defendant would not practise within 15 miles of Shelburne. The defendant never, since the plaintiff's return from New York, offered to carry out the agreement in its entirety—in fact, he could not, after it was broken by defendant, as I have said. The defendant had no right to rescind after breach. The amount named was fixed as a forfeiture in case of rescission.

The defendant received the benefit of plaintiff's practice for the ten weeks, or, to put it on the lowest ground, if defendant did not get any benefit from that, the plaintiff's connection was broken, and he necessarily lost more or less by handing his patients over to a rival doctor in a small place.

As to damages, they cannot be accurately measured. The plaintiff speedily attempted to put himself in a position to recover lost ground, but his whole plan was thwarted, and he is now only one of two, and his rival has, at all events, had the introduction to, and association with, the plaintiff's patients. The plaintiff has sustained substantial loss and damage by defendant's breach. Although the amount named as a forfeiture is not the measure of plaintiff's damage, still, as it was tendered to the plaintiff, it is some evidence that such an amount would not be too much in case of breach.

If the defendant had rescinded before 1st January, 1907, the

plaintiff would have received the \$200, without having sustained any actual loss other than what would follow from changing his plans about going to New York. I think the plaintiff has sustained damage to the amount of at least \$200 by reason of defendant's breach.

The plaintiff is entitled to two additional weeks at \$7 a week during his absence from Shelburne. So I find in favor of plaintiff for \$214.

I find that the defendant, before action, tendered to the plaintiff \$200 in full settlement of any cause of action under the agreement mentioned. This sum was refused by the plaintiff. No money was paid into Court by the defendant.

Judgment for plaintiff for \$214 with costs.—*The Ontario Weekly Reporter.*

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## Proceedings of Societies.

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### CANADIAN MEDICAL ASSOCIATION, 41st ANNUAL MEETING OTTAWA, JUNE 9th, 10th and 11th, 1908.

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The opportunity to visit the Capital when Parliament is in session presents itself for the first time in the history of the Canadian Medical Association. The Forty-first Annual Meeting is the first under the new constitution. Come and help consolidate the profession all over Canada, and get better acquainted with the Canadian Medical Association and also with the Canadian Medical Protective Association.

#### HOW TO GET THERE AND HOW TO GET HOME.

The standard certificate plan prevails in every Province, no one requiring any certificate from the General Secretary. This means that all delegates, on purchasing single first-class tickets to Ottawa, for themselves, their wives and their daughters (no others), should ask for, and get, at the same time a standard convention certificate from the ticket agent for each. These should be left with the Treasurer when registering, to facilitate the signing and returning of same by the General Secretary. When signed they will entitle the holder thereof to reduced transportation, which in all cases must be arranged for at Ottawa. If three hundred are present holding these certificates all will be returned home free;

one-third fare if fifty are present with certificates. B. C. arrangements not completed; special notification by post card.

#### RAILWAYS AND STEAMBOATS.

The Canadian Pacific Railway, the Grand Trunk Railway, the Intercolonial Railway, the Canadian Northern Railway, the Richelieu and Ontario Navigation Company, and all lines in the Eastern Canadian Passenger Association, are included in the transportation arrangements.

Delegates from points west of Fort William will be permitted to use the Upper Lake Route, Fort William to Owen Sound, or *vice versa*, on extra payment of \$4.25 one way, or \$8.50 both ways, when travelling on the standard certificate plan.

#### COMPARATIVE SCHEDULE OF TRANSPORTATION RATES TO OTTAWA.

From Victoria .....	\$71.10
“ Vancouver .....	71.10
“ Calgary .....	55.20
“ Stratheona .....	57.25
“ Rossland .....	63.60
“ Nelson .....	63.60
“ Medicine Hat .....	49.80
“ Regina .....	41.95
“ Brandon .....	36.85
“ Winnipeg .....	33.80
“ Kenora .....	33.80
“ Fort William .....	25.90
“ Port Arthur .....	25.80
“ Soo, Ont. ....	14.65
“ Windsor .....	14.30
“ Chatham .....	13.00
“ London .....	11.10
“ St. Thomas .....	11.35
“ Woodstock .....	10.30
“ Galt .....	9.40
“ Toronto .....	7.70
“ Guelph .....	9.15
“ Hamilton .....	8.85
“ Peterboro .....	5.35
“ Montreal .....	3.35
“ Kingston .....	3.70
“ Quebec .....	8.00
“ St. John, N.B. ....	17.40
“ Halifax, N.S. ....	21.80
“ Sydney, C.B. ....	25.25

## DATES OF SALE OF TICKETS, TIME LIMITS, ETC.

Tickets will be on sale in the Eastern Canadian Passenger Association territory—Fort William to Halifax—three days before the first day, Sunday not counted a day, and three days' final return limit after the last day, Sunday not counted. If through ticket cannot be purchased at starting point, purchase to the nearest point where such through ticket can be obtained, and there purchase through to place of meeting, requesting a standard certificate.

West of Port Arthur, tickets will be on sale—Port Arthur to Moose Jaw—June 5th to 8th; west of Moose Jaw to Laggan and Coleman, June 4th to 7th; all certificates to be honored for return journey up to July 9th, 1908.

## PLACE OF MEETING IN OTTAWA.

The meeting place will be St. George's Parish Church Hall, Metcalfe Street—the business hall is just opposite—the Racquet Court. Sectional meetings will be held in Carnegie Library near by.

## CERTIFICATE FEE.

A special agent from the Eastern Canadian Passenger Association will be in attendance on June 10th to vise the standard convention certificates. Each delegate must pay this officer a fee of twenty-five cents for vising same.

## HOTEL ACCOMMODATION.

Delegates desiring to have hotel or lodgings reserved for them should apply to the hotels below, or to Dr. F. W. McKinnon, Elgin Street, Ottawa:

Russell House—American Plan .....	\$3.00 to \$5.00 per day
European Plan .....	2.00 to 3.00 “
Windsor Hotel—American Plan .....	2.00 to 3.00 “
Grand Union Hotel—American Plan .....	2.00 to 3.00 “
Cecil Hotel—American Plan .....	3.00 “
Alexandra Hotel—American Plan .....	2.50 “
European Plan .....	1.50 “

## MEMBERSHIP.

The fee for membership remains this year at \$2.00. It is payable to the Treasurer, Dr. H. Beaumont Small, Ottawa, at the time of registering. Those desiring to become members for the first time should get information as to procedure from the General Secretary. Transportation rates apply to them as to members.

## THE SOCIAL SIDE AT OTTAWA.

On the first afternoon, at 5 o'clock, there is to be a reception, by local members, at the Ottawa Golf Club, Aylmer, Que.; on the evening of the first day a civic reception at the Carnegie Library. During the second day there is to be an excursion to Caledonia Springs; on the evening of the third day a smoking concert. The ladies of Ottawa will entertain the visiting ladies. There will be a visit to the laboratory at the Experimental Farm.

## CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

The annual meeting of this Association will take place at 12 a.m., June 9th. Dr. R. W. Powell, Ottawa, the President, will have a splendid report to present. The great success of this Association should encourage all Canadian practitioners to become members.

## MILITARY SURGEONS.

This year the Military Surgeons, under the Presidency of Dr. G. Sterling Ryerson, Toronto, meet as a section of the Canadian Medical Association.

## ADDITIONAL INFORMATION.

Additional information of a local character may be obtained from the local Secretary, Dr. Wm. Hackney, 396 Somerset Street, Ottawa. Any general information from the General Secretary, Dr. George Elliott, 203 Beverley Street, Toronto.

## PROVISIONAL PROGRAMME.

Presidential Address—Dr. F. Montizambert, Ottawa.

Address in Medicine—Dr. Risien Russell, London, England.

Address in Surgery—The Surgical Rights of the Public—Dr. John C. Munro, Boston, Mass.

## MEDICAL SECTION.

Dr. John T. Fotheringham, Toronto, Chairman; Dr. Alex. J.

MacKenzie, Toronto, Secretary.

Our Experience in Broncho-Pneumonia—Dr. C. S. McVicar, Hospital for Sick Children, Toronto.

The Differential Diagnoses of Some Forms of Mental Disease and a Note as to Treatment—Dr. G. J. Fitzgerald, Toronto.

Out-Patients' Clinics for the Tuberculous Poor—Dr. Harold C. Parsons, Toronto.

On the Choice of a Climate—Dr. Geo. D. Porter, Toronto.

Hæmoptosis in Pulmonary Consumption—Dr. J. H. Elliott, Toronto.

- Spina Bifida Associated with Syringo Myelia—Dr. Colin D. Russe',  
Montreal.
- Meningitis—Dr. A. E. Ranney, North Bay.
- Some Interesting Complications of Pulmonary Tuberculosis and  
Their Treatment—Dr. J. K. M. Gordon, Gravenhurst.
- Ergot—Drs. E. V. Henderson and W. H. Cronyn, Toronto.
- Some Unusual Cases of Rheumatism—Dr. A. McPhedran, Toronto
- What Shall We Say to Our Neurasthenic Patients?—Dr. G. S  
Young, Prescott.
- Pernicious Anaemia, Report of Cases in Country Practice—Dr.  
James Baird, Hemmingford, Que.
- Some Further Observations on Pneumo-Thorax—Dr. W. F. Hamil-  
ton, Montreal.
- Myo-Cardial Change in Valvular Disease—Dr. H. B. Anderson,  
Toronto.
- Treatment of Meningitis with Flexner's Serum—Drs. F. G. Finley  
and P. G. White, Montreal.
- The Diagnostic Value of Perversion of Gastric Secretion—Dr.  
Graham Chambers, Toronto.
- The X-ray as a Therapeutic Agent: Its Indications and Untoward  
Effects, Having Special Reference to the Action Upon the Gener-  
ative and Internal Secretory Organs of the Body—Drs. Omar  
Wilson and J. Harold Alford, Ottawa.

## SURGICAL SECTION.

- Dr. Geo. E. Armstrong, Montreal, Chairman; Dr. Edward W.  
Archibald, Montreal, Secretary.
- Title to be announced—Dr. James Bell, Montreal.
- Congenital Pyloric Obstruction—Dr. F. J. Shepherd, Montreal.
- Temporary Colostomy as a Curative Agent in Post Operative  
Faecal Fistula of the Colon—Dr. J. M. Elder, Montreal.
- The Administration of the General Anesthetic from the Standpoint  
of the Operator—Dr. H. A. Beatty, Toronto.
- Reports of Two Large Abdominal Tumors with Remarks—Dr.  
A. B. Atherton, Fredericton, N.B.
- Title to be announced—Dr. A. Primrose, Toronto.
- Diagnosis and Treatment of Ureteral Calculus, accompanied by  
Case Reports—Dr. A. E. Garrow, Montreal.
- Exhibition of Cases to Show Result of Operations Reported at the  
London Meeting, 1903.
- Advanced Hip-Joint Without Shortening—Dr. R. P. Robinson,  
Ottawa.
- Calculus of Ureter Removed per Vaginam—Dr. Walter McKeown,  
Toronto.



## COMBINED MEDICAL AND SURGICAL SECTION.

Discussion on General Peritonitis.

Carcinoma of the Buccal Cavity, Etiology and Treatment—Dr. A. R. Robinson, New York.

Subdural Hæmorrhage and Its Surgical Treatment—Dr. E. W. Archibald, Montreal.

On the Use of the Ortho-Diagraph in Medicine—Dr. Robert Wilson, Montreal.

## PUBLIC HEALTH SECTION.

Dr. Chas. A. Hodgetts, Toronto, Chairman; Dr. Robert Law, Ottawa, Secretary.

Address by the Chairman, Dr. Hodgetts.

Title to be announced—Prof. Starkey, Montreal.

Title to be announced—Dr. J. D. Lafferty, Calgary.

Title to be announced—Dr. Seymour, Edmonton.

The Medical Inspection of Schools—Dr. John Hunter, Toronto.

## LABORATORY WORKERS.

Dr. W. T. Connell, Kingston, Chairman; Dr. A. R. B. Williamson, Kingston, Secretary.

Anæsthesia in Laboratory Work—Dr. V. E. Henderson, Toronto.

Chorion Epithelioma in the Testis—Dr. C. B. Keenan, Montreal.

A Criticism of the Ammonium Nitro—Molybdate Method of Detecting Organic Phosphorus in the Tissues—Geo. G. Nasmyth, M.A., Ph.D., and E. Fidler, B.A., M.B., Toronto.

The Bio-Chemical Characteristics of Bacillus Influenzæ—Dr. Handford McKee, Montreal.

Title to be announced—Prof. J. George Adami, Montreal.

Title to be announced—Prof. J. J. Mackenzie, Toronto.

Title to be announced—Dr. C. W. Duval, Montreal.

The National Importance of Pure Milk—Dr. Chas. J. Hastings, Toronto.

Contribution to the Pathology of Tumors of the Lung—Three cases of Sarcoma: (1) Primary, (2) Secondary—Dr. E. St. Jacques, Montreal.

On the Technique of the Study of Complement Deviation—Dr. A. H. U. Caulfeild, Toronto.

## COMBINED PUBLIC HEALTH AND LABORATORY WORKERS.

Water Supplies and Water Analysis—Dr. J. A. Amyot, Toronto; Dr. T. A. Starkey, Montreal; Dr. Gordon Bell, Winnipeg; Dr. W. T. Connell, Kingston, and others will contribute to this discussion.

## SECTION ON EYE, EAR, NOSE AND THROAT.

Dr. H. S. Birkett, Montreal, Chairman; Dr. Handford  
McKee, Montreal, Secretary.

New Therapeutic Notes—Dr. Wilfrid Beaupre, Quebec.

Title to be announced—Dr. G. H. Mathewson, Montreal.

Title to be announced—Dr. Roy, Quebec.

Some Points in the Technique of Sub-mucous Resection of the  
Nasal Septum—Dr. C. M. Stewart, Ottawa.

Ulceration of the Cornea, Etiology and Treatment—Dr. Handford  
McKee, Montreal.

(1) Calcified Fibroma of the Orbit; (2) A Case of Bilateral Lar-  
daceous Infiltration of the Buccal Mucous Membrane, not hith-  
erto classified—Dr. J. N. Roy, Montreal.

## SECTION ON MENTAL AND NERVOUS DISEASES.

Dr. W. H. Hattie, Halifax, Chairman; Dr. J. C. Mitchell,  
Brockville, Secretary.

Some Clinical Considerations of Dementia Præcox—Dr. Elbert M.  
Somers, Ogdensburg, N.Y.

Hydrotherapeutics when Applied to Mental and Nervous Diseases—  
Dr. A. T. Hobbs, Guelph.

The Differential Diagnosis of some forms of Mental Diseases, with  
a Note as to Treatment—Dr. Gerald Fitzgerald, Toronto.

Title to be announced—Dr. E. W. Archibald, Montreal.

Title to be announced—Dr. Colin Russel, Montreal.

Some Points in the Etiology of Progressive Muscular Atrophy,  
with Especial Reference to Heredity—Dr. D. A. Campbell,  
Halifax.

A Study of Thomsen's Disease (Myotomia Congenita)—By a suf-  
ferer from it.

Insanity and the General Practitioner—Dr. Moher, Brockville.

Hysterical Manifestations Occurring After the Removal of a Brain  
Tumor—Dr. D. A. Shirres, Montreal.

## SECTION ON GYNECOLOGY AND OBSTETRICS.

Dr. F. A. L. Lockhart, Montreal, Chairman; Dr. D. Patrick,  
Montreal, Secretary.

Title to be announced—Dr. Wm. Gardner, Montreal.

Some Cases of Caesarian Section—Dr. R. E. Webster, Ottawa.

Pregnancy and Heart Troubles, with Report of Cases—Dr. J. C.  
Cameron, Montreal.

Title to be announced—Prof. de L. Harwood, Montreal.

Cases of Vicarious Menstruation—Dr. Blakeman.

- Uterine Inversion, with the Report of a Case—Dr. D. Patrick, Montreal.
- The Role of the Gonococcus as a Factor in Infection, following Abortion or Full Term Delivery—Dr. Fraser G. Gurd, Montreal.
- Report of Second Case of Chorio-Epithelioma—Dr. F. A. L. Lockhart, Montreal.
- Thoroughness in Abdominal Surgery—Dr. A. Laphorn Smith, Montreal.
- Pubiotomy—Edward D. Farrell, Halifax, N.S.
- Title to be announced—Dr. D. J. Evans, Montreal.
- The Induction of Labor—Dr. Adam H. Wright, Toronto.

#### MILITARY SURGERY.

- Dr. G. Sterling Ryerson, Toronto, Chairman; Dr. T. H. Leggatt, Ottawa, Secretary.
- Addresses by the President of the Association of Medical Officers of the Militia of Canada, Colonel Ryerson, M.R.D., Toronto.
- On the Advisability of Forming a Canadian Ambulance and Red Cross Association—Lieutenant-Colonel Jones, D.G.M.S., Ottawa.
- Title to be announced—Lieutenant-Colonel Cameron, A.M.C., to V. Field Ambulance.
- The Territorial Army Medical Corps, and the Canadian Medical Services: A Comparison—Lieutenant-Colonel Sponagle, A.M.C.
- Title to be announced—Captain H. A. Kingsmill, 7th Fusiliers.
- Some of the Difficulties Met With in Camp Sanitation—Captain G. M. Campbell, 7th C. A.
- Title to be announced—Lieutenant-Colonel Maclaren, P.M.C., M.D. No. 8.
- The Present Aspect of Military Sanitary Work—Major L. Drum, P.A.M.C.
- Ready and Simple Tests for Water, Milk and the Detection of Disease in Animals—Captain L. M. Murray, A.M.C., No. 1 Field Ambulance.

## Physician's Library.

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### *Saunders' Forthcoming Books.*

Messrs. W. B. Saunders Company, medical publishers, of Philadelphia and London, announce for publication before June 30th, a list of books of unusual interest to the profession. We especially call the attention of our readers to the following:

"Bandler's Medical Gynecology," treating exclusively of the medical side of this subject.

"Bonney's Tuberculosis."

"Volume II., Kelly and Noble's Gynecology and Abdominal Surgery."

"Volume IV., Keen's Surgery."

"Gant's Constipation and Intestinal Obstruction."

"Schamberg's Diseases of the Skin and the Eruptive Fevers."

"John C. DaCosta, Jr.'s, Physical Diagnosis."

"Todd's Clinical Diagnosis."

"Camac's Epoch-Making Contributions in Medicine and Surgery."

All these works will be profusely illustrated with original pictures.

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### *Manual of Medical Jurisprudence, Toxicology and Public Health.*

By W. G. AITCHISON ROBERTSON, M.D., D.Sc., F.R.C.P.E., F.R.S.E., Lecturer on Medical Jurisprudence and Public Health, School of Medicine, Royal College of Surgeons, Edinburgh, etc., etc. With 39 illustrations. London: Simpkin, Marshall & Co., Limited.

This is a fine little concise manual for medical students on the above subjects. It includes all the student requires for examination purposes. We recommend it heartily to them.

*Confessio Medici.* By the writer of "The Young People." Price, \$1.25. The Macmillan Company of Canada, Limited, 27 Richmond St. W., Toronto.

The book is a series of essays on Vocation, Hospital Life, An Essay for Students, A Good Example, Practice, The Discipline of Practice, The Spirit of Practice, Wreaths and Crosses of Practice, Retirement, The Very End. We have looked it over time and again, read parts of it here and there, have found a good thing now and then, decide it is idealistic, that it does not lend itself readily to review, so simply state our impression. We have not yet come to any decision as to why it was written, so do not wish to be too rash in criticism, as it may have the meat hidden away somewhere we have not been able to locate. Therefore, to those who are interested, we would say, read, mark, and inwardly digest for yourself.

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*The Toiler.* By WILLIAM J. FISCHER, M.D., Waterloo, Ontario, author of "Songs by the Wayside."

In this issue we publish the third of the series of "Master Minds of Medicine—John Hunter," by Dr. Fischer; and on our editorial table lies a copy of his latest production in literature, "The Toiler." It is a volume bubbling with purity and beauty of thought, as chaste as it is delicate. It proves that Dr. Fischer is gradually establishing for himself a place in Canadian literature. It is dedicated to two well-known Canadian medical men, Drs. John Wishart and H. A. McCallum, London, Ont. We here reproduce in full Dr. Fischer's poem:

#### THE DOCTOR.

He stands, 'twixt life and death, through busy cares,  
 An angel, in the eyes of toiling Pain;  
 Strong men look up at him through tearful rain,  
 Strong women sound their noblest, purest pray'rs  
 Into his ears; sick children, weak, in pairs,  
 Rest in his Love's bright bed; Sorrow has lain  
 Therein, and Pity wept. Now and again  
 God brings him soul-strength up life's winding stairs.

A worker in the low, degraded street,  
 He sees the shadow with the shining light,  
 And touches black souls as the pure priest can;  
 He sees Pain, should'ring her old cross so sweet,  
 And, through the dawn, the live-long day and night,  
 He feels the pulse of God in ev'ry man.

# Dominion Medical Monthly

And Ontario Medical Journal

EDITORS:

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## COMMENT FROM MONTH TO MONTH.

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**The Tuberculous Immigrant.**—In our May issue we published an address on the above subject, which was delivered by Dr. Peter H. Bryce, Chief Medical Officer for the Department of the Interior, at Ottawa, before the annual meeting of the Canadian Association for the Prevention of Tuberculosis. When the country is fighting strenuously the situation as it presents itself to-day, there is every need on the part of the medical health officers, examining immigrants at ports of entry, to do it with the utmost care. According to Dr. Bryce's address, we fully believe this has been done as carefully as it could be done, when we consider that only one in every 14,000 examined was admitted tuberculized. Dr. Bryce makes a strong point when he states money can be got for any and every scheme, but not for fighting the great white plague. Governmental and municipal grants are small, and almost given grudgingly; private contributions are practically nil. Probably the proper scheme has not yet been devised to secure the financial ammunition. If medical health officers were as zealous in combating tuberculosis as they are in attacking smallpox or diphtheria epidemics, better advance would be made. Probably it would be well to have compulsory notification on the part of physicians, not necessarily for red, blue or yellow placards, to scare the passer-by away, but in order to place the onus of responsibility upon the medical health officer, to deal with these cases as with

smallpox, etc. We will then see in the estimates of health officers such an item as this: "For dealing with cases of consumption, \$10,000." The money would be forthcoming in every municipality, and scarcely a taxpayer would raise an objection to the fraction of a mill so levied on his assessment.

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#### **The Wasserman Reaction for the Diagnosis of Syphilis.—**

Some two years ago Wasserman introduced a new method for the diagnosis of syphilis, whether in acute or tertiary form, the reaction being based on the use of the serum of apes artificially infected. The method, however, is so elaborate in its technique that it cannot be carried out except in a properly equipped laboratory. Wasserman employed an extract of the liver of a child which had died of congenital syphilis. An immune serum was obtained by treating monkeys with this extract. But he later found that, in a patient suffering from syphilis, serum could be got which took the place of the immune serum from the monkey. In other words, the specific immune body for syphilis is contained in the serum of such syphilized individuals. It is valuable only from a diagnostic standpoint, and it would appear from observations, in confirmation of Wasserman's findings, that it is a specific reaction, and is found only in those who have or have had the disease. It has been positive in hemiplegia, negative in simple apoplexy; also in cases of paralysis and tabo-paralysis. One observer and experimenter, Schutze, says: (1) The longer the syphilis virus has remained in the body, and the more frequently it has produced symptoms, the greater is the amount of "antibody" in the serum, and therefore the more regularly does the reaction show a positive result; (2) the earlier that mercury has been employed in the treatment of the disease, and the longer that treatment has been carried out, and the more frequently it has been applied, the smaller will be the amount of "antibody" contained in the serum, and the more often will the test be negative.

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**The Strength of Tetanus Antitoxin** can now be measured by four methods: There is the German method of Behring; that of Roux, of France; the Italian—Tizzoni; the American method. The European, being complicated and difficult to carry out, not accurate, admittedly unsatisfactory, brings into prominence the American—simple, direct and accurate. It is the result of six years' careful work in the National Hygienic Laboratory. Since the estab-

lishment and promulgation of the American standard, the unit strength of tetanus serums on this market have decidedly greater antitoxic value. The American unit is thus defined: "The immunity unit for measuring the strength of tetanus antitoxin shall be ten times the least quantity of antitetanic serum necessary to save the life of a 350-gram guinea pig for ninety-six hours against the official test dose of a standard toxin furnished by the Hygienic Laboratory of the Public Health and Marine Hospital Service." The toxin is given out to licensed manufacturers to prepare the antitoxin.

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**Tetanus** in man is not a widespread disease as compared with other plagues. Hippocrates in his writings, described it and told of its diagnosis and prognosis. Aretacus, of Cappadoza, has given us a description of lockjaw, which holds to the present day. He described an opisthotonus, an emphrothotonus and a tetanus, as the muscles of the back, abdomen or of the body generally were involved. Later pleurothotonus was added, when the muscles of one side were especially affected. Through the Middle Ages there was no advance made in the knowledge of tetanus. About 1860 Herberg and Rose, and Billroth and Spencer Wells, believed it a zymotic disease, and that the spasms were caused by a poison in the blood, like strychnine. In 1876 Strumpell declared tetanus to be due to an infection. In 1884 Carle and Radirie first successfully showed that the disease was transmissible. In studying the micro-organisms of soil or ground tetanus, Nicolaier, in 1884, always found a slender bacillus in the pus. Rosenbach, in 1886, found a similar bacillus, with a round terminal spore, in a case complicating frost gangrene in man. Kitasato, for the first time in 1889, grew the bacillus in pure culture, and successfully proved this bacillus was the real cause of tetanus. From further experiments and observations, he concluded we were dealing with an intoxication and not an infection. In 1890 Behring and Kitasato laid the foundation of serum therapy when they published their great work on the tetanus toxin and the tetanus antitoxin.

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**Canadian Medical Association.**—Once again we desire to draw the attention of our readers to the forty-first annual meeting of the above Association in Ottawa on the 9th, 10th and 11th June. Complete railway and steamboat arrangements are secured, and the Standard Certificate Plan prevails in every Province. The provisional programme has been sent out to members, to those on the pro-



gramme and to the medical press. It is the best provisional programme ever issued from the office of the General Secretary in the past seven years. From it it will appear that the idea of meeting in different sections, as set out in the new constitution, and as adopted now for the first time, will quite evidently prove a popular one. There are also many who have never before had the opportunity to visit the Capital while Parliament was in session, and the opportunity presents itself now for the first time. The men in Ottawa have spared no pains to look well to the social side, and there promises to be a very fine meeting socially, as it will sure to be scientifically. Can you, reader, afford to miss this meeting?

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## News Items

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DR. H. L. COLLINS, of Kinloss, has gone to Edmonton.

DR. CHARLES A. HEBBERT, of Hawkestone, Simcoe County, has been appointed an associate coroner for Nipissing District.

DR. JOHN R. AND MRS. PARRY and daughter, of Hamilton, are guests of Mr. and Mrs. R. A. Harrison. Dr. Parry will leave for Europe next week.

DR. W. RUSSELL, house surgeon at Victoria Hospital, London, has resigned and left for Highgate to practise there. Dr. John McGillicuddy has also handed in his resignation.

DR. W. C. GILDAY, Toronto, who left last September to take up a special course in London, England, has passed his conjoined examination, and received the degrees of M.R.C.S. and L.R.C.P.

DR. A. A. JACKSON, formerly of Everett, has purchased the practice of Dr. Lepper at Bolton. Dr. Jackson has just returned from London, England, and Dublin, Ireland, where he took post-graduate courses.

DR. G. V. HARCOURT, who has built up a large practice in Powassan during the past few years, has disposed of it to Dr. Carveth, of Toronto, who has already assumed his new duties and made many friends.

DR. JOHN M. ADAMS, chief house surgeon at Victoria Hospital, London, has handed in his resignation, to take effect on May 1. Dr. Adams has been on the staff of the hospital for one year. After a holiday he intends to go to Seattle to commence practice there.

DR. AUSTIN HUYCKE, who has been taking a post-graduate course in Bellevue Hospital, New York, was in Warkworth this week, and is visiting his brothers in that vicinity. Dr. Huycke intends leaving shortly for Vancouver, where he will take up his practice.

BRANTFORD will erect a consumption hospital this year. A promise of liberal support from the Government has been secured, augmented by handsome private subscriptions. Medical men of the city have the project in hand, and state that it is in such a condition as to warrant definite announcement concerning the prospects.

**Muskoka Sanatoria Medical Staff.**—W. B. Kendall, M.D., C.M., L.R.C.S., L.R.C.P., Physician-in-Chief of the Muskoka Cottage Sanatorium, has been appointed Physician-in-Chief of both the Cottage Sanatorium and the Muskoka Free Hospital for Consumptives; and C. D. Parfitt, M.D., M.R.C.S., L.R.C.P., Physician-in-Chief of the Free Hospital since its opening in 1902, becomes Resident Consultant of the two Sanatoria, each giving his entire time and effort to these institutions. The medical staff will also include a trained resident pathologist and two assistant doctors, together with a staff of specially trained nurses.

## Publishers' Department.

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**THE PERIODICAL NERVOUS HEADACHE.**—Among the most common ailments, especially among the young, are the periodical nervous headaches, and three or four times as many females as males are afflicted with them. Dr. A. F. Schellschmidt, of Louisville, Ky., states that "they generally manifest themselves about the time of puberty and are very severe for a few years, but with increasing age the attacks become less frequent, until at the age of forty they seem to almost disappear, and are seldom or never seen after fifty. They are associated with vertigo, nausea and vomiting. The pain is in and around the eyes, and while the attack lasts there frequently is partial or total blindness. Those who complain of this trouble suffer from prodromal symptoms for several days before the attack shows itself in an active form, which symptoms differ in different patients. When treatment is demanded it is more for the pain than anything else. Opium will relieve, but does more harm than good, as it leaves the system in a worse condition to resist a subsequent attack. Antikamnia tablets give great relief and act quickly. An emetic will sometimes abort an attack. The bowels should be kept open, and those diuretics which hasten the elimination of the urea should be administered. If the attacks are due to a reflex nervous condition the cause must be sought and treated. The adult dose of Antikamnia tablets best suited for the relief of these headaches is two every three or four hours."

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**THE ANEMIAS OF CHILDHOOD.**—The anemias of early life are usually sequels of the acute diseases common to this period. The exanthemata are especially liable to be followed by a depreciation of blood quality and a protracted convalescence often depends on this one condition alone. Moreover, the frequency with which physical stigmata or infirmities actually date from an attack of measles, scarlet fever, diphtheria or any of the other similar diseases of childhood, can often be properly laid at the door of insufficient or improper care during the very important stage of convalescence from these diseases. It should be recognized that the hematogenic function, while exceedingly active in childhood, is yet very susceptible to all inhibitory influences, among which the toxins generated in the course of the acute diseases are most common. When a storm infection of measles, scarlet fever or any of these similar ailments is passed, there must follow a period of reconstruction. If