Prize Competition, See Pages 158 and xxxiv.

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Original Articles

VENTROFIXATION OF THE UTERUS WITH SUBSEQUENT NORMAL DELIVERIES.

BY A. LAPTHORN SMITH, M.D.,

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Having performed the operation of ventrofixation close upon two hundred and fifty times, and having almost invariably seen it followed by the most satisfactory results, I prefer this operation above all others in all cases of retroversion, or prolapse of the uterus accompanied by disease of the ovaries and tubes. If there is no disease of the ovaries and tubes present, and there are no adhesions, which prevent me from easily placing the uterus up, I invariably perform Alexander's operation of shortening the round ligament in all those cases which I have not been able to cure by non-operative procedures, extending over from three to six months, including the wearing of a pessary for most of that time. I think it wrong to open the abdomen, and perform ventrofixation on a woman whose ovaries and tubes are healthy, and whose displacement can be cured by an operation which has no mortality. If the woman has been complaining of pain for a long time, especially at her periods and during sexual intercourse, and if I am unable to get the uterus out of the hollow of the sacrum, I feel convinced that she has had pelvic peritonitis, and that she will have it again and again until the cause of the peritoneal infection has been removed. In

these cases I feel amply justified in running the risk of one or two per cent. in opening the abdomen, freeing the adhesions, and fastening the anterior surface of the uterus to the abdominal wall, after having first scarified the peritoneum to the extent of a twenty-five-cent piece, on the opposing surfaces. When I have made up my mind that the case is bad enough to justify the opening of the abdomen, I have generally found the condition of affairs to be much worse than I expected, and the saving of both ovaries and tubes was simply out of the question. When, however, the woman has been young, and desired me to leave one ovary, or even a part of one, and when she has asked me to leave a tube or a part of a tube, so that she might become pregnant, I have always done so, provided that she has expressed her willingness to take all the blame herself, and cast no reflection upon me, if the remaining pieces of ovary and tube should ever cause her so much suffering as to necessitate a second operation. In about ten cases they have come back expressing their regret that I did not remove all the diseased organs, and about five of these have had a second operation followed by a perfect cure. In about ten other cases they suffered no inconvenience from my having left the two ovaries, or one, or even the half of an ovary, their operation having turned out a complete success.

About five or six of them have had one or more children since, and in no case has there been a single untoward incident in connection with their delivery. No prolonged labors, no dystocia requiring the use of forceps, no Cæsarian sections, no stillborn babies; the terrible pictures which I have seen so often painted in the medical journals as being the inevitable result of labor after ventrofixation were completely lacking. There was just a plain, ordinary, every-day confinement. None of them were confined by myself, but three were attended by Dr. Sylvester, one by Dr. Johnson, and another by Dr. J. Leslie Allan. This patient was admitted to the Samaritan Hospital for Women in March, 1902.

Mrs. R., age 27, married six years, and mother of two children, but during the last two or three years had been suffering constantly, especially during menstruation, which was irregular and profuse. The adhesions were so dense that in order to free them and to get the uterus up the tearing of them was unavoidable, and the ovaries were cystic and cirrhotic, being covered with a dense capsule. One ovary and tube were removed completely, and two-thirds of the other ovary, but one tube was allowed to remain. Dr. Allan states that her confinement on the

9th June, 1903, of a healthy female child, just fifteen months after ventrofixation, was perfectly normal.

Dr. Allan also sends me a report of another case, a Mrs. G., aged 25, married eight years. She always had been regular, but suffered a great deal. Before marriage and for six months after, the periods were very profuse. As no treatment seemed to benefit her, and she was becoming a chronic invalid, she was sent into hospital, and had curetting and ventrofixation, the ovary and tube on one side being removed completely, and a portion of the other one. Seventeen months afterwards she had a healthy female child, followed by a miscarriage, and after that two more healthy female children. On the 13th May, 1903, Dr. Allan confined her of a healthy ten-pound boy, the confinement being absolutely normal.

In my opinion all the disasters occurring in women who had ventrofixation, and who subsequently became pregnant, were due to the exceedingly faulty manner in which the operation was performed during its early years, the uterus being put upside down forwards, and fastened there with its back to the abdominal wall, so that the cervix pointed towards the liver. How could we expect a normal labor after such an operation? As I have already stated, the anterior surface of the fundus should be scarified, and it should be attached to the abdominal wall just above the pubis. If this were invariably done, we would hear no more of abnormal labors after ventrofixation.

A MEDICAL MEDLEY.*

By J. S. Sprague, M.D., Stirling, Ont.

This title I have selected in order to introduce many varied and important interests or suggestions, which, from an experience of more than thirty years in active practice, I have considered worthy to present to you—you who are baring your breasts and about to kiss the rod, in other words, preparing yourselves for admission as co-worker with us of the medical profession.

"A wise physician is more than armies to the public weal,"

*Prepared by special request for the Student's Medical Society of Toronto University.

is a commendation of Homer, and the correctness of this beautiful illustration of our worth and of our services, has been confirmed in history, and really more judiciously applied to our confreres of this present period. If more than armies was he during that period in which Homer "struck his tuneful lyre," he assuredly is such to-day, and the future promises are that he will ever remain with such laurels of honor and usefulness.

When I, in 1866, was a medical student of this university, our quarters were in the Old King's College Buildings, and the only lecture we attended within these walls of the university was that of Chemistry—Dr. Croft the distinguished professor. If you, as students, were able to see us in our barracks (and such they were, or even worse) alone provided for us, you who are elegantly quartered would agree that time has made marked changes for the comfort and convenience of medical students. Such changes I have had the opportunity to observe, and duly confirm such as correct. Yet I cannot believe that men have arisen to equal my old teachers—Hodder, Bovell, Aikins, Richardson, Wright, and others who have left illustrious names and records in medicine. You, no doubt, will have the same adoration for your professors, and such esteem will be strengthened as the years roll by; yet it is well to observe, and to ever keep in remembrance, that the spirit of Chauvinism is not always commendable. Respect, even somewhat of adoration, should be, and will be cherished for one's *alma mater,* for the most precious of recollections for you will be those of to-day; in fact, for the whole period of your medical studies within these hallowed walls. These days no doubt appear to try your very souls, but the future with trials many, grievous, and disappointing, will assail you, yet not without days of sunshine and hopes for the morrow. Such trials or struggles, you with heart within and God o'erhead, will meet, for not only your personal honor, but that of the honorable profession, among whose members you soon will appear, will exact your best tributes. Medicine is a most jealous mistress—really "uncertain, coy, and hard to please," yet she will more than abundantly satisfy and reward those who give their whole heart and soul to her cause and honor. Among the knights and barons of England are twenty medical gentlemen, made so distinguished in recognition of their attainments in the healing art.

Koch, the discoverer of the bacillus of tuberculosis and Von Leyden have had nobility conferred on them by their sovereign. Rontgen is the possessor of the title of Baron; an army surgeon of the United States, for services rendered in Cuba during its

reconstruction, was given a commission as Brigadier-General. Such statements are made to illustrate that, although medicine has few gifts, yet they do exist, and await the giving to those who are faithful to her. Yet there are many men in our profession who, not ambitious of distinction or nobility, are doing patiently and zealously many acts of benevolence, and sustaining the good name of the profession in every sense, and worthy of meritorious service medals. While I venerate the labors and names of my teachers, really with that love which is that of a child for its parents, yet they never told us, in the words of Hufeland:

> "Thine is a holy calling,
> See that thou exercise it purely,
> Not for thine own advancement only,
> Not for thine own glory, but for the glory of God,
> And the good of thy neighbor."

Did they, or my preceptor, ever instruct me in my obligations—my soon-to-be-assumed obligations towards my patients—or my patients to me, and to those of my profession? Did they ever mention or define any one of the many duties of physicians to each other? Did they ever name there was for our guidance or mutual protection an established set of rules entitled a "Code of Ethics"? My answer is, No! Have there been in the history of medical teachings any lectures, that is a well-arranged series of lectures on their mutual duties or obligations, such as are comprehended under the title or designation of medical ethics? The equivalent response No! must be given. No profession among all civilized nations demands more of intellect, soul and body, time and money, than does that of medicine, and if this statement be correct, which I think no one will be bold enough to deny, is it not but the right of every medical undergraduate in this or any university to demand and receive instruction in ethical matters? A few well-arranged lectures, or heart-to-heart talks to primary men are demanded, really necessary, but to the final-year men a well-arranged system of such talks or addresses delivered or prepared by men who are, or have been, thoroughly disciplined in country or city practice, would free you (and those who are to take your places here) from many silly notions. "There is a way which seemeth right to a man, but the end thereof is death." Such lectures, too, would free you from this termination, *i.e.*, professional disappointment.

It is wise for us to seek the good admonitions of our best men who have been over the roads, and whose years give weight

or stability to their expressions, but do not be in bondage to their faces or their varied fancies, for such subserviency makes many an honest mind its prisoner. Bacon has said, "Beware how in making the portraiture, thou breakest the pattern, for divinity maketh the love of ourselves the pattern; the love of our neighbors but the portraiture." No one ever became distinguished by following a model in character, although it is wise to have an ideal or model, yet one's personality should not be obliterated in the copy or in the copying.

There are fixed rules for our guidance, and such are contained in the code of medical ethics, as necessary to our professional daily life and venerable as are the ten commandments to civilized nations. You in your studies, having not had a preceptor as was required many years ago, have learned few—but very few, if any, of the ethical duties or obligations, and to your sorrow you will meet infringements of such in practice. The barrister and the clergyman enter their respective professions, thoroughly informed of their fraternal and public duties, and their code of morals or of ethics, either written or unwritten, is well established. Such an entrance to your professional career does not await you, yet I am of the opinion that those who are in the final studies will receive many lectures in ethics before graduation day. Our best medical journals are advocating such lectures, and our DOMINION MEDICAL JOURNAL says under the title of "The Teaching of Medical Ethics":

"The continuous and what we might call shameful neglect of our medical colleges in the matter of teaching medical ethics to the students, or more especially to the final men, is a subject which ought to call for serious and careful consideration at the hands of the medical faculties of the various teaching staffs of our universities. Too long has this matter been left in abeyance or perfunctorily performed by all too eager students themselves, inviting one of the members of faculty annually to give them a general idea of their comportment when once they have been launched into the profession. In these commercial days the young practitioner cannot be too well bolstered up in all that makes for an honorable and upright conduct. More especially has he need of correct information and understanding with regard to his duties to himself as a practitioner, to his patients, and to his confreres. No doubt those who would be looked upon as being qualified to deliver a series of lectures on such subjects, would plead that their attention to their professional and clinical duties already makes such inroads on their time, that

it would be impossible to add further thereto, and so this most important matter must continue to *drift,* DRIFT, *DRIFT.* Some one in authority in the different medical faculties of the country might bring the idea to the attention of the students themselves through the medium of the president of their respective college medical societies, whereby arrangements could be made for a monthly deliverance from a given member of the faculty or several members thereof. If the code of ethics of the national medical organization, the Canadian Medical Association, were followed, a series of seven lectures could readily be arranged for on a monthly basis before the regular monthly meetings of these medical societies, at which now but a portion of the student-body foregathers. For instance, one member of the faculty might be asked to take Article I. of the code: 'Of the Duties of Physicians to their Patients, and of the Obligations of Patients to their Physician.' Another could be asked to deliver a second lecture, taking for his text, Article II.: 'Of the Duties of Physicians to each other, and to the Profession at Large,' and so on until the whole field would be covered. The result would tend to enhance the value of the medical society to each student, and would be sure to result in a very large and enthusiastic attendance at the regular meetings. This system, if once inaugurated in the college medical societies, would be productive of untold good in the after-life of the student when he has been called to the active and responsible duties of professional life. After these matters had been brought home to him in a proper manner for four years, he would step into the ranks a master of professional etiquette, and with a thorough knowledge of all that goes to make for success, and as well a valued member of the faculty."

Such views have, during the last few years, been published and highly endorsed by our best journals, yet our medical colleges in very few instances have relegated such considerations to medical societies among students.

Fame or success, it is true, is ascribable to accident in many instances which may be recalled, but it more frequently is due to "being in the right place at the right time, and doing the right thing, or better still, making people think you are doing the right thing." This is an accepted definition of fame or success, and it is useless "that thought may use unfettered wings" to more properly define it. In order that you may be prepared to win fame or achieve success, the highest qualifications, personal and acquired, are demanded of you to live and let live, and such should be your prominent thought. No other profession de-

mands more of its disciples than does medicine, and among such requirements it is well to note, you must be—

"Frank-faced, frank-eyed, frank-hearted, always bright,
Bland as a Jesuit, sober as a hymn:
Harmonious and yet without a touch of whim,
Gentle and amiable, yet full of fight."

Possessing or acquiring such characteristics will ensure you success, worth the struggle, for while rendering you more useful; they will, assisted by your thorough medical training, place you as a chief among equals—if not among the gods—in medicine. You will find "opportunities are fleeting, and the brethren deceptive," and occasions will arise such as try men's souls, in which you exclaim:

"Out of the night that circles me,
Black as the pit from pole to pole:
I thank whatever gods there be,
For my unconquerable soul."

But the morn waked, by circling hours, with rosy hand, will have unbarred the gate of light for you; lights and shadows will cross your path, and you will learn too soon that our profession has many irreconcilables and drones within its ranks, but the most deceptive and subtle foes to our stability and reputation are the borderland pharmaceutical houses and their agents, so says Osler in prophetic words. The pernicious literature of such establishments, re-echoed in many bastard journals, will ever remind you of insatiable camp followers or of howling wolves, relentless in pursuit of their victims. As such sappers and miners are within sight of our very foundations, the wonder is that they do not demand and endow a professor to expose or exhibit their so-called ethical goods, and give lectures on their virtues to you within these walls.

Unless your hearts are as Harveyized Krupp steel, it is hoped this "Medical Medley" has made some impression, or suggested beneficial thoughts, for with no wilful contrariety, or brilliant inaccurate reasoning have I found expression. It is free, entirely free from metaphysical subtleties and misapplied metaphors, just a brief, heart-to-heart talk, this and nothing more. It is a free-will offering, and I hope it will prove acceptable, and not worthy of the distinction of a burnt-offering. Such I leave to your decision in order that I arrange, with your wishes, another paper on this or some kindred subject, in which ethics as related to medical practice has a deserving consideration in the estima-

tion of all whose best love is that for the medical profession in its every and best interest; for "a house divided against itself shall surely fall," and those who are not with us in these heart-to-heart talks are surely against us.

> "Since we deserved the name of friend,
> And thine effect so lives in me,"

I hope—

> "A part of mine may live in thee
> And move thee on to noble ends."

No other motive than the above has influenced me in presenting this paper, *this* and *this* only, *this* and nothing more, and I hope —sincerely hope— that I, as Vice-President of the Toronto University Alumni Society of the County of Hastings, an ordinary country doctor, have not addressed you in vain.

What is your decision?

REPORT OF CASE OF SCALD.

By Everett S. Hicks, M.D., Port Dover, Ont.

At noon, January 23rd, I saw a child, aged four years, who was scalded by falling into a tub of boiling water. The burn, which was of the third degree, was of irreguar outline, as it involved: (1) an area on scalp and ear the size of a saucer; (2) one arm except the hand; (3) nearly one-half the trunk from shoulder to buttocks; (4) one leg from buttocks to knee. A glance at the temperature chart would show the history of a quick, short battle. The rise of temperature on January 24th was associated with convulsions, recurring at intervals. The burn was diregarded, and the child kept continually rolled in hot packs in an attempt to make the unburnt skin do double work. Chloroform and chloretone were given for the convulsions when they came on. The next day the baby was comatose; no pain, no crying, vomiting at times and involuntary movements from bowels and bladder. The unburnt skin now a deep scarlet. Hot packs were continued, and water given freely for four days.

January 28th.—Dressed scald with borated carron oil, ap-

plied on plain sterilized gauze. The rise of temperature, February 1st, was associated with separating sloughs; these were removed. February 2nd.—Skin was grafted on the elbow to avoid a stiffness of joint, if possible. In four weeks healing was nearly completed, and recovery, with good use of the arm, uninterrupted.

Selected Article

THE NERVOUS PHENOMENA ASSOCIATED WITH MOVABLE KIDNEY.*

By Wharton Sinkler, M.D., Philadelphia.

It is only within a comparatively recent period that the attention of the profession has been directed to the frequent occurrence of movable or floating kidney, and it is within a still more recent time that the importance of the symptoms arising from this condition has been appreciated. The frequency of movable kidney is a point on which there has been wide diversity of opinion. All authorities agree that movable kidney is much more common in women than in men, and it is also agreed that it most frequently occurs between the ages of twenty-five and forty years, and is rarely found in girls before puberty. It is also most common in women who have been pregnant. Some writers state that this condition of the kidneys is found in 25 per cent. of women who are examined for pelvic, dyspeptic or other troubles, while others regard the condition as comparatively rare. Franks[1] insists on a distinction between floating kidney and movable kidney. The former, he says, is very rare, and is a pathologic curiosity, while the latter is common. Floating kidney is a congenital condition, and the organ is freely movable in the cavity of the abdomen, it is surrounded by peritoneum, and is possessed of a mesonephron. Movable kidney is an

*Read at the Fifty-fourth Annual Session of the American Medical Association, in the Section on Nervous and Mental Diseases, and approved for publication by the Executive Committee: Drs. Richard Dewey, H. A. Tomlinson and F. W. Langdon.

1. Twentieth Century Practice of Medicine, vol. ix, p. 781.

acquired condition, and the organ is mobile behind the peritoneum.

When looked for in the cadaver, the kidney is not often found displaced, and this is probably due to post-mortem conditions, the kidney having a tendency to settle into its normal position, and the fatty capsule surrounding the organ becomes solidified, and helps to hold it there. Epstein states that movable kidney was found only five times in 3,658 post-mortems, and Landau, in an examination of hospital records from 1870 to 1879, found reports of only four cases out of 6,999. On the other hand, Lindner[2] asserts that in his experience, one out of every five women has a movable kidney, and Mathieu, out of 306 women examined in hospitals, found movable kidney in 85, or 25 per cent.

There is no doubt that a kidney which is displaced to only a slight extent is overlooked, and in the detection of a movable kidney, much depends upon the manner in which the examination is made. It is the experience of everyone to have found at one examination, that the kidney was so much out of place that its whole outline could be readily traced, while on the next occasion it may have been impossible to feel the organ at all. Lindner gives the following as his method of examination for displaced kidney: He stands at the right side of the recumbent patient, places his right hand against the anterior abdominal wall, and then presses the left against the back of the lumbar region so as to push the kidney forward. The patient is then placed on her right side, with the knees drawn up; by sharply shaking the body, the kidney, if movable, will fall forward. He says that frequent examinations are sometimes necessary to detect the abnormality.

Noble[3] declares that an examination of a patient lying down is a most unreliable way for determining the presence of movable kidney, and he believes that this condition is frequently overlooked if the examination is not made when the patient is standing. His method is as follows: "The patient's clothing should be loosened, all bands about the waist unfastened, and the skirts supported by a nurse or assistant, so that the patient will not be embarrassed with the fear that her clothing will fall off. She should then stand before a table or desk of convenient height, about thirty inches, with the examiner seated on her right. The patient then bends forward from the hips, and supports some of

2. Sajous' Annual, 1889, vol. I. G., p. 21.

3. Gaillard's Med. Jour., 1895, vol. lxi, pp. 59, 65.

her weight by resting her hands on the table. She is directed to respire regularly, care being taken to relax herself thoroughly during the expiration. The examiner's left hand is placed against the lumbar region posteriorly, and his right hand in a corresponding position in front of the kidney. By a conjoint manipulation, the region between the two hands can be carefully palpated, and if present, the kidney is easily recognized." The points to be looked after are the shape and size of the kidney and the fact that it can be readily displaced upward beneath the margin of the ribs, and that it will return to its former location as soon as the examiner's hands no longer support it. When the kidney is compressed, as a general rule, the patient complains of tenderness or pain of a peculiar character, and often makes the statement that the pain causes her to feel faint and somewhat nauseated. In some cases the manipulation will be more successful in the knee-elbow position.

The causes of displaced kidney have been variously assigned to falls, pregnancies and tight lacing, but it is probable that these conditions are only indirectly causative, as there must be some predisposition to displacement in order to effect a marked change in the position of the organ. Probably the most common predisposing cause is the lack or loss of adipose tissue. It is undoubtedly true that movable kidney is usually seen in women who are thin or emaciated. Possibly one reason for its more frequent detection in thin women is that in them it is easy to palpate the whole abdomen, while in stout women the difficulties are great, but it is no doubt true that movable kidney does not occur so frequently in stout women as in thin.

The kidney has no proper ligaments, but is embedded in a thick cushion of fat which aids in keeping the kidney in place, and there is also a large amount of connective tissue which binds it to the loin behind and to the abdominal viscera in front. Anything which causes absorption of the fat will necessarily allow greater mobility to the kidney. The right kidney is much more frequently displaced than the left, although occasionally it is found that both kidneys are displaced. Schutze found in 73 cases, the right kidney displaced 65 times—the left 18, and in both 14 times. Noble says that he has never seen a case in which the left kidney was displaced independently of the right.

The symptoms of movable kidney are for the great part reflex in character, but there are also those which are local or due to mechanical action. The principal symptoms connected with displaced kidney are pain and dyspeptic and neurasthenic disor-

ders. It is interesting to note that the symptoms are by no means in proportion to the degree of displacement of the organ. It frequently occurs that in cases where the displacement is only slight, the reflex symptoms are most marked. Noble has called attention to this and also to the fact that in this it is analogous to pelvic disorders. He thinks that the explanation is that in extreme displacement the nerves become overstretched, and the circulation has had time to adjust itself to the changed condition.

The degree of pain varies from a dull aching to acute lancinating pain. It is usually referred directly to the region of the kidney, and is more or less constant. In many cases it is uncomfortable or painful for the patient to lie on the side opposite the displaced organ. If there should be a twist or kink of any kind in the ureter, this will give rise to intense pain and eventually to hydronephrosis. Should complete rotation of the kidney occur, not only is the ureter compressed, but the renal vessels and nerves are also involved. The result is agonizing pain, with collapse, nausea, cold sweats and scanty urination. In short, most of the symptoms of renal colic are present.

Neuralgic pains in different parts of the body are complained of. Irritable bladder is common, and so also is pain in this organ, which begins in the kidney and passes down the ureter into the bladder. Dysmenorrhea is frequently associated with movable kidney, and there are also symptoms referred to the ovaries and bladder of a dragging character or weight, which are really due to a displaced kidney. There are frequent disturbances of the liver and gall bladder as a result of mechanical dragging by the kidney, and symptoms closely resembling those of gallstones are not unusual in connection with movable kidney. Dyspeptic symptoms are almost constantly met with in cases of displaced kidney. They may vary in degree and kind from slight indigestion and flatulence to intense nausea and pain. In connection with gastric disturbances are found palpitation of the heart and other disturbances in the action of this organ.

Intestinal disorders are also common. In some cases there is marked mucous colitis with its distressing local and general symptoms. What are popularly called bilious attacks frequently occur in patients with movable kidney. In these attacks there are headache and vomiting of large quantities of bile-stained mucus. The gastric symptoms have been attributed by one writer to the direction of the displaced kidney, and the pressure of this organ on the stomach, but this is hardly a satisfactory

solution of the case. It is more likely that the gastro-intestinal symptoms are reflex rather than mechanical.

A recent writer, Dr. Sherman Thompson Brown,[4] has reported two instructive cases of pancreatic diabetes, which he believes were due to misplaced right kidney. In both cases nephropexy was performed. Both patients made an uninterrupted recovery, and from the time of the operation no sugar was present in the urine in either case. In the interesting article which this writer has presented, he goes fully into the anatomy of the pancreas, duodenum and kidney. He explains the intestinal and pancreatic disturbances in displaced kidney by the pulling upon the duodenum and the colon with the duodenum where it crosses the kidney, and the pressure of the misplaced organ. In his cases, he believes that the glycosuria was due to dragging on the pancreas by the kidney.

Edebohls[5] believes that movable or displaced right kidney is directly responsible for almost every case of appendicitis. He, as is well known, is a strong advocate for operations to anchor the kidney. It would seem, therefore, that movable right kidney is held responsible for nearly all the ills to which flesh is heir.

The most common symptoms associated with movable kidney are disorders of the nervous system, such as hysteria, neurasthenia and mental depression. It must be borne in mind, however, that at least 50 per cent. of the cases of movable kidney present no symptoms whatever, and that, therefore, we can not expect to find in every neurasthenic woman a displaced kidney. At the same time there is such marked causative relation between movable kidney and neurasthenia that it behooves us to examine every woman presenting neurasthenic or hysteria symptoms, for the position of the kidneys. It is not necessarily the case that there is severe pain complained of in connection with the nervous systems, for frequently it is found that a neurasthenic woman has not experienced any pain or discomfort in the region of the kidney, nor has she been aware of any malposition of the organ.

Probably the most constant nervous disorder in a patient with displaced kidney is neurasthenia. Such patients are thin and, in addition to general neurasthenic symptoms, suffer from much gastric disorder. There are, in some cases, attacks of severe epigastric pain, with retching like the gastric crises of tabes, and often there is gastric pain which comes with regularity

4. Phila. Med. Jour., April 4, 1903, p, 594.

5. Amer. Jour. of Obstet., 1895, vol. xxx, p. 161.

one or two hours after eating, and large quantities of gas are belched up simulating gastric ulcer. The usual remedies for indigestion and flatulence afford little or no relief. Some patients find that lying down and kneading the right side gives ease. Bloating from distension of the bowels with gas is a common symptom, and this is frequently accompanied with palpitation of the heart and pain in the precordia. These patients, also, have more or less pain in the region of the affected kidney, which is generally of a dull aching character, and is often attributed to intestinal disturbances. The patient sleeps badly, and the sleep is broken and disturbed by dreams. Any form of exercise, even walking or driving, is liable to cause pain and aching in the right hypochondrium and considerable exhaustion. Patients with movable kidney are also extremely nervous and irritable, and are often in a condition which makes them not only uncomfortable to themselves, but a burden to their friends. In some cases, the various manifestations of hysteria may be presented. I recall one patient whose right kidney was so much displaced that it could be readily outlined in the region of the umbilicus, who had severe hysterical seizures in which she became unconscious and raved.

There are various reflex hysterical disturbances met with in movable kidney. Of course, there may be only an accidental association between these conditions, but from the fact that after an operation for fixation of the kidney these symptoms disappear, it is evident that there is more than a coincidence between the symptoms.

Hypochondriasis and mild mental disturbances like melancholia, are sometimes associated with movable kidney, but these conditions occur only in cases of long standing.

These nervous phenomena rarely occur in men, but when they are met with in that sex they are very intense. The treatment of movable kidney is palliative or radical. In a certain proportion of cases, the application of abdominal belts with properly adjusted pads seems to afford relief, but in the majority of instances the use of any kind of apparatus is entirely unsatisfactory, as it is most difficult to get a belt which can be made to fit accurately. Many cases in which the amount of displacement is moderate in degree, are greatly benefited by the rest treatment, and even cases in which there is a considerable displacement of the organ are distinctly benefited by such a plan of treatment. Every case of displaced kidney should have the benefit of systematic and intelligently directed rest treatment before resorting to operation. All the procedures connected with the rest treat-

ment tend to benefit cases with movable kidney. As long as a patient is on her back the kidney remains in a normal position. By improving the general nutrition of the body, the weight is increased, and this will add to the deposit of fat in all the tissues and restore that which has been lost by absorption from the envelope of the kidney, and thus secure it in its proper condition.

In addition to these mechanical influences from rest treatment, the isolation, regimen and moral influences which are brought to bear on the patient, relieve the nervous and neurasthenic symptoms which are present, in almost every instance.

In cases in which there is true floating kidney, or much displacement of the organ, and in which the rest treatment has been faithfully tried without benefit, operation should be resorted to. There are also cases in which, for various reasons, it may be undesirable to adopt rest treatment, and in these, nephrorrhaphy may be resorted to at once. The operation has been performed in various ways by different operators. The five principal methods are as follows:

1. The sutures may be passed through the fatty capsule alone.

2. They may be passed through the fibrous capsule of the kidney.

3. They may be passed through the substance of the kidney itself.

4. The capsule may be split and dissected off and this stitched to the lumbar muscles.

5. The substitution of gauze packing for sutures to hold the kidney in place until the formation of permanent adhesion of the kidney in its new position, the wound being left open to heal by granulation.

The object in all of these is to fix the kidney in the loin. The operation has now been performed a great number of times with marked success as to retaining the organ in position. The mortality is exceedingly small. In 134 cases collected by Keen,[6] there were four deaths, giving a death-rate of 2.98 per cent. The experience of most operators has been that the kidney remains in position after it has once been fixed by operation. Edebohls states that in 193 operations upon 186 patients, in none of the cases did he find the kidney misplaced on subsequent examination. Henry Morris states that in 98 operations for movable kidney, he has not reoperated on a single patient.

The ultimate results of nephrorrhaphy as regards the symp-

6. Trans. Amer. Surg. Assn., 1890.

toms, depend to a considerable extent on the nature of the case. The pain, weight and dragging is almost invariably relieved by an operation. The immediate effect on disorders of the digestive system is not always satisfactory, and it often is a considerable length of time after the operation before these symptoms are relieved. Flatulent dyspepsia and constipation often remain for a long time, and the same may be said of the nervous phenomena. Few cases are immediately relieved of neurasthenic and hysteric symptoms immediately after operation, and it is not reasonable to expect that these symptoms will be relieved without suitable treatment being pursued for a reasonable length of time. It is, in operations for movable kidney, just as it is in operations for ovarian disease in patients who have become neurasthenic. The cause of the trouble may have been removed, but the disease which has been induced does not disappear without proper treatment.

I will only relate two cases to illustrate what has been dwelt on in the foregoing remarks.

Case 1.—Mrs. A., aged 40, mother of four children, has for several years suffered from a number of symptoms of neurasthenia. She has had flatulent dyspepsia, and suffered from constipation. She has been very nervous and has become unable to perform her duties at home. She has lost much flesh, and is far below her normal weight. The right kidney was found to be markedly displaced, and could be readily outlined. There is apparently little local pain. She was treated systematically by the rest cure, and gained flesh, and lost her neurasthenic symptoms. Fifteen years later she was seen, and stated that she remained in excellent health.

Case 2.—Mrs. B., aged 25, has for several years suffered from severe attacks of bilious vomiting associated with headaches and pains in the right hypochondrium. She has been neurasthenic, irritable and emotional. She has constant dragging pain on the right side of the abdomen, most marked just below the margin of the ribs. She had frequent attacks of mucous enteritis. The right kidney was found to be movable and readily outlined. The patient was thin, but not anemic. A course of rest treatment was followed by improvement in her general symptoms, but after a few months she had almost as much pain, and suffered from as frequent attacks of bilious vomiting as before. In September, 1902, she was operated on by Dr. John B. Deaver, and the kidney was fixed in position. She made a satisfactory recovery from the operation, and all her symptoms have gradually disappeared. She has gained flesh,

and has comparatively little trouble with her digestion, and while not entirely free from pain, has so much less that it gives her but little inconvenience. She has gained markedly in weight.

Discussion.

Dr. A. P. Ohlmacher, Gallipolis, Ohio—Dr. Sinkler has referred to the difference between the figures of the pathologist and those of the clinician as to the frequency with which movable kidney is met. This discrepancy is, perhaps, partly due to the fact that it is not the routine custom to look for this anomaly in making an autopsy. The displacement is usually best made out with the body in the recumbent position, but if the autopsy is not made immediately after death, the fixation of the tissues tends to anchor the kidney, as well as the other intraperitoneal contents. If one will take the pains to grasp the kidney in its peritoneal covering, it will frequently be found that the range of movement varies greatly, and in this way one can sometimes detect a movable kidney. My attention has frequently been called to this in cases where the mesentery was unusually long and associated with a displaced stomach and colon, and on examining the kidney it would be found in its normal position, but it could be very readily drawn out and sometimes displaced for a considerable distance. I was rather surprised that Dr. Sinkler has laid no stress on the association of movable kidney with movability of other abdominal organs, that is, to a splanchnoptosis. This association is so common that I am sure it deserves some consideration. The digestive symptoms to which he referred are frequently the result of an associated gastroptosis, and are not referable to the kidney condition proper. In a like way the intestinal symptoms are often referable to displacement of the colon.

Dr. R. C. Moore, Omaha—The number of cases of movable kidney that we come across in general practice is astonishing, and it has become my custom when I am called to see a patient who has any symptoms pointing to the abdomen, to invariably look for floating kidney. The general symptoms, as Dr. Sinkler has described them, do not point to any disorder of the pelvic organs, but more especially to the gastro-intestinal tract. The author also referred to the connection of appendicitis with this trouble. This form of appendicitis comes under the head of colic of the appendix, and an operation on the movable kidney will not cure the trouble in the appendix. After the kidney is anchored, it becomes necessary to perform a second operation on

the appendix. These cases of appendicitis are non-suppurative in character at the outset, but there is a constant danger that infection may take lace. In examining for movable kidney, the upright position allows it to fall forward, but it is often very difficult to may it out on account of the rigidity of the abdominal walls. My custom is to have the patient sit on a chair and bend forward so that the abdominal muscles become relaxed. If the kidney is displaced, it can usually be made out by examining in this position.

Dr. J. L. Miller, Chicago—In quite a large percentage of cases of movable kidney of the second or third degree we also find gastroptosis. The latter condition does not always give rise to gastric symptoms. Many of these patients have shown marked improvement on the application of a suitable bandage; in others, an operation was necessary. Before we can say that these patients are cured, it is necessary to keep them under observation for a long time, as relapses are not uncommon. The neurasthenic symptoms will be apt to return even if the kidney has been restored to its proper position. The beneficial results of the treatment, as far as the nervous symptoms are concerned, are, I believe, largely due to suggestion.

Dr. A. R. Elliott, Chicago—I have been astonished at the frequency with which I have found gastroptosis and enteroptosis associated with movable kidney. These patients sometimes fall into the hands of the gynecologist, who may, perhaps, find and repair an old rupture of the perineum without relieving any of the patient's abdominal symptoms, which are the result of an abdominal ptosis. A satisfactory abdominal support and measures directed toward a proper regulation of the digestive functions with promotion of the general muscular tone, give the best results in these cases.

Dr. A. C. Croftan, Chicago—I think it is difficult to determine whether floating kidney is ever the cause of neurasthenic symptoms. I have never seen such a patient cured by the replacement of the kidney alone. There is usually in these cases general abdominal ptosis, and often associated with this condition is a loose floating twelfth rib. Whether the neurasthenia and the relaxation of all the abdominal supports are both effects of the same cause, or whether the latter determines the former, is often difficult to say. Theoretically, one might imagine that splanchnoptosis, with the resulting derangements of function, might cause certain vague general symptoms that can be conveniently included under the gaping category of neurasthenia; sympathetic irritation may also possibly be incriminated. The

anchoring of a loose kidney or uterus, however, can hardly be expected to cure the patient. I certainly never hesitate to send my neurasthenics to the abdominal surgeon even if the kidneys were loose.

Dr. F. Savary Pearce, Philadelphia—I believe that in a great many cases of floating kidney, associated with general splanchnoptosis, the whole process is the result of depressed vitality in a neuropathic subject. The treatment should be directed first along neurologic lines—to repair the nervous system, and when the patient's general condition is improved, it is certainly advisable to put the organs back into their proper places. As to the gastro-intestinal symptoms being necessarily due to an associated gastroptosis or enteroptosis, I am not willing to subscribe to that theory, because I have seen two cases of undoubted floating kidney with marked gastro-intestinal symptoms, in which there was no displacement of the stomach or bowels. The gastric symptoms, under such circumstances, are probably at least partially of reflex origin, or they may be the result of a nervous dyspepsia. The ideal treatment is to remedy the nervous condition. I have never found much benefit from the use of a belt. —*J. A. M. A.*

The important factors in attaining a good old age are good parentage; moderate, mixed diet, with the amount of meat reduced to a minimum, and alcoholic beverages entirely excluded or limited to a small amount of beer or wine taken with the meals, moderate bathing, outdoor exercise, intellectual work, rest for one or three months' during the year, and the cultivation of a cheerful, hopeful spirit. Worry should have no place in our lives.—*Merck's Archives.*

It is now recognized that tuberculosis of the faucial tonsils instead of being, as was formerly supposed, a disease of great rarity, is one of comparative frequency. Owing to the difficulty of recognizing the disease by the naked eye, its diagnosis and frequency can be ascertained only by the aid of the microscope and by inoculation experiments. Friedman, out of 145 post-mortem and operation cases, found evidence of tubercle 17 times, 12 of these being cases primary in the tonsil.—*L. Kingsford, in The Lancet.*

Reports of Societies

ONTARIO MEDICAL ASSOCIATION.

The coming meeting of the Ontario Medical Association promises to be the "best yet," if the earnest manner in which the newly-appointed members of the Committee on Papers have assumed office is any augury of success. The Committee hopes to be in a position before long to indicate to the profession at large the names of prominent visitors who will be here to take part at the meeting, June 14-16th.

CANADIAN MEDICAL PROTECTIVE ASSOCIATION—ANNUAL STATEMENT.

The annual statement to the meeting held at London, Ontario, during the recent session of the Canadian Medical Association, showed that while the membership increased slightly last year, yet we are far short of our expectations of success as a vigorous society, and we have determined once more to make an effort to arouse our brethren to a sense of the importance of our undertaking.

In every instance that we have undertaken to defend one of our members in the courts we have succeeded, but as it has been pointed out again and again, the legal expenses are heavy, and though we have won, the costs have had to be met inasmuch as the plaintiffs were sheriff-proof and worth nothing. Since our organization we have paid out in this way $1,026. Our exchequer is now practically empty, as we owe our bank balance to our solicitors. Our recent successful suit in defending Dr. Watts, at the Cornwall Assizes, has brought us in a further bill of costs of $250 which must be met in all fairness to Dr. Watts, and while we are appealing for assistance to the profession at large, we are notified of another writ at Gananoque, where one of our members is sued for damages for a case of death from tetanus following a vaccination. If our good work of assisting a brother attacked for malpractice is to go on we must look to the general profession to join us and, by their annual fee, put the executive in a position to defend. This appeal is urgent, and while January 1st is the date upon which we expect men to join,

we are compelled to ask for the 1904 fees now. Everywhere an occasion offers we are encouraged by promises of support to go on, and we realize that it is thoughtlessness only that keeps our list so small.

We confidently look for a greatly increased list of members this year, otherwise we will be obliged to cease our existence as the executive cannot be expected to make themselves personally liable for legal expenses.

We appeal to you not to compel us to circularize the profession twice in one year, as it costs nearly $100 to do so. Fill in your application forms when you read this, and forward it together with $2.50 in the enclosed envelope. If each member will interest himself in his own circle of friends, and secure their co-operation, he will do much to preserve our Association intact and prevent its lapsing from inanition.

We append the Treasurer's Statement and a comparative statement of membership by Provinces during the past two years:

RECEIPTS.

Balance in bank, January, 1903	$145 17
Ontario, 139 members	347 25
Quebec, 35 members	87 25
Nova Scotia, 17 members	42 50
New Brunswick, 14 members	35 00
Manitoba, 10 members	25 00
North W. T., 10 members	25 00
British Columbia, 28 members	70 00
Accrued interest	3 75
	$780 92

DISBURSEMENTS.

Legal expenses	$373 72
Printing and stationery	91 25
Postage stamps	60 25
Clerical assistance in re circulars	28 50
Auditor and bookkeeper	26 00
Travelling expenses	25 00
Bank charges on cheques	6 45
Cash on hand	169 75
	$780 92

N.B.—Outstanding liability to solicitors, $172.95.

J. A. GRANT, JR., *Treasurer.*
G. S. DAVISON, *Auditor.*

COMPARATIVE STATEMENT.

		1902	1903
Ontario	Members.	127	139
Quebec,	,,	28	35
Nova Scotia	,,	19	17
New Brunswick,	,,	14	13
Manitoba,	,,	13	10
N.-W. Territories,	,,	4	10
British Columbia,	,,	14	28
P. E. Island,	,,	2	0

F. W. MCKINNON, *Secretary.*
R. W. POWELL, *President.*

Ottawa, November 25th, 1903.

Therapeutics.

The Fly Blister and How to Apply It.

The following suggestions concerning the employment of the fly blister, an agent too often overlooked in these days of hyper-elegant pharmacy, are contained in an editorial in the *Medical World:*

"The fly blister is of value for four purposes: to affect inflammation or congestion; to cause absorption or removal of inflammatory deposits after inflammation has ceased; to relieve pain; for the effect which can be exerted upon the general system by blisters in systemic disease.

"When used to affect inflammation, the blister should not be applied over the site of inflammation, but should be placed a little to one side or at some other point known to be intimately connected by nerve fibres with the seat of inflammation; thus, in inflammation about the eye, the blister is applied back of the ear; and in pleurisy or abdominal neuralgia the chosen site of application is over the vertebra where the nerve at fault makes exit. Remember that all nerve pain is referred to the *peripheral* end, and *not* to the point of origin. In beginning hip-disease, it would be useless to apply a blister to the knee or ankle complained of, but great effect is often secured by applying it over the proper place in the affected hip. *A fly blister should never be placed directly over the site of an acute inflammation;* when it is to be used in such cases, apply it in a circle around the inflamed area, at

a little distance. The fly blister does good service in inflammation of the brain, eye pleura, peritoneum, lung, joint (rheumatic or traumatic), glands, urethra (gleet), etc. The old view, that fever was a contraindication to blistering, has faded away. One exception should be made in the rule of locating the blister; in peritonitis apply it directly over the seat of pain. In gleet, the cantharidal collodion may be substituted for the blister, and used by painting along the under side of the penis and on the perineum.

"To remove the results of inflammation, such as pleurisy with effusion, the fly blister is extremely valuable; in such cases apply it under the arm about two or three inches below the axilla. In old effusions about joints, the blister often succeeds where other means have failed.

"The indications for the relief of pain will be plain to all. It is only in chronic pain that the blister is proper, and such rubefacients as mustard plasters generally do fully as well and do not leave such an amount of tenderness.

"To get systemic effect one must study each individual case before applying the blister. In meningitis, apply in 'T' shape to the back of the neck; in intercostal neuralgia and zoster, to one side of the spinal column; in renal irritation, between the kidneys over the spine, etc.

"As the blister begins to form, remove the fly blister and apply a warm poultice; this relieves the pain and hastens the process. If the blisters are small, they may be allowed to rupture spontaneously, but if large they should be punctured at the most dependent part and dressed with sweet oil or simple ointment carbolized in the proportion of 1-100."—*Medical Standard.*

A Modification of Two Classical Arsenical Preparations.

M. Danlos (*Rev. franc, de Med. et de Chir.; Centralbl. f. d. ges. Therapie,* No. 12, 1903).—In general, larger quantities of arsenic are borne by the organism when given in the form of "Asiatic pills" than when given as Fowler's solution. The only objection to the former lies in the fact that old, hard Asiatic pills may sometimes pass through the digestive tract without being disintegrated. Instead, therefore, of the usual formula of the French pharmacopeia:

℞. Acid arsenios..... 0.5
Pulver. nigr 5.0
Gummi arab 1.0
Aq. q. s., m. f. pilul. No. C.

The writer prescribes:

℞. Acid arsenios 0.5
Glycerini 3.0
Pulv. nigr. porphyris 5.0
Pulv, gentian, q. s. u. f. pilul. No. C.

This formula has the following advantages: (1) The arsenic being dissolved in glycerine is finely divided; (2) The same reason lessens its irritative effect on the mucous membranes; (3) the pills remain fresh a long time.—*Interstate Med. Jour.*

Boils.

℞. Alumini acetatis ..... ℥j.
Aq. dest. ..... fl. ℥iv.

M. Sig. Apply constantly on absorbent cotton saturated with the lotion.

Indication.—Used in papular stage to abort.—*Ex.*

Pertussis.

The following combinations, recommended by *Jour. des Pract.*, are of value in the treatment of whooping cough:

℞. Pulv. belladonnæ rad. ..... gr. 1/20.
Pulv. sacchari ..... ℥i.

M. Ft. chart No. viii. Sig.: Two powders daily; or:

℞. Atropinæ sulph. ..... gr. 1/100.
Aquæ destil. ..... ℥vi.

M. Sig.: One dessertspoonful at a dose and repeat in three or four hours, watching the effects carefully; or:

℞. Bromoform ..... ♏xlviii.
Alcoholis ..... ℥iiss.
Aq. laurocerasi ..... ℥i.
Aq. destil. ..... ℥iv.

M. Sig.: One teaspoonful four times daily; or:

℞. Bromoform ..... ♏xlviii.
Olei amygdalæ dulcis
Pulv. acaciæ, āā ..... ℥ss.
Aq. laurocerasi ..... ℥i.
Aq. destil. q. s. ad ..... ℥iv.

M. Sig.: One teaspoonful three or four times daily.

(When administering bromoform the effects must be carefully watched on account of its tendency in some cases to produce depressing effects.)

Treatment of Cancer by Caustic Pastes.

Dr. Charles W. Allen believes that in caustic pastes we have a valuable method for treating superficial cancers. He prepares his arsenical paste with orthoform, the analgesic qualities of which exert their influence *pari passu* with the painful effects of the arsenic on the tissues and the nerves. His conclusions are:

1. Cutaneous cancer is traceable in almost all cases to preceding local irritation.

2. There may be other causes, but infection is probably a source of the disease.

3. Benign epitheliomatous proliferation may be infectious.

4. Cancer is curable, but if the disease is allowed to progress the patient may not be.

5. Only the most radical treatment is to be tolerated.

6. Caustic paste, with subsequent caustic dressing, is radical, and is often preferable to the knife.

7. The earlier cancer is treated the less likelihood is there of relapses or metastases.

8. The X-ray bids fair to be as effective as caustics.

The fact that caustic pastes are abused by many charlatans in improper cases should not prevent the conscientious physician from trying the method in proper cases.—*Med. Record.*

Use of Fruits.

Lemons are very useful in health and sickness. Hot lemonade is one of the best remedies for an incipient cold. It is also excellent in cases of biliousness. For malaria, the "Roman cure" is prepared by cutting the rind and pulp of a lemon into a pint of water, then boiling until there is only a half-pint. One teaspoonful is taken before each meal. This has cured obstinate cases when quinine failed.

Lemon syrup made by baking a lemon twenty minutes, and then squeezing the juice upon half a cupful of sugar is excellent for hoarseness and to break up a cold.—*Dietetic and Hygienic Gazette.*

Salicylates in Chorea.

Of course there is nothing new in the statement that chorea is the rheumatism of childhood, but the corollary to this, that the salicylates are indicated in chorea, has not been applied. It is claimed, however, that the salicylates are more useful in the

treatment of this condition than is arsenic. It is claimed by a few observers, that from forty to sixty grains per day will show decidedly favorable results. We should like our readers to give this matter their practical consideration, with a view to reporting results.—*Med. Council.*

Treatment of Asthma in Children.

According to the *Rev. de Therap.* belladonna is still the best remedy for the above trouble. One pill a day is recommended, consisting of 1-6 grn. of extract of belladonna. The following is also a good formula:

Fld. Ext. Grindelia,	
Tinct. Lobelia, of each	16 min.
Tinct. Pulsatilla	30 min.
Syrup Orange Flowers	10 drams.
Linden Flower Water	2 oz.

To be taken in one or two days.

In the intervals the iodides should be adminstered. Arsenic, potassium bromide, sulphur, and lobelia are also considered useful for prolonged constitutional treatment. The following is a useful formula:

Sodium Arsenate	⅓ grn.
Potassium Iodide,	
Potassium Bromide, of each	30 grn.
Tinct. Lobelia	30 min.
Syrup Orange Flowers,	
Linden Flower Water, of each	2 oz.

Teaspoonful three times a day.

—*Merck's Archives.*

Treatment of Migraine.

The writer gives an outline of the treatment which he has employed with success for ten years. Medicinal treatment should be continuous, and not limited to the period of the attacks. For this reason medicine must be palatable or it will be discontinued. A prescription to be recommended is:

Sodium sulphate	30 grains.
Sodium salicylate	10 grains.
Magnesia sulphate	50 grains.
Lithium benzoate	5 grains.
Tincture of nux vomica	3 drops.
Water to	4 ounces.

The drugs in the above proportions are made up in syphons charged with carbonic acid gas, and from quarter to half a glass

is taken every morning before breakfast. The use of the above formula gives far better results than the separate use of the various medicines which it contains. Sodium salicylate is the most important ingredient. The medicine may be taken regularly during the winter and discontinued during the summer unless symptoms recur. If attacks come during the early stages of the above treatment, cannabis indica, one quarter grain two or three times a day should be tried. Mercury, in the form of some calomel preparation, is of use, especally in children. When attacks are very severe the following may be given:

Caffeine citrate	2 grains.
Antipyrin	10 grains.
Potassium bromide	30 grains.

This powder may be dissolved in half a glass of water. Apart from medicine, exercise and moderate eating are most called for in the treatment of migraine.—*Medical Chronicle.*

Let us cultivate the gift of taciturnity and consume our own smoke with an extra draught of work, so that those about us may not be troubled with the dust and soot of our complaints.—*Osler.*

I do not think that any patient the subject of hernia, says John B. Deaver (*International Journal of Surgery*) should wear a truss, excepting in the presence of a certain few contra-indications to operation. As an hospital surgeon of twenty-five years' experience, I have seen many deaths from strangulated herniia, nearly, if not all of which could have been prevented had a timely operation been performed. The exceptions to the radical cure that I would make are: 1. In children under the age of four, in the hope that time would remedy the defect in the abdominal wall. I do not agree with Dr. Coley, however, that probably two-thirds of these children are cured by a truss. I believe the percentage, of course, is much less; two-fifths, perhaps. 2. In adults the subject of serious organic lesions of the heart, lung or kidneys, or in those very fat individuals where the intestine and omentum are adherent to the sac. 3. In adults over sixty years of age when the hernia can be held in place by a truss.

The Physician's Library

Howe's Handbook of Parliamentary Usage. Arranged for the Instant Use of Legislative and Mass Meetings, Clubs and Fraternal Orders, Teachers, Students, Workingmen, and all who desire to conduct themselves "decently and in order" in public assemblies. By FRANK WILLIAM HOWE. 50c., postpaid. New York: Hinds and Noble, Publishers, 31-33-35 West Fifteenth Street, New York.

This is an uniquely gotten up little volume for the purposes as set forth above. By opening the book at the middle, its ingenuity and utility instantly appear. Every motion is right before the eye, and the details on the page right there. It will prove an exceptionally fine reference for chairmen, presidents, secretaries of societies, etc.

A Reference Handbook of the Medical Sciences. Embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By various writers. A new edition, completely revised and re-written. Edited by ALBERT H. BUCK, M.D., New York City. Vol. VII. Illustrated by chromo lithographs and six hundred and eighty-eight half-tone and wood engravings. New York: William Wood & Company.

The opening subject in this, the seventh volume of "The Reference Handbook of the Medical Sciences," treats of saccharin, or gluside, and is by a well-known Canadian writer on pharmacology, Dr. H. Beaumont Small, of Ottawa. Amongst other Canadians contributing to this volume we notice the names of Buller, Fry, Martin, Morrow, Nicholls and Oldright, and two Toronto graduates, Barker and Bensley. If one were asked to nominate the leading features of "The Reference Handbook," we believe we would be compelled to say, its comprehensiveness and magnificence. The articles we have read are particularly good. The chapter on the spinal cord is exceedingly good, and is written by a Canadian graduate, who has made for himself a name in the medical world. Spinal cord diseases is another section particularly good in this volume. In short, in a work which stands in the front rank it is to be expected that the editor

would spare no pains to secure the very best talent available. No medical library can be complete without "The Reference Handbook of the Medical Sciences."

The Self-Cure of Consumption without Medicine. With a Chapter on the Prevention of Consumption and other Diseases. By CHARLES H. STANLEY DAVIS, M.D., Ph.D., Member of the Connecticut State Medical Society; Physician to the Curtis Home for Old Ladies and Children; Author of "The Training and Education of Feeble-Minded, Imbecile and Idiotic Children," etc., etc. Price 75c. 1904. New York: E. B. Treat & Co.

As the author states, the object of this book is to show how consumption in its first stages, in fact before actual decay of the lungs takes place, can, in 95 per cent. of the cases, be cured. He considers that this is the great economic problem of the twentieth century, and, indeed, it is a most vital question to the welfare of any community. There is an appendix, entitled "Prevention of Consumption and Other Diseases." The book is intelligently written, and treats the subject in all its aspects.

Infant-Feeding in its Relation to Health and Disease. A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By LOUIS FISCHER, M.D., Visiting Physician to the Willard Parker and Riverside Hospitals, of New York City; Attending Physician to the Children's Service of the New York German Poliklinik; Former Instructor in Diseases of Children at the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. Third edition, thoroughly revised and largely re-written. Containing 54 illustrations, with 24 charts and tables, mostly original. 357 pages, 5 3-4 by 8 3-4 inches. Neatly bound in extra cloth. Price, $2.00, net. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This, the third edition of an eminently practical work on a somewhat difficult problem, at least at times, has been completely brought up to date with present-day conceptions of infant-feeding. There is an entire new chapter on "Milk Idiosyncrasies

in Children," another new chapter on "Butter-milk Feeding," one on "Scurvy," and on "Feeding Children Afflicted with Cleft Palate." These all enhance the value of the book. In addition, the dietary for older children has been enlarged, and the method of feeding in diphtheria re-written. We believe the work is such as to commend it to every man in general practice; a valuable Dietary completes the volume, which altogether abounds in good practical suggestions.

The Blues (Splanchnic Neurasthenia), Causes and Cure. By ALBERT ABRAMS, A.M., M.D. (Heidelberg), F.R.M.S.; Consulting Physician, Denver National Hospital for Consumptives, the Mount Zion and the French Hospitals, San Francisco; President of the Emanuel Sisterhood Polyclinic; formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College, San Francisco. Substantially bound in cloth, 240 pages, illustrated, postpaid, $1.50. New York: E. B. Treat & Co., Publishers, 241-243 W. Twenty-Third Street.

The object of this volume is to direct attention to a new and heretofore undescribed variety of nerve exhaustion, which has been designated as Splanchnic Neurasthenia. This special form of nerve weakness is characterized by paroxysms of depression of varying duration, and is popularly known as "the blues." Its recognition is of more than theoretic interest. A mere theory may be of interest to our profession, but the layman asks science for results.

Its recognition, and the factors involved in its causation, imply our ability to cope with the evil and to offer to the sufferers not only amelioration, but a cure. From many years' experience with neurasthenics, the author knows of no variety of neurasthenia which is more amenable to treatment than the splanchnic form. A perusal of the subject-matter of this volume will show that he has referred its origin, in brief, to a congestion of the intra-abdominal veins.

Among the many resources of Nature to combat this tendency, the vigor of the abdominal muscles is paramount. The tonicity of the muscles in question is impaired by mal-hygienic clothing, occupation, disease, lack of exercise, and a host of

other conditions. The decadence of the abdominal muscles is a modern heritage; and so are hemorrhoids, constipation, hernia, and a multitude of other evils that may be traced to enfeebled abdominal muscles.

"There are a large number of impaired conditions which really owe their genesis to a congestion of the intra-abdominal veins; such affections are essentially forms of splanchnic neurasthenia, and often produce only local symptoms, confined to the abdominal sympathetic, and may never extend to implicate the central nervous system. These are especially amenable to the treatment suggested in this book, all of which is based on purely physiological reasoning.

The American Year-Book of Medicine and Surgery for 1904. 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 editorial charge of GEORGE M. GOULD, A.M., M.D. In two volumes. Volume I, including General Medicine. Octavo, 673 pages, fully illustrated; Volume II, General Surgery. Octavo, 680 pages, fully illustrated. Per volume: Cloth, $3 net; half morocco, $3.75 net. Canadian agents: J. A. Carveth & Co., Limited, 413 Parliament Street, Toronto.

"The American Year-Book of Medicine and Surgery" continues to maintain its high place among works of its class. Indeed, the issue of 1904, now before us, if anything, is even better than the excellent issues of previous years. Such a distinguished corps of collaborators which the editor, Dr. George M. Gould, has enlisted as his assistants is sufficient guarantee that the essential points of progress are brought out, and the collaborators' notes and commentations are excellent. In the illustrative feature, the 1904 issue fully maintains its reputation, there being fourteen full-page insert plates, beside a number of excellent text-cuts. We pronounce Saunders' Year-Book for 1904 the best work of its kind on the market, as it has always been.

A Reference Handbook of the Medical Sciences. Embracing the entire range of Scientific and Practical Medicine and Allied Science. By various writers. A new edition, completely revised and re-written. Edited by ALBERT H. BUCK, M.D., New York City. Vol V. Illustrated by chromo-lithographs and five hundred and seventy-six half-tone and wood engravings. New York: William Wood & Company.

Volume V. commences with inflammation, and ends with mosquitoes in relation to human pathology. It keeps up the high standard set by the previous four, and contains especially fine productions on insanity in its various aspects. Amongst Canadians contributing to this volume we notice such well-known names as H. S. Birkett, A. D. Blackader, J. Price Brown, F. G. Finlay, W. F. Hamilton, Wyatt G. Johnston (deceased), A. G. Nicholls, J. F. Shepherd, and Beaumont Small. The chromo-lithographs are very fine, whilst the wood-cuts are clear and decisive. The entire work is a production of the greatest value. All the volumes, except the last, No. VIII., have been issued. When completed, the "Reference Handbook of the Medical Sciences," will be a whole library in itself. The many eminent men who have contributed in making this work the magnificent success it is, are, along with the editor and publishers, deserving of the warmest praise, as well as the cordial approbation of the entire medical profession.

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Dominion Medical Monthly

And Ontario Medical Journal

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A ROYAL COMMISSION ON TUBERCULOSIS.

Matters in connection with the prevention and treatment of tuberculosis are practically in chaos in this Province of Ontario. Indeed, we can scarcely state where the Toronto Association is. In view of the fact that other provinces are taking active steps to put the matter in workable shape, we believe it is incumbent on the Ontario Government to issue an order for a Royal Commission to inquire into the best plans to be adopted to bring tuberculosis under subjection, and to educate the mass of the people in a knowledge of what is to be done to stamp out or curtail the ravages of the disease. What the Toronto Association is doing, we do not know. So little information is given to the medical press, or for that matter the public press, that it is almost right to assume that the Toronto Association lacks vitality, and

that possibly it may be moribund. On the other hand, we often notice the virility of the Montreal League for the Prevention and Treatment of Tuberculosis. Just recently, it has appointed a special committee to deal with the question of a Royal Commission in Canada for the purpose of fighting tuberculosis. The question of tuberculosis is more than a sanitary one. It is a question in economics; and it is manifestly the duty of governments to take prominent part therein. But governments would seem to prefer conserving the lives of cattle and fruit trees to that of human beings. Lump jaw in cattle, and the San Jose scale on fruit trees, are apparently of more importance than tuberculosis, which annually destroys 9,000 human lives in Canada, and which claims for its own something like one in seven of the entire population. From conversations we have had with medical men, who are always eager and anxious to curtail disease in whatever form, we are convinced that the Government of Ontario would do wisely and well in appointing a Royal Commission to inquire into the condition of the Province of Ontario as regards its tuberculous population. There is an old saying that "an ounce of prevention is worth a pound of cure," and prevention in consumption is indicated just as much as it is in smallpox, diphtheria, or scarlet fever.

THE RELATION OF DISEASES OF THE TUBE AND OVARY TO APPENDICITIS.

It is becoming more and more recognized by surgeons, in operating for diseases of the tubes and ovaries, that associated appendicitis is not altogether an uncommon occurrence. That appendicitis is secondary to tubo-ovarian disease in some cases is beyond doubt; and it becomes the duty of all surgeons to examine the appendix in those cases requiring total extirpation of the tubes and ovary of the right side. Indeed, it is not such an easy matter to differentiate at all times between disease of the tube and ovary and the appendix. A case recently in point has brought this to our immediate attention. Two years ago there was a history of total removal of both tubes and ovaries, but ever since there has been recurring attacks of excruciating pain in the right inguinal fossa, and in the present instance, this pain was referred to the umbilicus and gastric regions. There was

marked pain on deep pressure over McBurney's point, and on the third day of the attack, slight rigidity of the right abdominal wall; in addition to this unceasing nausea and vomiting, with small, quickened pulse, and rise of temperature. In operations done not primarily for appendicitis, Hunter Robb has removed the appendix forty-six times, in a series of 100 abdominal operations. In 200 abdominal operations, Kelly has removed the appendix in twenty-five cases, not done primarily for appendicitis. On the other hand cases have been reported where operation was primarily performed for appendicitis, and that organ removed with no abatement of the symptoms calling for such operation. Subsequently, the right tube containing pus was removed with complete recovery from all symptoms. It becomes, therefore, a matter of keen interest to make a differential diagnosis between disease of the tube and ovary, and disease of the appendix. According to Robert T. Morris, a rigid abdomen is the principal differential sign, favoring a diagnosis of appendiceal disease over salpingitis. It is not, however, always the case that a rigid abdomen is present in appendicitis. The writer can recall a case where at no time was there present rigidity of the abdomen, the diagnosis being confirmed by the surgeon and operation advised, with the result that the appendix was found perforated in two places. As a rule pressure pain in appendicitis radiates towards the umbilicus and hypogastric regions, while pressure pain in salpingitis radiates down into the pelvis. Nausea, stomach and bowel troubles must also be taken into account, and point towards a diagnosis of appendicitis. If the colon bacillus be found in the diseased tube and ovary, the infection has been primarily in the appendix, but on the other hand if the gonococcus be found in the appendix, the infection originated in the right tube and ovary. This infection will travel along the so-called ligament of Clado, the appendicular-ovarian ligament, which is present in about one in ten cases. Appendicitis is not so common in the female as in the male. In the absence of gonorrheal infection, the existence of the ligament of Clado, might furnish a reason why the disease is found oftener in the male. When present, this ligament carries an additional blood supply to the appendix, a branch from the ovarian artery, thus furnishing the organ with more resisting power. It becomes incumbent, then, upon all surgeons (we suppose they do it) to examine the appendix in all tubo-ovarian operations of the right side, and if it be diseased or surrounded by adhesions, to remove it at once, thus making sure of complete recovery, and no chances of subjecting the patient to a second operation.

ALCOHOL IN PATENT MEDICINES.

The Ontario Council of the Royal Templars have become seized of the fact at last that the average patent medicine is whiskey in disguise; and they will, so we are informed by the public press, seek legislation limiting the alcohol in all such, to such quantity as is absolutely necessary to preserve them. In their efforts in this direction they will have the hearty and cordial support of the medical profession, who have long since pointed out the dangers of this promiscuous self-prescribing. It is to be hoped that they will go a step further, and get after the so-called catarrh cures, containing dangerous drugs, and the correctives for female errors, and thus limit the flagrant and indecent violation of all that is virtuous in our every-day press. It is difficult to understand how editors of high-class newspapers daily permit their columns to be bespattered o'er with gruesome portraits and hideous embellishments; still more difficult is it to comprehend that men of the cloth, who have gravitated into the fourth estate, shut their eyes to these self-same abuses, and connive at wrong-doing. But it is a fact that the columns which smell the foulest in this respect are guided by a cleric editor. The illustrated advertisement of most patent medicines is generally an unsightly and offensive spectacle. Even the physiognomy of the "noted specialist," if it were left out, would not cause the average subscriber to pine for its reproduction.

ANTITOXIN.

Knowing that there was not a good deal, but a great deal, of discontent amongst the members of the Canadian medical profession with regard to the price of antitoxin and a so-called "Trust" in connection with same, we invited each of the four firms in the United States interested in its marketing in Canada, to use our columns. In our correspondence pages will be found communications from three of these firms, one having replied that they would not deem it advisable to give us anything for publication at the present time. We are going to accept in good faith, as we think the profession ought to accept in good faith,

the statement made by these responsible houses that there is no "Trust" in antitoxin, or for that matter antitoxins of any and every description.

As to the price of antitoxin, the manufacturers claim that the price has been actually reduced, instead of raised. As regards two leading supply houses in Toronto, one states they have received letter after letter complaining of the price; the other claims they have received no complaints at all from their customers. As a matter of fact we are informed by one house that where formerly they supplied a greater quantity of single X serum, lately they have supplied more of the concentrated or double X; and, again, we are creditably informed that as a matter of fact the sales of the two grades throughout Canada has been in the past about equal. If this be correct, then, according to the new and the old schedule of rates, probably, roughly speaking, one-half the physicians of Canada were using single X at $3.00 per 2,000 units, whilst the other half were using double X at $4.00 per 2,000 units. As the price of the new package of 2,000 units is put down at $3.50, it becomes quite clear that some consider the price raised to them, whereas those who have been using double X, have an actual reduction. As a matter of fact there was no difference in the antitoxic value of the former single X and double X grades. The difference lay in the concentration, which can be illustrated by comparing the curative value of a 1-4 of a grain of morphia sulphate in a 1-2 drachm of sterilized water with the same quantity in three drachms of the same liquid. If formerly physicians fell into the error that there were two grades of antitoxin of different curative value, the decision of the manufacturers to hereafter put one grade on the market, seems to us to be wise. Since there is something like $400,000 of antitoxin serum marketed in Canada each year, and since it has now come to be an indispensable article in practice, the position of the question is rendered of great moment, not altogether on account of its curative value to the community.

One result of the trouble is that the Federal Government has been approached and is being influenced by different medical bodies, to the end, that they prevail upon the British Government to allow the antitoxin, as supplied by the Lister Institute, brought into Canada. It is claimed for this serum that it is the best in the world, and that the product has the guarantee of the British Government. A 1,000 unit dose, we are informed, sells at 75 cents, and we are also informed that it would sell at the same price here. This serum has in the past, been brought into

Canada, but in very small quantities. It has no special apparatus accompanying it for injection, and only some of it is, so we understand, returnable. At a recent meeting of the profession in Toronto, it seemed to be almost the unanimous opinion that the Government should deal with the matter until such times as they could prepare for the manufacture of antitoxin serum themselves. We ask for the communications on other pages careful consideration. Our only aim is to place the matter before our readers in a just and equitable light, and to relate and record facts.

A PHYSICIAN'S BUSINESS ASSOCIATION.

The first step has been taken in this city looking towards the organization of a strong business association for the medical men of Toronto. A Special Committee has been authorized to draft a preliminary constitution and submit it to a future representative meeting of the profession. This is a most important undertaking, and one which we hope will be pushed on and made progressive. There is a great need of such organizations. All our medical society meetings at present run to scientific work, and there never appears to be any time to devote to vital and important concerns. A business organization could take the initiative in just such questions as are now before us, and not leave it to societies whose prime object is the dissemination of knowledge as relates to the actual practice of medicine and surgery.

We have always advocated more time for the discussion of questions of practical politics as concerns our profession at the annual meetings of our leading societies. Generally speaking these are put off to the last day when the majority of the delegates have left for their homes, and when it is a difficult matter to muster a quorum. As regards the times, we in Canada are away behind the profession in England and the United States, so far as organization is concerned. We have practically no organization or concerted action at all. We do not stand together as a body. In view of this the proposition to get to work in Toronto and do something for ourselves, is to do something that has met with complete success in other parts of Canada in a small way. We trust that the matter will meet as it should do with the cordial support of the entire profession of this city. To the

young man struggling along for an existence, it will be sure to be a boon. For this reason it ought to appeal as well to the man of more mature years, and an easy competence, if he remembers his own struggles in by-gone days.

THE EARLY ANTITOXIN TREATMENT OF DIPHTHERIA.

In view of the position of the antitoxin question in Canada at the present time some recent pronouncements in connection therewith may be timely.

Dr. McCollom, of Boston (*Boston Medical and Surgical Journal,* Dec. 25th, 1900), expressed the opinion three years ago that "small doses are of little avail in the treatment of grave types of the disease"; that "in order to obtain the best results the serum must be heroically administered." The same writer states that heart complications of a serious nature have not been so frequent among the thousands of patients treated in a Boston hospital, nor has paralysis been so prominent. Finally, "since the larger doses of antitoxin have been given, the death-rate has been materially reduced; the reduction having occurred among the apparently moribund cases."

The *British Medical Journal* some time since (Nov. 10th, 1900), advised the injection of 2,000 units in mild cases, and 4,000 to 10,000 units in cases not mild—that is, "if either of the tonsils is entirely covered with thick membrane, or the palate, the nasal passages, or larynx is attacked, or if there be enlargement of glands, fetor, increased frequency of pulse, albuminuria, pyrexia and restlessness." In "bad" cases, 16,000 to 20,000 units in twenty-four hours will be required.

Immunization.—J. Dutton Steele, M.D., of the University of Pennsylvania (*Therapeutic Gazette,* July 15th, 1901), cites 17,516 immunized cases collected by Biggs, of which only 129 developed mild diphtheria in thirty days; twenty patients were attacked after thirty days; and in all there were but two deaths.

There seems to be a variety of opinion as to the duration of the artificial immunity thus induced, but at all events the tendency is unquestionably in the direction of larger doses. As the author just quoted says: "The dose (immunizing) which was originally placed at 200 to 500 units has advanced so that now from

500 to 1,000 units are more frequently given." It is a well-known fact that the Klebs-Loeffler bacillus may be, and has been repeatedly found in the throats of immunized nurses and others exposed to diphtheria, without the appearance of clinical symptoms of the disease.

Stamping out Epidemics.—In order to check the spread of diphtheria in any densely populated community, two measures are essential, viz.: isolation and immunization by the injection of 1,000 units of anti-diphtheritic serum. Inasmuch as the micro-organisms have been found in the throats of convalescents for two weeks after recovery, there is always a possibility that their virulence may survive the period of immunity conferred by a small prophylactic dose of serum. Hence, the great importance of using a sufficient amount of this harmless agent whenever necessary to employ it as a preventive measure. There is every reason to believe that the initial immunizing dose for a child under ten years should be at least 1,000 units, and when the patient's environment subjects him to repeated exposure the injections should be given at intervals of not less than three weeks.

Municipalities as Manufacturers.—There is another aspect of this subject that is worthy of the thoughtful consideration of the medical editor, teacher and practitioner. Recent agitation by the newspapers has prompted the health officers of some cities to venture to undertake the manufacture of antitoxin. That this is a dangerous procedure has been demonstrated, notably in the case of the City of St. Louis. A safe antitoxin cannot be made successfully except under the most favorable conditions. The essential details of a delicate scientific process cannot be entrusted to stable boys or unskilled laborers. Only perfectly sound animals can be utilized. They must be housed in large, airy, well-lighted and drained buildings, equipped with aseptic fittings. They must be cared for with scrupulous fidelity to the principles of hygiene, and must be under the constant care of trained veterinarians. The appointments of the laboratories must be perfect. The appliances must be absolutely sterile during the entire process. This involves a vast outlay of capital and the employment of high-salaried and thoroughly trained men.

Federal Supervision.—The United States Government recognizes the importance of a perfect equipment for this work, and now, after a thorough inspection by the Bureau of Public Health and Marine Hospital Service, issues a license to those manufacturers who can comply with its rigid requirements. It is needless to say that municipal laboratories, not being engaged in

interstate commerce, do not come under the jurisdiction of United States laws, and therefore do not have the benefit of rigid government inspection—an inspection so severe that, rather than undergo the expense necessary to comply with the requirements of the United States Government, a number of small concerns have withdrawn from the industry.

Editorial Notes

NEW KIND OF RAYS EMITTED FROM THE BRAIN AND NERVE CENTRES.

In continuing his researches upon the rays which are given off from living organisms, and especially the human body, M. Aug. Charpentier brings out some remarkable facts. He seems to have proved that the brain and nerve centres not only give off N-rays, but also a new form of radiation which is peculiar to them. The N-rays will pass through an aluminium screen, while the new rays will not. In a paper read before the Academie des Sciences he mentions his new researches.

The emission of the N-rays by living organisms is not confined to the human body. Different animals, such as the rabbit and frog, will produce them, and no doubt inferior animals as well. Here, as before, it is the muscles and nerves which form the principal source, and the emission of rays is stronger as these are in a state of greater activity. The frog, in spite of its small size, is a good subject, and shows that the effect is not due to an increase of temperature. This can also be proved for warm-blooded animals by heating the phosphorescent test-screen to 40 degrees C. or more (when it becomes more luminous) and its phosphorescence increases as before when placed near the muscles, nerves or nervous centres, even in a state of rest, and the effect is still stronger when these are in a state of activity. The rays act upon all forms of phosphorescence. The N-rays from the sun were found to increase the brightness of the glow-worm. M. Charpentier finds that phosphorescent bacteria have their brilliancy increased when placed near the heart, muscles, and nervous centres, in about the same way as sulphide of calcium.

Seeing that solids under pressure generally emit the N-rays, the latter were sought for in the tendons during the muscular

contraction, but no effect was found. On the contrary, the bony portions which were compressed by the tendons have but few nerves, while the preceding points are abundantly supplied with nerve terminals, whose compression explains the effect. It is observed that even a slight compression of a nerve considerably increases its power of augmenting the brightness of the screen, but after a time the effect dies away. It is found that it is the nerve centres of the body which have the strongest action in emitting the N-rays. The path of the spinal cord can be traced by the proof-screen. At the upper part the effect is stronger. When the arms are contracted, a corresponding increase is seen in this part of the spinal cord, and if only one arm is contracted the effect is noticed on one side alone, due to the increased activity of this part.

To explore the rays, M. Charpentier uses straight tubes of lead, from two to four inches long, one end being placed against the body and the other containing a small disc of cork or cardboard covered with the phosphorescent sulphide. Large screens cannot be used, as each part is influenced by the others, and the whole gives a uniform brightness when the rays fall upon it.* One of the most interesting experiments is made upon the brain, by localizing the different centres of its surface. For instance, the so-called *psycho-motor* zones of the brain surface should, according to these experiments, show a local emission of N-rays during their special activity. This was found true for some of the best-defined zones. Among the latter is the zone which was found by Broca to be the centre for articulate speech. Its projection upon the skull has been determined with a certain precision by recognized rules. M. Charpentier found that when the subject spoke with a loud voice, or even in less degree, the proof-screen showed a greater activity in this region. He has reason to believe that even the action of thought, attention, and other mental effort gives rise to an increased emission of the N-rays from the brain, and is now making observations on this point. The same effect was found in the case of other centres allotted to the act of writing, movements of the upper members etc. The conclusion is that a nervous centre increases its emission of N-rays when in a state of activity. These rays are trans-

*It may be of interest to give some practical indications as to the method of observing these radiations. A quantity of sulphide of calcium (phosphorescent) is spread upon a piece of black cardboard and fixed by collodion so as to form a thin layer; the spot should be at least 0.8 inch in diameter. It is then solarized moderately. The screen is observed in a dim light, darkening the room according to the brightness of the surface. The screen should be observed by indirect vision without looking at it too strongly. It must be remembered that the variations of brightness are produced gradually, with an inertia which depends upon the thickness of the sulphide; it is therefore of advantage to diminish the thickness of the layer. The proper precautions should be taken for eliminating outside effects.

mitted by divergence according to optical laws. They are refracted more or less by different media and are manifested by an increase of brightness in the proof-screen, which is variable according to the intensity of the emission and the distance.

In a second note, M. Charpentier brings out the interesting point that the rays given out by living organisms differ from the N-rays discovered by M. Blondlot in certain points, and he thinks they are formed of N-rays and another new form of radiation. This is especially true of the rays from the nerve centres or nerves, whose striking characteristic is that they are partially cut off by an aluminium screen. A sheet 1-50th of an inch is sufficient to cut down considerably the rays emitted by a point of the brain. The portion of the rays which passes through the screen is no longer cut off by new screens of the same metal, even an inch thick. This latter part therefore consists of N-rays proper. On the contrary, the rays from the heart, diaphragm, and different muscles are scarcely modified by the aluminium screen. This forms a characteristic distinction between the muscular and the nerve radiations. Other differences also separate the two. The effect from the nerves is strongly increased by compression; that of the muscles is much less so. A third characteristic of the nerve radiation is that it gives a much stronger effect over the other tissues upon a phosphorescent screen which has been heated to 40 or 45 degrees C. These facts show the predominant and special role of the radiation coming from the nerve tissues. It is the nerve radiation which shows the greatest differences from the recognized N-rays.—*Sc. Am.*

VITAL STATISTICS.

The progress that has been made in collecting mortuary and vital statistics is a matter of congratulation to the medical profession. Sources of error are being eliminated, approved methods are receiving wider adoption, and the facts deduced from these figures are coincidently becoming more valuable and more authoritative. Occasionally there is an obstacle in the march of progress.

Almost every law requiring the reporting of births provides for the payment of a small fee to the reporter. The absence of such a provision in the law of St. John, N.B., has been, in part,

the cause of the resistance of that law by the St. John physicians. In protesting against this law, the medical men assert that by reporting births they violate the confidential relationship between them and their patients. They assert that they are made spies and informers, and they "object to being made statistical officers without our knowledge or consent and without remuneration." Of the question of privileged communication, there is an easy disposal, for, under the Dominion law, concealment of birth is a criminal offence. It would seem that the physicians had left a very good chance for others to attack their argument on the ground that their strongest objection is that they are not to be paid for giving information required, and a lay paper has very pointedly found this opening in their defence. It says: "We are left to infer that if they were paid for giving this information they would be willing to forget the confidential relationship referred to." The paper calls attention to the fact that the physicians of New Brunswick are well protected by law from competition with irregular practitioners, and that it would seem only fair for them to report births as a partial expression of their appreciation of the protection. The point is well taken. The restriction of the right to practise medicine to those who are properly prepared is in the interest of the public; so also is the law requiring the reporting of births. The latter requirement seems to us to be a duty of some one certainly—and to whom could it more fittingly be given than to the one who officiates at the birth of a new protege of the government?

The physician has always been, to some extent, an adviser in things medical of the powers that be, and he has desired even more of such official capacity. The profession has always emphasized that medical matters should be under its control. There should be remuneration, of course, but that is a minor point. Regardless of the question of pay, it seems a step backward for physicians to object to reporting births.—Editorial, *J. A. M. A.*

The greatest argument for reading in bed (editorial, *American Medicine*) is that the attention is not distracted by the discomfort of the body, the noises, and interruptions usual at other times. Let one take an erect position of the body and head, be assured he has a good oculist, and that his light is strong, white, steady, and properly placed: he may then read with impunity until drowsiness cautions him to sleep.

News Items

DR. C. H. WALES, Bracebridge, has been appointed to the position of Coroner for Muskoka.

DR. H. C. PEARSON, who has been practising in Collingwood for the past year, has located in Stayner.

DR. CHISHOLM, of Wingham, formerly of Erin, has consented to accept the Conservative nomination for East Huron.

DR. F. R. SEAGER'S residence at Brigden was wrecked by the explosion of the acetylene gas plant, and the family had a narrow escape.

DR. R. E. COOPER, of Seaforth, has been appointed Grand Superintedent of Huron District at the Grand Chapter of Royal Arch Masons.

DR. GERALD FITZGERALD, who has been practising at Dundalk, leaves shortly for New York, where he will take a post-graduate course in one of the hospitals.

DRS. A. T. STEELE and J. SMITH, of Shelburne have been appointed coroners for the County of Dufferin. Dr. Steele has also been appointed surgeon at that point for the C.P.R.

DR. J. J. WALTERS, New Hamburg, who has resided there for the past four years, and gained a large medical practice, has gone to his new home in Milton. Dr. Walters' practice in New Hamburg has been assumed by Dr. Withrow, of Guelph.

THE many friends of Dr. Walter Crawford, formerly of London, Ont., and at one time connected with the railway mail service, will be glad to know that he has passed his examinations in London, Eng., most successfully, and is now entitled to write after his name "L.R.C.P., M.R.C.S." He will undertake medical missionary work in East Africa.

DR. HARRY L. PAVEY, London, has very successfully passed his post-graduate examination in Edinburgh. He passed his final examination at McGill last year, and has since that time devoted his attention to study in special departments for which

the Edinburgh institution is so famous. Dr. Harry Pavey will now be entitled to write M.D., C.M., L.R.C.P., after his name.

Two tuberculosis patients were recently injected with Marmoreck's serum at the Notre Dame Hospital, Montreal, under the direction of Dr. L. J. Lemieux. of that city, who recently returned from Paris with sufficient serum for the treatment of fifteen patients. One was a case of tuberculosis of the lungs and the other of the knee joint.

APPOINTMENTS to the staff of the Royal Victoria Hospital, Montreal: Assistant surgeons, Dr. E. W. Archibald, Dr. C. B. Kenan, D.S.O.; Assistant laryngologist and rhinologist, Dr. W. H. Jamieson; Associates in medicine, Dr. H. B. Cushing, Dr. F. M. Fry; Dr. John McCrae; director of the clinical laboratory, Dr. A. A. Bruere; clinical assistants in neurology, Dr. A. A. Robertson, Dr. Malcolm MacKay; clinical assistant in medicine, Dr. Philip Burnett; clinical assistant in ophthalmology and otology, Dr. F. W. Harvey; second assistant pathologist and registrar, Dr. John McCrae; assistants in bacteriology, Dr. H. B. Yates, Dr. J. A. Williams; medical registrar, Dr. H. B. Cushing.

THE regular quarterly meeting of the Lambton County Medical Association was held recently in the I.O.F. Hall, Wyoming. Present, Drs. Hubbard and McCodric, Forest; McAlpine, Petrolea; Bell, Sarnia; Harvey and Chappelle, Wyoming; Newell and Kelly, Watford. Dr. Harvey read an interesting and profitable paper on "The Cause and Treatment of Typhoid." Dr. Bell, of Sarnia, a valuable paper on "Surgical Anesthesia." Owing to lack of time the other subjects on the programme were postponed to the next meeting, which will be held in Sarnia the second Wednesday in February. In addition to the regular programme officers for the ensuing year will be elected at the next meeting.

LABORATORY FOR QUEEN'S UNIVERSITY.—Queen's Medical Faculty have asked the Ontario Government to establish there a branch laboratory, in connection with the Board of Health, for the examination of pathological specimens. Such a laboratory would be an immense benefit to Eastern Ontario. For instance, in order to get specimens tested free of charge, physicians in the

east have to send them to Toronto, where the Government Laboratory is situated. If a branch was established in Kingston, the results would be secured much quicker. The laboratory has become a necessity, and there is no doubt but what the Government will accede to Queen's request. It could be under the direction of Dr. W. T. Connell, Queen's specialist in bacteriology and pathology. Kingston doctors have their specimens examined at Queen's, but have to pay for the work.

DR. MACPHAIL, of Montreal, a medical expert in life insurance examination, has, during many years, been making interesting investigations as to the liability to earlier death of persons rejected by insurance companies, as compared with the liability of those accepted. He took note of 5,115 applications, of which 409 were rejected cases, and then followed up, so far as he could, the after record of the rejects. He traced 235 of them, of whom, during fifteen years, only thirty-one died, whilst according to insurance actuarial figures, had the 235 been "sound lives," no less than 25 should have died in that period. The doctor's conclusion is that those who are rejected by insurance companies, as a rule, manage to live about the usual average. One reason for this may well be that in consequence of life insurance rejection, an ordinarily steady man takes special care of himself.

Correspondence

CHARITY WORK FOR WEALTHY INSURANCE COMPANIES.

To the Editor of DOMINION MEDICAL MONTHLY:

Dear Sir,—Every week or two I receive a letter from an insurance company which can afford to pay its president fifty thousand dollars a year, requesting me to assist them in what is to them the very important task of choosing a medical examiner for some district which they mention, together with the name of a medical friend of mine, on whose character and ability they wish me to make a confidential report. Their request is not accompanied by a cheque nor any promise of a fee; on the contrary they state very distinctly that it is purely as a matter of

friendship to the doctor mentioned that they want me to report on his character and ability. As I have no object in the world in doing a charity service to a company which has millions of money invested, and which pays its chief officials such enormous salaries, while it pays the doctors upon whom its success depends such wretchedly small ones, I try to do a service to my medical friend by telling all his good qualities. How can they expect any one to mention the other ones, when they treat us so dishonestly as to try to get something of great value from us for nothing? If they enclosed a fee I would feel that they were employing me temporarily to protect their interests. But acting as they do, I feel that the only interests that concern me in the matter are those of my friend. And I act entirely in his interests. Were it not that I fear to hurt him, I would send the letter back to them unanswered. I would be glad to hear whether your readers generally adopt this latter course, or whether they tell the companies what they think of their meanness.—Yours very truly. VICTIMIZED.

THE ANTITOXIN QUESTION.

To the Editor of DOMINION MEDICAL MONTHLY:

Dear Sir,—We gladly act on your suggestion of the 18th, addressed to our Walkerville house, and enclose herewith a statement, purposely made as terse and compact as possible, in refutation of the false and ridiculous rumors about the alleged "antitoxin trust," which have emanated from the "yellow press" of Chicago. Thanking you for the privilege, we remain, very truly yours PARKE, DAVIS & *Co.*

Detroit, Mich., February 22nd, 1904.

We are aware that rumors of the formation of an Antitoxin Trust have occasioned more or less uneasiness among the medical profession of the Dominion during the past few weeks. We are, therefore, pleased to have this opportunity to lay before your readers a perfectly frank statement of the situation as it really is.

In the first place the manufacture of antitoxin involves a vast and expensive equipment, and has not proved as profitable as it is supposed to be. This is due principally to the fact that such large quantities, about 40 per cent., are returned at the ex-

piration of the time limit to be exchanged for fresh product. Formerly two grades of antitoxin were marketed, each in five different sizes. The necessity for the exchange of so much serum arose from the tendency of druggists to accumulate too great a variety of packages in the two grades. Furthermore, considerable confusion existed in the minds of physicians as to the relative strength of the "X" and "XX" antitoxin, many supposing the latter to be twice as potent as the former, whereas their only difference was in the volume of fluid or the bulk of the dose employed. Apropos of this phase of the subject, Dr. E. R. Shurly, in a recent number of *Pediatrics*, makes these remarks: "A fatal error has frequently come under my observation, that of mistaking the meaning of the classification, Double X serum. Double X serum refers to twice the bulk of concentration of the product, but no increase in antitoxic value. In other words, 2,000 units single X are identical in curative value with 2,000 units double X. The majority of physicians who have used antitoxin occasionally fall into the serious and fatal error of believing one to be twice the value of the other. It would seem necessary to request the laboratories manufacturing antitoxin to make the directions and title of the product so clear that no possible confusion can arise. Under the present system the mistake is leading to fatal results."

We have decided only to reduce their losses and simplify the manufacture, marketing and therapeutic application of antitoxin in the future by making but one grade instead of two, as formerly; the new grade to be nearly, if not altogether, as concentrated as the old "XX." This has resulted in the adoption of the following schedule of prices which actually represents a reduction and not an advance, because of the concentration of the new serum.

Number of units in package.*	Price of old X Serum.†	Price of old XX Serum.‡	Price of new package.	Number of units per Cc. in new package.
500	$0.75	$1.15	$1.10	300
1000	1.50	2.25	2.00	300
2000	3.00	4.00	3.50	400
3000	4.50	5.75	5.00	500
4000	(Not formerly listed)		6.50	600

In addition to the above we keep in stock, for sale on demand only, but without formal addition to our list, a 500-unit

*With the new package either one of two injecting devices is supplied the purchaser, at his option, by Parke, Davis & Co.

†Old "Standard" or X serum tested 200 units to the Cc.

‡Old "Special" or XX serum tested 500 units to the Cc.

dose and a 1,000-unit dose, both in the old style hermetically-sealed bulb, without injecting device, at the respective prices of 75 cents and $1.50, as in the past.

To boards of health and municipalities, on application, will be supplied a pure, safe and reliable serum of guaranteed potency at a specially low price commensurate with cost, on the following conditions: (a) that it is to be donated to the indigent sick and not resold, (b) that it is not subject to exchange, (c) that it is to be supplied in hermetically-sealed bulbs unaccompanied by injecting devices.

This is the whole situation in a few sentences. There has been no combination to force up prices. There is no Antitoxin Trust or monopoly of any kind whatsoever. The private manufacturers of antitoxin are bearing a great burden. We maintain an expensively equipped establishment for the preparation of our products. It costs a great deal of money to carry on the business, so that the difference between the cost of producing the antitoxin and its retail selling price is not all profit by any means. Private manufacturing establishments in the United States are under strict governmental inspection, and must obtain license to do business. This license may be revoked immediately, should circumstances warrant the procedure. The requirements for licensure are so rigid that several small concerns have elected to retire from business rather than undertake compliance with them.

In the use of so valuable and so potent a remedy as antitoxin, difference of a few cents in price should have no weight. In the present instance the difference being in reality a reduction, the profession will have not the slightest cause for the concern that was inspired by that portion of the newspaper press described by the term, "Yellow Journalism."

To the Editor of DOMINION MEDICAL MONTHLY:

Gentlemen,—We are in receipt of a letter from our authorized general distributors, Messrs. John Wyeth & Bro., of Philadelphia, quoting from a communication from you, in which you kindly offer to give prominence in your pages to anything they may have to say with reference to a so-called Antitoxin Trust, which subject has been given much consideration recently by the lay press.

Messrs. Wyeth & Bro. suggest that an explanation of our

position be given you, and complying we beg to say, first of all, that we are not members of any trust, and that we are not aware of the existence of a trust in biologic products or any monopoly of the production thereof. We are supplying antitoxin now at a lower price than we ever supplied it, and at a price which is as low as is consistent with a high-class product.

It is true that our price list, as well as our plan of marketing serum, have recently undergone some changes. Heretofore we listed and supplied generally two strengths of serum, a concentrated or high potency serum and a standard or low potency serum. While the curative power of a given number of units is the same in each of these serums, the higher potency is preferred because it is necessary to inject less serum in order to administer the same number of antitoxic units. It is also more difficult to procure, and for this reason the price of it is higher. When we supplied the Standard and Concentrated serum generally our price list was as follows:

Concentrated		Standard	
No. 1 . .	500 Units 1.20	No. 1 . .	500 Units .75
No. 2 . .	1000 Units 2.25	No. 2 . .	1000 Units 1.50
No. 3 . .	1500 Units 3 25	No. 3 . .	1500 Units 2.25
No. 4 . .	2000 Units 4.00	No. 4 . .	2000 Units 3.00
No. 5 . .	3000 Units 5.75	No. 5 . .	3000 Units 4.50

There is a very considerable demand for the low potency serum from Boards of Health, municipalities and charitable institutions because of the low price of it. It is purchased by these institutions for free distribution among the poor who are unable to pay for antitoxic treatment. In revising our method of supplying serum recently we withdrew the Standard or low potency serum from our price list, and supply it now only to Boards of Health and other institutions, and at a much lower figure than we heretofore listed it; while the price of the Concentrated serum, which we supply generally, was also very materially reduced, as is shown by a comparison of our former and present price list on this class of serum:

Former Price		Present Price	
No. 1 . .	500 Units 1.20	No. 0 . .	500 Units 1.10
No. 2 . .	1000 Units 2.25	No. 1 . .	1000 Units 2.00
No. 4 . .	2000 Units 4.00	No. 2 . .	2000 Units 3.50
No. 5 . .	3000 Units 5.75	No. 3 . .	3000 Units 5.00
	(4000 Units not listed)	No. 4 . .	4000 Units 6.50

The demand for the larger doses of antitoxin is constantly increasing, and in order to meet this we have put on the market a 4,000 units package, which we list at $6.50, and as an illustra-

tion of the marked reduction in the price of our serum recently, we call attention to the fact that 4,000 units heretofore would have cost $8.00, as will be seen by glancing at our former price list. A still greater reduction than this has been made in the price of the low potency or Standard antitoxin, which we now supply only to Boards of Health for free distribution among the poor.

We thank you for this opportunity of presenting our position to your readers, and we beg to remain, very truly yours,

H. M. ALEXANDER & Co.

Marietta, Pa., February 24th, 1904.

To the Editor of DOMINION MEDICAL MONTHLY:

Dear Sir,—Our attention has been called to a sensational article appearing in the Chicago papers, in which the manufacturers of antitoxin are charged with having formed a trust and advancing the prices of diphtheria antitoxin, this advance being prejudicial to the best interests of the public health, and inimical to the best interests of the medical profession.

It is not true that the antitoxin manufacturers have combined in a trust; it is not true that the prices of antitoxin have been advanced, but on the contrary, the prices of antitoxin have been reduced when quality of serum is considered. So that you may have a clear understanding of the situation, we beg to advise the following:

For a long time the different manufacturers have endeavored to improve the quality of diphtheria antitoxin. It has formerly been the custom to manufacture two strengths, known as Standard and Concentrated, or X and XX. There were also supplied certain sizes, known as 500 and 1,500 units packages. There is now but one strength of antitoxin that will be placed on the market, and that will be practically the highest strength, formerly known as Concentrated serum. This is the best quality of serum obtainable, and on this quality, instead of the prices being advanced, they have been materially decreased. For instance: For the 1,000 units there is now a charge of $2.00, against a former charge of $2.25; for the 2,000 units there is now a charge of $3.50, against a former charge of $4.00; for the 3,000 units there is now a charge of $5.00, against a former charge of $5.75; for the 4,000 units there is now a charge of $6.50, against a former charge of $7.50.

The 500 and 1,500 units packages have been discontinued, the 500 units being insufficient to insure thorough immunization, and the 1,500 units on account of its small demand.

You will thus see that the interests of the medical profession have been safeguarded, inasmuch as but one strength—and that the best—will insure the highest quality of antitoxin being furnished. The revision of prices is also decidedly in favor of the physician and his patient, because the physician is now able to get the best grade of antitoxin at a lesser price than formerly charged.

Instead of marketing antitoxin by number, as heretofore; it is sold by the units package, 1,000 units representing an immunizing dose; 2,000 units, a small curative dose; 3,000 units, a moderate curative dose; 4,000 units, a full curative dose. This style of nomenclature makes it easier for the physician than heretofore, and since the best quality of antitoxin is sold at a lesser price, it will prove an additional incentive to use full doses, which all authorities recommend in order to secure the best results from antitoxin.

Every manufacturer to-day is striving to meet the demand for the most convenient means of administering antitoxin, and while the improvement in package, by which every dose of antitoxin is furnished in an aseptic serum syringe, including sterile needles, has entailed considerable expense to the manufacturer, it is offered at less cost to the physician.

There was formerly some of a lower grade serum used, and we feel sure that its discontinuance will be of material advantage.

It is possible that the Chicago Board of Health may be compelled to pay more for its antitoxin. If so, it is only just, as it had been quoted a price that does not yield sufficient remuneration to anything like cover the expense involved in producing. However, the Chicago Board of Health will now be able to get a better quality of serum than was formerly used, as the weaker strength which it formerly used has been entirely discarded.

We hope that you will place this matter in the true position before your readers, in order that they may understand that there is no truth whatsoever in the sensational reports relative to the so-called "trust or combination" of the manufacturers of antitoxin, and the statement that the prices have been raised, when as a matter of fact the former prices are considerably reduced. Very truly yours,

H. K. MULFORD COMPANY.

Philadelphia, February 23rd, 1904.

Obituaries

M. F. HANEY, M.D.

Dr. Matthew F. Haney died recently at his home in Humberstone, after an illness extending over several months. He was one of Humberstone's oldest residents, and a pioneer of the county. The following biographical sketch is taken from the Welland county history:

"Matthew F. Haney was born in the township of Pelham, April 4th, 1824. He is a son of Matthew and Anna (Mains) Haney, both natives of Canada. Our subject received his preliminary education at the St. Catharines Academy, Lincoln county. He then engaged in the study of medicine and became a graduate of the Buffalo Medical College in 1850. He afterwards attended the Toronto Medical University, passing the Board of Examiners in 1851, obtaining a license to practise his profession in this Province, and since that period has been located in the village of Stonebridge. Our subject has always taken an active interest in educational affairs, and was for twelve years local superintendent of Public Schools, during the Ryerson *regime*. He was elected a member of the township council of Humberstone in 1857, and served in that capacity for four years. He afterwards served as reeve for a like term of years, and occupied the warden's chair in 1871. During the Sandfield-Macdonald administration the doctor was appointed justice of the peace, and both as magistrate and physician enjoys the confidence and esteem of the entire community."

For the past few years Dr. Haney had not practised. He has always been a staunch Conservative, and took a deep interest in public affairs. He was loved and revered by all who knew him.

DAVID B. BOWLBY, M.D.

Word has been received at Berlin, Ont., announcing the death at Rome, Italy, of Dr. David B. Bowlby, of Berlin, Ont. The deceased, who was over eighty years of age, was a brother of

Mr. J. W. Bowlby, of that city. He was making a tour of Europe, and intended going to Egypt shortly. The news of his sudden death will be received with great regret.

Dr. Bowlby was well-known throughout the Province as a leader in the medical profession.

JOHN HERBERT SANGSTER, M.A., M.D.

A notable figure in the Canadian medicine and educational world passed away at the King Edward Hotel, Toronto, recently, in the person of John Herbert Sangster, M.A., M.D., of Port Perry. With Mrs. Sangster he came into the city the previous day for the purpose of meeting his daughter and her husband, Dr. S. C. Corbett, of Winnipeg, on their return from their wedding tour in the Bermudas. It was the intention of the party to go to Port Perry yesterday prior to the departure of Dr. and Mrs. Corbett for Winnipeg, their future home.

The cause of death was heart disease, from which Dr. Sangster had been a sufferer for the past two years, but the end came suddenly and unexpectedly, as deceased was in good health and spirits.

Deceased leaves a widow, three sons—Dr. Sangster, of Port Perry, and two others in the civil service at Ottawa—and one daughter, the wife of Dr. S. C. Corbett, a leading physician of Winnipeg, and the head of the Dominion Government medical service there. He was a member of the Church of England. He was twice married—in 1851 to Miss Mary Price, of Toronto, and in 1871 to Miss Caroline Elizabeth McCausland, also of this city.

The late Dr. Sangster was born in London, England, on March 26th, 1831, and came to Canada with his parents. He received his early education at the Upper Canada College. In 1847, when the first Provincial Normal School was opened in Toronto, he became one of the first class of students, and was at his death its only survivor. In spite of his youth—he was then only sixteen—his ability attracted the favorable notice of the then Principal, T. J. Robertson, and of the then Chief Superintendent of Education, Rev. Dr. Ryerson, through whose influence he was appointed successively assistant master of the

Provincial Model School, head-master of the Hamilton Central School, assistant master of the Model Grammar School, second master of the Normal School, and, finally, in 1866, principal of the same institution, which position he filled till 1871.

During the whole term of his connection with the Normal School he was professor of chemistry and botany in Rolph's Medical School, which was the medical faculty of Victoria University. He prosecuted the study of medicine meanwhile, and took the degree of M.D. On his retirement from educational work in 1871 he settled in Chicago, but after a brief residence there returned to Canada and began the active practice of medicine in Port Perry. In 1874 he was defeated by Mr. Goldwin Smith in a contest for a seat in the Council of Public Instruction, and after that event he took no further public part in educational work. He was eminently successful in his profession, and in November, 1894, he was elected a member of the Ontario Medical Council. In that connection, he will long be remembered for the strong fight he made for a number of years for a change in the composition of the council. His chief objection was to the presence upon the council of colleges not teaching medicine, and his fight was to a great extent successful when the matter came before the Legislature. Having succeeded in his effort, he became an ardent supporter and one of the most useful members of the reformed council.

Between 1856 and 1871, Dr. Sangster prepared and published a number of school books, which became the exclusively authorized text-books in the Public Schools of the Province. Perhaps the best known of the series was "Sangster's Arithmetic" He was also noted for his talents as a writer upon public questions and his powers as a public speaker. In July, 1892, he was the orator of the day at the "hoisting of the flag" ceremony in London, Ont., when he spoke upon the subject, "One Century's Transformation in Canadian Life," and at the Normal School jubilee celebration at Toronto, November, 1897, he delivered a remarkably able address on "Progress in Education." During the equal rights movement in 1890 he was the author of a series of letters, signed "Gracchus," which attracted much attention. Among his later public appearances was the one at the reunion of former Central School pupils in Hamilton, where he was the honored guest of many of those whom he had taught half a century ago.

DUNCAN FRASER, M.D.

Dr. Duncan Fraser, for over twenty years a continuous resident of Lakefield, died in that town recently, after an illness of only a few days. The deceased was born in Shakespeare, near Stratford, fifty-seven years ago, where he received his early education, and also taught a school for a number of years. He then attended Trinity Medical College, Toronto, graduating therefrom in 1874, and winning the silver medal. In the same year he also had the additional distinction of capturing the silver medal given by the Toronto Medical School. Deceased was a brother of Dr. D. B. Fraser, Stratford, Ont.

W. G. CHRISTOE, M.D.

In the death of W. G. Christoe, M.D., there will be missed from the streets of Flesherton, and from public and social life, one of its most prominent and familiar personages; one who has perhaps filled a larger place in the village life than any other man in his time. The intelligence of his death came with shocking suddenness to his friends and neighbors, as very few knew that he was ailing, having been seen on the streets and at the postoffice for his mail on the previous Tuesday. Deceased was born in the town of Lostwithall, County of Cornwall, England, on May 12th, 1824, and had therefore almost completed his 80th year. He came to Canada in 1842, and in the township of Percy, county of Northumberland, was for some time engaged in the teaching profession. In 1846 he returned to England to his native parish to bring his bride whom he found in the person of Miss Hannah Pearce, who with one daughter, Mrs. (Rev.) L. W. Thom, of Flesherton, survives him. In 1850 he engaged in general mercantile business in the village of Orono, near Bowmanville, and continued for thirteen years. He then gave up business to study medicine, and in 1865 graduated from the Toronto School of Medicine in affiliation with Victoria University. He first settled for practice in Owen Sound, but in 1867 removed to Flesherton, where he built up an extensive practice, adding to his practice a drug business which

he disposed of a little over a year ago. Several years ago he gave up practice other than to those who came to him for office consultation. He first entered municipal life in Artemesia in 1874, as councillor, and the subsequent sixteen years was reeve, being elected several times by acclamation. In 1881 he was warden of the county.

THOMAS NORTON, M.D.

Dr. Thomas Norton, one of the most widely-known physicians of this part of the province, died at Shelburne, January 14th, after a long and lingering illness, due to cancer of the stomach. He was born in Montreal fifty-two years ago, and graduated from McGill. He began the practice of his profession at Horning's Mills, but later moved to Shelburne. At one time he was President of the Turf Association, and of the 36th Battalion Band. He was coroner for the Counties of Dufferin and Gray, and surgeon to the Canadian Pacific Railway. He was married twelve years ago to Miss Annie L. Roberts, only daughter of W. L. Roberts, of Port Perry, and is survived by his widow.

The late Dr. Norton was a most genial and upright citizen, and was a very skilful member of the medical profession. He was a man of worth and intelligence, and was held in high respect and esteem wherever he was known. His widow will have the sincere sympathy of her many friends in her sad bereavement.

FRED H. S. AMES, M.D.

Dr. Fred. H. S. Ames, brother of Mr. A. E. Ames, of Toronto, died recently in Denver, Col. He graduated from the Toronto School of Medicine twenty-four years ago, and after practising in Sarnia first, was obliged to leave for Colorado on account of his health. For the past ten years he has lived and practised in Denver. He was about 45 years old, and leaves a widow, formerly Miss Ida Taylor, of Parkhill, one son and two daughters.

GEORGE COOKE, M.D.

On the 31st of December, going out with the old year, George Cooke, the pioneer doctor of Chesley, died at 26 Leopold Street, in South Parkdale, at the age of 66 years. When he removed from Chesley five years ago he was greatly missed in the village, and remembered for his unfailing courtesy, his kindness of heart and his keen sympathy. Dr. Cooke studied medicine under Dr. Rolph, famous for his share in the troubles of 1837. After practising medicine a short time at Erin he removed to Chesley in the year of Confederation. He rode in with Mr. Henry Landerkin, a brother of the late Senator. It is related that he was not impressed with the surroundings and decided not to locate, but in the meantime Mr. Landerkin, who desired him to remain, had ridden off with the horse, and, per force, Dr. Cooke stayed. For many years he enjoyed an immense practice, and to this day his skill in certain diseases is spoken of in terms of the highest praise by the older settlers. He entered municipal life and served as a councillor in 1884, 1885 and 1886, and as reeve in 1887 and 1888. It was characteristic of the warm heart of the late doctor that when he removed to Toronto his affection for Chesley, where he had spent his life, remained unimpaired. His family say that to the last he took more interest in Chesley than in Toronto, and insisted upon *The Enterprise* being read to him every week, to the exclusion of the Toronto papers. It was fitting that the flag was half-masted and the bell tolled as the funeral cortege passed through the village with the mortal remains of a skilled and kindly physician, who belonged to the noble race of pioneers whose ranks are thinning fast.

J. B. MURPHY, M.D.

Dr. J. B. Murphy, superintendent of the Brockville Asylum for the Insane, died suddenly, on January 17th, from heart disease. He attended services in St. Francis Xavier Church, and walked part way home, being driven the remainder of the distance. He made no complaint of feeling unwell until after getting into the house. Upon removing his clothing he

laid down on the couch, expiring almost instantly. Doctors were called from the asylum close by, but it was too late. Dr. Murphy was born at Asphodel, Peterborough County, in 1850. He was educated at the Norwood High School, and St. Michael's College, Toronto, and afterwards attended Queen's College, where he graduated in medicine in 1876. He practiced his profession in Belleville till 1891, when he was appointed medical superintendent of the Mimico Insane Asylum. Upon the opening of the Brockville Asylum, in 1894, he was placed in charge, and held the position till his death. While a resident of Belleville, he was physician of the Deaf and Dumb Institute. He married a daughter of the late L. C. Boulter, of Toronto, who, with a family of four sons and two daughters, survive. He was an ardent member of St. Francis Xavier Church, and a representative on the Executive Committee. He was also a member of the Catholic Mutual Benefit Association.

ROBERT LAMBERT, M.D.

Dr. Robert Lambert, aged 76, the oldest physician in Windsor, passed away at an early hour on January 21st of a general breaking down, caused by old age. For over forty years he practised his profession in Windsor, and at one time was the city health officer. Dr. Lambert was born in England in 1821. He came to Canada in early life and graduated in medicine from Queen's University, Kingston, in 1859. The doctor was a post-graduate of Bellevue Hospital, New York. A widow and three children survive.

W. J. ANDERSON, M.D.

Dr. W. J. Anderson, of Smith Falls, Ont., died on February 19th, after a lingering illness. Dr. Anderson was born in the County Antrim, Ireland, in 1839, and is a son of the late Rev. J. Anderson, M.A., a prominent and eloquent Presbyterian divine. He took a prominent part in public affairs, and was in politics a Conservative, being the Conservative candidate for the Dominion House in 1878 for North Leeds and Grenville.