

The Canadian Journal of Medicine and Surgery

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF
MEDICINE AND SURGERY

VOL. IX.

TORONTO, APRIL, 1901.

NO. 4.

Original Contributions.

SOME SUCCESSFUL CASES OF OPERATION AT THE SAMARITAN HOSPITAL, MONTREAL.

BY A. LAPHORN SMITH, M.D., M.R.C.S.(ENG.),
Surgeon-in-Chief of the Hospital.

Case of Retroversion Cured by Ventrofixation.—Hospital number 466. Office number 1247. Miss L. G., 23 years of age; occupation, general servant; was sent to me on April 25th, 1899, by Dr. McPhail, complaining of pain in her back and trouble with her bowels and bladder. She began to menstruate at the age of twelve, and never had any trouble with it until five years ago, since which her periods have been coming on every three weeks and have been painful and scanty. For several days before her periods come on she has severe pains down the inside of her legs, and she wants to pass water all the time. Both when passing water and moving her bowels she feels as if something was blocking both passages. Retroversion was suspected, and on examination it was at once found to be present, together with prolapse of both ovaries. The uterus was easily replaced with the sound and a small pessary was introduced. She returned to me on May 10th, saying that her water was better but that she was worse in every other way. The pessary was removed and tampons were introduced while she was placed in the knee chest position, and repeated twice a week for several weeks. Although her next period was less painful, still she found it impossible to retain her situation, and as she had already lost several good ones from the same cause, she was anxious to have an operation, which I had told her was the surest and quickest way to be

cured. On considering which operation I should perform, I decided upon ventrofixation for the reason that I suspected the presence of some slight adhesions, because each time I put the uterus up it immediately dropped back again. I promised, however, that I would not remove her ovaries.

The operation was performed on June 6th, 1899. No adhesions were found; tubes were healthy, but the ovaries were large and hard, probably because their abnormal position underneath the retroverted uterus had interfered with their circulation.

The result in this case has been very satisfactory; the patient was up in three weeks, and left the hospital in four weeks, and soon after took a situation as housemaid, which she has kept ever since, working hard and quite free from pain, now sixteen months since the operation.

Remarks: This case is one of a great many similar ones, most of them being hard-working servant girls who have had to move heavy furniture. The first case admitted to the Samaritan Hospital was an exactly similar case—a young English housemaid, who was unable to work any longer owing to the pain. She was completely cured by ventrofixation, so that she returned to her situation and has remained in it ever since.

Case of Gonorrhœal Pus Tubes Cured by Removal of both Tubes and one Ovary.—Hospital number, 455. Mrs. L., 28 years of age. Married ten years; one child nine years ago; never pregnant since. Suffered a good deal at periods, but was never laid up until present illness. Was called to see her at her home and found her in great suffering, with her knees drawn up, a high temperature and a fast pulse. On making a vaginal examination, a large mass could be felt on the left side and a smaller one on the right; uterus was in normal position, but there was a profuse yellow discharge. Diagnosis, gonorrhœa extending up into the tubes. The husband admitted having contracted the disease on a recent commercial trip. I attended her for a week at her home, and then as the mass was getting larger and there was a risk of its rupturing as well as the possibility of its being a tubal pregnancy, I had her removed in the ambulance to a private room at the hospital. As there is less danger in removing pus tubes after the acute attack has subsided, I kept her under treatment three weeks longer before I felt that it was safe to operate.

Even then the operation was a serious one, for though the adhesions were easily separated, their extent was very great, the bowels and omentum being everywhere adherent. Fortunately the bowels had been well protected by sterilized towels, so that they were not soiled by the quantities of pus that poured out of the left tube as soon as it was detached. The right tube was too bad to leave, but as she was so young I decided to save the right ovary

which was carefully cleaned. She made such a rapid recovery that I was almost sorry to have waited so long before operating. The temperature, which had not been lower than 101 for four weeks, dropped to normal next day and remained there, and she went home in good condition four weeks after her operation. Apart from two attacks of severe pain due to constipation shortly after reaching home, she has been in splendid health ever since, and now menstruates regularly and painlessly, and she weighs 147 pounds, the most she has ever weighed.

Remarks: These are anxious cases. As a rule they are very ill for a few days after their operation, owing to the large area denuded of peritoneum, and the inevitable oozing that follows it. But the death-rate is comparatively small, about five per cent., and the ninety-five per cent. which recover from the operation make a brilliant recovery of their health, generally becoming so stout and rosy-cheeked that one can hardly recognize them. When I hear some physicians say that they do not believe in operations I always think of these cases; of women who lead a life of invalidism, with constant mild sepsis or pus absorption; and of those whom I have seen die from bursting of the pus-sacs into the rectum, bladder, vagina, and through the abdomen, and which patients these same doctors certify as having died from consumption of the bowels or decline. If these same physicians were to spend a month at the Montreal Dispensary and at the Samaritan Hospital, they would see enough to convince them how greatly they have misled or are ready to mislead their patients who have pus tubes.

Case of Second Laparotomy for Removal of Right Tube and Ovary and Vermiform Appendix, three years after Removal of Left Tube and Ovary.—Hospital number, 448. Mrs. T., 35 years of age, was sent in on the 15th of August, 1898, by Dr. Robert Wilson, on account of intense pain in her right side. She had had her left tube and ovary removed three years before at a large hospital, but at that time did not complain very much of the right side, so that the gentleman who operated, who is one of our most careful and conscientious surgeons, acted no doubt as he thought for the best in leaving the right ovary and tube. But about a year after her first operation she began to suffer just as much from her right side. As the pain was constant, she was unable to do any work for the next two years, while at her periods the pain she described as excruciating. Dr. Wilson had great difficulty in persuading her to submit to a second operation, but she finally consented. In this case, as I have invariably found it, the secondary operation was very difficult, the right ovary and tube being deeply buried in dense adhesions. While breaking these up, the vermiform appendix was found buried in them, and was consequently removed. She declared the very next day that her pain was gone, and she

made a rapid recovery. She has been seen frequently since, and declares that she is in perfect health.

Remarks: This case touches on a very sore point with me, for on several occasions I have allowed patients to tie my hands, so that I was not left free to do what was best for them, and the result has been bitter disappointment for both of us. One of them has even reproached me for not having broken the promise which she exacted from me. In several other cases I was left free to do what I thought best, and deliberately left an ovary which should have come out with its fellow. Some seven or eight years ago I removed a large pus tube and ovary and vermiform appendix from Mrs. E. in a private ward at the Western Hospital. Although I had carte blanche to do what was necessary, I was anxious to conserve the ovary, so after cleaning it well I left it in. She made a very anxious recovery owing to the extent of the adhesions which had been broken up, but she was well enough to go home on the 28th day. She had only been home a few days when she sent for me in great haste, and I found her suffering intense pain in the other side, where I had left the ovary. On examination the latter organ was found to be as large as an orange, fluctuating and very painful. The high temperature showed that there was pus present, so I brought her back to the hospital and performed a second laparotomy, which proved almost as difficult as the first one, so that I heartily wished that I had not been so conservative. The bowels were torn in many places, requiring much stitching, and in other places they were denuded of peritoneum, so that I had to touch the bleeding surfaces with the actual cautery to arrest the hemorrhage.

A more important reason why I am opposed to these so-called conservative operations is that women frequently consult me for a disease which I could surely cure by a safe operation, but which she will not consent to submit to because several of her friends have had an operation performed which not only did not cure them, but actually made them worse. On close inquiry I have invariably found that the cause of the failure was this mistaken policy of only doing the half of what was necessary. Only one ovary was removed when both were diseased, as in the case reported above; or a small laceration of the cervix which was causing very little trouble was repaired without anything having been done for the two pus tubes and ovarian abscesses and appendicitis coexisting. So that I have come to the conclusion that so-called conservative operations are neither conservative of the woman's health nor of the good name of gynecology.

Enormous Hypertrophy of the Cervix Uteri Simulating Hermaphroditism: Amputation and Ventrofixation.—Hospital number 531. Miss M. D. consulted me at the Montreal Dispensary for

procidencia uteri. She was a virgin twenty years of age, and employed as a domestic servant. I found an organ like a penis four inches long protruding from between the labia. It could be pulled out to five inches and the sound entered six and a half inches forwards. As it caused her a great deal of inconvenience, and in case of her marriage might lead to misunderstanding, I sent her in to the Samaritan Hospital to have it removed. This was easily done by detaching the vagina all round and then splitting up the cervix a distance of four inches, and amputating the flaps. The uterine arteries were not met with, or if met with were pushed aside, as they were not seen; there was very little bleeding, which was easily controlled by a catgut ligature. The vagina was then attached to the cervical canal. The patient was then placed on the laparotomy table and ventrofixation done through a very small incision. She made a good recovery, and has been working as a housemaid ever since.

Case of Multiple Fibroid Tumors of the Uterus.—Hospital number 554. Mrs. L., 42 years of age, sent to me on the 13th of March by Drs. Jeannote and Hopkins. She had been bleeding profusely for several years, and the mass of tumors had increased in size until she was as large as a woman six or seven months pregnant. The pressure symptoms had become very severe, and her general health had suffered so much that she had become very thin and cachectic in appearance. An element of doubt had been thrown into the case by her periods having stopped for two months for the first time since they had first begun, and she had brown nipples and was sick at her stomach more than usual. There was no difficulty about diagnosing the fibroids, for the nodular masses could be felt and seen projecting up under the abdominal wall. But it was more difficult to ascertain whether there was anything in the uterus or not. Another point of interest was whether the tumor had already begun to undergo malignant degeneration, as is well known fibroids frequently do. In either case my mind was made up as to the proper course to pursue; that the sooner the uterus was removed, pregnant or not pregnant, malignant or not malignant, the better it would be for the patient. So I sent her into a private room in the Samaritan Hospital, and two days later I removed the ovaries and tubes and all the uterus except the cervix. All the arteries and the two round ligaments were found and tied in turn before being cut, so that there was no bleeding except what came from the separated tumor. The stump was carefully closed with catgut, and then the two layers of peritoneum forming the broad ligament were closed with a running suture of fine catgut. There was no shock and she made a splendid recovery. Her digestion improved almost from the first day, her color is rapidly getting better, and apart from this she looks and feels in the best of health.

A subsequent examination showed that the uterus was neither pregnant nor malignant. This case is interesting because it was one of a group of thirteen consecutive hysterotomies for fibroid, all of whom recovered, seven having been done in 1899, and six so far in 1900. My experience with operating for fibroid tumors has been so satisfactory since I have adopted the method of Pryor and Kelly that I consider hysterectomy as safe an operation as ovariectomy. I have come to the conclusion that all fibroid tumors should be removed as soon as discovered, that is to say, as soon as they cause symptoms. It must be remembered that hemorrhage is not the only symptom, for the disturbance of the digestive and nervous systems are sometimes far more marked and more important than the menorrhagia. If the case above reported had been pregnant, the immediate removal of the uterus, pregnancy and all, would have been the best thing to do, for either a provoked abortion or a Caesarean section would have been more dangerous operations than the hysterectomy which was done. Those who advocate a policy of delay or noninterference should always remember that a considerable proportion of fibroids undergo malignant degeneration, a change which I have seen taking place several times in my own limited experience.

Case of Obstruction of the Bowels Reopened nine days after Abdominal Section for Diseased Tubes: Recovery.—Hospital number 653. Mrs. M. Dr. Letellier called me to this case two years ago for retroversion of the uterus. She had very tender tubes and ovaries, so much so that Dr. Letellier was unable to get the uterus up without an anesthetic, and had to have assistance. With the aid of an anesthetic I was able to put the uterus up and introduce a pessary. After this I saw her no more, but Dr. Letellier told me she was keeping well. About a year and a half later Dr. Letellier called me again for the same trouble, but this time I was unable to replace the uterus. He told me that the uterus had remained up without the pessary for the last six months, but a week or two before she had sent for him for a sharp attack of pelvic pain, and on examination he had found the uterus retroverted. I felt sure that something had happened since I had last examined her, some disease of the tubes which had set up a pelvic peritonitis which had glued the fundus to the hollow of the sacrum. I therefore strongly advised ventrofixation, with removal of the tubes if necessary, to which the patient readily consented. As all parties interested except myself were anxious that the operation should be performed at her house, I agreed to do so, although I regretted it afterwards, because the operation was done under considerable difficulties, and the patient was not under such perfect control. The tubes, though small, were so firmly bound down by apparently old adhesions that

I had the greatest possible difficulty in getting my fingers behind the uterus to detach it, and even then it was difficult to bring it up to the abdominal wall, in order to fasten it there. For the first few days everything was going on so well that I left her in the hands of her family doctor, who kept me informed of her progress. His reports were favorable until the ninth day, when he asked me to see her, as she was vomiting everything. A day or two before she had been having some pains, which required increasing doses of morphine to control, and her pulse began to get faster and faster. I spent two days in trying various methods of getting the bowels moved, but without success. On the contrary, the patient was so much worse that I insisted upon taking her to a private room at the Samaritan Hospital against the advice of another physician who had been called in. As we are always prepared for an emergency laparotomy there, it only required a few minutes to get her on the table. With due precautions, and assisted by Dr. Letellier, the incision was reopened. The small intestine was slate-colored and enormously distended, and bound down by many small adhesions, in detaching some of which the intestine tore very easily. The real cause of the obstruction was found in a coil of small intestine glued into Douglas' cul-de-sac, from lifting it out of which it tore again, although no force was used. Her pulse by this time was uncountable, but I had the satisfaction of seeing the contents of the distended bowel flowing into the collapsed portion. The abdomen was filled with salt solution at 105 degrees, and the anæsthetist having warned me that I must close up at once, I only had time to put three silk-worm gut through-and-through stitches. She did not vomit any more but had four or five large stools that evening, and next day she was practically convalescent again. Strange as it may seem, she went home in four weeks from her first operation as well as any patient who had no such stormy recovery. I had a similar case at the Western Hospital some years ago, which also recovered, so that it will be seen that the prospects are good if we do not wait too long before reopening. The diagnostic features are the pain, distension, constipation, vomiting, normal or subnormal temperature, with the rapidly increasing pulse.

248 Bishop Street, Montreal.

EXPERIMENTS IN CLIMATOLOGY—THE TROPICAL WINTER.

BY EZRA HURLBURT STAFFORD, M.B., TORONTO.

THE doctrines of therapeutics are based upon the changes, more or less marked, which may be produced in the physiological economy of an individual by any agency over which the physician has control. To the somewhat ludicrous history of this subject from the days of the Empirics down to the present time, no detailed reference need be made here. The use of spells and of pharmaceutical preparations may be traced back almost to the days of the Early Quaternary Man; and while spells were at an early period abandoned, the very word therapeutics became at length associated with the idea of drugs of some sort. There are other therapeutic agencies beside drugs and spells, however, and one of the most important of these is climate. Heberden touched upon the subject more than a century ago, and while change of climate has been advised for various classes of invalids for many years past, the practice is still somewhat empirical, as usually resorted to, and will continue to be so until the physiological action of the climate *in itself* in a particular locality, and also the effect which follows *the change of one climate for another* in various given morbid conditions has received careful scientific study. A dry, cold climate, at a certain altitude, may produce a physiological action upon a person accustomed to a warm and humid atmosphere quite as easy to distinguish and to trace as a dose of digitalis.

North America and its islands affords every variety of climate that the physician could possibly need for therapeutical purposes, and the American physician has no real occasion to send his patient either over sea or south of the equator. With a territory thus circumscribed, the practitioner may begin to map out the climate of the various regions for future convenience; and as a wide personal knowledge of so vast an area can scarcely be expected to come within the experience of any one man, for few have wandered as far as the King of Ithaca or, like Moses (the father of Cook's tourists) and the travellers who accompanied him upon that "personally conducted" tour, have spent forty years on the road; the physician who wishes to add climate to his working pharmacopœia will be forced in many cases to depend largely upon the reports of others who have observed the climatic phenomena of more remote regions. To this need the present paper is a conscientious contribution.

The facts required, while they are not very numerous, must be correctly and accurately supplied; temperature, and changes of temperature (whether sudden or gradual), altitude, humidity, dryness, barometric pressure, quality of the air and what is contained in it (dust, smoke, germs, and irritating gases), the quality of the ground and its exhalations, the amount and the intensity of the sunlight, together, when all else has been said, with the moral effect of the surroundings, including the domestic accommodations and amusements. In this connection it may be asked, regarding the moral effect of many popular sanitarium, if it is well to send a neurotic person to a place where he will come in contact with others of his own class. Hypochondriacs rekindle and add to each other's flame. Invalids, considered in any light, are not absorbingly interesting. Indeed, when they are poor and friendless they are not to be endured. When they are wealthy, the amazing stupidity of their physiological predicament is treated with padded consideration, and the law of the Survival of the Fittest so far violated that the process of decadence is fostered as long as the constitution (and funds) of the patient can stand the strain.

The tendency to at once accept as a fact, without further investigation, any statement which is made with a certain degree of positiveness, and to afterwards vehemently defend opinions formed in this extraneous manner, has long been observed as one of the mental peculiarities of the human race; and it is owing to this psychological law that the names of certain regions, both in America and Europe, act almost as Talismans upon the minds of the uninformed. An extensive library could be formed of illustrated pamphlets, magazine sketches and books devoted to the charms of rival resorts, supposed in each particular case to be unusually favored by nature. But these sources of gratuitous information are not authentic, and emanate invariably from an interested source with an object altogether mercenary. There are hotels and there are sanitarium which have been built at a great cost for the purpose of making money. And in each case, too, there are railroads or steamship lines by which one may go thither, and dealers in real estate when one gets there.

Of Florida, of Colorado, of California, and of many other places this may be said; and it is by the individuals who have embarked upon this form of speculation that this exotic literature, thrust so persistently before the notice of the deluded public, has been inspired. The physician must not also be deluded by venial misrepresentation of the sort; and though climatology is at present merely a matter of gossip and advertisement, the intelligent manipulation of climatic conditions by rational medicine will eventually be studied as earnestly as the action of new drugs is now.

A number of cases are personally known to the writer where a native of the tropics was much benefited by a sojourn in the North during the winter months. In these cases the patient, far from being distressed in any way during the first season by the unwonted cold, experienced rather an unusual and altogether pleasing mental and physical stimulation. A second or a third winter spent concurrently in the North, however, was seldom attended with results so favorable, and the patient then found himself extremely sensitive to the cold and the sudden changes of temperature.

Natives of the North, who by long residence in tropical countries have become acclimated, are affected in much the same way by a return to northern countries; and in the case of the latter a return to the North for one season every four or five years has been found beneficial and even necessary, and is generally recognized by governments with those holding civil appointments in hot countries.

The native of the North does not, on the other hand, find in the tropical winter a similar stimulation; but is usually advised to go thither that he may escape the rigors of the northern winter, to which he looks forward with unspeakable dread by reason of increasing years or the enfeeblement of pulmonary or nervous disease. But a second or a third winter spent concurrently in the tropics confirms rather than dissipates the undoubted benefits derived from such a change of residence; and as the mortuary statistics in the North unmistakably indicate that the rate of mortality of such patients is greater during the winter months than during the rest of the year, it has become customary, when circumstances will allow, to suggest such a change (from a purely northern standpoint) on account rather of what may be avoided by it than what may be gained. From the tropical standpoint, however, many additional reasons may be brought forward in favor of a residence in the tropics.

Jamaica, in the West Indies, possesses all the conditions of a tropical climate, and is furthermore recommended as a winter residence on account of the stability of the government and the conveniences of modern civilization, which are absent in Cuba or South and Central America. Its lofty mountain ranges supply all the wide variations of temperature and humidity which may be indicated in the case of special patients. In this particular Jamaica takes precedence to the low-lying, coral-formed Bermudas, to Florida, the Bahamas, and Louisiana; while the remoteness of California, even if it possessed similar advantages, renders it impracticable for residents of the East on account of the exertion, time and expense of the almost interminable journey.

Lying south in the Caribbean Sea the temperature in Jamaica

has never sunk to the freezing point. Frost and snow are unknown. On the other hand the temperature never rises in the island as high as it does annually in Chicago and New York in the hot months. The Tropics should not suggest, as they popularly do, the idea of intense heat, but only of continuous summer, and the absence of cold. Sunstroke does not occur in Jamaica, and during the heat of the day the thermometer usually registers only ninety degrees. Upon the mountains one is not inconvenienced by the heat at all; while, even in the low lands where it is hottest, the solar warmth is tempered by the land breeze and the sea breeze, which perpetually oscillate to and from the shore, a phenomenon gratefully mentioned in the early Spanish chronicles. At night there is a fall of temperature. Radiation, owing to the luxurious vegetation, which is unsurpassed throughout the island, and thickly clothes even the barest rocks, is slow. Hence the changes of temperature, while they are slight, are also gradual.

The humidity is marked upon the north coast of the island, where the air is almost always very heavily charged with moisture, and light rains fall very frequently. This dampness does not, however, contraindicate the residence of those susceptible to rheumatism, or persons suffering from pulmonary or bronchial affections. The air, though moist, is soft and balmy, and quite free from irritating particles, or impurities of any kind. The south coast of Jamaica, on the other hand, is dry almost to aridity.

These conditions of temperature and humidity indicate that soft wool should be worn next the skin, a practice which is universal in the island. Otherwise the clothing should be of muslin or drill as the case may be. A silk or felt hat proves burdensome, and even the straw hats manufactured in the North are as unsatisfactory here as they are in the North. The best hat for the tropics will be a very light helmet or one of soft, light felt or woven Panama straw, high in the crown. Sunshades, though not indispensable, are often carried also. Active physical effort at the coast altitude is inadvisable, though in the mountains no precautions in this direction need be taken.

The water supply all over the island is exceptionally good, and is derived largely from springs and mountain streams. The zymotic diseases rarely make their appearance. Mosquitoes are very numerous in a few localities during certain seasons of the year, and as the part played by this insect in the spread of malarial and yellow fever has recently been brought rather prominently before the notice of the scientific public, nothing need be said here of the matter. Yellow fever is of singularly rare occurrence in Jamaica, but in some portions of the island malaria is often present. The prophylaxis is obvious. Indeed, in most sleeping apartments a mosquito netting is provided. In the mountains there are very few mosquitoes, and this device is unnecessary.

Of no grave significance, but causing much annoyance sometimes, may be mentioned the other insects of the tropics. Care should be taken to avoid a small parasite known locally as "the tick," which infests the grass, but displays a marked willingness to change its habitat for the skin of the human subject, under which it burrows and multiplies, unless its domestic operations are promptly stopped by the use of antiseptics. The "prickly heat," also, which appears in reddened blotches upon the skin, due to the presence of the *lichen tropicus*, is readily removed by a weak carbolic solution. Jamaica is exceptionally free from vermin and pests. The centipede, the tarantula, and the scorpion are not at all numerous, and the boa-constrictors and other serpents of the Spanish Main adjacent have never been found in the island.

Tuberculosis is present, though not frequent, in Jamaica, and makes its appearance there, as in the North, among the debilitated. In nearly all cases it is found possible to keep it in check by a removal of the patient during the early stages to the mountainous districts, where the present writer met with a number of cases whose lives had been prolonged for five, ten, and even twenty years. As a resort for consumptives, the mountains of Jamaica are incomparable.

Leprosy is also present as in many other of the West Indian Islands, but I was not a little interested to learn after a visit to the leper settlement at Spanish Town, in company with Dr. W. D. Neish, the medical superintendent, that the disease has been practically shown to be non-contagious. The voluntary inoculations on record would seem to disprove the notions upon the subject formerly held; and the experience of the accomplished specialist, with whom I had the privilege of discussing the question, led to the conclusion that this disease of ancient fame has all these centuries been purely a matter of hereditary susceptibility; a fact which, while modifying the reasons for the present enforced isolation, does not in any way lessen the necessity for it in the future.

Earthquakes, though not infrequent, are not at all violent in their occurrence. Those terrible cataclysms of nature recorded in history made their appearance only once in centuries. The occasional manifestation of seismic phenomena need not, therefore, bar the island as a resort for the timid and the neurasthenic any more than the evidences of an Ice Age in Ohio should cause an exodus from that State of all persons affected with weak chests.

The dietary of Jamaica is characteristic of the tropics, but the cuisine *a la Creole*, instead of presenting any difficulties in the case of dyspeptics, is rather to be indicated for such patients, owing to its simplicity. Tropical fruits and vegetables are largely used in the native cookery, together with fish, fowl, and shell fish.

Butter and grease occupy a very small part of the daily menu; sweets and spiced confitures being substituted in their place. The products of the guava fruit, the ginger root, the mango, the lime and the tamarind, adequately supply the place of butter and the richer animal sauces. The water of the green cocoanut is found to be very refreshing and also nutritious. The citrous fruits, particularly the orange, the pomelo and shaddock, together with the plantain, the banana, the yam, the breadfruit, and the root of the sweet cassava, form a chief part of the diet, and, while furnishing a large supply of aliment, are piquant in the extreme and very easy to digest.

In this connection the use of alcoholics is to be avoided. The northern visitor, whose appetite is in a normal condition, develops an inexplicable repugnance very shortly after his arrival for the very beverages which, in moderation, seemed indispensable in the North. Unfortunately many who visit the island are not in a normal physical condition, and feel a morbid craving for alcoholic stimulants, which, if gratified, leads in that climate, to results ruinous to the health and even the life of the individual. The island furthermore produces within its shores one of the most seductive of alcoholic drinks, a beverage which, whether taken "neat," when it resembles some of the more exquisite liqueurs imported from France and Spain, or in the form of rum punch, produces a false elation while it surely undermines the resisting powers of the constitution, so that the misguided subject of indulgence readily falls a prey to intercurrent disease. In the literature of epitaphs, in which Jamaica is especially rich, boasting of cathedrals more than three centuries old, and still dingily emblazoned with armorial bearings, and the virtues of British heroes, this little personal drama of cause and effect has been for three centuries referred to invariably as "the fell West Indian fever." In the enlightenment of science as well as justice to the fever, it may be gently and sympathetically hinted here that a great deal of the historic fell West Indian fever of the past was coincident with from five to ten bottles of rumbullion per diem. Indeed, I heard only the other day of a case of a young gentleman from over in Barbados who actually drank himself to death upon a daily indulgence with which he had never been incommoded when in England. While a reasonable temperance is to be advised, therefore, in the North, countless object lessons of this sort imperatively point out that entire abstinence is necessary in the tropics.

In speaking of Jamaica as a winter resort, it must not be forgotten that it offers equal inducements to the resident of such cities as Chicago and New York during the hot months as a summer resort also, for in the higher altitudes of the mountains it is comparatively cool all the year around. Not the least important

factor to be taken into consideration in enumerating the conditions which render Jamaica at any season an acceptable refuge for the invalid is the complete contrast which it presents to the social conventions of the North. The moral effect of novelty, and the efficacy of an entire change of domestic arrangements, though incapable of accurate representation, has been found to be exceedingly great, and exerts a strong influence in furthering the recovery of the convalescent and the debilitated.

A life that has gradually fallen into one monotonous groove of habit, unbroken from year to year, is inimical to the health and development of the person; and the ill effects of an existence which is sterile in all that makes the experience of life worth living, soon manifests itself in lowered resistance and increasing nervous irritability. This is inevitable with the hideous machine of modern commercialism. When a community lives according to a schedule, with habits formed upon a rectilinear diagram, and in cities built upon the architectural plan of a piece of furniture, a stage of mental and physical decadence is soon reached when the wise micro-organisms instinctively swarm up from the ground and produce one of those *epidemics of decay* which are impossible and never occur in a virile population. They are not as quick, however, these fatuous victims of the absurdities of modern civilization, to hear the warning alarm of Ruin, as was Dr. Faustus, who long ago sold his soul at a much better bargain.

Variety is essential to perfect health. A life in Jamaica presents every moment some additional variety to the resident of the North. Not only the perfumed air, the tempered warmth of the sun, the pure water and the simple food join together to produce the general salubrity; but also the Acadian scenery which delights the dullest eye, the music and the color of the native life, which calls back the gay heart's content of an *Idyllium of Theocritus*, the blue Caribbean, ever shining and shimmering in the sun, the intoxicating odors of the coffee blossoms or the orange flowers from the hill, the rich scent of the night-blooming Jasmine, wafted softly in through the jalousies as one falls asleep in the starlight; all these, and a thousand other snatches of sound and glimpses of color wrap the soul in a foil of Elysian solace and crown the weary, world-sick spirit with a wreath of rest. — But these less tangible considerations are, in the words of the theologians, "a matter of experience," and possibly a part of the end which this paper has in view may be gained by giving my own.

Jamaica is undoubtedly the most beautiful spot in America; though Costa Rica (actively engaged in making military history) has its votaries, and Haiti (with the same sort of a history well made) its warm admirers. The awe felt by Columbus when all

day long he looked out over the waves towards those embattled mountain peaks towering grandly above the summer sea, each in turn must feel when first his eyes are greeted by that magnificent spectacle. And it was from this sight at early morn, when the downy clouds in masses of pink and white still lay softly piled upon the purpled Caribbean that I was called by that intolerable pest (the steward's assistant) to partake of strong coffee and something fried! A man should observe some degree of temperance, even in doing his duty. But this misguided individual had been, to my own knowledge, more than once guilty of awful excesses—of duty. A conscientious person, however humble, endeavors in a quiet way, to avoid this sort of thing.

Very soon the cocoanut palms could be seen along the shores beneath Chateau Vert, and the ship came slowly gliding among the wave-lashed coral reefs into Port Antonio, the chief harbor on the north coast, and the refuge in the past of more than one filibuster. Having satisfied the Customs officer of my integrity (a feat which I have always found exceedingly difficult at Quebec and Niagara), I gratefully landed and proceeded to explore the city, not so much in the scientific spirit as with that bewilderment which an unsophisticated person feels upon witnessing a very spectacular ball-t. Indeed, the scenery, the architecture, and the inhabitants possessed that charming air of unreality which one meets in the canvas scenes of the drama. Fallen mansions of heavy stone masonry, green with the moss of age, roofless and overgrown with vegetation, called back the opulence and glory of a century that is passed. Such spots of municipal gangrene were extraordinarily numerous. In the more animated portions of the city the streets were very narrow and winding. Swarthy men and women stood in groups in the middle of the thoroughfare, brilliantly clad in pink, blue, purple, green, and orange. The men carried gleaming *machetes* in their hands, and the women bore calabashes of water or baskets of fruit upon their heads in the Oriental fashion. Some music, many cries, and much barbaric laughter rendered the lazy air vocal, while, in spite of a certain amount of trafficking, there was a general suggestion of infinite leisure. The ear was rested and the eye was soothed.

Under a spell I threaded the narrow ways, taking occasional glimpses into the little shops, strongly reminiscent of a Byzantine bazaar. The warm land breeze, so soft, so aromatic, was perfumed with the spicery of the Indies. An orange fell at my feet from the branches of a tree in whose amber shade I hesitated for a moment to wipe my brow. From a plantain thicket I heard a girl softly singing. As I stood on the old stone arched bridge overlooking a crystal stream, whose limpid waters must have surely gushed from the Fount of Bandusia, an old-time carriage

with a postilion passed in all the pomp of summer dust, and it seemed as if I might be back in the days of Belinda. Then a wild-faced individual in white turban and loin-cloth hailed me, O Sahib! and I remembered that since the days of slavery many thousands of coolies had been imported from Hindostan to perform a similar function. Soon I was beyond the city landmarks, with the rugged mountains on one side and the Caribbean on the other. Nestling among the thick bay trees, little wicker-work cottages, resembling large baskets, and hastily thatched with palm leaves, indicated the humble habitations of the natives. No grinding sound of labor and commerce grated discordant upon the ear, no vulgar advertisements of the necessaries of the kitchen met the disgusted eye. The goats, followed by their little kids, clambered among the rocks. The fishers in the bay shouted blithely to one another, as the fishers do in Sannazarius, but very seldom off the Cape Cod coast. And here, reaching back from a clump of delicate bamboo, was certainly the Vale of Tempe, fanned by zephyrs. I soon was made aware of the grief of Syrinx, too, but it is somewhat apart from the purpose of this paper to describe the directness of a Jamaica courtship.

Unfortunately a mile-post beneath the ponchionas reminded me of distance, though I had quite forgotten time. In this rich draught of first impressions my exhilaration was not unlike that of a young miss at her first ball, who wishes wistfully that the incomparable function might go on forever. My acquaintance with these new bucolic friends grew apace, and in the case of the nymphs was, I may say, especially gratifying. Some of these, like the Queen of Sheba, were dark yet comely, and were as outspoken of their deeper emotions as was the distinguished lady mentioned. To a man like myself, who has always been admired rather for his lofty moral qualities—and attainments, than for his comeliness (and I do not say that I have in the past felt that this neglect was altogether just), it is refreshing to n e to be naively designated as a very handsome gentleman. Those were her very words. I am of the firm conviction that these simple people of the South display excellent judgment in matters of this kind.

Often on my way the tinkle of a little bell would startle me as the donkeys with their panniers were driven by, sometimes with a sleeping infant in one of the baskets. The hotel at Port Antonio is situated upon a high hill, with the blue waters upon every side, the grey fort beneath, and the light-house on the neighboring promontory that looks away to the faintly-seen mountain line of Cuba, hovering like a pallid ghost of Atlantis over the mystic sea. Entrenched by the flaming foliage, crimson, orange, and purple of the croton bushes, and sheltered by the dark, solemn shade of the mighty mango, this building of the tropics looks down upon the

quaint town beneath. The dining-room where I took luncheon opened by forty doors upon the broad piazzas without, and the table, which shone with the brilliant hues of tropical comestibles, was dressed with fresh-cut ginger lilies and Damascus roses, whose petals, to the dignified consternation of my ebon cup-bearer, fell into my *café noir*. And there were no flies, somehow, which seems very strange to me, for I should think that it was a place where flies would like to go. Surely it cannot be that the flies in Jamaica are more sensitive in the matter of going where they are not wanted than they are in America.

This famous hotel is regarded by the simple shepherds with whom I had been lately walking as Olympus, and with the Buck-ras of the dominant race my knowledge next began to grow. Can I ever forget those pleasant faces? Never, I am sure, though out of decorum I shall try here, at least to forget their names. First there was my friend, W. C. Davis, the *deus ex machina*, who used, in a far-off, pre-tropical existence, to live in a booming town out in Iowa, not far from my own American home in Nebraska. Would now that I could sit, while the light waned from gold to purple, and smoke with him the black Machada or the Quesada, redolent of dreams. Would that I could swim with him in that enchanted spot, consecrated to the white-bosomed Naiades, where the water shines like a beryl within the moaning reefs—and Pedro, the faithful, to row us home! Would that I could now “boot, saddle, to horse, and away!” Away, up the steep mountain paths, with the towering mountain walls of rock on one side, grating the awkwardly-bent elbow, and the abyss of a thousand feet yawning beneath the horse’s lifted heels on the other side. The misty passes in the blueness of the shining distance, the sea gleaming like burnished steel and the scream of the brown vultures overhead! I will not evade the confession made then, that I would have enjoyed those rides very much more if I had not been so “anxious;” but I still think that my companion had no conscience, artificer of terror that he was, when he instigated my charger, by some dark means known only to himself, to gallop. Then, yes *then*, could I feel the chill breath of black Cara who sits behind the horseman. However, he knew the horse, and I have lived to repeat—the accusation.

And there was the judge, fixed of habit, who, like all Englishmen, approached his dinner solemnly, and would have been interrupted as soon, when so employed, as would the priest whose hand runs blood at the sacred sacrificial altar of his god. And the brilliant young barrister, too, with whom I talked a deep philosophy. And the stern chief of the Constabulary, I remember, terrible to the evil-doer, but gentle and benign to such as me; the beautiful young bride and her husband, the physician, with whom

I shared hot Scotch and the latest additions to the germ theory; the supercargoes, also, dead shots all with the cue; the manager of the Grand Company, long ago a sea captain and now a magnate, of many benefactions; and, far from last in remembrance, the American millionaire (in coppers) who thought as little of chartering a steamship as of ordering a cup of coffee—opulent friend, I know not which sparkled the brighter, thy champagne or thy irresistible stories; yet would I rather, much rather, have known thee on Titchfield Hill than on Wall Street.

The best railway in the West Indies traverses the Island of Jamaica, and under governmental management, is proving efficient in every way. The journey by rail to Kingston, the new capital, is through scenery of singular beauty, and follows the valley of the Rio Cobre. Kingston is not a particularly interesting place, and from Rum Alley to Tulip Lane possesses a reputation for heat and almost lethal odors. There are a couple of Government Hotels here (run by the Jamaica Government as prisons and asylums are run by other governments, and attended, in the running, by a similar amount of public criticism and complaint) where one can feel that security, when he eats his breakfast, which one ought to feel when under the protection of the government. The Queen's is less magnificent in its pretensions than the Myrtle Bank Hotel, which is built in the Spanish form of architecture, with a great inner court, and a garden in the rear, which slopes down to the sea, beneath whose waves lie deep the sunken streets of old Port Royal and the golden ingots of the Buccaneers.

Wearily soon of this colonial port of call, I eagerly sought the mountains, going first to Mandeville. It is cool here all the year round. The May Day Mountains lie away to the east, the Don Figuerero hills stretch northwards, and the Mocha range southward. The Brooks Hotel will be found a most comfortable retreat, and here one may increase his knowledge of West Indian politics and hear beforehand those impassioned letters of Louis Lindo, which, at crucial historical moments, appear in the public prints. Near Mandeville, too, an astronomer has already set up his telescope. The local Quality abounds here, and one is vaguely reminded sometimes of an almost forgotten world where a class of human beings display a propensity to be fashionable. Perhaps it was only a passing fancy, though I am hardly sure; for my own part I spent my time in solitary rambles, or drives, and loved rather to stand on the brown barbecues and look away to the hills beyond the coffee plantations and orange groves, growing dark beneath the violet skies of evening.

Later I went on to the Santa Cruz mountains, where there is also excellent accommodation for the traveller. Here the air is even finer than at Mandeville; and no one who has enjoyed the privilege will forget a ride with Ambrose Lawrence along the steep

mountain paths, or the coffee, enriched with goat's milk (the only way to drink it), of the matchless view from his barbecue on the lofty brow of Torrington Hill, where, half a mile sheer beneath one's feet is seen the Caribbean, stretching southward, and the ships, like slow black flies, lying upon its still surface, and far, far away, Negril Point, beyond the white porticos of Savanna la Mar. The summits of the Santa Cruz mountains are thickly wooded with pimento and logwood, and I am indebted to my kind host, Mr. Charles Isaacs (whose then impending election to the Executive Council was, I hope, successful) for more than one pleasant drive about this little kingdom of the sky.

Subsequently I made a journey to Mount Diablo, which stands sentinel over Saint Thomas ye Vale. Here at the Moneague Hotel I had another experience of mountain scenery. There are immense caves and sink holes in this region, in which even rivers are engulfed, to appear again miles away. And here it was that I met Steve Chalmers, a colleague in indentures to the thankless Muse. Dear Busha of Mount Diablo, forget not the simple song of thy musky vale—

“I 'tan upon de hill top and looka de moona.”

It was here, also, that I took the forty-mile drive down the sombre Fern Gulley to Ocho Rios; on to Seville, the Golden, the site of the ancient Spanish city which was destroyed, mayhap, by French corsairs, though evermore “History leaves a vacant page,” and homeward in the night, when the giant ceibas loomed black in the light of the moon.

These three are the chief mountain resorts in Jamaica. There are many towns upon the shore, but the accommodations for strangers are so abominable that the writer hesitates to assume the responsibility of recommending a sojourn in any of them; though, in spite of these disadvantages, he enjoyed exceedingly his stay at Montego Bay. The sea bathing here, both on the “White Sands” and in the shadow of “Doctor's Cave,” is such as very few may ever hope to experience. The water is startlingly transparent, and the bottom can be clearly seen fifty feet below. The city itself, those who have visited Italy say, resembles Naples; and if this be true Naples must, I admit, be a surpassingly beautiful city.

May it be my lot again to rest in the shade of the olive and the almond, and partake of the red “mazine” with the friends I left at Montego Bay. Then in the warm, golden days of sweet December, when the low hum of the bees is heard; in the logwood blossoms, and the sambo girls are gathering the crimson ackee from the branches, my ship shall come again—shall come again! And they will raise their heads, my friends, and drive down their ponies to the shore when they hear the rattle of our anchor chain.

Public Health and Hygiene.

... IN CHARGE OF ...

J. J. CASSIDY, M.D., AND E. H. ADAMS, M.D.

THE DIAGNOSIS OF SMALL-POX.

THE following circular has been issued by the Provincial Board of Health of Ontario to Physicians, Medical Health Officers and Members of Local Boards of Health of Ontario:

TORONTO, *March 6th*, 1901.

GENTLEMEN,—In view of the alarming spread of small-pox during the last month, owing to mild cases of the disease having been diagnosed as “chicken-pox” or other disease, the Provincial Board sends out this circular, which it is hoped will be of use to physicians in diagnosing mild cases of this disease with which few nowadays are familiar.

The following particulars will recall the chief diagnostic features of small-pox as seen in such a case as Fig. 1:

1. A prodromal period of more than 24 hours with headache, pain in the back and vomiting.
2. The rapid abatement of prodromal fever and malaise after 24 hours and until the appearance of the secondary eruption.
3. A primary erythematous eruption or rash, especially covering the abdomen.
4. The appearance on the third day from onset of the papular eruption with its firm shot-like feeling, and the tendency of the eruption to appear especially on exposed surfaces, as face and wrists, notably on forehead and about nose and lips along with an increase of temperature.
5. The appearance early of a red areola around the vesicles, which appear first in forehead, face and wrists, and pass gradually downward over the body, becoming mature and pustular by the fourth or fifth day with the typical umbilication.
6. The appearance of the eruptive vesicles on the roof of the mouth and fauces—this being of special diagnostic value.

The rodent character of the pustules and the subcutaneous inter-cellular infiltration serve to complete a picture, which—if taken with the fact that it is a disease attacking adults equally with

children, along with a history of probable infection—will cause in most instances the diagnosis to become easy. But modifications of the disease have not been uncommon in the wide-spread outbreak of small-pox which has prevailed over the United States and Canada within the past two years.



FIG. 1 (CONFLUENT).

Some of these are the following:

1. Some cases have but little prodromal fever; some have pains in back, some do not; some vomit, some do not.
2. In some the eruption without shotty feeling appears altogether, and disappears with one crop; in others there is the shotty feeling with occasionally another crop of vesicles.

3. All the secondary eruptions are papular in the first stage (there being seldom any primary rash) and may become vesicles within three days; some abort at this stage and dry up, while others become semi-purulent, marked at the apex with a dark spot, but with no notable umbilication.

4. In some there is no secondary fever.



FIG. 2 (SEMI-CONFLUENT).

Such are some of the notable variations in type, but it may be said that the history of exposure and the progress of the disease from its onset, are commonly so normal, and its variations from chicken-pox usually so distinctive, that there need be no hesitation in calling the disease small-pox. Fig. No. 2, taken from a case at

Toronto Junction, February, 1900, though not a good photograph, having been taken from outside a window, well illustrates the difference from a case of chicken-pox such as that seen in Fig. 4. Except No. 2, the several cuts are of cases referred to in a paper by Dr. William M. Welch, of Philadelphia, who has charge of the city hospital for contagious diseases.

It is thus apparent that while in some cases there is, from the purely clinical standpoint, great difficulty in arriving at a right



THE SUDBURY CASE.

conclusion, yet by a process of exclusion, together with a history of the case, few mistakes in diagnosis will occur. Thus the primary erythematous rash may suggest scarlet fever, but in this disease the rash usually first appears on the chest and neck, and the throat will show the anginose condition with the congestion of the lingual papillæ, instead of the beginning of papules of the roof of the mouth, characteristic of small-pox. Moreover, scarlet fever is characterized by its sudden onset and the absence of prodromata. Varicella (chicken-pox), see Fig. 4, similarly, is sudden in its onset, with no distinct rise of temperature before the

rash begins to cover the body, especially first the parts covered with clothes, and the vesicles are filled with serum within 24 or 48 hours, and thereafter decline, but presenting a succession of crops seen in every stage of development. Measles has its preceding congestion of the respiratory mucous membrane, its croupous cough, and suffusion of the eyes.



NO. 3 (MILD SMALL-POX).

In conclusion, it may be suggested that wherever any doubtful case occurs in the practice of any physician he will best consult his own comfort and interest by reporting his suspicions promptly to the Local Health authorities, who, knowing their responsibility, make it a regular practice to report to the Provincial Board, and



No. 4 CHICKEN-POX.

in the meantime isolate the case, vaccinate the family and others exposed, and await the progress of the case till its true nature is finally determined.

We have the honor to be,

Your obedient servants,

H. E. VAUX, PETER H. BRYCE,

J. J. CASSIDY, W. H. OLDRIGHT,

Committee on Epidemics.

P.S.—In the instance of any doubtful rash, it is wise to vaccinate the patient immediately and isolate him for a week. If vaccination with good lymph fails, the case most probably is small-pox.

American Congress of Tuberculosis.—It is announced that the second annual meeting of the American Congress of Tuberculosis will be held at the Grand Central Palace, in the city of New York, on the 15th and 16th days of May, 1901, in joint session with the Medico-Legal Society of New York. A dinner will be given to the members and guests. It is proposed to open a Museum of Pathology, Bacteriology, and Public Health, with an exposition of electrical and other instruments; with the use of the power furnished at the building, which is intended to be made most complete, educating and attractive; of all appliances used in any way in arrest and treatment of disease. Many of the leading manufacturers have enlisted already, and the display will be on an extensive scale. The objects of the Congress will be to exchange the information and experience gained throughout the world, as to forces and methods most available for the extermination of consumption, which at the present moment is a disease, the most destructive of human life of any that now afflicts humanity. The medical profession of all countries will be invited to contribute papers to be read before this Congress, in their behalf, by a committee selected for that purpose, in case of the inability of the author to attend, and to enable those who could not hope to expect to be present to participate in the work and usefulness of the body. As the questions to be discussed involve remedial legislation, legislators, lawyers, judges, and all publicists, who take an interest in the subject, are also invited both to enroll and contribute papers. The papers should be forwarded to the Secretary on or before the 15th day of April next, and the title of the papers forthwith, to facilitate classification, as the time is short. The enrolling fee will be \$3, entitling the member to the Bulletin of the transactions free. The complete list of officers and committees will be announced as early as possible. The preliminary announcement is now made to obtain the names of those who will co-operate in the Congress, and an early classification of the subjects and titles.

STATEMENT OF CASES OF SMALL-POX IN THE PROVINCE OF ONTARIO TO MARCH 8th, 1901.

COUNTY.	MUNICIPALITY.	CASES.	DATE.	SOURCE.
	Little Current.....	4	February 20.....	Local.
	Fort William.....	1	January 7.....	"
*Algoma.....	Sault Ste. Marie.....	5	December.....	Michigan.
"	†Batchewana.....	4	".....	"
"	†Goulais Bay.....	2	January, 1901.....	"
"	†Michipicoten.....	1	".....	"
"	Massey.....	7	February.....	"
"	Wahnipitac.....	2	".....	"
"	†Indian Reserve.....	11	January.....	"
"	Sudbury.....	30	".....	Unknown.
"	Chelmsford.....	4	February.....	Sudbury.
"	†Stobie.....	4	".....	"
"	Copper Cliff Mine.....	3	".....	"
"	†Pennefather Tp.....	2	February 20.....	"
"	†Whitefish.....	1	March 1.....	"
"	†Victoria Mine.....	1	February 19.....	"
"	†Worthington.....	1	March 6.....	"
"	†Ramsay.....	1	".....	"
"	Thessalon.....	1	".....	"
*Carleton.....	Ottawa.....	1	February.....	"
*Huron.....	Goderich.....	1	January.....	Wisconsin
Haldimand.....	Cayuga.....	1	March 3.....	"
*Lennox.....	Ernestown.....	1	".....	"
Middlesex.....	London.....	5	January.....	Detroit.
Muskoka.....	Bracebridge.....	2	February.....	Sudbury.
"	Sturgeon Falls.....	1	".....	"
Norfolk.....	Walsingham, S.....	1	".....	Michigan.
Northumberland.....	Scymour.....	1	March 4.....	"
Manitoulin.....	Nairn Centre.....	1	February 24.....	Local.
Renfrew.....	Barry's Bay.....	1	March 2.....	"
"	Eganville.....	1	".....	"
"	Rutherglen.....	1	".....	"
"	Pembroke.....	1	".....	"
"	Renfrew Town.....	5	February 25.....	"
"	Adamston Tp.....	3	".....	"
"	Brougham Tp.....	3	".....	"
*Simcoe.....	Penetang.....	1	".....	Unknown.
*Thunder Bay.....	Strevel's Camp.....	11	January 20.....	"
York.....	Toronto.....	5	February.....	Sudbury.
		131		

The * indicates the places where the outbreak has been stamped out.

The † indicates the unorganized districts.

These outbreaks have been suppressed in 8 places, leaving 113 cases of the disease.

Medical Jurisprudence and
... IN CHARGE OF ...
N. A. POWELL, M.D., AND W. A. YOUNG, M.D. *Toxicology.*

INAUGURAL ADDRESS AS PRESIDENT OF THE MEDICO-LEGAL SOCIETY.

BY CLARK BELL, ESQ., LL.D., OF NEW YORK CITY.

FELLOWS OF THE MEDICO-LEGAL SOCIETY:—There were many reasons why I should have preferred not to have again assumed the high office to which you have so kindly called me. The demands upon me at this moment are unusually pressing and absorbing of time. It seemed to me that a new man at the head would have been more successful than I can possibly hope to be. But my requests were not heeded, and I am still under renewed obligations for your kind and enthusiastic support.

I feel so much indebted to this body for such continuous loyalty and fidelity in aiding the efforts of all my colleagues, which have resulted in its present proud position, that I cannot ignore its mandate, and it is with renewed energies that I again take up the labors, and reassume the standard, which you have so many times entrusted to my keeping.

The New Century.—It is no light task, for any one who has studied the progress and growth of the century just closed, in its relation to the science of which we are students, to assume to lead our thoughts, studies and aspirations even, to the new century we are entering to-night. We are upon a threshold, where we must look forward ever, always forward. We must not look back, except for the purpose of replenishing the lamp, which is to guide us in the coming days, with the oil of experience.

We may also, I hope, be permitted, in the brilliancy of the glamor that surrounds the opening of the new century, to glance at the wondrous record of achievements of the past, to fill us with a more robust conception of what history will demand of mankind in achievement in the coming one.

The Past Century.—I cannot stop to-night to even recapitulate the magnificent strides that have taken place in the science of

forensic medicine in the last hundred years. This will be done by abler hands than mine.

Chemistry has outstripped all the sciences, by those wondrous achievements so related to the welfare and advancement of the material needs of the race. It has blotted out the word "agnosticism" from that domain of science. It has not left men room to doubt or to live by faith alone, because its demonstrations have overwhelmed and convinced the world.

The simple discoveries relating to the manufacture of steel, in the closing years of the nineteenth century, in its effect upon the construction of railways, implements, machinery, bridges, steamships and architectural structures, more than all other factors combined, have been at the base of those gigantic and splendid achievements that have borne as a fruit the wondrous development of our continent, and helped to bring the energy and the versatile inventive genius of the American people into the recognition of the world.

Such names as Edison and his confreres have furnished a light by electrical discoveries that has illumined these stupendous results with a glory more resplendent than that of the sun at midday.

I shall not stop to recount the wondrous achievements in science due to discoveries in light, steam and electricity, in which the American nation has borne no mean part, but shall simply say, that it may with safety be urged that the advances of science, along the lines of discovery in relation to the growth, development and civilization of the race, in the nineteenth century of the Christian era, exceed the sum total of all the centuries preceding it combined.

I feel that we must, therefore, approach the threshold of the coming century, if we expect to even equal it (much less to excel it), with bowed heads and reverent hearts.

Our Relation to the Work of the Past Century.—The historian of the century which has just closed will be in no doubt as to the value and importance of the labors of the Medico-Legal Society, in advancing the science of medical jurisprudence, since its foundation. These labors are now history. Its publications and contributions its members have made and inspired, in the last third of the century, have entitled the body to that public recognition which the ablest thinkers in forensic medicine of the world award it to-day, and whose verdict will be ratified by those who come after us.

The Work of the Past Year.—The greatest work of the year has been, probably, that of the Psychological Section, which its Annual Report will give in detail.

The report of the Section on Medico-Legal Surgery will also give details as to the progress of military, naval and railway sur-

gery, and the remarkable progress the latter science is making on this continent, and its recognition at the International Medical Congress of 1900, held at Paris, by representatives of this body.

The work and labors of the American Congress of Tuberculosis, held in February, 1900, and contributions made since, working in conjunction with this Society, produced most important contributions to the literature of Tuberculosis, which will fill a volume of its transactions, published under the auspices of this Society, in a bulletin, published in two parts, Part I. of which is now ready for members, and Part II. of which will be completed during the coming year.

The Executive Committee of this Society, at the January Session, recommended that the Second Annual Session of that Congress be held on the third Wednesday of May next, and those members who wish to contribute papers for the coming session, should furnish the titles to the officers of that Congress at an early date, to facilitate the preparation and classification for an initial programme.

Medical Jurisprudence at the Paris International Medical Congress.—There was no International Congress of Medical Jurisprudence held at Paris, on the occasion of the Exposition of 1900, as there was in 1889. This was, as it seems to the students of forensic medicine in America, a public misfortune. The science, however, was not wholly ignored.

Legal medicine was made the subject of a section, in the International Medical Congress of Paris, 1900, which embraced some of the more important subjects, which was splendidly officered, and exploited by men of science selected from all lands throughout the world.

This section was under the chairmanship of Prof. Brouardel, one of our honorary members, and the most illustrious name in France, if not in the world, in toxicological as well as other medico-legal studies, and Dr. Motet, the permanent secretary of the Medico-Legal Society of France, who occupies a place in the front rank of the alienists of France and medico-legal jurists.

Neurology, mental medicine and psychology was awarded a section under the charge of the ablest men of that domain of forensic medicine, to which contributions in this department were referred. At the head of this committee was placed the most luminous name among the master teachers of mental medicine of Paris, if not of the world, Dr. Magnan, of St. Anne, Paris. An auxiliary committee was organized by the president of this Society, at the request of Prof. Brouardel and Dr. Motet, chairman and secretary of the Section of Legal Medicine, which committee secured a large number of contributions to the various branches of forensic medicine.

Governmental Representation.—The government of France made a request of the American government that delegates, representing the government of the United States, be appointed to attend that Congress. This Society was greatly honored, and its usefulness recognized, by the appointment of its president as delegate to that Congress from the government of the United States.

It is but an act of duty to state that this delegate was treated by the International Medical Congress and its sections with the highest respect and consideration. He was made one of its honorary vice-presidents, and the same courtesy extended in those sections relating to forensic medicine; and to add, that the stimulus given to the science of medical jurisprudence by the International Medical Congress of Paris, in 1900, will long be felt in the world; that France has given a new lustre to that glory, which has everywhere been awarded her, for the splendid example that her government has given to the nations of the world, by her constant splendid aid and support to the advancement of science.

When the American government shall have advanced into a recognition of this truly splendid and magnificent work that the government of France has done for science; when the American President shall see the proud and exalted position France has occupied in the eyes of all the civilized world, with the brilliant illumination presented, by an exposition of unparalleled success in the field of science and art, and shall have emulated and followed it, we shall see some of the crowning glories in store, in the new century, in the destiny of our country.

The American government should, like the government of France, throw the whole force, might and power of the nation into the scale, in aiding, sustaining and promoting the sciences. It is this superb, splendid action, due to the sagacity and wisdom of the rulers of France, that has placed France in the vanguard of nations, in the highest achievements of human civilization, and the advancement of arts of our era. We can look upon her magnificent success, but we must follow in her footsteps with the great resources of our country, before we can ever overtake her.

I point to the day, early in the present century, when America, along the lines that has made France resplendent in advancing the civilization of mankind, will outstep and exceed her; because our resources are so much greater, our country so much larger and more expanded, and our eyes more largely opened to the needs of the power and material support of the government for the promotion and development of all the sciences, and success of the useful arts, so closely identified with the growth and the prosperity of the nation.

The Unwarranted Use of Arbitrary Power by the Governor in Removing Officers.—There are some public events that ought

not to be ignored, and which I deem it my duty to bring to your attention. The retiring governor has, in the closing days of his term, removed from office two gentlemen, one of whom is an active member and one a corresponding member of this body without a trial, refusing to listen to evidence, which it is claimed by each was an arbitrary and unwarranted use of power—the one, the president of the State Commission in Lunacy, a gentleman of the highest character in the state, which leaves him remediless at law, as the law is now construed, and with a reflection upon his private character; the other, the district attorney of the county of New York, a gentleman of high social position and an unsullied reputation. The publicly assigned reasons for the last removal are such as probably would not justify a court of justice approving of the removal, if the question could, under existing legal procedure, be brought before a judicial tribunal. In the case of the latter, the people can be asked to pass upon the merits of the case at the polls at the next election, and will probably be so called upon. In the former, the office being an appointment by the governor, by and with the advice and wish of the senate, the people cannot be called upon to pass upon it.

The incoming governor, who has already inspired men of all parties with great confidence, both in his wisdom and courage, and in the purity of his motives, would have a right to review and re-appoint the late commissioner, but might not feel willing to do so, in case he should decide that the action of the late governor was legal, and that a vacancy existed. But there are circumstances attending the case that may require him to examine into the facts, especially as the present law limits those who can hold this office to a few individuals. The act limits the governor in filling this office, if he should regard the action of his predecessor legal, and as creating a vacancy, to a very few men of a class created by the act, which is probably in violation of the state constitution. Outside of the superintendents of hospitals for the insane, who are already in official positions, there are probably not five persons in the state who are eligible to hold this office under the present law. This provision of the law, if constitutional, should at once be changed and repealed, and the present governor will doubtless so advise, and may withhold action until that is done. —

It is in violation of the spirit of our laws, that the governor of the state should be in any sense restrained or restricted, in the exercise of the appointing power, in securing the most fit person in the state for the office he is required to fill.

Under the Public Officers' Law, as to the removal of officers appointed by the governor and senate, a hearing is provided for, and either the governor may take the evidence, or appoint a justice of the supreme court or commissioners for that purpose.

The hearing being judicial in its nature, the respondent is entitled to be confronted by the witnesses against him, and has the inalienable right to produce witnesses in his behalf. The law contemplates that it shall be "*evidence*," not merely testimony, upon which the executive shall act. In the case of the state commissioner of lunacy, no evidence was taken. The method prescribed by law was not pursued for the judicial ascertainment of the facts. No witnesses were sworn on behalf of the state, as to any of the facts stated in the charges; and the requests of the respondent to be allowed to produce witnesses in his behalf were denied. If the governor did not act upon legal evidence; if he refused to allow the respondent to call witnesses in answer to the charges, and acted upon copies of letters that have been purloined from the private desk of the respondent, and which were not duly authenticated by evidence, as has been charged; the action of the governor would not be within the purview of the law known as the Public Officers' Law, and the action would be void and of no legal effect, and would not create a vacancy in the office.

The best friends of the late governor will doubtless characterize his action in these cases as indiscreet, unwise, and dangerous as a precedent. I have the honor to recommend that a committee be named by this body, to inquire into the facts and circumstances of these removals, separately, with full powers, and with power to send for persons and papers, and take evidence under oath; and that this committee be instructed also to report what legislation or changes in the constitution, if any are needed, to prevent a repetition of such occurrences, or what legislation or constitutional changes are necessary, in the state of New York, to prevent the removal of officers elected by the people, or appointed under power of the governor and senate, without a trial, or for partizan or personal reasons, or by the unwarranted use and exercise of an arbitrary power; and to provide for a review in such cases, by either the court of appeals, or such other tribunals as the legislature may provide for.

The present cases are of such a character, as apparently show the necessity of such legislation, or constitutional changes, as would protect the unwarranted and arbitrary use of power, without any provision for review, in cases like that of the chairman of the state lunacy commission, where the victim might be ruined for life, professionally, without the slightest chance for relief, trial, or review.

It is claimed by the late president of the state lunacy commission that his private papers were abstracted from his private desk, and that stolen copies thereof were in the possession of the governor on the hearing, which copies, unauthenticated by evidence, he acted upon; that he refused to allow the accused or his counsel

to see or inspect these for authentication; that the accused informed the executive that these copies, which he had in his possession, and upon which he acted, without any evidence as to their authenticity or genuineness, had been purloined from his private desk.

The action of the executive involves the elementary principles of law, and the rights guaranteed to the citizen under our constitution, and if allowed to pass unchallenged, and to stand as a precedent, might, in the case of an exciting political contest, where the power was exercised for partizan or personal reasons, create or incite to revolution, and put in peril the very elementary principles of law and of individual rights on which our government rests.

In calling your attention to this subject, I wish to entirely disclaim any partizan political feeling or motive. Men of all shades of political views are in our membership. It is an issue higher than any question of partizan interest, and we should divest our minds of all personal or partizan political feeling or prejudices, and our action should be wholly non-partizan in every respect.

Questions under Investigation.—Public questions of great interest, and of the highest importance, are in the hands of select committees of this body, to which I shall now call your attention in detail, viz.:

1. The release of Mrs. Maybrick.
2. Legislation regarding cremation as a means of concealing crime.
3. The present state of the law, and needed legislation regarding what is known as Christian Science teachings.
4. Questions regarding expert testimony and the introduction of standard works as evidence in the courts.

Other questions of great interest are now under consideration by this body, not referred to select committees, matters to which the attention of the members is desired.

The Present Membership.—On January 1st, 1901, on the active roll of members there were 507 names, on the corresponding roll of members there were 552 names, on the honorary roll of members were 13 names, making a total of 1,072 names, not including about 250 names that are on the suspended list for non-payment of dues, and not including the roll of Section members which is, Psychological Section 172 names, Medico-Legal Surgery, 98 names, total section members, 270.

Finally.—Let us assume the work and duties devolving upon us all, with courage and determination to spare no pains to make our labors in the future at least equal to those of the past, in the hope that in the new century we shall bear our part worthily and well.

Selected Articles.

TREATMENT OF TUBERCULOSIS BASED UPON RESULTS FROM PREVIOUS PATHOLOGICAL EXAMINATIONS OF BLOOD, SPUTUM, AND URINE OF PATIENTS.

FROM observations of a series of cases of tuberculosis which I have made, in cases which had been treated by various physicians according to their best ideas of treatment, cases which have been diagnosed by physical examinations, and cases the treatment of which was based upon results obtained from a pathological examination of the blood, sputum, and urine of the patient, I have come to be convinced that the latter class of pathological examinations if continued from time to time, are the best guide to help the physician and patient to a successful termination of this dreaded disease. There are many new remedies used in tubercular diseases which tend to prolong life, amongst which we find physiological and biological products derived from the animal organism. The anti-toxins, the anti-tubercular serums, the nuclein products, belong amongst the latter class of products. What effect these products have on the tubercle bacillus, or what tissue-repairing functions they may possess, can not be demonstrated by experimentation upon the lower animals alone, but such experimentations must be reaffirmed by clinical results obtained from their use upon the tubercular patient. I will not dispute that, were we confronted by a patient with a dry and irritable cough, profuse expectorations, temperature of 101 or more, pulse 110 or more, emaciated, no appetite, auscultation and percussion revealing a tubercular process, night sweats, and hectic fever, we would be correct in making our diagnosis of tuberculosis, especially if examination of sputum revealed the presence of bacillus tuberculosis. The majority of practitioners, if confronted with the above conditions, are satisfied to place their patient on the various medications indicated in tuberculosis, consisting of hygienic surroundings, special diet, tonics, cod-liver oil, and in many instances resort to anti-tubercular serum. Their methods of treatment are followed indefinitely, to be changed according to symptoms prevailing. Little, if any, attention is paid to the pathological study of the blood of the patient at the beginning of treatment to note what effect, if any, the treatment might

have upon the various blood-cells, and whereby the physician might learn whether he might look for a favorable or unfavorable prognosis of the case. Why the examination of the blood should be an important factor in the treatment of tuberculosis may be learned if we recall to our memory the structure and evolution of the tubercle. The bacillus tuberculosis enters the tissue or organ and strangulates or irritates the connective-tissue elements, causing proliferation of round cells resembling epithelial cells by their abundance of protoplasm. Infiltration with leucocytes, mostly mononuclear, from the surrounding blood-vessels follows, and this leucocytic infiltration represents the reaction of the vascular system to the tubercular irritation or infection. There is no need to further follow this subject, but in my belief, knowing the above facts, it is of interest and a necessity to learn the exact pathological condition of the leucocytes in the blood of a tubercular patient. If a leucocytosis is presented, we must determine the percentage of the mononuclear and polynuclear forms and of myelocytes, noting probable karyokinetic figures within the nucleus. We must follow the results thus obtained by an examination of the urine to learn as to what extent the leucocytosis is destructive. This we learn by the amount of xanthin bases and uric acid, and we may also learn that protective substances are liberated in the urine. In tuberculosis we generally meet with hypo-leucocytosis, or leukopenia, or a deficiency in the number of leucocytes caused by a disturbance in the distribution of leucocytes. Whichever of the above conditions confronts us, they deserve due consideration and thought prior to determining upon the treatment of the case. Modern physiology teaches us that whenever the first alarm of disease is sounded in the organism the leucocytes rush in increased numbers to resist any pathologic attack. Leucocytosis is not a diseased condition, but, on the contrary, it is a rallying of physiological units to the point of the attack, causing protection to the organism. By their phagocytic action, the leucocytes devitalize any foreign element introduced into the organism. Ordinarily the leucocytes appear as small roundish cells, but when stimulated to activity they change their form; they elongate, and force their way through the smaller and narrowest channels. At times they break, their nuclein is absorbed by the different cell-tissues of the body, or they form into one or more new leucocytes. This latter condition is a favorable one, and if produced on a large scale by means of medication, is of vital importance. The creation of new and active leucocytes is most desirable in the treatment, not alone of tuberculosis, but in all infectious diseases. The leucocytes possess the power to wander through the blood-channels at will. They will pass out of the vein-channels, through the vein channels, through the capillary walls, and will re-enter the veins. They ab-

sorb all proteids and waste matter; they attack, destroy, and digest toxic germs. They possess all the fundamental properties of protoplasm; thus when they divide and the protoplasm escapes into the surrounding tissue, it has the property of becoming a part of that tissue. The leucocytes supply the different cell-tissues with fresh building-up material in the shape of nuclein; they are the carriers and distributors of tissue pabulum. The use of the microscope is absolutely necessary along the lines of investigation in tubercular diseases to determine as to the most efficacious medication to be employed in the treatment of this dreaded disease. The cases which I cite here were followed up by the semi-weekly examinations of the blood, urine, and sputum. The treatment was regulated according to results obtained from these examinations, and I am satisfied the extra work and study have been beneficial both to the patients and myself. Good food, fresh air, and other favorable conditions must accompany all treatment. If your patient feels stronger and more vigorous in the poor, cold, thin air of the mountains, he should go there; if his vitality is renewed by inhalation of damp, salt air, he should select his abode near the seacoast. The same climate will not suit two individual tubercular patients. The physician should endeavor to find out from his patient which surrounding seems to give him the most energy and vitality, and should direct his abode accordingly. Thus I find that some of my cases prospered near the seashore, while others recuperated, aided by mountain air.

CASE 1. *First stage.* February, 1899. Miss D., age 19, father and mother died of phthisis, has been sick for the last few months, cough, with slight expectoration, loss of appetite, normal weight 125 pounds, now weighs 98 pounds, night sweats, hectic flushes.

Blood examination: Hemoglobin, 49 per cent.; red cells, 2,350,000; white cells, 7,200; a number of decrepit red corpuscles, small-sized and pale, poor in albumin and hemoglobin; no nucleated red cells.

Differential count of leucocytes: Polymorphonuclear, 80 per cent.; large lymphocytes, large and transitional, 8 per cent.; lymphocytes, small, 9 per cent.; eosinophiles, none; myelocytes, 3 per cent.

Examination of sputum: Pus-cells; bacillus tuberculosis, exceedingly numerous.

Examination of urine: Color, milky; reaction, slightly acid; specific gravity, 1,014; albumin, traces; sugar, none; diazo reaction, positive. Microscopically: Epithelial cells, pus-cells, few leucocytes and red cells, free fat drops, few uric-acid crystals, bacteria, and few tubercle bacillus.

Patient was ordered four Protonuclein tablets two hours before

meals and before retiring. This treatment was continued for eight weeks, during which time I saw the patient twice a week for the purpose of following up my blood, sputum, and urine examination. The former reveals a daily increase in young and active leucocytes, a gradual increase in red cells. The amount of tubercle bacillus decreases daily, and within three weeks of beginning of treatment no more bacillus is found. The urine is apparently normal. On the first week of April, 1899, patient weighs 119 pounds, a gain of 21 pounds. In eight weeks cough has entirely ceased, no abnormal sounds can be heard on auscultation and percussion. Since that time, up to this day, I have seen the patient repeatedly; feels entirely well, no return of any previous symptoms.

CASE 2. Second stage. February, 1899. Mrs. L., age 39, parents both died of phthisis, patient has been sick for about a year and has fairly lived on cod-liver oil and tonics, appetite poor, tubercular cachexia, severe cough, and profuse expectoration, loss of appetite, pulse 98 to 110, temperature always one to three degrees above normal in the evening, hectic flushes, normal weight 173 pounds, now weighs 131 pounds, tubercular deposit located in upper lobe of right lung, small cavity.

Blood examination: Hemoglobin, 42 per cent.; red cells, 2,600,000; white cells, 13,400; crenated and decrepit red corpuscles, poor hemoglobin, no nucleated red cells.

Differential count of leucocytes: Polymorphonuclear, 81 per cent.; large lymphocytes, 9 per cent.; small lymphocytes, 9 per cent.; eosinophiles, none; myelocytes, 1 per cent.

Examination of sputum: Pus-cells, bacillus tuberculosis.

Examination of urine: Color, pale straw; reaction, acid; specific gravity, 1.012; albumin, traces; sugar, none; diazo reaction, positive. Microscopically: Epithelial cells, pus-cells in clusters, leucocytes, and a few red cells, uric-acid crystals, micrococci, streptococcus, pyogenes, smegma bacillus, and bacillus tuberculosis.

Patient was ordered four tablets of Protonuclein before meals and before retiring. Within the first week I noticed that this patient did not show the improvement as in case 1. The second and third examinations of the blood also showed no such changes as were noted in case 1. It then occurred to me that Protonuclein exerts its physiological action directly upon the cellular element of the blood, and, furthermore, that immediately before, during, or after a meal there occur profound pathological changes in the blood, and that possibly the latter condition deterred the action of Protonuclein, and I at once decided to direct the patient to take the Protonuclein two hours before meals and before retiring. This caused an immediate change for the better, and subsequent experience has taught me that Protonuclein proves most efficacious if

administered half way between meals. The patient continued on this treatment for three months. After the first week's treatment a decided change for the better was noted, not alone by physical examination, but the latter was corroborated by pathological examination of the blood, sputum, and urine. Repeated blood examinations revealed the fact that Protonuclein increased the number of white corpuscles. It is necessary to state here that the precipitated leucocytosis differed in all respects from leucocytosis as generally found. Using the hot stage for blood examination and extending my examinations and investigations in each instance for one hour or more, I found that within one hour after taking Protonuclein the polynuclear leucocytes and leucocytes with karyokinetic nuclei became very active; they appeared to distend, and the nuclear forms divided into three or more distinct nuclei. In due time each one of the nuclei surrounded itself with a blastema and assumed the role, so to say, of a rejuvenated leucocyte with full phagocytic properties. If we recall the fact that the functions of the phagocytes tend to attack and destroy bacteria, it appears very reasonable to assume that in tuberculosis they attack the tubercle bacillus. The devastated surfaces previously inhibited by the bacillus are rebuilt by the nuclein of the leucocytes. Thus, by administering medication in tuberculosis, I believe we get absolute results by selecting organic products which tend to supply the leucocyte with an abundance of nuclein—more than they can ordinarily obtain from the digestive channels.

Returning to Case 2, previously reported, it remains to be said that the patient appeared in perfect health for months after beginning of treatment. Weight 162 pounds, menses had returned; patient sleeps and eats well, and is able to follow her daily occupation. I have seen the patient repeatedly during the winter, and though she had several attacks of slight colds, there is no indication of any tubercular disease. The above-cited cases are but two out of a series of thirty-seven cases, clinical reports of which show the value of Protonuclein in the treatment of tubercular disease. I must admit that previous short experiments with this organic product rather left me in doubt as to its therapeutic value, but I have learned that the proper administration of this remedy depends upon a close physical study of the patient as well as upon a pathological examination of the blood, sputum, urine, etc. At times an examination of the stomach contents is of great value, especially if general malaise, nausea, indigestion accompany diagnosis of tuberculosis.—*The Charlotte Medical Journal.*

A CASE OF MEMBRANOUS ENTERITIS SUCCESSFULLY TREATED BY THE USE OF CAROID.

BY E. L. BRAUNWARTH, M.D., MUSCATINE, IOWA.

PROBABLY in no other disease of the intestinal tract do we find the etiology and pathology so obscure as in the peculiar affection known as "pseudo-membranous enteritis." The disease was doubtless occasionally met with in practice, yet no distinct account of it occurs in the medical writings of the ancients, nor even in works dating down as late as the eighteenth century. Indeed, it was really not until the beginning of the nineteenth century that it had any recognized place in nosology. Arctæus, writing in the second century, speaks of the alvine discharges of dysentery as sometimes containing a substance of considerable length, which in many respects could not be distinguished from a sound piece of intestine, and which we regarded as the inner coating of the bowel. Similar erroneous views were held in turn, by Simpson, Morgagni, Lancisi, and Spindles; while Bauer, in 1747, discusses the subject under the title of "intestinal moles." These various authors, however, were evidently referring to the exudate (which occasionally assumes a tubular form) characteristic of the disease, which Powell, in 1818, discriminated from other affections having like general symptoms; and which has been specifically recognized under the term "membranous enteritis."

As to its cause, there has been in this, as in other diseases of obscure nature, much divergence of opinion. It has been found, however, that sex, in some way, exerts a marked influence, for in an analysis of one hundred cases, four only occurred in males. They who have investigated the subject to any extent, agree in the opinion that the victims of the disease are mostly women, between the ages of thirty and fifty, who have been subject to ovarian troubles or menstrual irregularities. Temperament, too, is evidently a very important factor, it having been observed that nervous and hypochondriacal patients are peculiarly susceptible. Any enervative influence, however, that degrades physical health and impairs nerve power, may be considered a causative agent; for those who are deficient in elasticity of fibre, compose all but a small percentage of the cases. But, whatever may be the determinative cause, perversion of nutrition and innervation of the gastro-intestinal canal invariably co-exist.

In regard to the exudate itself, some believe, as did Powell, that it is the result of croupous inflammation, though the membranous, ribbon-like mass, being composed principally of mucin

instead of fibrin, can hardly be considered croupous or diphtheritic in character. DaCosta and other observers were inclined to ignore the inflammatory nature of the disease altogether, believing that the true trouble is in the ganglionic nervous system—in the nerves presiding over secretion and nutrition in the abdominal viscera. The configuration of the exudate varies greatly in different cases, in some appearing as transparent, jelly-like masses, resembling white of egg; in others, as yellow-white, shreddy pieces, like macaroni; and in still others, as tubular casts of the bowel itself.

While the prognosis of this disease is not considered unfavorable as far as life itself is concerned, yet as regards permanent restoration to health and strength, the case is entirely different—such deep inroads upon nutrition and the vital powers usually being made, that the results of treatment, so far as yet reported, have been very unsatisfactory. As one writer states, however, it is evidently our duty in the treatment, “first, to remove the membranous exudation when it has once formed; and second, to correct the conditions upon which its formation depends by improving nutrition and invigorating the nervous system.” Hygienic measures should also be observed, the diet being graded to the ability of the stomach to digest and the body to assimilate, while bathing, massage, exercise and change of climate are all-important factors. In the following case the treatment was so eminently satisfactory that a brief report of it is submitted here to encourage investigation by others along similar lines:

Mrs. K., American, age 28, a pale, nervous, delicate woman, five feet two inches in height, and weighing ninety-seven pounds, presented herself for treatment for a disease from which she said she had been suffering two and a half years, the greater part of this time under the care of physicians. The patient was the mother of two children, aged eight and ten years respectively. She complained of the following symptoms: belching gas, bloating, and palpitation to a distressing extent after eating, irrespective of the character of the food, or whether she dieted or not. Pains in the abdomen were of a bearing down or colicky nature, especially before an evacuation of the bowels.

The patient stated that at one time she passed a ribbon-like mass of mucus, sixteen inches in length by actual measurement, which, when shown to a physician, was pronounced to be a tapeworm and treated as such. She said that when taking strong physic, none of the exudate appeared in the passages, but when she stopped it would always return. Growing constantly worse, she finally consulted me at my office, bringing specimens of mucous, ribbon-like masses, eight inches long, light gray in color, some of which were irregular in form and friable. She often

passed from one-half to one pint at a time, occasionally without pain; but most of the time there was pain of a colicky nature in the lower abdominal region on the left side, also in the uterus, ovaries, and down the limbs. After the administration of a physic, the mucous exudate would accumulate in the rectum and be passed first, then followed by the bowel contents, the latter being occasionally mixed.

The patient was always able to come to the office, although she complained of having "weakspells," especially at night when left alone—suffering with nervous chills, nausea, and occasionally headache and backache. Her menstruation was usually regular, while obstinate constipation was the rule. Such were the symptoms of which she complained; and, although for some time the rules of dieting were closely observed, and alteratives, such as Fowler's solution, were given; while tonics, such as iron, quinine, strychnin, etc., besides digestives, eliminators, and nerve sedatives (which were always necessary) were also prescribed—still these mucous discharges continued.

Routine treatment, as above described, had been persisted in for a number of weeks, without results; until, finally, one day, having noticed in Prof. Hémmer's work (*Diseases of the Stomach*, p. 346), favorable reference to Caroid, the digestive ferment of *Carica Papaya*, I decided at this stage to try it. I at once ordered the following in tablets, and requested the patient to report results:

R Caroid gr. j.
 Charcoal }
 Boric acid } āā gr. iss.
 Sig. Two tablets after each meal.

A few days afterward, she appeared with a smiling countenance, and stated that she had obtained more relief from that medicine than any other she had ever taken. I decided that, inasmuch as the Caroid with charcoal had done the work, it also should have the credit, and ordered a continuance of the treatment. She took the tablets after meals, as directed, with a warm water enema every night.

Nine months have now elapsed since this patient began her treatment with me, during the last four of which, though no Caroid and charcoal tablets have been taken, she has passed no mucous masses of any description. Her bowels are regular, food is thoroughly digested, she eats well, sleeps well, and is very thankful for the relief given her. This and other experience of later date has convinced me that in Caroid, we have a certain solvent of any and all organic matter within the alimentary tract, and a remedial agent of no ordinary worth and application.

The benefit derived from the use of Caroid ferment in this

case, would seem to have been due, *first*, to its enzymotic power to digest all classes of food products; and *second*, to its action in preventing the formation of the membranous exudate in the intestines, or in dissolving it when once formed. Its power to dissolve the false membrane of diphtheria is already well understood, and its action upon the mucous exudate in the present case was, doubtless, of a similar nature. Its special indication, however, in cases like that we are considering, is to supply the lack of chemical or physiological action on the part of the natural digestive ferments, the latter, as is well known, being always deficient in membranous enteritis. The result of this deficiency is maldigestion, with all the accompanying symptoms due to fermentation—nausea, flatulence, gastralgia, constipation, etc. Through the administration of Caroid, therefore, the foregoing symptoms are wholly ameliorated; the food contents of the stomach are thoroughly digested; extraneous mucous formations in the intestinal tract are dissolved; while, at the same time, a tonic and sedative action on the secretory membrane of the stomach is produced, resulting in an increase of the appetite and a relief from pain following the ingestion of food.

CACODYLIC ACID AND CACODYLATES—ORGANIC SUBSTITUTES FOR ARSENICAL PREPARATIONS.

Sodium Cacodylate.—Sodium cacodylate is the salt which has hitherto been given the preference in medical practice, being employed for internal administration, subcutaneous injection, and per clisma.

According to present experience the employment of the cacodylate is indicated wherever arsenical treatment, such as the administration of Fowler's solution, is resorted to. Danlos (1) first used the remedy in psoriasis and pseudoleucemia. Renaut (2), A. Gautier (3), H. Gijselman (4), Podanowski (5), H. Rille (6), Letulle (7), Mouisset (8), J. Vidal, Prosper Mercklen and Dalche (9), have found sodium cacodylate of special value in the early stages of local tuberculosis, as well as in diabetes, morbus Basedowii, anemia, chlorosis, leucemia, and malaria. A. Bormans (10) recommends the preparation principally for anemics and chlorotics who cannot bear iron well. Billet (11) observed excellent results in cachexia of malaria. In the latter case the cacodyl treatment appears to have a very favorable influence on the sequelæ of quinine medication, which, although very effective, has a deleterious action on the blood corpuscles. Petrini (12) cured a case of pharyngeal sarcoma with sodium cacodylate, and Renaut (13) noted considerable improvement from administra-

tion of sodium cacodylate in epithelioma of the tongue. Garand (14) cured a case of chcrea with the same remedy.

The majority of French investigators recommend the subcutaneous employment of sodium cacodylate, although the introduction of the sodium salt per rectum, as recommended by Renault (15) is also largely practised, as the remedy is exceedingly well tolerated by the mucous membranes of the intestines and rectum, and causes neither diarrhea nor melanoderma, nor arsenical paralysis nor liver troubles. Internal administration per os also finds some advocates, and Dalehe (16) especially recommends this mode of employment, although it may easily give rise to the characteristic garlic breath. As a general rule in administering sodium cacodylate a dose of 1.01 grm. (1-16th grain) arsenious acid is equivalent to 0.016 grm. (1-4 grain) sodium cacodylate, but as compared with other arsenical compounds the cacodylate of sodium is so slightly toxic that as much as 1 grm. (15 grains) may be taken internally by an adult without danger. The advantages of the administration of cacodylic acid are, therefore, that extremely large doses of arsenium can be assimilated by the organism absolutely without danger.

For subcutaneous injection Gautier (17) gives the following prescription:

R	Natrii Cacodylatis	6.4 (gr. 96)
	Alcoholi carbolisati	gtt. 10
	Aque destill.....	100 (f. oz. 3½)
	Sterilisa !	

An injection of 1 ccm (*m* 16) of this solution is made, corresponding to 0.05 grm. (5-6 grain) cacodylate. This is an ordinary daily dose for adults, but there need be no hesitation in doubling it, provided that the treatment is interrupted every eighth or tenth day and an interval of 8 or 10 days allowed before recommencing.

For administration of the cacodylate per clyisma Renault (18) uses two solutions of different strength according to the severity of the cases:

1. Stronger Solution :

R	Natrii Cacodylatis.....	0.4 (gr. 7)
	Aque destill.....	200.0 (f. oz. 7)

2. Weaker Solution :

R	Natrii Cacodylatis.....	0.25 (gr. 4)
	Aque destill.....	200.0 (f. oz. 7)

Two injections are made daily with 5 cc (*m* 80) of either solution for six days in succession, during the following six days three injections are made daily and the treatment is then stopped for three to five days; after this interval a new series of injections are made.

For internal administration Danlos (19) prescribes the cacodylate as follows:

R	Natrii Cacodylatis.....	2.0 (gr. 30)
	Spiritus sacchari	
	Sirupi simplicis.....	20.0 (f. dr. 6)
	Aquæ destill.....	60.0 (f. oz. 2)
	Olei menthæ.....	pip. gtt. 2

A teaspoonful of this mixture contains 0.1 gm. (1 1-2 grains) sodium cacodylate.

Danlos gives men several weeks in succession 0.4 to 0.6 gm. (6 1-2 to 10 grains) sodium cacodylate pro die internally; women are given 0.3 gm. (5 grains) daily. Most of the above mentioned authors, however, prescribe smaller doses, for skin diseases the dose averaging 0.05 gm. (5-6th grain) one to five times daily, whilst in other indications even smaller doses of 0.025 to 0.05 gm. (2-5th to 5-6th grain) pro die suffice.

Children æt. 10 to 15 years are directed to take within 24 hours 0.03 to 0.04 gm. (1-2 grain to 2-3 grain); children æt. 6 to 10 years are given 0.02 to 0.03 gm. (1-3 to 1-2 grain); for children æt. 3 to 4 years, the daily dose amounts to 0.01 gm. (1-6 grain), infants below this age should take only a part of a centigramme (part of 1-6 grain) within 24 hours. Rocas (20).

If it is desired to prescribe sodium cacodylate in pills, the following prescription will be found advantageous:

R	Natrii Cacodylatis.....	0.25—1.0 (grs. 3̄ to 15)
	Sacchari albi et	
	Gummi arabici a sufficiency to make twenty pills.	

One, two, or five pills to be taken daily.

Ferric Cacodylate.—Gilbert and Lereboullet (21) propose to employ ferric cacodylate for subcutaneous injection in place of other iron salts, as by its use the customary unpleasant general symptoms and renal complications are avoided. The administration of this preparation appears specially indicated, if it be desired to combat both the decrease in the number of red blood corpuscles and the diminution of hemoglobin. In chlorosis the ferric cacodylate produces a rapid, extensive and permanent increase of hemoglobin, whilst chloro-anemia of different origin, especially the chloro-anemia of phthisis, appears to be favorably influenced in its incipient stages. In such cases this treatment never causes congestion nor hemorrhage. Even in persistent albuminuria cacodylate of iron is not contra-indicated, as is established by the abatement of the disease in five cases thus treated. The different types of lymphadenitis and leucemia which are amenable to arsenic treatment, appear specially suitable for medication with iron cacodylate. The preparation may be prescribed either for in-

ternal administration or subcutaneous injection. The daily dose varies for subcutaneous application between 0.03 and 0.10 gm. (1-2 to 1 1-2 grain) and for administration per os between 0.05 and 0.3 gm. (1 to 5 grains). Only dilute solutions in accordance with the following prescriptions should be used subcutaneously, as, when more concentrated, painful indurations at the point of injection are formed.

℞ Ferri Cacodylatis.....0.3 (gr. 5)
 Aque destill.....10.0 (f. dr. 2½)
 1, 2 or 3 c.c. (℥ 16, 32 or 48) to be injected daily. Internally it is best prescribed as follows:
 ℞ Ferri Cacodylatis 1.0 (gr. 15)
 Aque Cinnamoni 25.0 (f. dr. 7)
 20 to 40 drops thrice daily.

Mercury Cacodylate.—At present only the results of pharmacological experiments with this cacodylate on animals are known. Vayas (22) found that the lethal subcutaneous dose of this salt for a rabbit weighing 1900 gm. (4 1-4 pounds) was 0.16 gm. (½ 1-2 grains), whilst small doses of 0.02 to 0.06 gm. (1-3 to 1 grain) always promoted increase in weight without local reaction. Doses of 0.1 gm. (1 1-2 grains), injected into the veins of a rabbit of medium size, cause death, whilst doses of 0.02 to 0.05 gm. (1-3 to 3-4 grain) are tolerated without difficulty.

The success of these experiences induced Vayas to undertake a trial of the preparation at the Hospital Broca in Paris, but the investigation has not yet been completed. The dose for intramuscular application has been fixed at 0.03 gm. (1-2 grain pro die).

Guaiacol Cacodylate.—As far as the literature yet to hand shows, guaiacol cacodylate has hitherto only been employed by Barbary (23). He is said to have employed injections of the preparation dissolved in oil with great success in tuberculous diseases.

REFERENCES.

1. Danlos, Therapeutische Wochenschrift, 1896, p. 601.
2. Renaut, Bulletin médical, 1899, No. 45.
3. A. Gautier, Bulletin médical, 1899, No. 46.
4. H. Gijsselman, Inaugural Dissertation, Vienna, 1898.
5. Podanowski, Bolnitschnaja Gaseta Botkina, 1899, No. 25.
6. H. Rille, Archiv für Dermatologie und Syphilis, 1898, pp. 5, 42.
7. Letulle, Presse médicale, 1900, No. 34.
8. Mouisset, Bulletin médical, 1900, No. 89.
9. Vidal, Prosper Morcklen & Dalché, Presse médicale, 1900, No. 20.
10. A. Bormans, Gazzetta degli ospedali e delle cliniche, 1900, No. 39.
11. H. Billet, Revue de Thérapeutique, 1900, No. 18.
12. Petrini, Presse médicale, 1900, No. 66.
13. Renaut, Revue de Thérapeutique, 1900, No. 7.
14. Garand, Semaine médicale, 1900, No. 13.
15. Renaut, Bulletin médical, 1899, No. 45.
16. Dalché, Semaine médicale, 1900, No. 11.
17. A. Gautier, Semaine médicale, 1899, No. 46.
18. Renaut, Bulletin médical, 1899, No. 45.
19. Danlos, Revue de Thérapeutique, 1899, No. 13.
20. Rocaz, Semaine médicale, 1900, No. 45.
21. Gilbert & Lereboullet, Revue de Thérapeutique, 1899, No. 16.
22. Vayas, Bulletin de la société de Biologie de Paris, 1900, May 25.
23. Barbary, Pharmaceutische Centralhalle, Dresden, 1900, p. 530.

MEMBRANOUS CROUP.

BY LOUIS J. PONS, M.D., ROXBURY, CONN.

DIPHTHERIC, or true croup, is probably the most fatal disease of childhood, one which kills with such rapidity, and where our best remedies prove of little avail, that it is not strange that the medical attendant feels helpless when called to treat a case of genuine croup.

Theoretically, many of our standard prescriptions ought to relieve, but on trial prove to be failures. To witness the gasping and struggling for breath, and other symptoms caused by impeded respiration and imperfect oxidation of the blood, and the inability to help the sufferer, is unpleasant and appalling to any physician. During a practice of fifteen years, I have attended quite a number of such cases, with a mortality of eighty per cent. Last winter I treated two cases, and both recovered.

CASE 1.—A. F., male, aged twenty-two months, for two days previous to my first visit had what the mother supposed to be a hard cold. I found the child's temperature to be 102 degrees F., pulse 135, appetite poor, bowels constipated, and urine scanty, obstructed respiration, and the peculiar cough characteristic of croup. With the exception of a few bronchial rales, the lungs appeared normal.

Treatment.—One-tenth grain calomel every two hours until bowels moved freely; one-half grain of quinine sulphate every four hours; tartaric emetic and bichromate of potash, each one one-hundredth grain, every two hours. External applications of turpentine, one part, and olive oil, five parts. Also had room saturated with the vapor from a dish on the stove, containing boiling water, to which we added several times a day a tablespoonful of a mixture containing equal parts of carbolic acid, turpentine, and oil of eucalyptus. The next morning I found the patient's condition about the same. Treatment continued.

At 8 p.m. the father came for me (eight miles in a severe snow-storm), saying the baby was in such a low condition that I should probably find him dead when I arrived. Beside my regular medicine bag, I also took a tracheotomy tube and a vapo-cresolene lamp. The little sufferer seemed to be beyond aid, and the end near; nevertheless I succeeded in having him swallow one two-hundredth grain glonoin, and in a few minutes an emetic of ipecac, erected a sort of a tent about the cradle, lighting the vapo-cresolene lamp, and placing it on one side, fixing a newspaper so that the vapor

must draw across the child's face, leaving a small outlet on the other side of the tent.

In less than an hour the child became uneasy, and vomited quite a quantity of mucus, and several pieces of membrane, the largest measuring three by one-half inches. This gave him some relief, and the breathing became somewhat freer. Keeping up the vapo-cresolene, I prescribed the dark iodide of lime, one-quarter grain every hour; sulphate of quinine, one-half grain every four hours, and one-half teaspoonful of whisky every two hours. For nourishment, bovine and milk.

In forty-eight hours improvement was so marked that the above treatment was stopped, syrup hypophosphite compound and syrup hydriodic acid substituted.

CASE 2 occurred a few weeks later, and was similar to the first one. Profiting by my previous experience, we at once started the vapo-cresolene, and giving quinine and iodide of lime, as in the other case, also a laxative, and turpentine and oil applications to chest and throat. Although he was in a precarious condition when treatment was commenced, he improved so that by the third day we considered him out of danger.

In my opinion, the vapo-cresolene was an important factor in the cure of these cases, as well as in whooping cough, having used it considerably in an epidemic, some years ago, with benefit.

I think we are prone to change medicines too often in all kinds of diseases, expecting too quick results, and not having patience to give a certain line of treatment a thorough trial. From experience, I find that cases of pneumonia, typhoid fever, and many other diseases, will do better (with rare exceptions) on a plan of treatment laid out during the first few days, than by daily changing medicines. By this I do not intend to convey the idea to use a stereotyped treatment in all cases, but a careful study of each case at the start, and then decide on a line of treatment, treating complications as they arise.—*Alkal. Clinic.*

University Examiners.—The following examiners for the Medical Faculty of the University of Toronto have been appointed: Anatomy, A. Primrose, M.B., C.M.; F. N. G. Starr, M.B.; therapeutics and materia medica, J. M. Macallum, B.A., M.D.; medicine, A. McPhe dran, M.B.; surgery, G. A. Peters, M.B.; midwifery and gynecology, H. T. Machell, M.D.; pathology, J. A. Amyot, M.B.; hygiene, W. Oldright, M.A., M.D.; medical jurisprudence, B. Spencer, M.D.; medical psychology, N. H. Beecher; chemistry, Dr. Lang; physics, G. R. Anderson, M.A.; physiology, embryology, and histology, R. R. Bensley, B.A., M.B.; biology, J. Stafford, B.A., Ph.D.

The Canadian Journal of Medicine and Surgery

J. J. CASPIDY, M.D.,

Editor,

69 BLOOR STREET EAST, TORONTO.

W. A. YOUNG, M.D., L.R.C.P. LOND.,

BUSINESS MANAGER,

145 COLLEGE STREET, TORONTO.

Surgery—BRUCE L. RIORDAN, M.D., C.M., McGill University M.D. University of Toronto; Surgeon Toronto General Hospital; Surgeon Grand Trunk R.R.; Consulting Surgeon Toronto Home for Incurables; Pension Examiner United States Government; and F. N. G. STARR, M.B., Toronto, Associate Professor of Clinical Surgery, Lecturer and Demonstrator in Anatomy, Toronto University; Surgeon to the Outdoor Department Toronto General Hospital and Hospital for Sick Children.

Clinical Surgery—ALEX. PRIBROSE, M.B., C.M., Edinburgh University; Professor of Anatomy and Director of the Anatomical Department, Toronto University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University.

Orthopedic Surgery—H. E. MCKENZIE, B.A., M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Surgeon to the Out-Patient Department, Toronto General Hospital; Assistant Professor of Clinical Surgery, Ontario Medical College for Women; Member of the American Orthopedic Association; and H. P. H. GALLOWAY, M.D., Toronto, Surgeon to the Toronto Orthopedic Hospital; Orthopedic Surgeon, Toronto Western Hospital; Member of the American Orthopedic Association.

Oral Surgery—E. H. ADAMS, M.D., D.D.S., Toronto.

Surgical Pathology—T. H. MANLEY, M.D., New York, Visiting Surgeon to Harlem Hospital, Professor of Surgery, New York School of Clinical Medicine, New York, etc., etc.

Gynecology and Obstetrics—Geo. T. McKEOUGH, M.D., M.B., Eng. Chatham, Ont.; and J. H. LOWE, M.D., Newarket, Ont.

Medical Jurisprudence and Toxicology—N. A. POWELL, M.D., Toronto, and W. A. YOUNG, M.D., L.R.C.P. Lond., Toronto.

Medicine—J. J. CASPIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon Toronto General Hospital; and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

Clinical Medicine—ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine Toronto University; Physician Toronto General Hospital, St. Michael's Hospital, and Victoria Hospital for Sick Children.

Mental Diseases—Ezra H. STAFFORD, M.D., Toronto, Resident Physician Toronto Asylum for the Insane.

Public Health and Hygiene—J. J. CASPIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon Toronto General Hospital; and E. H. ADAMS, M.D., Toronto.

Pharmacology and Therapeutics—A. J. HARRINGTON, M.D., M.R.C.S. Eng., Toronto.

Physiology—A. B. EADIE, M.D., Toronto, Professor of Physiology Woman's Medical College, Toronto.

Pediatrics—AUGUSTA STOWE GULLEN, M.D., Toronto, Professor of Diseases of Children Woman's Medical College, Toronto.

Pathology—W. H. PEPLER, M.D., C.M., Trinity University; Pathologist Hospital for Sick Children, Toronto; Demonstrator of Pathology Trinity Medical College; Physician to Outdoor Department Toronto General Hospital; Surgeon Canadian Pacific R.R., Toronto; and J. J. MCKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, Toronto University Medical Faculty.

Ophthalmology and Otolaryngology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto.

Address all Communications, Correspondence, Books, Matter Regarding Advertising and make all Cheques, Drafts and Post-office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

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

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month.

VOL. IX.

TORONTO, APRIL, 1901.

NO. 4.

Editorials.

MODIFIED VIRULENCE IN VARIOLA.

IN a statistical table published in the Report of the Provincial Board of Health for 1899, it is shown that during that year 345 cases of small-pox occurred in this Province, with fourteen deaths, a mortality of 4.05 per cent. In a second table, showing the prevalence of small-pox in thirty-two States of America, as well as in the Provinces of New Brunswick and Quebec (Canada), from

December 29th, 1899, to February 9th, 1900, it is stated that there were 3,036 cases of small-pox and 123 deaths, a mortality of 4.05 per cent. Now, these are low death rates for small-pox, a disease in which the mortality has been computed to be between 15 and 30 per cent. Besides, these low death rates are all the more significant of a great modification of virulence in the disease, when we find that the outbreaks noted in these statistics occurred during the winter and autumn quarters as well as during summer, and that the incidence of the disease was noted in Louisiana and Alabama, as well as in Ohio, Michigan, New Brunswick and Quebec. The small-pox epidemic at present prevailing in Ontario, appears to be of the same mild type as those referred to in the above mentioned tables. Since the beginning of the outbreak at Sault Ste. Marie in December, 1900, up to March 8th, 1901, there have been 131 cases and two deaths, or a mortality of 1.5 per cent. (*vide* p. 255).

Severe, confluent forms are occasionally noticed. Thus Dr. Sheard, Medical Health Officer, Toronto, informed the writer recently, that in his second case, a man who had probably caught the infection at Sudbury, the facial eruption was confluent and the pustules very large. Fortunately he has recovered. The three other cases in Toronto were mild in type and the patients have recovered.

Mr. D. W. Cantlon, Sudbury, in a letter published in the *Globe*, March 9th, writes: "It is a disputed question as to whether the disease is really small-pox or not. At all events, if small-pox, it is of an exceedingly mild type, none of those affected being at all sick or unable to attend to their usual avocations were they permitted to do so." Mr. W. M. Brodie, reeve of Massey Station, published a letter in the same paper on the same date, in which the following appears: "The cases seem to be of a very mild nature, and though no less than nine have been afflicted and treated, no deaths have occurred."

In the opinion of Dr. Hodgetts, Inspector of the Provincial Board of Health, who has been placed in charge of the outbreak at Sudbury, there is no doubt that the disease prevailing in that town is small-pox and not chicken-pox, and this opinion has been confirmed by Dr. Finley, of Montreal. Dr. Hodgetts states in a letter to the writer that he had seen up to March 12th, 1901, fifty cases of small-pox. As an evidence of the fact that the type of the disease was not due to the influence of vaccination, he writes: "Only in

one case could I find satisfactory evidence of successful vaccination, and in this case the disease was modified."

He further says: "The cases have been almost entirely amongst male adults (shantymen) in whom chicken-pox is rarely, one may almost say, never, found. In every case, close inquiry leads to the fact, that in the camp some one came in with 'scabs' on him, or else was taken ill with 'grippe' shortly after arrival."

Dr. W. M. Welch, of Philadelphia, reporting to the State Board of Health of Pennsylvania, August 5th, 1899, describes a mild form of variola, which prevailed in that State, and which was thought to have been brought into the United States in 1898 by volunteers returning from the Cuban war. Criticising a theory advanced to explain its modified virulence, he writes: "In explanation of the mild type of the infection, it has been suggested that small-pox in the tropics is less severe than in a cold climate. I am not sure that this is true; but, even if it is, I see no reason why the disease should not assume its old and familiar form, when the infection is conveyed to the Middle and Northern States; but up to the present time it has shown no such tendency. What it will do when cold weather sets in, remains to be seen."

That the type of small-pox at present observed in Ontario is not made virulent by cold weather is evident, since mild cases have been largely in the majority, in fact those principally observed at Sudbury, Massey Station, Toronto, and elsewhere in the Province, during January, February and March when the weather is very severe.

Referring to another important feature of the disease as noted in Pennsylvania, Dr. Welch writes: "Those familiar with small-pox will recognize in the description I have given a clinical picture of mild varioloid; and yet it must be remembered that in nearly all the cases which have come under observation there was no known modifying influence operating, such as results from vaccination or a previous attack of the disease. Why small-pox in the unvaccinated should present itself so generally in the present exceptionally mild form is a question I shall not undertake to answer."

In this latter statement Dr. Welch's view coincides with that expressed by Dr. Hodgetts—that the mild form of the disease had not been caused by previous vaccination. The epidemic described by Dr. Welch prevailed largely among negroes and was known as "Cuban Itch," "Elephant's Itch," and "The Bumps." It seems reasonable to believe, therefore, that during

the autumn of 1898, the year when the American volunteers returned from the Cuban war, a peculiar type of modified small-pox was introduced from Cuba into the United States, that this disease passing from the Southern to the Northern States reached Canada in 1899, and is at present epidemic in northern Ontario. Severe cases are occasionally noticed, although the greater number are not dangerously affected and the mortality is, as already stated, small. By referring to the illustrations in a circular published recently by the Provincial Board of Health, a copy of which appears at page 248 of this issue, readers may convince themselves that it is sometimes severe.

To explain the reason why in this form of small-pox the disease is robbed of its usual virulence, even in cold weather, and even when the patients have not been protected by vaccination, would call for the combined work of the clinician and the bacteriologist. Perhaps even after careful study it may be found impossible to explain the anomaly.

It is sufficient for the medical men of Ontario to know that this disease is really small-pox, though it may look like chicken-pox, that it breeds true, and that it will become more pronounced in type and will spread unless they promptly isolate, vaccinate and quarantine.

J. J. C.

THE INSPECTION OF COW-BYRES BY THE CITY HEALTH DEPARTMENT.

IN a few instances (about eighty) Toronto householders keep one or two cows, the superfluous milk being generally sold to customers. Their stables are regularly inspected by the civic health department, and the condition of the cows noted. The city water supply and ice supply being used and perfect cleanliness being observed in these cow-byres, they are not likely to become the seats of infectious disease.

The inspection of rural dairies is more difficult, on account of their number and the extensive area to be covered by the inspector. His work is, however, of considerable importance, because infectious diseases, such as diphtheria and typhoid fever, have sometimes been traced to rural dairies, and moreover, the power to inspect these dairies and control, for cause, their commercial output is found to act as an effective method of improving their sanitary standard. The inspector's report, which we have been

permitted to peruse through the courtesy of Dr. Sheard, shows that 441 rural dairies are engaged in supplying milk to Toronto. These dairies contained 5,748 cows, yielding 9,066 gallons of milk per diem.

Under the head of condition the byres might be classified as follows: 290 good, 61 bad, and 90 indifferent. Bad cow stables include such as are dirty, wet and badly drained, too small and deficient in ventilation, or stables in which pigs are kept at the same time. The existence of some one of the above mentioned defects or the absence of bedding is a reason for classifying a byre as indifferent.

Under the head of general condition of the cattle, in 277 byres the cattle are classed as "clean and good grade." In 90 byres, some of the cattle are said to be "dirty or with dirty flanks." In 66 byres they are classed as "dirty" or "dirty and thin" and of two byres no report is given.

The water supply of a dairy is of capital importance. There were 338 good wells, 1 bad well and 18 indifferent wells, 23 supplies from creeks, 48 from springs, 4 from city water-works, 1 from the river Don, 1 from a pond, 1 from a rainwater cistern and 2 supplies were got by haulage, the source not being mentioned.

The ice supply of a dairy is not of so much importance as the water, the former commodity being used in dairies for cooling purposes only and therefore is not so likely to find its way into the milk as well water, which is used for washing cans and other milk utensils. However, the report shows that in 11 dairies ice was got from the city, in 122 from river or creek, in 130 from ponds, spring-fed ponds and in a few instances from dams. In 173 dairies no ice was used and in 3 the supply was not mentioned.

The feed of the cows in every stable is mentioned, and this part of the report reveals some very instructive data. For instance, in a dairy where the cattle are described as "extra grade, good, large and clean," the feed consisted of straw, hay, peas and oats, ground turnips and mangels. Evidently these cattle were scientifically fed. The cattle of a second byre are classified as "good grade, in good condition," their feed consisting of turnips, mangels, cut hay and straw, oats and barley meal, and sometimes bran and corn. This may also be classed as a scientific diet. The cattle in a third stable are classified as "grade, thin, but fairly clean," and their feed consisted of turnips, mangels, some apples, grains and oatmeal. In this third byre, the dairyman is evidently feeding his cattle to get

the milk product only; but he is starving the cows. In a fourth byre the cows are classified as "thin and not very good, 3 dirty," the feed consisting of corn, turnips, straw and some hay, and the conclusion as to the nutritive merits of the diet is practically the same as for the third stable. In a fifth byre the cattle are classified as "thin, but fairly clean and healthy," being fed on mangels, cut chaff and hay. In this byre the yield of milk is small; but the condition of the animals is fairly good. In a sixth stable the cows are classified as "low grade, lean as crows, fairly clean," the feed being cut straw, mixed meal and turnips, and we may conclude that the animals are not getting sufficient nourishment.

The contention of the Toronto Medical Health Officer is that he can refer to the report of his inspector and ascertain what was the condition of any one of these 441 dairies at the time of the annual inspection. Should diphtheria occur in a Toronto household, the name of the dairyman who supplied the family milkman is noted, and if the outbreak is not traced to some source of infection originating in the city, investigation can be pushed into the premises of the dairyman. Should the cause of the outbreak be located in the dairy, the milk producer is notified to send no more milk, and the city retailer is also notified of the facts and advised to stop taking milk from that dairy. Similarly, should a case of typhoid fever be noted in a city household, an investigation is made, and if the dairyman's water-supply is polluted, the use of the milk from his dairy ceases in the city. Hence, in their own interests, the dairymen supplying milk to the Toronto market are careful to keep their premises, byres, cattle, water supply, ice supply, and feed up to a proper standard. Instances occur, as we have shown, in which there is room for improvement in some one of these particulars; but, as time goes on, dairymen competing for the city milk trade will reach higher standards and conform to severer tests.

Observers agree that the physical condition of dairy cows and their environment before and during the act of milking should be of such a nature that their milk shall be clean and healthful. A cleanly condition of the animals, clean attendants, clean milking utensils with proper cooling and canning of the milk are the main requisites to secure a fair condition of the product. To really know the physical condition of the cows in a dairy, the cattle should be frequently inspected and the tuberculin test applied. Tuberculous cows should be removed from the herd and their milk declared

unmarketable. If a phthisical mother is not allowed to nurse her offspring, neither should the office of furnishing nourishment for it be allowed to devolve on a tuberculous dairy cow. J. J. C.

PROFESSOR EICHHORST'S VIEWS ON HYGIENE AND DIET IN TYPHOID CASES.

PROFESSOR EICHHORST, of Zurich, who publishes his views on the somewhat hackneyed subject of treatment in typhoid fever in *Therapeutische Monatshefte*, avows his disbelief in the efficacy of drugs; but, as his clinical experience has been gained in a hospital service of two thousand cases, with a mortality of only 5 per cent., he deserves to be listened to with attention.

He is careful in details. For instance, he judges that the physician is inattentive, and lacking in proper care, if the bed is so placed that the light falls directly on the patient's eyes. If the room is well lighted, he orders curtains to be placed on the windows. Two beds should be placed in the room, one for the use of the patient during the day, the other at night. The mattresses must be hard so as to prevent wrinkling of the bed sheets. The apartment used as a sick-room should be large and well ventilated. During summer the windows of the patient's apartment should be kept open and in winter ventilation may be secured by opening a window in an adjoining room, which communicates with the sick-room. Unnecessary furniture, carpets, etc., should be removed.

He uses a modification of the Brand method, that is to say, each patient gets a bath twice a day, one in the morning between eight and ten o'clock and another in the afternoon between four and six o'clock. The temperature of the bath is kept at 95° F. At the start, the patient remains in the bath fifteen minutes, increasing the time of immersion each day by five minutes until he spends half an hour in the bath. While the patient is in the bath, the attendant makes his bed, taking care to warm the sheets. After the patient leaves the bath his body is dried with warm towels, and a fresh night-shirt, which has been previously warmed, is put on. The bath-tub is placed beside the patient's bed.

The diet consists principally of milk. A litre of milk is boiled morning and evening, and placed on ice for the use of each patient. Every hour the patient gets 50 to 100 grams of the boiled milk (1 oz. 334 grs. to 3 oz., 230 grs.) .Occasionally, to please patients, the milk

is mixed with tea, coffee or broth. To increase the nutritive value of the broth, in some cases, one or two perfectly fresh eggs may be added to it. Professor Eichhorst is opposed to the practice of adding somatose, extract of meat and similar preparations to milk or broth, as, in his experience, such mixtures make the patient loathe milk or broth, even when they are quite pure. If the patient complains of thirst, pure fresh water is given.

Alcohol is rarely used. Eichhorst considers that it is a drug, and, as such, uses it to prevent heart failure or delirium tremens. In such cases, hot punch or hot wine is given. Three times a day the patient rinses his mouth with a 2½ per cent. solution of chlorate of potassium.

After the patient's temperature has remained normal for five days, milk gruel is given, and on the following day, if elevation of temperature does not supervene, meat is given. If fever reappears, the milk diet is resumed for three days more. Uncooked beef or mutton, which has been hashed or grated and seasoned with salt and a little pepper, is given. If neither of these meats is relished, grated ham or bologna sausage is given instead. On the first day the patient gets 50 grams of meat (1 oz. 334.16 grs.), on the second day 75 grams (2 oz. 282.47 grs.), on the third day 100 grams (3 oz. 230.7 grs.) If fever does not reappear, a purée of potatoes is given with the meat. Afterwards roast veal is substituted for the uncooked meat, the quantity of milk consumed being reduced in proportion to the amount of solid food used. Bread is also given, beginning with half a biscuit steeped in milk in the morning, and the other half, also steeped in milk, in the evening. Two daily baths are given during the first week of convalescence, and one bath only during the second week. As a typhoid patient, even after his recovery, continues to pass Eberth's bacilli in a virulent form, Eichhorst gives his enteric cases, during the last week of their stay in the hospital, one gram of salol three times a day.

Salol is the only medicine he uses during the course of a case of ordinary typhoid fever, and he does not attach much importance to it either, as, in his opinion, the cure of a typhoid case depends less on a medicament than on an intelligent application of hygiene.

J. J. C.

LICENSED BARBER SHOPS.

THE subject of the necessity, for decency's sake, of in some way regulating barber shops in Toronto so as to ensure their absolute cleanliness, has recently come under our notice. A young man, who never in his life had been disfigured by as much as a pimple, on any portion of his body, presented, shortly after visiting a strange barber shop recently, one of the worst and most typical specimens of *Tinea Sycosis*. His entire chin and neck presented the usual reddish concentric patches covered with dry fragile hairs and yellow scales or pustules, and altogether made a disgusting example of the real "barber's itch." That the trichophyton tonsurans was directly applied to his face from a dirty razor is almost certain, and there is little doubt that the sufferer has the best grounds in the world for an action for damages. A verdict for damages, even if the sum awarded were collected from the barber, is little consolation, however, owing to the suffering endured and disfiguration caused to his face (perhaps permanent). It might be suspected that this case was the outcome of the victim having been shaved at what one hears called occasionally a "five cent shop," where the process of lathering and shaving is performed all for the munificent sum of one nickel. In this instance it was not, but occurred in an ordinary "ten cent shop," where, as far as our patient knew, the razor and towel used appeared clean. The majority of Toronto barbers (we cannot state as to Hamilton) who have the slightest idea of building up and retaining a business, do keep their shops and utensils clean, and refuse to use their razor on a customer whose face appears at all suspicious. This cannot be said of all, however, and we think that our new Mayor, who in himself is the paragon of everything tending to personal appearance, should introduce before the City Council a by-law to appoint inspectors for, and regulate and issue licenses to, all barber shops in Toronto, so that only those whose premises were cleanly, and who adopted a system of, if necessary, having every razor sterilized after each shave, and whose brushes, combs and towels were kept absolutely spotless, could keep their shops open. We feel that, if such a measure were introduced, we would never hear of another case of *Tinea Sycosis* as the result of a dirty razor or unclean towel.

W. A. Y.

EDITORIAL NOTES.

The Ontario Medical Association.—The Ontario Medical Association convenes in Toronto on June 19th next and remains in session for two days. There will be Discussions upon Gastric Ulcer, Empyema and Extra-uterine Pregnancy. We urge upon all our friends in Ontario to rally round and make the 1901 meeting a big success in point of numbers.

The "Indian Lancet" as a Weekly.—The *Indian Lancet* (Calcutta), which made its first appearance as a monthly January 1st, 1892, and two years later was changed into a fortnightly, is issued as a weekly since January 1st, 1901, truly an evidence of rapid progress. Dr. Fernandez, the accomplished editor of the *Indian Lancet*, deserves to be congratulated on the success of his undertaking, which is alike a credit to himself and to the medical profession of India.

The Medical Alliance of America.—At the regular stated meeting of the Toronto Clinical Society held in St. George's Hall, Elm Street, Toronto, on the evening of March 6th, 1901, the following resolution was unanimously adopted: "That the Toronto Clinical Society is of the opinion that the prospectus sent forth by the so-called Medical Alliance of America, with headquarters in Montreal, is of such a character as to make it very undesirable that any member of the profession should be associated with the Alliance in any capacity whatever. It is further resolved that a copy of this resolution be published in the first issue of each of the Toronto medical journals."

Peroxide of Hydrogen in Diphtheria.—To cause the disappearance of the Klebs-Löffler bacilli from the throats of patients recovering from diphtheria, is, in some cases, very difficult. Maether (*Deutsche Militar-Arztliche Zeitschrift*, 1900, H. 5) recommends the simultaneous employment of two solutions as gargles; first a 1 per cent. solution of carbonate of ammonium to dissolve the buccal mucus, followed by a 10 per cent. solution of peroxide of hydrogen to kill the bacilli. If this treatment fails, Maether thinks the bacilli will be found in a deep tonsillar crypt, where they may be destroyed by local applications of the peroxide of hydrogen made with a slender probe, so as to reach to the bottom of the crypt.

Somnolency in Liver Disease.—Ever since Murchison's investigations, observers have noted the possibility of somnolence arising *ab hepate læso*; but this origin is considered rare and of little moment, except in extreme cases, such as coma or narcolysis. Gilbert and Castaigne, however, report to the Paris Society of Biology, October 27th, 1900, that simple somnolency is one of the commonest symptoms of some forms of cholemia, particularly angiocholitis and hypertrophic biliary cirrhosis. This somnolency is not due to hepatic insufficiency, as has been generally held, these observers having proved the contrary by a study of the chemistry of the biliary secretions of their patients. They think that the somnolence is due to a biliary intoxication, acting on a predisposed nervous system.

An Unenviable Privilege.—"The best place in Ontario to go to when you get small-pox is Toronto. Fine hospital accommodation, good doctors, splendid nursing and nothing to pay." Such is the advice given to a man with a suspicious facial eruption suggestive of variola. The action of the small municipality in regard to a small-pox suspect is mean and may be criminal. The isolation and subsequent management of such cases should be safe, practical and humane. At the start, it may be safely conceded that no health officer of a small municipality, who values his salary, no physician in the same place, who prizes the patronage of his fellow-townsmen, will, by act or part, saddle a small-pox case on the municipality. Hence it follows that a contraband trade in suspected small-pox cases will be winked at, the rule being the old one prevalent on April fools' day, "to hunt the gowk another mile." Toronto may, therefore, with the best grace possible, recognize her unenviable distinction and accept the varied contributions of variola, with the proviso, however, that the peccant municipality should be called on to pay the bill.

Proposed Bill for the Treatment of Inebriates.—In our February issue the attention of the Ontario profession was drawn to the proposed bill for the treatment of inebriates, an abstract of which we published. We endorsed the position of the promoters of the bill and recommended it to the cordial consideration of our confreres. The bill is now before the Legislature, and it is to be hoped that physicians who are in harmony with its objects will make their views known to their representatives. Physicians know more thoroughly than laymen the great evils entailed on a

family by the intemperance of a bread-winner. If the members of our profession, who wish to see some advance in the therapeutics of inebriety in Ontario and to help at the same time relieve the distress of many a sorrowing family, would take the trouble to call the attention of their representatives in the Legislature to this bill, it would go through this session. As the session will probably come to an end during the first week of this month, prompt action is necessary. A letter or a postal card from each physician to his representative in the Legislature, expressing a wish that the above mentioned bill may receive his support, will suffice.

Government Assistance for Toronto University.—A deputation representing the Alumni Association waited upon the Provincial Government on March 13th. The deputation numbered several hundred, and included a large number of manufacturing men as well as all the professions. They were met by Premier Ross, Hon. Mr. Latchford, Hon. E. J. Davis, Hon. J. R. Stratton and Hon. Mr. Harcourt in the reception room. The speakers were: Dr. R. A. Reeve, Toronto; Rev. James Allen, Toronto; P. W. Ellis, Toronto; Otto Klotz, Ottawa; James Chisholm, Hamilton; Rev. W. A. Bradley, Berlin; John Campbell, St. Thomas, and Hon. S. C. Biggs, Toronto. Hon. G. W. Ross declared that it would be hard to give a large amount to the university, particularly as there promised to be a falling off of some three or four hundred thousand dollars in next year's revenues. They were prepared to aid the university to the utmost of their ability, and could promise that legislation with that end in view would be brought down before the close of the present session. They would give as much as the finances would allow. The assistance, however, would be granted to the technical departments.

Salol in Diabetes.—In an article on diabetes, published in *La Presse Medicale* (February 2nd), Dr. Fiquet, of Paris, endorses Professor Bouchard's view, that diabetes mellitus is due to a nutritional defect, and that investigators need not seek for a lesion in an organ as the direct cause of diabetic coma. He accepts Professor Lepine's treatment of the disease, which consists in regulating the diet and the exhibition of alkalies. The action of alkalies, he says, is important, as they saturate the acids of the economy and facilitate oxidations as well as hydrations. Fiquet, however, prefers salol to salicylate of sodium in diabetes. The latter salt is rapidly absorbed and answers well, when an energetic

action of the medicine for a short period is required. Salol, on the contrary, thanks to the alkalinity and, perhaps, to the ferments of the intestine (pancreatic secretion and intestinal juices), is slowly decomposed, causing the appearance in the economy of small quantities of salicylic acid and phenol, which are given off in a continued manner. This explains the reason why salol can be given in large doses without causing untoward results. Fiquet says that salol may be administered in diabetic coma in doses amounting to from four to six grams per diem (61.72 to 92.39 grs.).

Canadian Medical Association.—The following letter from Dr. Starr, General Secretary of the Canadian Medical Association, will prove interesting reading this month. We do trust that his hopes as to the 1901 meeting being the banner one, will be fully realized :

DEAR SIR,—The first meeting in the new century will take place at Winnipeg, on August 28th, 29th, 30th and 31st next, and from present prospects it will be a record-breaker, in that large numbers from the East are so arranging their holiday trip as to make Winnipeg the trysting-place in August, while the men from the West are a unit in their enthusiasm to make this Western meeting the best the Association has held.

The "Address in Medicine," will be delivered by Dr. J. R. Jones, of Winnipeg, and the one in Surgery by Mr. O. M. Jones, F.R.C.S.(Eng.), of Vancouver, B.C. An evening will be devoted to a discussion on Tuberculosis, and another evening to some surgical topic. An extensive pathological exhibit will be an interesting feature as well.

By way of entertainment an excursion to Fort Garry, and on Saturday, August 31st, a trip to Brandon, with a luncheon, returning through Southern Manitoba, will be arranged.

At present I am not in a position to state what the Railways will do for us, but from negotiations now going on I can safely promise a rate so cheap that no one can afford to stay away. This in itself should insure a large and representative gathering.

Our friends in the West want to meet their brethren from the East, and those of us from the East should see to it that they are not disappointed.

Yours, faithfully,

F. N. G. STARR.

The Scientific Study of Psychiatry.—A committee of the New York Neurological Society has suggested a scheme of scientific study of mental diseases in connection with the State hospitals for the insane. Their report recommends a central laboratory for original research in psychiatry, combining the labors of pathologists, neuropathologists, psychologists, chemists, anthropologists, etc. It is urged that the central laboratory should be open to

unqualified scientists for the prosecution of original research, under the direction of the laboratory experts, preference being given to the qualified men in the State hospitals; but that no systematic teaching of fundamental principles should be required from any of the departments. The central laboratory should be a part of a reception hospital for the insane situated on Manhattan Island. It is further recommended that each asylum should have upon its staff of officers one whose sole duty it should be to perform necropsies and carry on the routine duties of a clinical and pathological microscopist. This scheme is an excellent one to encourage the scientific study of mental disease, and has, therefore, much to recommend it, for the most hopeful way of diminishing insanity is to obtain accurate knowledge of the causes which tend to produce it. If the Provincial Government were to appoint a few pathologists, whose duty it should be to perform necropsies in the asylums of Ontario, doing in addition such microscopic work as would be necessary, a marked scientific advance in the study of insanity would be made.

DRS. Crawford Scadding and J. J. McKenzie leave this month for England.

DR. FOTHERINGHAM, A.M.S., has obtained leave of absence for the next three months.

DR. JAS. M. MACCALLUM has been appointed Ophthalmologist, Otologist and Aurist to St. Michael's Hospital, *vice* Dr. Rosebrugh, resigned.

DR. LEONARD VAUX, who was with the first African contingent, intends returning to that country and will connect himself with the new African constabulary.

WE beg to tender to Dr. G. B. Smith of this city our heartiest sympathy in his sad bereavement. The profession will regret to learn that Mrs. Smith died unexpectedly on the 18th ultimo.

DR. HERBERT BRUCE has purchased No. 64 Bloor Street East, and will move in shortly. We take it that we will soon have the pleasure of congratulating the Doctor upon another important event in his career, and that "Bruce ——" will appear one of those days among the marriage announcements.

DR. THOS. P. WEIR, at one time on the staff of Toronto Asylum, and who practised in Toronto for some years after, is comfortably settled as Surgeon to Atikokan Hospital on the Ontario & R. R. Railway. Dr. Weir is also surgeon to that road, and writes us to say that his health is fine, that he is doing nicely, and that he reads the JOURNAL with pleasure every month.

Obituary.

DR. JOHN DUFF MACDONALD.

THE brief chronicle in the daily press of the death of Dr. Macdonald, of Hamilton, on March 10th, will have recalled to the members of our medical societies of twenty years ago the dignified form of one who, in his active years of medical life, was one of the most honored members of the profession in Canada. Since those years Dr. Macdonald has been less known outside the circle of the profession of his own city; but there in the position of chief Medical Referee of the Canada Life Assurance Company and in the work of the Provincial Board of Health his activities were maintained up to the great age of eighty years and to within a year of his lamented death. The life of Dr. Macdonald, along with that of several cotemporaries, presents a type of the professional man, developed under the influences of the early years of last century, which has now largely passed away. His education was obtained at a time when medicine was emerging from the many *isms* of the pre-scientific period and was being influenced by the discoveries in physics and chemistry which supplied the basis of scientific exactness, which only required the discoveries of modern pathology and bacteriology to place it upon a plane with the other exact sciences of the present day. Naturally where text-books might still be found written in Latin, the physician of those early days was necessarily a scholar of the "Humanities," and further because a student of the several sciences which went to make a liberal education. Such a cultivated scholar was found in Dr. Macdonald, who to the last years of his long life was a keen student, not only in the paths of medical science but in the yet wider field of general literature. But not alone was Dr. Macdonald a student: he was still more—a philosophical thinker, and as late as in his last annual address as chairman of the Provincial Board of Health in 1900, his mind showed that mature thought and comprehensive grasp, which only come with wide culture. The experience of Dr. Macdonald of the many phases of life was great. The son of a naval officer who had fought under Nelson and of a daughter of the Scotch manse, his youthful mind was naturally imbued with

high ideals of honor and duty; while a high sense of personal responsibility was developed during several years of service as a surgeon in Her Majesty's navy. With such equipment and the race pride of one whose ancestors had gone forth in the '45 to fight for Prince Charlie, he came to Canada and began the practice of his profession in Perth, experiencing all the rugged work incident to a country practice in a new settlement. Marrying the daughter of Judge Malloch, of Brockville, he shortly after moved, in 1854, to Hamilton, had much experience in the severe cholera epidemic there in that year, and, endowed with magnificent physique, developed rapidly into one of the leading practitioners of that old city. His name became there a household word, and in the homes of the poor and in the mansions of the rich he illustrated the highest traits of a practitioner when medicine was deemed in the truest sense a profession. But Dr. Macdonald was too great a man to have his activities limited to the mere practice of medicine. A keen student and liberal-minded citizen, he held very decided views in public matters and municipal affairs. With the spirit of his race and with intense convictions, he was ever ready, whether in church or state affairs to raise his voice for what he believed to be right and in the interests of the community. None who ever listened to him could forget how in dignified language and in the choicest classical English he set forth his arguments, warming to his subject with Celtic fervor, but never forgetting for a moment that he was a gentleman. Such a man, and such a gentleman, gave a tone to the profession, not alone of his own city but in whatever medical circle he chanced to move. But his whole life breathed a yet wider sympathy, for he was a Christian gentleman. Nurtured during the stirring times of church controversy preceding the Disruption in 1843 of the Church of Scotland, he was an ardent member of the Church of his forefathers, and for many years was actively associated with the Foreign Mission Committee, where his wide experience and knowledge of men, obtained from the medical rather than clerical side, gave to his opinions more than ordinary weight. How such wide-spread activities serve to keep an old man young may be seen in the pathetic incident told recently by his pastor, that he had found him one evening at eighty years reading the Greek Scriptures, preparing his lesson for the following Sabbath, when he was to teach his class of girls in the Sunday-school. For some nine months Dr. Macdonald had declined in health, latterly suffering much from angina, but still until shortly before his death

was able to enjoy some hours daily in his invalid chair. He leaves his widow and three daughters with grandchildren to mourn his loss. He had again and again said that his work was ended; and surely could in the words of Tennyson's "King Arthur" say:

"I have lived my life, and that which I have done
May He within himself make pure!"

DR. C. E. MARTIN.

DR. C. E. MARTIN, of Toronto, who died at Whatecom, Wash., on March 11th, was sixty-nine years of age, and for the last twenty-five years practised his profession at his late residence, 110 Carlton Street. He went west about four weeks ago for the benefit of his health. He leaves a widow and a grown-up family. Three sons are practising physicians of Seattle, Wash., one daughter, Miss Ethel, is a distinguished operatic singer in London, Eng., and Mrs. (Dr.) Norman Allan, of Carlton Street, is another daughter.

Dr. Martin was a graduate of the old Rolph School of Medicine. He served as surgeon in Gen. Sheridan's cavalry throughout the American civil war, receiving a special badge from the General. His early professional life was spent in Lindsay, where he was offered the Liberal nomination for the Commons. Later he practised in Oshawa, and from there came to Toronto. He was a strong personal friend of the late Hon. George Brown, was honorary surgeon for St. George's Society from the time of its inception in Toronto, and was a prominent member of St. Peter's Church.

WE wish to tender to Dr. and Mrs. Arthur Jukes Johnson of this city our sincerest sympathy in the death of their dear little daughter a few weeks ago. She had reached the age when her loss is most keenly felt, and we feel sure that the profession as a whole sympathize with the Doctor in his bereavement.

Dr. Smith Dead.—Dr. Mayo G. Smith, the companion and friend of Mark Twain and inspiration of the novelist's "Doctor," "Innocents Abroad," is dead at Colorado Springs. Dr. Smith was born in Newburyport, Mass., August 19th, 1816. He was one of the first graduates of Oberlin College, and was an intimate friend of Horace Greeley, starting life as a preacher and later as the reporter employed by Greeley on the *Tribune*. He went to California in 1849, joined the regular army; later became rich and travelled with Mark Twain.—*Philadelphia Medical Journal*.

Items of Interest.

Dr. Francis R. Packard has assumed the editorship of the *American Journal of the Medical Sciences*, to succeed Dr. Alfred Stengel, resigned.—*Jour. of American Medical Association*.

British Congress of Tuberculosis.—At the British Congress on Tuberculosis, to be held in London in July, we are promised three public addresses by such eminent authorities as Prof. Robt. Koch, of Berlin, Prof. Brouardel, of Paris, and Prof. McFadyean, of London.

Medical Health Officer, City of London.—The following is an official list of candidates for the position of Medical Officer of Health for the City of London, rendered vacant by the death of Dr. W. Sedgwick Saunders: Dr. W. A. Bond, Dr. Collingridge, Dr. W. H. Corfield, Dr. Dudfield, Dr. B. Rygate, Dr. W. R. Smith, and Dr. F. J. Waldo.—*Medical Press and Circular*.

Vienna and Medical Societies.—It seems that Vienna is not properly represented yet, as another medical society has been instituted to represent the general practitioner. The name assumed is a comprehensive one, being the "Freie Vereinigung der Praktischen Aerzte Wiens." Its avowed objects are the careful consideration of the interests of the profession and of the inabilities under which medical men suffer.—*Medical Press and Circular*.

A Prize for the Best Essay on the Dangers of Quackery.—The Colorado State Medical Society offers for the best essay on the dangers from quackery a prize of twenty-five dollars.—*New York Medical Journal*.

A Loss to Science.—The Pathological Institute at Berlin was no doubt known to the whole scientific world, for it contained the wonderful Virchow collection; but a fire broke out recently and destroyed the entire collection, among which were documents, etc., of universal interest.—*Medical Record*.

Dr. Osler Visits Philadelphia.—Dr. William Osler, of Johns Hopkins University, addressed the students of Jefferson Medical

College, Monday evening, March 4th, on the philosophy of the "Power of Sympathy." The discovery of the old chemist was alluded to and then reference was made to the power of suggestion in modern medicine. Following the address, Dr. Osler was the guest of honor at the annual banquet of the Hare Medical Society.—*Medical News*.

Special Ophthalmic Number of the "Indian Medical Gazette."

—In the January number of the *Indian Medical Gazette* it is announced that a special Ophthalmic Number will be issued in a few months. Everything will be done to make this forthcoming number representative of ophthalmic surgery in India at the present day, and circulars have been sent by the editor to ophthalmic surgeons throughout India inviting information on points of interest in connection with diseases of the eye and its appendages, and especially on the subjects of cataract, trachoma, and errors of refraction. The replies to these circulars are to be addressed to Major W. J. Buchanan, I.M.S., Editor *Indian Medical Gazette*, Bhagalpur, E. I. Railway, or to the Editor, *Indian Medical Gazette*, care of Messrs. Thacker, Spink & Co., Calcutta.—*Lancet*.

Every Disease has Its Odor.—Dr. McCassy declares that every doctor should be able to diagnose measles, diphtheria, typhoid fever, consumption, and even epilepsy, by the smell, as every one has an especial odor when disease is present. Thus in case of favus, the patient exhales the odor of mice; in rheumatism, there is an odor of acid that is very easily recognized. In cases of pyemia, the breath is nauseating in its smell; in scurvy, too, there is a putrid odor. In peritonitis, the odor is like musk; in case of scrofula, like sour beer. In ordinary fever there is an ammoniacal odor. In intermittent fever, the odor is like that of fresh baked bread. Among hysterical women there are many delightful odors, violet and pineapple being the most manifest.—*Doctor's Magazine*.

Deaths of Eminent Foreign Medical Men.—The deaths of the following eminent medical men are announced: Dr. Hermann Pfeiffer of Darmstadt, formerly director of the hospital there and author of many memoirs on Hygiene. He was 71 years of age. Dr. R. B. Cole, Professor of Midwifery and Gynecology in the University of California, San Francisco. Dr. H. Shapiro, Pro-

fessor of Medical Diagnosis in Helena Pavlona Clinical Institute, St. Petersburg. Dr. Augusto da Rocha, Professor of Clinical Medicine in the University of Coimbra, Portugal. Dr. Leopold Weiss, Professor of Ophthalmology in Heidelberg. Dr. Theodor Husemann, Professor of Pharmacology in the University of Göttingen, at the age of 67 years. He was a voluminous contributor to medical literature. Dr. Julius Homann, of Hamburg, one of the Assistants in the Kiel Hygiene Institute, has died from enteric fever, which he contracted while engaged in the study of pure cultures of virulent typhoid bacilli.—*Lancet*.

Creasote in Pneumonia.—In a paper read before the Central Texas Medical Association, Dr. J. L. Van Zandt drew attention to the advantages to be obtained by the use of creasote, or preferably creasotal in pneumonia. After giving his own experience, which he said was satisfactory, Dr. Van Zandt quoted several passages from the writings of other physicians, all speaking highly of this method of treatment. Dr. Van Zandt spoke in enthusiastic terms of the results he had obtained. At first he gave one drop of the drug every three hours, but latterly he had prescribed seven and a-half minims of creasotal. This appears to be a large dose, but he states that "others give larger doses with possibly better results or no harm." He adds: "I have had cases in which the fever was gone in from 24 to 48 hours, and I am now somewhat disappointed if my patient is not ready for dismissal by the third or fourth day." In conclusion, Dr. Van Zandt expresses his opinion "that the use of creasote or carbonate of creasote in the treatment of pulmonary inflammation is one of the greatest life-saving discoveries of the century just ended."—*Lancet*.

Medical Appointments to the King.—The King has appointed Lord Lister to be Sergeant-Surgeon-in-Ordinary to His Majesty and Sir William MacCormac, Bart., K.C.V.O., and Sir Thomas Smith, Bart., Honorary Sergeant-Surgeons to His Majesty. We are glad that His Majesty has decided not to allow these historic appointments to fall into desuetude. The following appointments have also been made: To be Honorary Physicians—Dr. D. McEwan, Inspector-General (retired); Sir James J. L. Donnet, K.C.B., Inspector-General of Hospitals and Fleets; Sir John Watt Reid, K.C.B., Director-General of the Medical Department of the Navy (retired); Dr. A. B. Messer, Inspector-General of Hospitals

and Fleets (retired); Dr. H. C. Woods, M.V.O., Inspector-General of Hospitals and Fleets. To be Honorary Surgeons—Sir James Jenkins, K.C.B., Inspector-General of Hospitals and Fleets; Timotheus J. Haran, Inspector-General of Hospitals and Fleets; Sir James N. Dick, K.C.B., Director-General of Medical Department of the Navy (retired); Dr. William H. Lloyd, Inspector-General of Hospitals and Fleets; and Dr. Alfred G. Delmege, M.V.O., Deputy Inspector-General of Hospitals and Fleets. —*Lancet*.

Extraordinary Fraud of a Medical Student—Obtaining His Own Death Certificate.—"I am the dead body," said Mr. William Browning, described as a Dublin medical student, when arrested on a most extraordinary charge of fraudulently obtaining a death certificate. He was living in lodgings in London and complained of serious illness, took to his bed, and sent a note to a doctor asking to be attended. He described symptoms pointing to Bright's disease. His temperature was high, and there seemed no doubt that he was seriously ill. The doctor attended and sent medicine regularly. One evening the patient gave out that he was much worse and had sent for his brother. On the following morning he shaved off his moustache, made other alterations in his appearance, and proceeded to the doctor's office, where he asked for a certificate of "his brother's" death. In answer to the usual questions he said he was present at the death and described the manner in which his brother had died, the details being precisely those which would be expected in Bright's disease. As the nearest relative he was therefore given the certificate. The doctor at the time noticed the close resemblance which the man bore to his alleged brother. So far all went well, but as the doctor made it a custom to see the dead bodies of his patients he proceeded to the house. The room was closed, but after some delay a key was found and he effected an entrance. The room was in darkness, but on the bed he could see the dim outlines of what appeared to be a corpse. The head was wrapped in a pillow-case, which struck the doctor as strange. On pulling the covering he found that there was no head at all! Then, on turning back the sheet he found that the "body" was composed of a couple of blankets. The doctor at once summoned a policeman. On searching the prisoner's box a life policy for \$1,000 was found. He alleged that his sole motive was to make his people believe that he was dead.

The Physician's Library.

BOOK REVIEWS.

The American Year-Book of Medicine and Surgery for 1901. A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books, of the leading American and foreign authors and investigators. Arranged with critical editorial comments, by eminent American specialists, under the general editorial charge of GEO. M. GOULD, M.D. In two volumes—Volume I, including "General Medicine," octavo, 681 pages, illustrated; Volume II, "General Surgery," octavo, 610 pages, illustrated. Philadelphia and London: W. B. Saunders & Co. 1901. Per volume: Cloth, \$3.00 net; half morocco, \$3.75 net. Canadian Agents, J. A. Carveth & Co., Toronto.

It is evident that our friends, W. B. Saunders & Co., found that the publication of "The American Year-Book of Medicine and Surgery" in two separate and distinct volumes met with the approval of their clientele, the medical profession of America, as we see that they have adopted the same plan for 1901. We took the opportunity of stating, when reviewing this work for 1900, that the idea was indeed a good one, as in many cases the book would be purchased by some who took an interest in either Medicine or Surgery, but did not care to pay for what was to them of little interest, if they were able as now to buy what they wanted but no more. On the other hand, it is self-evident that the publication of the year-book in two volumes is also of considerable advantage as well to the general practitioner, as it enables him the more readily to refer to his subject without searching through what might be a more ponderous volume. We find, among the list of contributors this year, such names as Dr. S. W. Abbott, of Boston, Dr. Louis A. Duhring, Dr. Louis Starr and Dr. Alfred Stengel, of Philadelphia, Dr. Archibald Church, of Chicago, and our own talented confrere, Dr. Wyatt Johnston, of Montreal. The only change on the editorial staff this year is that the name of Dr. A. O. J. Kelly is coupled with Dr. Riesman in the section devoted to Pathology.

We take it that it is owing to lack of room only that friend Wyatt Johnston has devoted only a short 17 pages to his department of Legal Medicine. We would have liked to have been able to read at least 50 pages from his gifted pen. We read with considerable interest the section on Nervous and Mental Diseases by Dr. Archibald Church, of Chicago. His section with splendid illustrations, on the subject of symmetric adenolipomatosis, is very interesting. He states that Launois and Bensaude under this title contributed last year some articles on the subject of multiple symmetric fatty deposits unattended by general symptoms of illness or physical disorder. These local masses of fatty tissue seem to enjoy an individuality, preserving their volume during conditions under which the patients generally become cachectic and even in the presence of considerable emaciation secondary to tuberculosis, Bright's disease, etc. The disease usually makes its appearance after twenty years, and is much more common among men than among women.

Under the section on Materia Medica, Experimental Therapeutics and Pharmacology by Drs. Reynold W. Wilcox, of New York, and A. A. Stevens, of Philadelphia, we see that, in considering Antitoxin of Diphtheria, the writers speak in no uncertain manner of this method of treatment. Siegert quotes statistics of 42,000 cases of diphtheria (not requiring operation) collected from 79 hospitals

in Germany, Austria, Hungary and Switzerland. Of these cases, the average mortality percentage of the four years preceding the use of antitoxin (1890-94) was 41.4, while the average mortality percentage for the four years succeeding the use of antitoxin ('94-'98) was 16.5. From his series of comparisons the author draws the striking conclusion that of 40 ordinary cases of diphtheria which would die under other modes of treatment, 25 are surely saved by antitoxin. In view of these facts, he argues that it is impossible to hold guiltless the physician who fails to employ this powerful weapon in combating so dangerous a disease.

In the volume devoted to Surgery, we find that General Surgery is from the pen of Drs. W. W. Keen and J. Chalmers DaCosta; Obstetrics that of Drs. B. C. Hirst and W. A. Newman Dorland; Gynecology, Drs. J. Montgomery Baldy and Dorland; Orthopedic Surgery, Drs. V. P. Gibney and J. H. Waterman; Ophthalmology, Drs. H. F. Hansell and W. Reber; Otology, Dr. C. H. Burnett; Diseases of the Nose and Larynx, Drs. E. Fletcher Ingals and H. G. Ohls; and the subject of Anatomy, Dr. C. A. Hamann, of Cleveland, O. W. A. T.

Encyclopedia Medica. Under the general editorship of CHALMERS WATSON, M.B., M.R.C.P.E. Vol. IV., Foot to Hernia. Edinburgh: William Green & Sons. 1900.

This volume is quite up to the standard of the three preceding ones which have already been noticed. Much care has been taken by the writers of the various articles to bring them up to a high standard, and although they are necessarily condensed they are clear and safe. Of the arrangement of the matter we have to observe again that it would apparently have been much more convenient if all the articles bearing on one organ had been placed together in one volume and the cross references given in alphabetical order. The treatment of heart disease, for example, seems quite incomplete without the so-called Schott methods being discussed.

Of the longer articles in this volume those on the heart are specially worthy of mention. It is highly commendable that diseases of the myocardium are given equal prominence with those of the endocardium, and not, as is usually the case, treated of in a small sub-section. It is too often lost sight of that in the great majority of cases of heart disease the symptoms are due to myocardial rather than to endocardial disease, yet how often it is that murmurs receive sole consideration. Kelynaek writes the pathological and Graham Steele the clinical section of this part.

H. D. Rolleston writes an excellent article on Hematemesis. It seems an error, however, to recommend such compounds as *Ruspini's styptic*, the composition of which is not generally known.

The article on the gall-bladder and bile-ducts by Mayo Robsen and Farquhar Macrae is very good, as is also that on gout, by the editor.

In the excellent article on Hemoptysis, by R. Murray Leslie, one could wish that the use of ergot were more strongly condemned. The only beneficial effect it can have is in gratifying the patient through his belief that a potent remedy is being used. The beneficial effects of astringents in general are rightly called in question; it is doubtful if they have any influence on the bleeding. The use of morphine hypodermically is strongly recommended, it is the most potent remedy at our disposal.

Nothing is said of calcium chloride; it should be of as much use in this as in other hemorrhages. Nor is there any reference to collapsing the bleeding lung by the introduction of nitrogen gas or air into the pleural cavity.

Among other valuable contributions may be mentioned those on Fractures, by D'Arcy Power; Gastro-Intestinal Disorders of Infancy, by G. F. Still; Glandular Fever, by Dawson Williams; Glaucoma, by Priestley Smith; Glycosuria, by R. T. Williamson; Hemoglobinuria, by A. E. Garrod; Hay Fever, by Greville MacDonald; Headache, by James Ritchie, and Hemiplegia, by James Taylor.

It is to be regretted that the several articles are unsigned, especially as they are written in the first person. The book is creditable to the publishers, being well printed on heavy paper.

A Contribution to the Study of the Blood and Blood-pressure. Founded on portions of the Croonian Lectures delivered before the Royal College of Physicians, London, 1896, with considerable extensions. By GEORGE OLIVER, M.D., F.R.C.P. (Lond.). London: H. K. Lewis, 136 Gower Street, W.C. 1901.

This is another effort to solve, by experimental methods, some of the problems connected with the blood and its circulation. The blood of a large number of healthy subjects was examined with a view to ascertain the influence of age and sex, and to determine the effects of exercise, of rest, of digestion, and of other physiological causes of variation in the proportion of the corpuscles and hemoglobin.

In the first chapter the hemoglobinometer and the hemocytometer are described, and the principles of their construction and use are explained. The author very candidly points out some of the difficulties he met in experimenting with these instruments, and indicates how some of these difficulties were overcome.

Experiments were made to determine the normal variations in the hemoglobin and the corpuscles, and these are described in the second and third chapters. The author states that no less than 40,000 observations were made with the object of determining the physiological and clinical variations in the chromocytes and hemoglobin. The results of these observations show that exercise in healthy subjects leads to an increase of hemoglobin, but in extreme degrees of anemia active exercise diminishes the amount of hemoglobin, while with complete rest in anemia the amount of hemoglobin is rapidly increased.

The remaining chapters are devoted to a study of the circulation by means of various instruments. The author states that the physician in his daily work has not been able to derive much assistance from knowledge obtained in the laboratory regarding variations in blood-pressure and from other features of the circulation. The reason for this lies in the fact that we have not had suitable and reliable apparatus for making proper clinical observations. Instruments, which have been devised with a view to overcome these obstacles, are described and their clinical uses are explained.

This book is a distinct gain to our store of knowledge relating to physiology. The author has tried, by careful experiments and observations, to reach conclusions that will prove to be of practical value to the general practitioner in his daily work.

A. E.

Traité Pratique des Déviations de la Colonne Vertébrale. Par P. REDARD, Ancien Chef de Clinique Chirurgicale de la Faculté de Médecine de Paris; Chirurgien en Chef du Dispensaire Furtado-Heine; Membre Correspondant de l'American Orthopedic Association. Paris: Masson et Cie., éditeurs, 120 Boulevard Saint-Germain.

I have read this work with the deepest interest; it is the best presentation of the subject which has been made. Like most monographs it is written by a man who gives of his abundance, who puts down what he knows because he has a practical acquaintance with his subject.

The first part of his book discusses antero-posterior pathological deviations of the spine. In pathology and pathological anatomy he could not expect to give much that is new. His discussion of treatment is masterly. As a Frenchman he gives prominence to Calot's method of forcible correction of the deformity in Pott's disease. While on the one hand it must be claimed that he makes out a much more favorable case for that method of treatment than English or American surgeons are willing to admit; yet it must also in fairness be said that he does not write as a partisan but as a surgeon who maintains a strictly judicious attitude. He himself has had large experience, having operated upon 120 cases without death or serious accident. He considers the method of treatment of forcible redressment and maintenance of the improved attitude a marked therapeutic advance.

The second part deals with roto-lateral deviations. His presentation of the

subject is fair and thorough, his treatment modern. He writes with commendable discernment. In therapeutics he gives the first place to forcible mechanical correction and gymnastic exercises. He is right in his statement that the repetition of certain movements and the retention of the attitude which is the reverse of the habitual one, will correct curvatures and arrest the progress of osseous deformities.

Beyond the pale of controversy he is right in saying that a careful examination of the subject demonstrates that for the most part corsets of types however varied have but little therapeutic value.

For the surgeon who gives much attention to deviations of the spinal column this is a most valuable work.

B. E. M'K.

Canada Under British Rule. By SIR JOHN G. BOURINOT, K.C.M.G., LL.D., Litt.D. With eight maps. Toronto: The Copp, Clark Company, Limited.

No observant visitor to the Canadian House of Commons will long remain unattracted by the striking figure of the Clerk of the House, Sir John Bourinot. His presence lends dignity to the Chamber and inspires confidence that its deliberations will be conducted in harmony with the rules of order which should govern deliberative assemblies, for in regard to rules of procedure Sir John is a past-master. It is not an unprecedented thing to see the work of the House suspended for a moment while the Premier and even Mr. Speaker consult the Clerk on some knotty point of order which has arisen.

But Sir John's energies are not exhausted by his often engrossing duties within the precincts of the House. He has won his title of Doctor of Literature by valuable contributions to Canadian literature. Apart from his works, "Parliamentary Procedure and Practice" and "Constitutional History of Canada," within which realms of study he is the generally recognised authority, he has enriched the historical wealth of our country by various books, magazine articles and lectures. His latest work, "Canada Under British Rule," has placed our Dominion under new obligations to Sir John. The title of the volume sufficiently indicates its scope and purpose. But in addition to the topics naturally treated under this head, our author has added to the value of his production by a chapter on Canada's relations with the United States, and her influence in Imperial Councils (1783-1900). An appendix treats of comparisons between the Constitutions of the Canadian Dominion and Australian Commonwealth, while excellent bibliographical notes complete a volume which we cordially recommend to our readers.

S. P. R.

A Clinical Treatise on Fractures. By WM. BARTON HOPKINS, M.D., Surgeon to the Pennsylvania Hospital and to the Orthopedic Hospital and Infirmary for Nervous Diseases. Philadelphia: J. B. Lippincott Company. 1900.

We certainly consider that we are specially favored in having received from the publishers an editorial copy of Dr. Hopkins' work on fractures. The publication of this book has been looked forward to with a considerable amount of pleasure, as it was announced some time ago that it would be the best, most complete and up-to-date work on fractures yet published. Our first glance at it was the means of at once convincing us that, if it is not the very best book as yet published, it is excelled by none and certainly bears out the prognostications made about it. It is printed on very heavy coated paper, rendering even the handling of the leaves a pleasure. The half-tones which are freely distributed throughout the book are amongst the finest we have ever seen. The skiagraphs are wonderfully clear and distinct, and are away ahead of any we have come across elsewhere. In going over Dr. Hopkins' work, we notice that he has not wearied his readers by going into statistics or dilating, as many authors do, upon methods of treatment which have not been adopted for half a century or more. The author has, as the title shows, devoted his space to fractures considered from a clinical aspect, so that the book is one eminently suited for the surgeon who desires at a moment's notice to refer to any chapter and pick up in a sentence or two

the information he is most in need of. The author devotes his first chapter to Fractures of the Upper Extremity, then devotes chapter two to Fractures of the Lower Extremity, and the balance of the book to less important fractures, those of the pelvis, sternum and ribs, spine, skull and bones of the face. We think we are not exaggerating when we say that the author will very soon have to publish a second edition of his work, so large a demand will there be for it from all parts of this country.

International Clinics. Vols I. and II. Tenth series. The J. B. Lippincott Company.

Vol. I. contains an excellent article by Simon Flexner on Medical Conditions Existing in the Philippines. In it there is a brief but interesting *résumé* of the Plague and an illustrated account of his experience with Beriberi. Some of the other diseases studied were Dysentery, Typhoid, Malaria, and some cutaneous affections closely resembling Ringworm and Scabies.

In this volume, too, is an article by Prof. Victor C. Vaughn, on Typhoid Fever among the troops at Chictamauga in 1898. The fly comes in for its share of condemnation in the spread of this disease.

The Progress of Medicine in this volume also makes interesting reading to the progressive practitioner.

Vol. II. contains among many useful articles one by A. L. Benedict, of Buffalo, on the Treatment of Hematemesis by lavage, with a note on the diagnostic use of the stomach tube. A comprehensive article describing the modern operations for the radical cure of hernia, by Edmund Andrews, is well worth reading, though the subject would seem almost threadbare. Goffé, of the New York Polyclinic, has an article of some interest on the anterior incision as the route of attack in pelvic disease. Unfortunately, he does not tell us how to thoroughly disinfect the site of operation.

F. N. G. S.

A Treatise on the Diseases of the Ear, including the anatomy and physiology of the organ, together with the treatment of the affections of the nose and pharynx which conduce to aural disease. By T. MARK HOVELL, F.R.C.S. (Edin.), M.R.C.S. (Eng); Aural Surgeon to the London Hospital; Consulting Surgeon to the Hospital for Diseases of the Throat, Golden Square; Lecturer on Diseases of the Throat, London Hospital Medical College; Aural Surgeon British Home for Incurables. Second edition. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1901. Printed in Great Britain. Price, \$5.50.

When the first edition of Mr. T. Mark Hovell's work on Diseases of the Ear was published about six years ago, it received from the medical press a welcome as a book worthy of the confidence of the medical profession. It met, in consequence, with a very large sale, and it is almost a wonder that a second edition has not appeared before this date. We find that this edition has been very largely rewritten, there being few chapters which have not been overhauled and materially added to. The book is practical, and that is saying a good deal when unfortunately there are too many medical works whose authors have not sufficiently borne this in mind. Mr. Hovell has written his volume so as to make it readable and acceptable to the profession as a whole, and not necessarily confining it to specialists only.

The Medical Annual: A Year-Book of Treatment and Practitioners' Index. 1901. Nineteenth year. Bristol: John Wright & Co., Stone Bridge; London: Simpkin, Marshall, Hamilton, Kent & Co., Limited; Edinburgh: Young J. Pentland; Glasgow: A. Stenhouse; New York: E. B. Treat & Co.; Calcutta: Thacker, Spink & Co.; Paris: Boyveau & Chevillet; Toronto: J. A. Carveth & Co.

Of the several annual works and which are published from year to year, we think that one which receives a large amount of praise, and that deservedly, is

"The Medical Annual." It is "short, sweet and to the point," and contains a digest of what has taken place in Medicine and Surgery, as well as the other branches, during the twelve months previous. The larger year-books, as they are termed, contain a great deal more material and go into each subject much more completely and thoroughly, whereas "The Medical Annual" gives the same but very greatly "boiled down." For eighteen years past "The Medical Annual" has been a welcome visitor at the offices of a steadily increasing number of physicians in almost every country. The nineteenth year will be no exception to the rule, judging from what the volume under consideration shows at even a glance. Among the editorial staff this year is Prof. Ruata, of the University of Perugia, Italy, who contributes an article on Tuberculosis, of great merit. Dr. McIntyre, of Glasgow, gives an article on X-Ray work in Medicine and Surgery; one on Color Blindness comes from the pen of Dr. Edridge Green, and one on Dental and Oral Surgery from Mr. Turner, F.R.C.S.

Obstetric and Gynecologic Nursing. By E. P. DAVIS, A.M., M.D., Professor of Obstetrics in Jefferson Medical College and Philadelphia Polyclinic. 12th volume of 402 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co. 1901. Price \$1.75 net. Canadian Agents, J. A. Carveth & Co., Toronto.

Perhaps we are safe in saying that we feel that there has been no book published of recent years which should be so welcomed by our nurses as Dr. Davis' "Obstetric and Gynecologic Nursing." The course of training that our nurses have got to go through before graduation does not include sufficient obstetrical work; so that unless a nurse is a particularly apt pupil, when she goes forth into the world to earn her livelihood, she is usually unable to cope with any of even the commoner emergencies of obstetrical practice, unless she has at her elbow the practitioner to aid her. A book such as this one will prove to be a perfect boon to every nurse, whether a graduate or not, so valuable indeed that a copy of it should be placed in the hands of every nurse graduating from our training schools.

Monsieur Beaucaire. By BOOTH TARKINGTON. Toronto: The Publishers' Syndicate, Limited. 1901. Cloth. Illustrated by C. D. WILLIAMS.

An exquisite little book, tastefully illustrated. A story so charmingly told that one involuntarily gives a sigh of regret to think that "the book must close over" so soon. This love-story has the "music and the meaning," for the accompanying hum of the cynic may be heard and the sound of a chord struck here and there, which for want of a better name we might call a nation's measure of a nation. But may we listen to another word-song soon. Booth Tarkington is too fine a singer to let his voice be mute nor ever chant to the sound of a muffled drum.

W. A. Y.

The House of Egremont. By MOLLY ELLIOTT SEAWELL. Toronto: The Copp, Clark Company, Limited. 1900. Cloth. Illustrated by C. M. RELYEA.

"The House of Egremont" adds another much-to-be-desired historical novel to the list of the books of 1900. The story is descriptive of the court life of James the Stuart, his banishment, and the troublous times during the end of the seventeenth century. The characters are well drawn and their chivalrous deeds or daring are dramatically portrayed. Several chapters stand out boldly and linger photographically in the memory of the reader. The story is tastefully and not profusely illustrated.

W. A. Y.

Stringtown on the Pike. By JOHN WM. LLOYD. New York: Dodd, Mead & Co. 1901. Cloth.

"Stringtown on the Pike" is a story full of negro superstitions, told in negro dialect. Two of the principal characters, Cupe and his wife Dinah, are certainly not the usual darkeys of fiction, nor the funny Topsy, "Oh, golly, but

I'se wicked," type that we have known and loved so long; but a curious kind of creation, possibly an evolution of the creative genius of the author, a something fitting to hang his very interesting collection of old superstitions of the colored folk and strange "bogie-man" stories of the neighborhood upon. Despite its strangeness the story does not lack interest, and anyone who has all the time there is may enjoy the reading of it.

W. A. Y.

PAMPHLETS, REPRINTS, ETC., RECEIVED.

Annual Report, Department of Public Health, City of Newark, N.J., 1899.
 Laboratory of the Inland Revenue Department, Ottawa, Canada, 1900.
 Bulletin No. 71, Cream of Tartar. Bulletin No. 72, Cocoa and Chocolate.

Laboratory of the Inland Revenue Department, Ottawa, Canada, 1900.
 Bulletin No. 74. Milk, 1900.

A Case of Malta Fever, by J. H. Musser, M.D., and Joseph Sacler, M.D., of Philadelphia.

Some Cases of Dilatation of the Stomach, by J. H. Musser, M.D., and J. Dutton Steele, M.D., University of Pennsylvania.

"Indian and Colonial Addendum to The British Pharmacopoeia," 1898, published under the direction of the General Council of Medical Education and Registration of the United Kingdom, pursuant to the Acts XXI and XXII Victoria, Cap. XC (1858), and XXV and XXVI Victoria, Cap. XCI (1862). Printed and published for the Medical Council by Spottiswoode & Co., Grace Church St., London, 1900.

Drug Habits in the United States.—The New York School of Clinical Medicine has established a special department of neurology, of which Dr. T. D. Crothers, of Hartford, Conn., has been elected professor—viz., the study of the neuroses and psychoses of alcoholism and of drug habits. Dr. Crothers is announced to deliver immediately a course of clinical lectures on inebriety from alcohol, opium, chloral, cocaine and other narcotics. These lectures appear to be timely, for the diseases dependent upon or associated with the abuse of alcohol, opium, chloral, cocaine, and other narcotic drugs are steadily increasing in the United States of America, and the demand for special treatment in institutions and retreats is becoming more pressing every year. The last number of the *Quarterly Journal of Inebriety* has the following words in a leading article: "All the large public hospitals and asylums in the States have wards and rooms for alcoholics and druggtakers, and the same demand for treatment is seen in private practice in the increasing number and urgency of such cases." It is also important to notice that there is practically very little special literature dealing systematically and authoritatively with the nature and treatment of these neuroses. As a consequence this field is largely occupied by charlatans and irregulars, who, with innumerable specifics and secret drugs, claim the most marvellous results. We hope that the departure of the New York School of Clinical Medicine, in giving exact systematic instruction in these diseases, will be welcomed by the medical profession in the United States.—*London Lancet*, March 2nd, 1901.