DOMINION
MEDICAL MONTHLY

AND ONTARIO MEDICAL JOURNAL

VOL. XIV. TORONTO, JUNE, 1900. No. 6.

Original Articles

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

A GROUP OF UNUSUAL SPINAL CASES.

BY B. E. MCKENZIE, M.D., TORONTO.

The term "spinal" is objectionable because indefinite; but a better does not suggest itself which would be broad enough to include all the patients to whom this paper will refer. There may be considerable doubt in some instances concerning the pathology, but in all of them they are either cases having some affection of the spinal cord or have been so considered during the course of their illness.

CASE 1.—August 31, 1899, L. D., 22 years of age; well developed, healthy looking young woman, the daughter of a farmer. Five or six years ago she made considerable complaint about pain in her back, and has continued to claim and receive considerable sympathy on that account. For about three months previous to September last she had kept her bed and was said to be unable to sit up or even to hold up her head.

Many years ago her mother was frightened by a horse running away, and is said to have suffered thereafter from "spinal disease." During the last ten years she (the mother) has kept to her bed.

The patient (L. D.) was brought to Toronto, August 31st last, being carried on a stretcher and brought from the train to my office in the ambulance. Inquiry into the history, and the young woman's general appearance, having aroused a suspicion that the

case was one of mental obliquity, I proceeded to examine her, insisting upon such disrobing as would fully expose the body for examination. As each request was made that she would raise her head, that she would stand up, that she would do so unaided, that she would walk, there was a mild protest, both she and her lady companion assuring me that she was unable to comply. Examination revealed healthy thoracic and abdominal organs and a normally mobile spine. She was rather pale, but had good flesh and muscles fairly well developed. Within half an hour from the time when her examination commenced, she walked up two flight of stairs to a ward in the hospital, and was encouraged afterward to walk about. After about three days she was taken in to the orthopedic gymnasium and given light work every morning, this being gradually increased from day to day. No medicine was administered, but the directress of the gymnasium was informed of the nature of the case, and reminded that discipline and a constantly increasing amount of work faithfully done would be essential to success. About six weeks afterward she returned home having regained power and confidence in the doing of all her ordinary duties. During the last two weeks of her attendance she boarded with friends at a distance from the hospital and came in alone every morning. Before being sent away she was fully warned of her tendency and of the influences of her home surroundings. Quite recently I learned that she continues well, and that she is too busily engaged with home work to find time to dwell upon her own aches and pains.

CASE 2.—In June last, Dr. F. C. Mewburn consulted me about a young woman 19 years of age, who had had typhoid fever in January and February, 1898. After recovery she was unable to walk or even stand. This inability continued during the spring and summer, and through the succeeding winter she was carried from her bed to a wheeled chair and back again to bed, etc. The patient is a pale, rather anemic and dull looking girl. The knees are flexed and maintained at an angle of 150 degrees, permitting of but very little further flexion. The feet are maintained in a position of equinus at an angle of about 120 degrees. There is considerable tenderness of the limbs, especially at the joints, when any effort is made to move either the ankles or knees. The feet and legs being maintained in this position it was impossible for her to stand up, even though there were no paretic condition of the muscles. There is loss of patellar reflex, some anesthesia and paresthesia of the limbs, and slight ptosis. As the applicant was unwilling to take an anesthetic, mechanical means and massage were employed to effect a rectification at the knees and feet. After correction of the deformity she was assisted to walk, was soon given crutches and placed in the gymnasium every

day to do work up to the limit of her constantly increasing capability, care being taken to prevent exhaustion. Improvement was continuous, and at the present writing (May, 1900) she walks well, still manifesting, however, some insecurity of gait. In rising from a chair there is still manifest a paretic condition of certain groups of muscles, making it necessary for her to aid the rising by placing her hands upon a chair or upon her thighs. Judging from the history and symptoms this case is no doubt one commonly described as a peripheral neuritis, the result of a systematic poisoning. This condition follows occasionally the infectious diseases, and no doubt in this instance is a direct consequence of the typhoid fever.

In view of our present knowledge of the neuron unit, the term "peripheral" should be dropped. Numerous observations have been made showing spinal nuclear involvment, and even cerebral cortical disturbance in this affection. True, the anatomical lesions which are open to our present means of investigation, are usually more pronounced in the nerves than in the central organs.

The optic nerve, which is virtually a cerebral structure, is frequently involved. The occasional presence of psychical symptoms evidences the fact that even the highest nerve centres are not spared.

The presence of the contractures in this patient was a matter of great practical importance, as its continuance must necessarily insure continued disability to walk. The contractures arose from (1) the lack of balance in the muscles on the flexor and extensor sides of the limb; (2) in part from the action of gravity; (3) chiefly from the development of a muscular fibrosis and fibrotendinous reaction in the muscles, incident to the disease. Any attempt to produce dorsiflexion at the ankle joint was met by the abrupt, rigid, shortened heel-tendon which prevented the joint's movement. It was noticeable in this case that the contractures had not become so firm as to prevent any great obstacle to the rectification of the deformity by massage and mechanical means.

CASE 3.—Mrs. B., 64 years of age. Up to ten years ago she considered herself a healthy and active woman, is married and has several healthy children. About ten years ago she was taken at intervals of several months with severe pain in the spine, this being provoked by some effort, such as pulling on her boots. When the attack had come on she would be confined to bed for several days, and the attack would not pass away entirely in about three weeks.

Some time after this she noticed that she stooped greatly, and that her dresses no longer fitted properly. The forward bending of the spine has continued to increase until she is now six inches shorter than when in the prime of life; and her thorax is much contracted, the mammæ having descended nearly to the level of

the iliac crests. During the last two or three years the pain has been less, but dyspeptic symptoms, caused by crowding of the abdominal organs, are very troublesome. The clavicles are somewhat enlarged and bent more than normal; the femora are bowed forward in the middle. There is no deformity observed in the other bones. This is, no doubt, a case of osteitis deformans.

CASE 4.—D. T., a boy 15 years of age, had a typical right congenital club-foot corrected when he was about ten years of age. In September, 1895, he complained of headache, vomited, and had high fever. After being in bed a few days he was unable to walk. Soon the more urgent symptoms subsided, but he was unable to walk or stand for several weeks. At the time of examination he walked with a marked right limp, although his recovery from the condition of clubfoot had been so complete that he had been able to walk or run as fast as other boys of his age and without lameness or discomfort. He was admitted to hospital in November. He was unable to raise the right leg in going upstairs, and could not get up from a supine recumbent position without rolling over. There was considerable atrophy of the right limb. Much difference of opinion existed among the members of the staff who examined him, and also among medical men who examined him at a meeting of the Toronto Medical Society.

In September of 1899 he is found to have marked tilting of the pelvis, arising apparently from the shortening of the right leg. There is also a consequent severe curve with rotation in the lumbar region. At the present time the curve is found to have greatly increased, so that the deformity is now most extreme. After repeated examinations by various members of the staff while in the hospital the opinion most generally entertained was that in September, 1895, he had anterior poliomyelitis.

CASE 5.—W. H. D., 32 years, a well nourished man who stands bending forward at the hips, and in the lumbar region chiefly, so that the general axis of his body departs from the perpendicular about 35 degrees. He has a peculiar lateral deviation of the body to the right, and the back and neck muscles are retained in a condition of spasm during examination. Motion of the left shoulder is limited to about half the normal range, and its muscles assume a condition of spasm when any attempt is made to move the humerus in its relation to the scapula. By diverting the attention and thus taking the patient off guard, the spasm is less.

In April, 1896, this man was working in a factory and pulling down strongly upon a lever when something gave way and he fell, striking his back upon a prominent corner of a truck so that the force of the blow came a little to the left of the spine at about the level of the ninth vertebra. An effort was made to have this man

straighten the body up to an erect position, but it seemed quite impossible for him to do so, though aided by such manual assistance as we could give him. The day after entering the hospital we gave him chloroform, and while lying supine on the operating table the deformity became partly corrected; turning him into a prone position so that the thorax and hips were still supported, the body was forced into a hyper-extended position. In doing this a very moderate degree of force only was necessary, and no noises were heard or sensations realized which would intimate the giving way of adhesions. While in this hyper-extended position a very strong plaster-of-Paris jacket was applied, extending from the trochanters to the chin and occiput. Before coming out of anesthesia he was placed in bed upon his back and left in this position for several days. There was but little reaction and very little complaint of pain. About the third day he was allowed to get up, and was able to walk about pretty well. It was noticed also that he used his arm freely, although he held it stiffly before he was placed on the operating table. It was the intention to move this joint (the scapulo-humeral) freely while under the anesthesia, but it was forgotten, and unless accidently while turning him over into the prone position, no force was exerted on the arm. Our attention was directed solely to rectifying the bent condition of the spine. The plaster jacket remained on this man for about four weeks, during which time he was encouraged to walk about and use his arms quite freely. When the jacket was removed he kept himself in an erect position and seemed to have completely recovered the normal function of all parts. For a few weeks he remained in the city and gradually became more active and was sent home leaving with us the impression that his recovery had been most complete. A couple of months afterward we saw him and found that very largely his former condition had returned.

It may be said regarding this patient that he had been a recipient of public charity for a considerable portion of the time which had elapsed since his accident and injury, and that his family is regarded with some disfavor in the town because it is believed that they are more willing to live on the gifts of others than to earn their own livelihood. My opinion regarding this case is that it is one of mental obliquity, and some degree of malingering rather than a case where there is any organic lesion. I suppose that it could be classed among the traumatic neuroses.

CASE 6.—P. McK., 46 years of age, a strong powerfully built man, a moulder. He stated that on July 27, 1899, while at work in such a position that he was resting upon his hands and knees, an iron weight of about twenty-five pounds fell about five feet, striking his back so that the impact came a little to the right of the spine, and at the level of about the eighth dorsal vertebra. His body was

driven to the floor, and he was picked up suffering from shock, but not unconscious. He lay in bed for several weeks finding it necessary to have the head and shoulders propped up so much as to cause a forward bending of about 45 degrees. If left in the horizontal position the pain was unbearable; even when propped up as above described, it was necessary to use morphia quite frequently. The first time the bowels moved, prolapse of the rectum occurred, and is still a troublesome complication. His general attitude and appearance in walking are very similar to those described in Case 5, but he has no shoulder or other single-joint symptoms. The straps used for ordinary suspension were placed under the chin and occiput and an effort was made to straighten out the body. It was quite impossible, however, to proceed to any extent in this way, as the patient could not endure the pain. The X Rays were tried on this patient, but the result was negative, partly, perhaps, because of the amount of muscle and other tissue covering up the skeleton. After the accident it was not determined with any certainty as to whether any fractures had occurred. There were no abnormal sensations or lack of power of any of the extremities, and while the position as described was maintained the patient could walk about without much discomfort. The same plan of treatment was adopted as described in Case 5. Rather more force was required to fully extend the trunk, but no noise of adhesions giving way. The same method of maintaining the position was adopted with the addition that an iron bar was embodied in the plaster extending from the chin to the pubis. The jacket was left on for a period of six weeks, during which time he moved about with considerable ease, and at no time suffered much pain. On removal of the plaster jacket there was a feeling of weakness and inability to maintain the erect position. This has, however, gradually improved, but we found it necessary to apply a light steel brace. This he is still wearing and he continues to improve. Later he has abnormal sensations in the lower extremities—anesthesia in some regions and hyperesthesia in others. There is disturbance of the perception of heat and cold. It is doubtful whether a man of his age is likely to so far recover as to be able to resume his original occupation. I am in doubt as to the exact pathological condition which resulted in this case from the injury received.

It is worthy of note, that at an early date a suit for damages was decided upon and that already damages have been awarded by the court. The history of the case subsequent to the action at law does not show that the patient improves any faster since the case was settled than he did before. It throws but little light upon these cases to place them under the heading of traumatic neuroses. The detailed history of the symptoms presented by

these patients in the early months following their injury is unfortunately lacking. If these were intimately known some further light might be thrown upon their condition.

The foregoing notes of cases are recorded more as simple clinical memoranda than as a discussion of the various conditions presented.

17 Bloor Street East.

PRESIDENTIAL ADDRESS, TORONTO ASSOCIATION FOR THE PREVENTION AND TREATMENT OF TUBERCULOSIS.

By E. J. Barrick, M.D., President, Toronto.

Mr. Chairman, Ladies and Gentlemen,—Before commencing my address I wish to read a short letter from one who has done more to advance this cause than perhaps any other person in this country, who has been instrumental in introducing into the Legislature at the last session a bill which makes it possible to bring a sanatorium within reach of every consumptive in every municipality of this Province. I refer to the Hon. J. R. Stratton, whom we expected to have had with us to-night. Wherever the campaign against consumption is pressed, the "Stratton Sanatorium Bill" will be referred to as an up-to-date measure, and worthy of being copied in every province and territory in this Dominion:

Toronto, May 8th, 1900.

Dr. E. J. Barrick,
60 Bond St., City:

Dear Sir,—I very greatly regret that pressure of official occupation deprives me of the pleasure of accepting your kind invitation to be present at the meeting of your Association.

I can assure you, however, that my sympathy is with it, and my best wishes for the success of the work of your Association accompany my regrets at my inability to be with you to-night.

Yours sincerely,

J. R. Stratton.

On the 20th and 21st of May, 1899, there was held in Berlin, at the request of the Emperor of Germany, a congress of leading medical men and scientists, who for two days discussed the subject of consumption and other forms of tuberculosis.

On the 25th of April of this year the International Tuberculosis Congress opened in Naples in the presence of the King and Queen of Italy, the Prince and Princess of Naples, the Duke of Genoa, the Premier, the Minister of Public Instruction, and other notables.

Nearly every country in Europe has had its Tuberculosis Congress. In America, a few weeks ago, a Tuberculosis Congress was held in Chicago. The Prince of Wales is the Honorary President of the National Association for the Prevention of Consumption and other forms of Tuberculosis in England.

At the recent session of our local Legislature a bill was passed encouraging the establishment and maintenance of sanatoria for consumptives in this Province. And to-night we have the inaugural meeting of "The Toronto Association for the Prevention and Treatment of Consumption and other forms of Tuberculosis."

In Guelph a similar association has been formed, and steps have already been taken for the formation of an Ontario, and also a Canadian, Association.

Why all these congresses? Why all these associations? Why are kings, queens, princes, princesses, dukes, knights, premiers and governments, etc., giving attention to this question?

The Hon. G. W. Ross, on the 7th of last March, in replying to the deputation said: "The most valuable asset any nation can have is its people—its men and women, its sons and daughters." The "white plague" is abroad among these people—the men and women, the sons and daughters are stricken down. The wail of anguish is heard in every land—it comes from the cities and the country; it comes from the mansion and the cottage, the king and the beggar are alike subject to its ravages; premature graves are being filled; the tramp of the orphans produced by this disease is heard in every orphanage; poverty caused by this disease is heard knocking at the door of every philanthropic and charitable institution. This is why.

This disease produces more than twice as many deaths as smallpox, diphtheria, scarlet fever, measles, whooping cough and typhoid fever put together. In industrial occupations it is the cause of nearly one-half of the mortality, and more than half of the invalidism of all people who die between the ages of 15 and 60, and no less than 37 out of every 100 die of this disease—37 out of every 100 die at an age when their lives are of most value to the nation, the municipality and the home; 37 out of every 100 die of a disease that is contagious, infectious, preventible and curable, especially in the earlier stages; that in the United States causes the death annually of no less than 100,000; that in this Dominion claims each year about 9,000 victims; that in this Province, in 1898, caused the death of 3,291, equal in number to more than the three contingents sent

to South Africa; that in this fair city each year carries off about 500 of our people. This is why. Add to this the popular error that consumption is hereditary and incurable, and you have a picture so dark, the contemplation of which makes the stoutest heart grow faint. To dispel this darkness I am glad to say that the star of hope has risen.

Through the discovery of Prof. Koch, some eighteen years ago and subsequent investigations, it is a generally accepted fact that consumption is produced by a germ entering the body from without, mainly by the inhalation of dried and pulverized particles of sputa floating in the air, and by food, especially milk from tuberculous cattle. In the later stages of the disease millions of these germs are said to be thrown off daily in the sputa. That while heredity may predispose the system to the development of the disease, yet until the germ is introduced from without the person there can be no consumption. It has also been clearly established that the disease is curable.

Science and clinical experience have, therefore, exploded the popular error referred to. But it is only by a campaign of education that the public mind can be disabused of this deeply seated error. To do this, and to check the spread of the disease and save and prolong the lives of the people, is the main object of this Association. The concensus of medical and public opinion in both Europe and America is that sanatoria treatment of consumption produces the best results.

At the congress in Berlin already referred to all the discourses led up to and culminated in a hearty endorsation of sanatoria treatment of consumption. In Germany, where compulsory life insurance is in force, where all receiving a wage lower than a certain amount are obliged to be insured, the growth of sanatoria treatment has been remarkable, owing largely to the action of life insurance companies expending much money in the erection and maintenance of sanatoria, where they send their insured who are suffering from consumption, finding that from a financial standpoint it is economy to prolong the lives of their insured in this way and postpone the day of paying the death claim. That while in 1895 there were only two of such sanatoria in Germany, at the present time there are over sixty and more are being built each year. While we find that sanatoria have been built in various parts of the world for the admission of those who are able and willing to pay, and are in the early stage of the disease, the door is effectively barred against the great mass of sufferers who are poor, and others where the disease has passed the early stage.

These outcasts, for whom there is no sanatorium accommodation, are left to roam abroad, ride in our street cars, cough in the faces of our children, drink from the same cup at the fountain,

expectorate in the public halls and conveyances; some of these pass into hospitals where little or no isolation from other patients is adopted; others are confined for months in small unsanitary rooms badly ventilated, and the whole family exposed to the contagion, and there they die, followed later on by other members of the family to a premature grave, and everybody wonders why so many people die of consumption.

In this Province, in 1898, 3,291 persons died of tuberculosis. This disease may extend over one, two, three, four, or more years; it is therefore within the mark to say that we have continually in Ontario eight to ten thousand afflicted with the disease—we have say 8,000 who should be brought within reach of sanatorium treatment.

The sanatoria accommodation of this Province is fifty beds at the Gravenhurst Sanatorium—an excellent institution, doing a good work and a credit to its promoters. Here only those are admitted who are in the early stage of the disease, and are able and willing to pay $6 or $7 a week.

For the balance, 7,950, there is no sanatorium accommodation. To bring sanatorium treatment within reach of these 7,950 is the problem that this Association is trying to solve. The only sanatorium that seems worth contending for is one where neither poverty nor advanced disease bars the door; where all those who are curable may be cured; where all those who are improvable may be improved; where all those who are incurable may be cared for until they pass over to the great majority, and where each patient may, if they wish, be under the care of their own family physician.

To secure this ideal sanatorium always has been, is now, and shall continue to be, the high aim of this Association. After fully considering the question from every standpoint, the following plan was formulated and placed before the public in a paper read before the Canadian Medical Association last August:

1. The establishment of a rural sanatorium in connection with each municipality or group of municipalities for the reception of such cases as admit of a reasonable hope of cure or improvement.

2. The erection and maintenance in connection with the above sanatorium of suitable isolated buildings for the reception and treatment of such advanced cases of the disease as are unsuitable for sanatoria treatment.

3. The co-operation of the Government, municipality, philanthropic and charitable organizations and individuals in providing the necessary funds therefore.

On the 7th of March last a large representative deputation laid this plan before the local Government and asked for legislation on these lines. Within thirty days a bill was prepared which passed the first, second and third reading without opposition. Surely in

this important matter it may truly be said "that none were for party, and all were for the State." The passage of this bill is the highest compliment that could have been paid to the efforts of this Association toward the solution of this problem. It crystallizes into law the leading features of the plan, secures Government co-operation, and paves the way for the co-operation of the municipality, philanthropy and charity. This permissive legislation on certain co-operative lines provides for the erection and maintenance of a sanatorium for consumptives in each municipality or group of municipalities in the Province of Ontario. To put this permissive legislation into force in this city for the benefit of our own consumptives is the first duty of this Association; its other objects are set forth in its constitution.

Having accomplished so much up to the present time under the name of the Citizens' Sanatorium Committee, let us under the new name and with renewed confidence and energy press forward, complete the co-operative plan, and erect and maintain for our people an ideal sanatorium that will be a credit to the Queen City. The first thing to be done is to increase the membership to at least 1,000—our enthusiastic Secretary says 5,000, and our still more optimistic friend, the Editor of the *Christian Guardian,* says 25,000. However, we should aim first at 1,000 and get it, then take a higher aim. This in itself will be a means of education, and will provide the necessary funds to carry on the campaign.

The second is to ask for subscriptions, donations, legacies, bequests, etc., on condition that a by-law for $50,000 is passed, to assist the Trustee Board which will be formed under the provision of this Act in the erection of buildings and the maintenance of the sanatorium. I might just say here that this legislation provides that the Lieutenant-Governor in Council may grant to the trustees of any Sanatorium one-fifth of the cost of the building and land up to $4,000, and a further grant of $1.50 per week for each patient treated therein. Now I think this is a very liberal stand for the Government to take. (Applause.) And, further, that the municipality shall pay a like sum of $1.50 per week. In this city we are now paying $2.80 a week for the poor in the hospitals. I hope that my friend, Dr. Sheard, when we get the sanatorium in operation, may see his way to recommend the payment of $3.00 a week by the municipality. That will bring the income within perhaps $1.00 or $1.50 of the cost of maintenance per week per patient. Now one object of this Association is to help make up this deficiency, so that the door shall not be barred against any poor person. For instance, here is John Smith, who is ill with consumption, and is able to pay in this sanatorium the full price of his maintenance. Then he should pay in full. We do not by any means intend to pauperize the people. If John Smith is not able to pay the $5.00

or more a week for his maintenance, and can only make up the deficiency, then he should do so and be no care to this organization. If he cannot do it himself, it will be the duty of this organization through its committees to see whether his friends can help, or his church—as every church has its poor fund, and to what better use could this fund be put than to help its consumptive poor to secure sanatoria treatment. If he belongs to no church, perhaps his lodge or fraternal society will help to make up this balance; and when all these fail, this Association wants to stand ready to say, "John Smith, we will not allow your poverty to bar the door, and shall out of our funds make up the deficiency, and secure for you the care and treatment which you ought to have." (Applause).

Last year in the County of Ontario in connection with the erection of a House of Refuge for the poor, John Cowan, of Oshawa, offered $5,000 cash, and his brother W. F. Cowan offered forty-five acres of land on condition that a by-law was endorsed by the qualified rate-payers. The by-law was submitted and carried. This action also secured the $4,000 from the Government. I believe there are many persons in the city who, when they understand the comprehensive and co-operative plan that has now become law, will, like John and W. F. Cowan, say that they will give a certain amount on condition that the by-law mentioned is endorsed. Thirdly, to secure the aid of the Council in preparing and submitting the by-law and agreement at the next general municipal election in accordance with the Act; and, fourthly, to carry on the campaign of education until the ratepayers, like the insurance companies referred to in Germany, are convinced that it will be cheaper and more economical to expend money in the erection and maintenance of a sanatorium for the consumptives of this city, than to go on as we are now doing expending about $80,000 each year for the care of orphans and other poor persons who are largely produced by this disease. We are paying as it were the "pound of cure" when we should be applying the "ounce of prevention."

Our legislators are fully aware of the unparalled natural resources of this country, of the valuable assets we have in our minerals, our fisheries, our forests, and our fertile lands, and they also recognize the important fact that the most valuable asset that this Province has is its people, and for them have established a national school system that has brought a free school within reach of every person of school age in every municipality, have arranged by permissive legislation for bringing a house of refuge within reach of the poor in every county, and a sanatorium within reach of every consumptive in every municipality on a national basis.

Outside this national provision for schools, houses of refuge, and sanatoria for consumptives there are individual schools, refuges and sanatoria—Upper Canada College is one, an institu-

tion open for those who are able and willing to pay. This institution has been of great value to the country, is presided over by a principal whose name is a household word in this Dominion. Has anyone heard Dr. Parkin say one word in opposition to our national schools, or has he indicated in any way that they are in opposition to the institution over which he presides? In this city we have the House of Providence and the House of Industry, both old and worthy institutions that have cared for many poor persons. Has anyone heard the friends of either of these institutions say one word in opposition to the national houses of refuge in this Province? At Gravenhurst there is a sanatorium for consumptives with fifty beds, admitting only those who are in the early stage of the disease and who are able and willing to pay $6.00 or $7.00 per week. This institution is a credit to the country, and is worthy of generous support. Has anyone ever heard the friends or agents of that institution say a word in opposition to this Association, which has been the life and soul of the national movement to bring an ideal sanatorium within the reach of every consumptive in every municipality in accordance with the provisional legislation already referred to.

If you have heard of such opposition is it not time that a deaf ear should be turned towards such? As I have had many inquiries as to whether this Association is in any way connected with Dr. Playter's sanatorium in Moore Park, I think it is due to the public and this Association to state that this Association is in no way; directly or indirectly, connected with that enterprise. We are in opposition to no institution. Our object is first to set in motion the provisional legislation so as to bring an ideal sanatorium within reach of every consumptive in this city, and, secondly, to encourage every other municipality to take steps to secure a similar privilege for their own people who are suffering from this disease, hoping thereby to check the spread of the "white plague," and save and prolong many valuable lives.

Reports of Societies

ONTARIO MEDICAL ASSOCIATION.

The twentieth annual meeting of this Association was held in the Normal School Buildings, Toronto, on Wednesday and Thursday, the 6th and 7th of June, 1900.

The meeting was called to order on the morning of the first day at 10.30 a.m., by Dr. Adam H. Wright, of this city, the first Vice-President, who stated that owing to the death of their President since the last meeting, it would be necessary for the Association to elect his successor.

Dr. Wright then vacated the chair, which was voted to Dr. R. A. Pyne, who called for nominations for the position of President.

Dr. Adam H. Wright was unanimously elected President, amidst much enthusiasm, and after expressing his sincere thanks for the honor, called upon the Secretary to read the minutes of the last meeting. These were unanimously adopted.

The report of the Committee on Papers and Business followed. It was presented by the Chairman of that Committee, Dr. A. A. Macdonald. Adopted.

Dr. Allan Baines, the Chairman of the Committee of Arrangements, presented a verbal report, setting forth the entertainment provided for the members of the Association during the progress of the meeting.

Reading of Papers and Discussions Thereon.

THE USE OF MORPHIA IN PUERPERAL ECLAMPSIA.

Dr. David Hoig, Oshawa, read a paper on this subject, stating that his experience with eclampsia dated almost from his first obstetrical case in practice, and in this he was forced to use morphia from the severity of the convulsions, and with very gratifying results. He recited the history of eight cases, in three of which there was no history of any renal insufficiency. The case of a young woman in the eighth month of pregnancy was cited, in which the bromide and chloral treatment was first tried but failed. He then used one-quarter of a grain of morphia, but this also failed. The temperature was 104 and the pulse 150. Delivery was effected. Severe hemorrhage followed, succeeded by two very severe convulsions, both of which were fully controlled by one-half grain injections of morphia. Dr. Hoig has always made it a practice to examine the urine from time to time, and he

has frequently noticed albumen present, and no convulsions. He instanced another case where twins were born, no doctor being present. Ten minutes thereafter the woman was dead, without convulsions to account for it.

DR. JOHN FERGUSON began the discussion of the paper, and congratulated Dr. Hoig on its practicability. It was now generally recognized that you may have puerperal convulsions even of severe type without the presence of albumen in the urine, and that you may have the occurrence of albumen for the first time known in the history of the patient, in fact abundance of albumen without the occurrence of convulsions. You may also have a successful pregnancy in an old albuminuric in chronic disease of the kidney, without convulsions.

DR. J. L. BRAY, Chatham, speaking of the treatment, did not think that morphia alone was sufficient, as his experience with morphia has not been successful. Free elimination and chloroform has done more for him than morphia. He did not think that any one really knew the cause of these convulsions. Another thing that Dr. Bray had noticed in his experience was that when he had a case of convulsions appearing before labor commenced, the prognosis was generally unfavorable; but when the convulsions came on after delivery, his prognosis has been favorable. He would lay great stress upon free elimination. Give elaterium or croton oil. He further stated that in venesection he had found that often it was not possible to get the blood to flow at all freely. He mentioned one patient who had thirty-three convulsions after delivery, and she recovered.

DR. E. CLOUSE, Toronto, stated that he had recently attended a case of confinement with advanced kidney disease. Saw her first about a month after pregnancy, with swollen limbs and characteristic pasty complexion, and passing large quantities of albumen, about 25 per cent. of the urine. On consultation with two other physicians she was permitted to proceed to her confinement, and she got along very well indeed without any convulsions, and gave birth to a well-developed female child. A point of interest in this case was that about four or five days after the child's birth, there was a discharge from it corresponding with the menstrual discharge.

DR. K. C. MCILWRAITH, Toronto, stated he had seen five of these cases during the past year, one case in particular being mentioned where the urine was almost solid with albumen, accompanied by great ascites and anasarca; the labor was good and no convulsions whatever. In another case, the urine had been examined one day and no albumen found, but the next day she had

a convulsion, and albumen was found afterwards. Speaking of the treatment, he has found that small doses of morphia had usually no effect, but half-grain doses, in his experience, generally controlled them.

DR. BARRICK took issue with Dr. Bray in regard to unfavorable prognosis where the convulsions came on before delivery. In half a dozen cases which he could then call to mind, only one of them died where the convulsions appeared before delivery. He further stated that those who recovered had no trouble in succeeding pregnancies. Referring to bleeding, he mentioned a case where chloroform would not control the convulsions, bleeding was resorted to, a half-pint was drawn from the arm, the fits ceased immediately, and did not again occur.

DR. HARRISON, Selkirk, stated he had seen a great many cases of eclampsia in an experience of fifty years, and his experience is exactly opposite to Dr. Bray's. When convulsions take place before delivery, you can deliver; and the chances were not so good when the convulsions came on after delivery. He has lost patients after and before delivery, but he has always regarded those coming on after delivery as the more dangerous. In properly selected cases, he would bleed.

DR. HOIG, in reply: He quite agreed with Dr. McIlwraith that there was no use in giving small doses of morphia. He has had no experience in bleeding, but could readily believe that in properly selected cases it might be of value. He referred to the debilitated state the patient was left in after these attacks, and thought that the long loss of albumen was responsible for many of the sudden deaths that had occurred.

DISCUSSION IN SURGERY.

APPENDICITIS—ITS RECOGNITION AND OPERATIVE INTERFERENCE.

DR. LUKE TESKEY opened this discussion. One of the most important conditions in the study of this disease is the recognition of many varieties, or perhaps better, degrees, of inflammation which attack the appendix, and also various conditions which may be left by a severe attack. One may be prepared to find any degree, from the slightest chronic catarrhal appendicular colic to the most acute and rapid gangrene. He divided this affection into three classes: (1) Chronic catarrhal appendicitis; (2) acute circumscribed appendicitis, and (3) the fulminating or gangrenous appendicitis. Speaking of the first variety, it is not difficult to recognize when there are frequent repeated slight attacks of pain in the appendiceal region coming on after slight exposure

to cold, or after slight exertion, or sometimes without any well-defined cause, lasting a few hours or an hour or two, with possibly slight rise of temperature, or no rise of temperature, and the patient able to go on with his work the next day. In many instances, the pain is not referred to the appendix, but frequently to the epigastric region. Other symptoms, symptomatic or general, such for example as symptoms of chronic indigestion —in effect, a loss of power in the digestive function throughout the alimentary tract—associated with marked loss of body weight, were very important. These sometimes caused this form of appendicular disease to be mistaken for a chronic tubercular affection of the abdominal viscera, and sometimes for chronic indigestion. In relating one or two cases before him of recent date, Dr. Teskey stated that in these cases, which were often looked upon as chronic indigestion, when an operation was performed for appendicitis, this simple catarrhal condition was found, without any foreign body in the organ, but with enlarged lymphatic glands in the vicinity of the appendix. These attacks never caused the patient to lay up in bed, at most only colicky pain existing only for a few hours. Invariably the patient had lost in these cases in body weight. The symptoms resembled tuberculosis. In these cases, there was little or no invasion in abdominal cavity. After operation in these catarrhal conditions, the recovery of the patient was most complete and perfect, so much so that within two or three months they regain their body weight and usual power of digestion and usual health and strength; and that is the essence of the complete proof of the beneficial effects in that particular class of cases. The most reliable means of diagnosis in such cases is careful palpation of the abdominal wall in the iliac region. In some you may be able to palpate the appendix, but you cannot always feel it, and even when you do feel it, or think you feel it, you do not know whether it is the appendix or not.

In reference to the second class—acute circumscribed appendicitis, that is the form of affection in which nature has succeeded in organizing adhesions sufficient to incarcerate the disease to a limited area. This is perhaps the most frequent form. The attack begins with acute pain, perhaps most frequently epigastric pain; a rise of temperature, furred tongue, indigestion; the abdomen becomes more or less resistant over the right iliac region, and tumescence on palpation is found on the right side. The symptoms continue, with some tympanites, when on the second or third day there is distinct tumescence to be felt in the appendicular region, and circumscribed suppuration has taken place. The recognition of this form of the disease depends largely upon the

tendency of the symptoms to localize in the right iliac region. This form of appendicitis is not difficult to recognize after it has gone on for a short time. When the disease is low down in the pelvis, however, you may not succeed in discovering it by palpation, and you must then depend largely upon general symptoms. If you cannot find tumescence, you will be able to get a degree of resistance, whether low in the pelvis or up towards the liver. This degree of resistance, together with general symptoms, will lead you to a diagnosis.

The third class of cases—the acute fulminating or gangrenous appendicitis: Here reference is made to the greatest degree of intensity of inflammation, produced by the greatest degree of infection which created the inflammatory act, so that gangrene is invariably formed in some form or another. At times it may not be localized in the appendix, but in the adjacent structures. To this class Dr. Teskey gives the name: acute fulminating, or gangrenous appendicitis. Severe symptoms may be expected from the commencement onwards. Here the attack is so intense from the infection, or so virulent, that nature has or makes but an imperfect attempt to circumscribe the abscess. You will have great pain and acute rise of temperature, early tympanites, brown furred tongue, some resistance and rigidity of the abdomen, in fact, symptoms of septicemia. The character of this variety of appendicitis, because of the acuteness and the intensity of the symptoms, renders it not so very difficult of diagnosis. Sometimes the amount of tympanites that exists causes the physician or the surgeon to overlook the localized condition. The patient almost invariably commences by vomiting—severe vomiting. Because of this, acute gastritis has been diagnosed. Palpation is interfered with from the intense tympanites which comes on. Very often the inscription on the death certificate is written, "acute peritonitis." These acute forms can also only be recognized by the general symptoms, possibly by the previous history in connection with some difficulty in that region, and careful palpation before tympanites has come upon the patient. After that has come upon the patient, you are more or less in the dark. Conditions which follow an acute attack: In a large number of instances, the result of an acute attack uninterfered with, is that various sinuses have been formed, imperfectly draining abscesses in the abdominal cavity to various surfaces, perhaps most frequently to the intestinal surfaces. Discharge of pus through the intestinal tract may go on and recovery result, or a chronic discharge into some of the hollow organs of the body or to the surface of the body may result. When that chronic suppurative con-

dition is imperfectly drained into some of the internal organs, it may become very difficult to diagnose the case in after years. Dr. Teskey here mentioned a case suffering for two years.

Operative Treatment.—Taking the first class of cases—simple appendicular colic —shall we operate or not? When we have made a diagnosis, Dr. Teskey has no hesitation in pronouncing in favor of operation in all such cases. His reason is this: that the death-rate should be nothing. The recoveries should be 100 per cent. A limited incision is all that is essential, an inch to an inch and a half at the very outside. There should be no death rate from that operation; and you have relieved the patient from a constantly occurring painful condition. This simple form of appendicitis in many instances leads onwards to the more severe forms.

As to the second class of cases, shall we operate and when shall we operate? This is the one in which discussion has been rampant. Calomel and opium has been used a multitude of times, and there is no doubt of the possibility of the patient getting well. The physician says, we will not submit the patient to the operation, but we will trust to the process of nature, assisted by the specific remedies. That is the wrong practice. The physician who has taken that ground has taken a mistaken ground. In all instances he has jeopardized the life of his patient. If he can diagnose the condition within twenty-four hours, carefully feeling for the resistance, which one always finds in localized inflammatory conditions—it may not be easy to find it at first, but practice will soon get one to recognize the resistance which is not usual, and which indicates appendicitis—and as soon as he gets this located, and appendicitis exists, that is the moment for operation, and in all instances you should operate. If you do not operate and wait until abscess has formed, you can open the abscess and the patient recovers. Very true; but what follows? The patient has absorbed a large amount of septic material into his system. Already there may be an abscess in the liver. Abscesses may be set going in almost any part of the body, and then there is a localized abscess, and the intestines and omentum are entangled, and serious organic trouble apt to follow, for many years in most instances. But if you operate immediately before all that, you have saved the patient and you have run no greater risk so far as the preservation of the patient's life is concerned.

And third, in the acute fulminating or gangrenous appendicitis, the only hope for life is an early operation.

Dr. George Bingham.—Dr. Teskey's views in reference to the treatment and diagnosis of this subject correspond so closely with his that he had scarcely anything to add thereto. In refer-

ence to classification of this disease into forms, there was a difficulty, for the simple reason that unfortunately any given case may be in class one to-day and in class two to-morrow. He was pleased to hear from Dr. Teskey that he does not claim to palpate the normal appendix. He referred to the vomiting which he thought occurred almost invariably. Examination per rectum had also been of use to him in the diagnosis. He dwelt on the importance of the interval operation, considering it to be the ideal operation, and thought that the fatality here should be nil. In the case of the circumscribed variety, he was exceedingly glad to hear that Dr. Teskey approved of an early operation.

Dr. H. A. Bruce.—He agreed in the main with the observations of Dr. Bingham, and with those of Dr. Teskey. He took a little exception to the classification. In the second class he would put the simple acute, and then under the heading of acute appendicitis, the particular variety which may be present in the case you may be dealing with, the name of perforative. He did not think we could say positively, before opening the abdomen, whether the appendix is in a gangrenous condition or not. Dr. Bruce made further reference to the diagnosis, particularly dwelling on that between appendicitis and tubercular disease of the same region.

Dr. George Peters.—The creed set forth seems to be, Appendicitis—operation. He could not quite agree to that. He thought most of the members present had seen cases of appendicitis get well and the patient remain healthy—perhaps only have a single attack. He thought all had even seen cases of more than one attack with recovery. Nor could he go so far as to say that every case of operation for appendicitis in the catarrhal stage would be followed by recovery, because one cannot always tell what condition the patient is in constitutionally as regards diabetes, Bright's, etc. Reference was made to the length of the incision advised by Dr. Teskey, and Dr. Peters thought there were many cases in which you cannot remove the appendix through an incision an inch and a half long, as for instance in a patient with much adipose tissue in his abdominal wall. In regard to the diagnosis, he thought in the great majority of cases it was an easy matter, but whilst a good many cases escaped diagnosis, there were also a good many cases diagnosed as appendicitis that were not appendicitis at all. He did not believe you could feel the normal appendix, except in a very few cases, and then how can you tell that you are not feeling a fold of the intestine? If, however, it is diseased and thickened, you can feel it in a thin abdominal wall.

DR. WM. OLDRIGHT.—With regard to operation or no operation, he was very strongly of the opinion that if a person has had a second attack of appendicitis, we should operate. With regard to the cases operated upon between the attacks, the statistics are 98 per cent. of recoveries; and although we cannot say positively that the patient will recover, the mortality may be put down at nil. Dr. Bruce had referred to finding grape-seed bodies in the appendix. This reference he considered unfortunate. He had never seen grape seeds in the appendix, and thought their occurence there was very rare.

DR. N. A. POWELL spoke in regard to symptoms. In regard to the location of the pain, he thought not occasionally, but uniformly, pain is referred to the epigastric region; then it becomes umbilical, and then reaches the appendiceal region. He was glad that the point had been brought out—a medical point of great importance—that intestinal indigestion is antecedent to the attacks of appendicitis; not gastric, but intestinal. Then one should not pin his faith too much upon a single symptom. He considered that nausea always, and vomiting usually, were present. Another symptom he would lay stress upon was that of rigidity of the right rectus. Dr. Powell thinks it useful to divide the attacks into periods of the first twenty-four hours, the second twenty-four, etc. If you get over three complete days, and if the case is not getting along well, you are likely to have to deal with pus. One and a half inch incision is too short in fat people. He further stated that Dr. Osler says there is no medical treatment of appendicitis.

DR. WATSON (Agincourt) spoke of the diagnosis, and recited his experience with appendicitis. He thought it important to watch the breathing and the pulse. Examination per rectum he had always found of benefit. Referring to the question of grape seeds, in one of these cases an enema had brought away a large fecal mass in which were embedded between forty and fifty of these bodies, but of course he could not say that any of them had been lodged in the appendix.

DR. PARFITT (Toronto) referred to the differential diagnosis of what might be called typhoid appendicitis, appendicitis and gallstone colic, and the importance of examining the blood in appendicitis, to ascertain the number of leucocytes.

DR. A. A. MACDONALD thought that by and by we would come to have the courage to operate at once on every case of appendicitis; he looked forward to the time when the physician would say to his patient: You must be operated on now within twelve hours.

DR. JOHN FERGUSON.—If the case is a very mild one, and

doubtful if it is appendicitis, but some distress in that vicinity, and the patient well and about his business in two or three days, he would not counsel operation in that case. He would advise the patient to keep himself under his physician's watch and care, and should there be a return of symptoms, he would then advise operation at once.

DR. TESKEY, in reply.—With regard to waiting for the interval, if you are called so late to a case that it is already resolving, and the symptoms are abating, of course wait for the interval. Dr. Bruce thought perforation should be included in one class as a variety. Perforation is always associated in the second class when it goes on to extensive abscess. He never removes a gangrenous appendix. He considers it a dangerous process to interfere with imperfect adhesions which nature seeks to form as a limitation to the process. Palpation in the rectum he has found of very little value. It may be of value where you find a chronic abscess low down in the pelvis. Early operation was considered justifiable because it would lessen the death-rate—and that was everything—lessen the death-rate. Adjournment.

THE AFTERNOON SESSION.

PRESIDENT'S ADDRESS.

At the opening of the general session on the afternoon of the first day, Dr. Wright delivered a very interesting and able address upon "The General Public and the Medical Profession," which was very cordially received by the members of the Association present. He referred to the progress of the profession and the stand it held in the community at the present day. The opinions of Mr. Gladstone and the Marquis of Salisbury were given, both of whom were on record as having said very flattering things of the profession of medicine. Jealousies in the profession came in for his condemnation, and he thought it would be particularly happy for all if this was kept out of the profession as much as possible. The importance of attending the annual meetings of the Association was dwelt upon and emphasized, and a feeling reference was made to the death of the founder and recent President of the Association, Dr. J. E. Graham.

Dr. Wright was accorded a hearty and unanimous vote of thanks for his unusually interesting address, to which he replied appropriately.

DISCUSSION IN MEDICINE.

THE FUTURE OF THERAPY.

DR. LEWELLYS F. BARKER contributed an erudite paper on this subject, which was easily seen to be written in choice and elegant diction. He was thankful to have the opportunity and pleasure to return to Toronto after an absence of eleven years and to be accorded the honor of reading the Address in Medicine before the Ontario Medical Association. Although the title of his paper would lead one to expect considerable information about what the future held in store for therapy, it proved more to be a masterly review of historical character down the long line of the centuries. The history of therapy was intimately linked with that of medicine, and the past was rapidly reviewed until scientific study in the use of the microscope in histology, pathology and bacteriology was reached. The essayist dwelt upon organo-therapy, serum-therapy, climato-therapy, and all and everything that one could bring to bear upon the treatment of disease. The stupendous advances being made in scientific medicine, and the vast amount of experimental and research work going on throughout the world now rendered it essentially necessary to emphasize the importance of a division of labor in the profession of medicine as well as in other walks of life. Dr. Barker was accorded a very flattering vote of thanks on the conclusion of his exceedingly able review.

DR. MCPHEDRAN congratulated Dr. Barker upon his unusually able address. It was, he said, exceptionally brilliant. It was very gratifying to have one of our own students come home and contribute such a paper. He thought that the therapist of the future would be the man skilled in science in all its bearings. He contrasted the position of internal therapists with the surgeons, and thought that the former were far behind the latter, although the surgeons must not forget that it was the influence of therapy that made it possible for them to reach such a state of preferment.

DR. J. L. DAVISON considered the paper of Dr. Barker a mass of erudition, but would have liked had he referred to the action of drugs. Whilst we had been brought up on drugs and fed on drugs, it was difficult to understand how the belief in drugs was going to pass away. He further referred to the action which one disease has in curing another, and thought this feature, together with the action of drugs, was still a very interesting side of the question. Referring to the question, what is disease, he stated disease to be a condition of unstable equilibrium, while health was a condition of stable equilibrium. Electro, hydro, and other therapies were also alluded to.

INTER-PROVINCIAL MEDICAL REGISTRATION.

DR. J. A. WILLIAMS (Ingersoll) introduced this subject in a clever address. He detailed the history of the agitation for the reform of our laws so as to permit of legislation for this purpose, and then proceeded to deal with the details of the proposed bill now before the profession throughout the Dominion of Canada, and which Dr. Roddick, M.P., purposes introducing at the next meeting of the House of Commons.

DR. THORBURN, in a brief speech, said that the proposal had his heartiest endorsation.

DR. BRITTON thought the proposed Bill as a whole a good one. He took exception to the appointment of one member of the Dominion Council by the Governor-General in Council. He thought that feature objectionable, as it might tend to make the body, partly at least, political.

DR. HERALD (Kingston) spoke at some length, in the main concurring in the proposals set forth in the draft Bill.

DR. RODDICK, M.P., went into the subject exhaustively, and asked for the unanimous support of the Ontario Medical Association, as he believed that with the influence of such an important body behind him that it would go far towards bringing the matter to a successful issue. His burden was to get the legislation passed through Parliament now; any minor details could be arranged afterwards. The provisions of the bill are now so well known that any synopsis would be superfluous, although Dr. Roddick explained it very clearly to the meeting.

DR. WILLIAMS made a brief reply.

Adjournment.

EVENING SESSION.

The evening session was held at McConkey's, where one of the most enjoyable, if not the most enjoyable, banquets of the profession here was held. Dr. Allan Baines, the Chairman of the Committee of Arrangements, was indefatigable in his efforts to make this function a pronounced success, and he must have slept happy and contented that night, because his efforts were crowned with supreme success. Dr. Wright presided. The usual toasts were drunk, and the following gentlemen made speeches: Drs. Sheard, Williams, Bray, Burt, Barrick, O'Reilly, Harrison, Bruce-Smith. Songs and music, and an exceptionally fine and dainty menu were thoroughly enjoyed.

SECOND DAY—MORNING SESSION.

ACUTE SUPPURATION OF MASTOID CELLS.—CHRONIC SUPPURATION OF MAXILLARY ANTRUM AND ANTERIOR ETHMOIDAL CELLS OF THIRTY YEARS' DURATION.

DR. P. G. GOLDSMITH (Belleville) read notes of these cases, and presented the patient in the latter case. The first three cases which came under his notice during the past year were noted. The first was a man of fifty years, who, during a bad cold, felt something snap on blowing his nose. Immediate pain in the ear followed. On examination, perforation was found in the membrane, but in spite of proper treatment the mastoid became involved, and he was referred to Dr. James MacCallum, Toronto, who concurred in the diagnosis, and agreed that operative procedures were advisable. This was done, and the discharge stopped at once, and the patient made a good recovery. In the second case the patient died, but on *post mortem* examination, the brain was not found involved In the third case, recovery was noted.

The case of chronic suppuration of the antrum of Highmore occurred in a man aged 38 years. It began at the age of eight, after a severe attack of neuralgia of the face, by a yellowish discharge from the right nostril, which has persisted ever since. The anterior ethmoidal cells were scraped, with a great deal of relief to the patient. Then the antrum was drained in the usual way. Complete relief was noted for a few weeks, but the discharge returned, and Dr. Goldsmith now purposes to curette the cavity.

DRS. L. L. PALMER and PRICE BROWN discussed these cases.

The Committee on Credentials here brought in their report, which was adopted. The following were elected members of the Association:—C. J. Copp, Toronto; R. K. Anderson, Milton; W. D. Scott, Peterboro'; J. H. Watson, Toronto; John Grant, Woodville; A. L. Danard, Rocklyn; G. W. Clendennan, W. T. Junction; Murray McFarlane, Toronto; W. Thompson, Toronto; John D. McNaughton, Glenallen; L. G. McKibben, Toronto; W. C. Herriman, Hamilton; C. Lang, Owen Sound; C. S. McKee, Toronto; A. H. Perfect, Toronto Junction; C. D. Parfitt, Toronto; P. McG. Brown, Camlachie; J. D. Berry, Hastings; A. Carmichael, Sundridge; and F. W. Young, Michipicoten Harbor.

EXPLORATORY INCISION IN OBSCURE BRAIN LESIONS.—SOME POINTS IN THE SURGICAL TREATMENT OF MENINGOCELE.

DR. L. W. COCKBURN (Hamilton) reported two cases of obscure brain symptoms without any definite diagnosis, both

occurring in young men. In the first, no treatment being of any avail, an exploratory incision was advised and accepted. The dura and brain were both found healthy; the patient recovered completely from his symptoms thereafter. He considered this case, as well as the second recorded, to be one of cerebral neurasthenia. In the second case there was the history of a head injury in early life. Incision was also advised here, but up to the present time has not been accepted. His remarks on meningocele referred to operation on a child, with resultant death thirteen days after the operation. He thought operation the proper method of treatment in these cases, and condemned the injection of any fluid, such as Morton's.

Dr. J. T. Duncan, Toronto; Dr. McKinnon, Guelph; Dr. Peters, Dr. Ferguson and Dr. Lett, spoke to this paper.

REMOVAL OF TUBERCULAR TESTICLE, VAS DEFERENS AND VESICULÆ SEMINALES AT ONE SITTING.

Dr. George A. Peters reported this case, exhibited the pathological specimen, described the difficulties of the operation and the final results.

TOTAL REMOVAL OF VAS DEFERENS AND VESICULÆ SEMINALES FOR TUBERCULOSIS.

Dr. J. Alexander Hutchison (Montreal) by invitation, presented this paper. It reported the excision of the right organ for secondary tubercular affection. It may be primary or secondary, but usually the latter. The first operation of this sort was done in 1890, and the first excision on this continent was performed by Weir, of New York, in 1895. The essayist described three chief methods. The method which he had adopted and which he would recommend was that of Roux of Rosanne, the perineal route. The subject upon whom he had operated was a young man of twenty-eight years, with a sinus in right scrotum. It transpired that he had been operated upon for left testicular trouble with recovery. Recovery was noted, and the patient had returned to England in good health to resume his work.

Dr Cockburn (Hamilton), and Dr. E. E. King, discussed these two papers and their respective cases.

Dr. Hutchison closed the discussion.

A cordial vote of thanks was voted to Dr. Hutchison for his contribution to the meeting. This he acknowledged suitably.

TRANSPLANTATION OF URETERS INTO RECTUM BY EXTRA-PERITONEAL METHOD—FURTHER REPORT OF CASE WITH EXHIBITION OF PATIENT.

Refer to reports of Canadian Medical Association, 1899, for notes of this case. The boy is now six years of age, and is in a

good healthy condition, able to play and run about with his playmates. He is able to go for eight hours through the night without soiling the bed, if he does not drink very much before he retires. He retains it for two or three hours during the day. So far there has been no ascending infective trouble in the kidneys. The operation was performed extra-peritoneally, and for this Dr. Peters claims priority and originality.

Dr. W. Britton and Mr. Cameron discussed the case, and congratulated Dr. Peters on the results he had achieved.

ARMY MEDICAL ARRANGEMENTS FOR THE WAR IN SOUTH AFRICA.

DR. J. T. FOTHERINGHAM, by means of interesting charts, was able to deliver an admirably instructive address upon this now very lively topic. The medical service was exhaustively gone into, and carefully and lucidly explained from the time the soldier was wounded in battle until he rested quietly and peacefully on board a hospital ship, the hospital at the base, or was invalided home.

DR. NATTRESS followed, confining his remarks to first aids on the field of battle.

DR. F. LEM. GRASETT gave a highly interesting account of the bullet wounds and what knowledge had been obtained in regard to this matter from South African experiences. He deplored the fact that Canadian surgeons had not been given a fair chance to participate as consulting surgeons, although this Dominion had supplied a very acceptable quota to the " sinews of war."

DR. PETERS also participated in the discussion.

CANCER OF THE RECTUM, WITH ILLUSTRATIONS BY LANTERN SLIDES.

DR. E. E. KING gave an admirable exhibition on this subject. He presented two patients for examination by the members of the Association, described his cases fully, and concluded with statistics on the subject. Reports of these cases have already been published in the Toronto journals.

OBSERVATIONS UPON BLOOD PRESSURE.

DR. R. D. RUDOLF (Toronto) contributed one of the features of the meeting. By means of the lantern, slides were exhibited, showing blood-pressure in dogs under different conditions, together with the effects of drugs, as chloroform, atropine, etc., upon the circulation and respiration. An interesting canvas picture was that referring to the new drug, chloretone. The animal received a dose of .275 per kilo. of the body weight, and ten minutes after the administration of the drug, the animal was in the condition of an anesthesia, with regular pulse and regular

respiration. Another chart showed the animal some hours later. That animal never recovered, and in the act of dying the respirations became lowered; the pulse had gone on very well, and the point was indicated on the chart showing where the animal died. The temperature fall was marked. The lowest was 83.4 F.

THE ADAPTATION OF PATIENT TO CLIMATE IN CASES OF PHTHISIS.

DR. N. A. POWELL addressed the meeting on this subject. He considers mistakes are being constantly made, although we are all honestly seeking for guiding principles in this matter. In trying to adapt the patient, who is stricken with pulmonary tuberculosis, or who shows a tendency towards that disease, we have to consider first the patient, then the form of the infection, and then the climates available. We have also and very seriously to consider the financial condition of the patient. We are satisfied that the very best results accrue from climatic treatment. Take these patients away from dust-laden and moisture-laden localities; put them upon dry soil, and keep them in the open air, and we will get for them prolonged and useful lives. The early cases, promptly removed and systematically treated, give a very large proportion—extending up to 90 per cent.—of recoveries. It is best to do this in the pre-tubercular stage, where we are not able to say by the physical examination that the lung is involved at all. There are certain clinical varieties which we meet with. First: The acute inflammatory type, with high temperature and invasion of the lung tissue; they do badly anywhere. Then there is the class as characterized by early hemorrhages. Of these, cases were instanced from his own practice. The cases of early hemorrhage sent to moderate elevations are ones which give us excellent results. Reports with regard to them from Colorado are not as encouraging as those which come from more moderate elevations—1,500 to 3,000 feet seems to be much better in the hemorrhagic class. Then we have the class of cases where the pleura is the point first involved; these do excellently in Muskoka. Speaking of the laryngeal cases, Dr. Powell did not think it advisable to send patients affected with this form of tuberculosis away from skilled laryngologists. We should never be content in sending a patient to a good locality, but we should send him to a good man in a good locality. If there is a sanatorium there, he considers it advisable to make use of it. As to cases of fibroid phthisis, in our Rocky Mountain region and in our Muskoka region, we have places that will benefit them materially. He instanced cases now under his care that have made the best gain during the winter months. They will gain more in Jan., Feb.,

and March than in any other three months in the year. As to climate, we have practically only four varieties: the cool-moist and the cool-dry; the warm-moist and the warm-dry. Long ago we sent patients to Florida. They enjoyed it while there, but they came home and they died very speedily. There is a universal repugnance in the profession to-day towards sending patients to a moist-warm climate. As regards the cool-moist climate, on the Atlantic sea-board, in the Lake Ontario and the Lake Huron areas, we find that as we pass inland from these that the cases of tuberculosis diminish. If we can take our patients to places of moderate elevations between 700 and 3,000 feet, take them into localities where we can have nearly or quite 300 days of bright sunshine in the year, where the rainfall is limited, and where the climatic changes are comparatively limited, we shall find ideal localities. In the mountain slopes of our North-West and in our Northern regions we have an ideal climate. Dr. Powell concluded his address by emphasizing the necessity of placing these patients, when they are sent away from home, under the supervision of competent, skilful, and reliable physicians.

THE RELATION OF THE PROFESSION TO SANATORIA FOR CONSUMPTIVES.

Dr. P. H. Bryce, in presenting this paper, dealt with the recent legislation passed by the Local Legislature in regard to sanatoria for consumptives, the work which is now being done throughout Ontario in regard to the prevention and treatment of this malady, and proposed to move a resolution at another stage of the proceedings in regard to the formation of a Provincial Association for the prevention and treatment of tuberculosis.

Dr. John Ferguson, Dr. Wm. Oldright, Dr. Playter, Dr. Carveth and Dr. N. A. Powell spoke to this paper.

The meeting here divided into sections.

Surgical Section.

EXTENSIVE NECROSIS OF THE SKULL.

Dr. William Oldright presented the patient, and photographs of the condition at different stages. A man, aged 58 years, formerly syphilized, in whom the first appearance of the trouble was brought on about a year ago, after a slight injury, was exhibited to the members. The extent of the necrosis was a patch of four inches square, more or less. The dura could be seen in the opening.

TWO FORMS OF PUERPERAL INFECTION.

DR. K. C. MCILWRAITH (Toronto) described two cases of puerperal infection, in both of which a large piece of placenta had been left behind in the uterus. The lochia was collected by means of Doederlein's tubes, and cultures made therefrom. The importance of this procedure was that the physician would know whether he was dealing with infection of a mild or more serious character.

Drs. Amyot, Kitchen (St. George), McNaughton (Glenallen), Machell and MacKinnon, discussed the subject, after which Dr. McIlwraith replied.

THE REMOVAL OF SEPTAL SPURS—A NOTE UPON THE USE OF CARMALT-JONES' SPOKESHAVE.

DR. D. J. GIBB-WISHART spoke of the advantages of this instrument in the removal of spurs of the septum, pure and simple, exhibited the instrument, and described its use.

DR. PRICE BROWN hardly endorsed its use.

INTUSSUSCEPTION IN CHILDREN.

DR. PRIMROSE thought this was the most general cause of intestinal obstruction in children. He also referred to tumors as a cause of the condition. The symptoms were carefully gone over, and cases reported in which he had operated for the condition. He thought the trouble was much commoner in infants than was generally diagnosed.

DR. MCKEOWN spoke in regard to the medical treatment.

DRS. BRUCE, MACDONALD, and HOWITT discussed the paper and the cases, the latter gentleman referring to eight cases already reported in the literature, which he had had in practice, the children being all under one year, recovery noted in seven, and the chief symptoms dwelt upon. He was of the opinion that this occurred far oftener than was supposed.

"The Treatment of Squint from the Standpoint of the Family Physician, and Nasal and Post-Nasal Senechiæ." By Drs. J. T. Duncan and Price Brown, respectively, were taken as read.

Dr. Henry Howitt presided over this section.

MEDICAL SECTION.

Dr. Lett, Guelph, was elected to the chair.

THE ETIOLOGY OF ACUTE RHEUMATISM.

DR. H. B. ANDERSON contributed a paper on this subject. He said that chemical and nervous theories that had been advanced to explain this disease had not received confirmation from subse-

quent research, and offered no sufficient nor satisfactory solution of its causation. Among those most competent to speak on the subject, practically all were agreed that it was of microscopic origin. The cures, formed by the statistics, and the mortality of the disease, its occasional epidemic occurrence, the transmission of the disease from mother to child in utero, the clinical course of the disease, and its affiliation to the joint inflammation, at times complicating gonorrhea, septicemia, pyemia, pneumonia, etc., as pointed out by different observers, were all confirmatory of this view. The pyogenic organisms had frequently been found associated with the lesions of rheumatism *post mortem,* but these were probably merely secondary. Of all the organisms which have been described as the cause of the disease, he thought the bacillus described by Achalme in 1891 was the only one which had stood the test of subsequent research, and he thought that Achalme's work was deserving of more consideration than it had received in England and America. This is a large organism, strictly anaerobic, resembling the bacillus of anthrax, growing in ordinary media, and easily stained by the aniline dyes. It was often associated with the pyogenic staphylococci and streptococci, though frequently found in pure culture in cases of acute rheumatism. Dr. Anderson reported a case of acute rheumatism in which death occurred during the first week. At the autopsy, four hours *post mortem,* an acute endocarditis, pericarditis and double pleurisy was found. Both aerobic and anaerobic cultures were made from the various organs. In the aerobic cultures, from the pleuræ pericardium, endocardium, liver, spleen and kidneys, the staphylococcus pyogenes aureus and albus were found. In the anaerobic cultures, from the pleura, pericardium and endocardium, a large bacillus, corresponding in every way to Achalme's bacillus, was found, associated with the pyogenic organisms. A culture from the throat three days before death showed the staphylococcus aureus. Dr. Anderson showed microscopic specimens of this organism. The reason why the organism was not more frequently found was probably that death seldom occurred early in acute rheumatism. The organism was a strict anaerobic, and so did not grow in cultures as ordinarily made, and it was frequently associated with the pus organisms, so that it was very difficult to separate it out in pure culture. It had been suggested that Achalme's bacillus was the same as the B. aerogenes capsulatus described by Welch, but it gave rise to no gas formation either in culture media or on inoculation, and was otherwise quite distinct. He thought the subject was one worthy of very careful consideration.

In discussing Dr. Anderson's paper, Dr. Bryce asked if the presence or excess of uric acid has had any effect in the growth.

DR. CASSIDY asked if the bacterium is hard to obtain. Dr. Anderson's statements were of great value. In reading he had seen the statement that acute rheumatism may proceed from several causes: First, heredity; second, chemical lactic acid; third, uric acid; fourth, all three previous. How does lactic acid play a part? By supplying an acid medium for the micro-organisms.

DR. H. H. OLDRIGHT reported two cases, dwelling in the eyeball; one a case of adhesions, and asked if this location would bear out the germ theory.

DR. LETT asked if you can recover the organisms before or earlier in the case.

DR. ANDERSON, in reply, stated that the growth was better in the urine of arthritics. Anaerobic cultures were not made, as a rule; hence probably the bacillus would not have been found. This case died so soon after coming in that it was a good subject for examination. It has been found in the blood by Achalme.

DIFFERENTIAL DIAGNOSIS BETWEEN PNEUMONIA AND PLEURISY WITH EFFUSION.

DR. H. H. OLDRIGHT presented a paper on this subject.

DR. H. C. PARSONS asked for physical signs and characters of expectoration in one case reported.

DR. RUDOLF, *re* use of the needle. There was no risk in an adult with carefully sterilized needle.

DR. LINDSAY (Guelph) reported a case with a mishap. The needle failed for a number of times to reach the abscess, but finally found deeply in the lung. Removed portions of two ribs and evacuated. Absorption was increased, and the man went down rapidly.

Reply: Foul smelling; chest was completely dull. Needle: Pus organisms might be carried into the lung tissue.

AN UNUSUAL CASE OF CROSSED PARALYSIS.

DR. D. CAMPBELL MEYERS read a paper on this case. It occurred in a man aged 66 years, who has one child, a daughter, who enjoys good health. Last September the case came under his care, with left facial paralysis and a history of a recent paralysis of the right arm. The family history of the patient was good. Previous history unimportant. The eyes are good, and there is no paralysis of the tongue. Dr. Meyers considered that there were two lesions present in the case, one cortical, and the other peripheral. Under treatment, the patient has fully recovered in five weeks.

DR. FERGUSON asked as to sensory lesions.

DR. MEYERS: There was none, except some feelings of numbness.

DR. CASSIDY spoke of a case of facial paralysis in a young man, with recovery in ten days.

DR FERGUSON spoke of the double lesion in Dr. Meyers' case. He thought the facial lesion was peripheral. The arm lesion was evidently cortical. He thought there may be vaso-motor changes sudden in onset, and the production of paralysis may be only temporary.

DR. MEYERS replied.—He thought Dr. Ferguson's vaso-motor theories quite possible, but difficult to prove. Thought Dr. Cassidy's case a simple slight neuritis.

ERYTHEMA BULLOSUM.

DR. GRAHAM CHAMBERS contributed this paper. He defined this condition to be that form of erythema multiforme which exhibits in the highest degree the pathological change which is present in the latter disease. He looks upon the hyperemic spot, papule, tubercle, edematous nodule, vesicle and bulla, as lesions representing different degrees of the same pathological process. The forms of lesions are all inflammatory in origin, but there is always present in addition more or less angio-neurotic edema. Four cases were reported in all.

DR. W. J. WILSON spoke of diagnosis between erythema bullosum and pemphigus. The latter sometimes follows vaccination, as it did in two of the cases reported by Dr. Chambers.

DR. BRYCE spoke regarding the confusing preliminary marks of smallpox, so important to recognize at present.

DR. CHAMBERS, in reply.—The classification of bullous eruptions is unsatisfactory. It is sometimes very difficult to differentiate them. Pemphigus is usually chronic; erythema bullosum, usually acute: Symmetry of lesions, multiformity of lesions. Thinks Dr. Wilson's point well taken.

BEDS.—THEIR PROPER CONSTRUCTION AND CARE FROM THE DOCTOR'S STANDPOINT.

DR. CARVETH read a paper with this title. The paper was discussed by Drs. Machell, Anderson, W. J. Wilson, Chambers and Bryce.

THE ARTIFICIAL FEEDING OF INFANTS.

DR. C. SEARS MCKEE (Toronto) read a paper on this subject. He thought this subject was not given enough attention by the medical man as a rule. Cows' milk, and that alone, modified,

should be the only food in artificial feeding up to nine months. The various foods on the market were dealt with, and the modification of cows' milk given.

DR. MACHELL agreed with Dr. McKee regarding milk for children, not patent foods. He gave a scheme for working out the proportions.

EVENING SESSION—GENERAL BUSINESS.

Dr. A. A. Macdonald in the chair.

REPORT OF NOMINATING COMMITTEE. This was read by Dr. Macdonald, which was adopted.

President, Dr. A. McKinnon, Guelph. First Vice-President, Dr. R. A. Pyne, Toronto. Second Vice-President, Dr. W. H. Jeffs, Havelock. Third Vice-President, Dr. A. S. Fraser, Sarnia. Fourth Vice-President, Dr. H. H. Sinclair, Walkerton. General Secretary, Harold C. Parsons, Toronto. Assistant Secretary, George Elliott, Toronto. Treasurer, George H. Carveth, Toronto.

Next place of meeting, Toronto.

REPORT OF COMMITTEE ON PUBLIC HEALTH.—This was read by Dr. Gilbert Gordon, and adopted.

Under the heading of receiving the report of the Publication Committee, a discussion took place upon the desirability of having the proceedings printed in full. The matter was referred to the Publication Committee and the Committee on Papers and Business to report at the first day's meeting next year.

The Special Committee on Inter-Provincial Registration not reporting, under this heading a unanimous resolution was passed approving of the proposed Bill of Dr. Roddick.

The Ontario Medical Library was voted $75.

DR. W. J. WILSON read the report of the Committee on Hospital Abuse, which was adopted.

The General Secretary's report and the Treasurer's report were here presented, received and adopted.

The Treasurer's report showed cash on hand of $48.30.

DR. BRYCE read a resolution favoring the formation of a Provincial Association for the Prevention and Treatment of Tuberculosis, which was assented to by the Association.

Necrology report was read by Dr. Cassidy, in the absence of the chairman, Dr. J. L. Bray. It included Drs J. E. Graham, James B. Campbell, London; Samuel Hagel, Toronto; Joseph Allen, Osgoode Station; and Dr. Corbitt, Orillia.

A vote of thanks was unanimously passed to the Hon. the Minister of Education, for the use of the Auditorium.

Another vote of thanks was unanimously passed to Dr. Adam Wright for the efficient manner in which he had conducted the meeting; to this Dr. Wright made a suitable and appropriate reply.

The usual *honoraria* were ordered to be paid the secretaries.

DR. WRIGHT then installed President-elect Dr. McKinnon in office. Dr. McKinnon accorded gracious thanks for the honor which had come to him unexpected and unsought.

TRINITY MEDICAL ALUMNI ASSOCIATION.

The eighth annual re-union banquet of this Association was held in the Temple Cafe on the evening of the 18th of May, many members being present both from the city and different parts of the Province.

Dr. J. Algernon Temple, the President of the Association, occupied the chair, our worthy Dean being placed on his right and Drs. O'Reilly and Dwyer, of the Toronto General and St. Michael's respectively, on his left.

After an enjoyable repast was attended to, the President proposed the health of Her Majesty, which was honored in the usual loyal and patriotic fashion.

A special toast to the hero of Mafeking was drunk to a rollicking chorus.

Dr. J. T. Fotheringham proposed the toast to Canada. Dr. Sheard replied in patriotic language, pointing out the proud position Canada was now occupying in Imperialistic politics.

Trinity Medical College, proposed by past president Dr. E. Clouse, brought Dean Geikie to his feet in a characteristic reply.

The Alumni Association, proposed by the President, was responded to in reminiscent speeches by Drs. Farncomb, Newcastle; H. H. Graham, Fenelon Falls; and Keane, of Brantford; all emphasizing the importance of the Association, and the need of continuing to work for its advancement and success.

Capital songs were contributed by Drs. Newsome and Gilbert Gordon, which contributed much to the enjoyment of the evening.

ELECTION OF OFFICERS: President, Dr. Allan Baines, Toronto; Vice-President for Toronto, Dr. D. J. Gibb Wishart; Vice-President for Western Ontario, Dr. J. W. S. McCullough, Alliston; Vice-President for Eastern Ontario, Dr. Farncomb, New-

castle; Graduates' Representative, Dr. F. C. Trebilcock, Bowmanville; Secretary-Treasurer, Dr. George Elliott, 129 John Street, Toronto; Assistant Secretary, Dr. E. S. Ryerson, Toronto; Auditor, Dr. Norman Anderson, Toronto.

The election of the vice-presidents for the other provinces was left to the Executive Committee.

Dr. Baines was then installed in the presidency by the retiring President, Dr. Temple. He thanked the Association for the honor conferred, and promised to make the next annual meeting a record-breaker.

Vote of Thanks: This was proposed to the retiring President, by Dr. T. Millman, Dr. Temple replying, thanking the members for the compliment tendered him.

The singing of "Auld lang syne" closed one of the most enjoyable re-unions in the history of the Association.

MEDICAL SOCIETY OF NOVA SCOTIA.

The thirty-third annual meeting of the Medical Society of Nova Scotia will be held at Amherst, N.S., July 4th and 5th, 1900.

The Address in Surgery will be delivered by Prof. James Bell, of McGill College, Montreal. Subject: "Some Observations on the Treatment of Cancer of the Breast."

The "Discussion in Medicine" will be opened by Andrew Halliday, M.B., of Shubenacadie, N.S. Subject: "Cholera Infantum." The following gentlemen will take part in this discussion: Drs. Murdock Chisholm, M. A. B. Smith, of Halifax; J. G. McDougall, of Amherst; H. H. McKay, New Glasgow; Dr. D. A. Campbell, of Halifax, will close the discussion.

The "Discussion in Surgery" will be opened by John Stewart, M.B., of Halifax. Subject: "Prostatic Affections." Drs. E. Farrell, James Ross; Murphy, of Halifax; John W. McKay, New Glasgow, and R. A. H. McKeen, of Cape Breton, will follow. Dr. James Bell, of Montreal, has kindly promised to close the discussion.

The President's Address: "The Duty of the People towards the Medical Profession" (Dr. D. McIntosh, Pugwash, N.S., President) will be delivered at the open meeting on Wednesday, July 4th, at 8 p.m. Sir Charles Tupper has kindly consented to be present and address this meeting. Dr. A. P. Reid, of Middleton, N.S., will also address this meeting upon "Recent Legislation in Reference to Sanitary Matters and Public Health."

PAPERS.

"Diseases of the Mastoid Process." Geo. H. Cox, M.D., New Glasgow, N.S.

"Some New Remedies." M. Chisholm, M.D., Halifax, N.S.

"Some New York Notes." M. A. B. Smith, M.D., Dartmouth, N.S.

"Clinical Reports upon (*a*) Myxedema, (*b*) Diabetes." H. H. McKay, M.D., New Glasgow, N.S.

"Prevention of Tuberculosis." Dr. Flinn, late of Wallace, N.S.

"Parametritis." Dr. E. J. Elderkin, Weymouth, N.S.

"The Examination of Applicants for Life Assurance." Dr. S. Carleton-Jones, Halifax, N.S.

"Why Medical Men should be a Court of Justice in Criminal Cases." Dr. J. J. Cameron, Antigonish, N.S.

"Adenoid Vegetations of the Naso-pharynx." Dr. Graham Putnam, Yarmouth, N.S.

"The Necessity of Proper Sanitary Conditions in our Public Schools." Dr. D. N. Morrison, Oxford, N.S.

"Obstetrical Reports." Dr. William Rockwell, River Hibert.

"Does the Use of Anti-streptococcic Serum in Erysipelas Prolong the Disease." Dr. W. S. Muir, Truro, N.S.

MONTHLY REPORT.

Issued May 23, 1900,
P. H. Bryce, M.A., M.D., Secretary.

Issued by the Provincial Board of Health of Ontario for April, 1900. Showing the deaths from all causes and from Contagious Diseases in the Province, as reported to the Registrar-General by the Division Registrars throughout the Province.

Year.	Month.	Total population of province 2,285,122	Total municipalities of province, 777.	Total deaths reported from all causes.	Rate per 1,000 per annum from all causes.	Scarlatina.	Rate per 1,000 per annum.	Diphtheria.	Rate per 1,000 per annum.	Measles.	Rate per 1,000 per annum.	Whooping cough.	Rate per 1,000 per annum.	Typhoid.	Rate per 1,000 per annum.	Tuberculosis (Consumption).	Rate per 1,000 per annum.
		Total population reporting	Total municipalities reporting														
1900....	April	2,272,760 99%	732 94%	2,311	12.2	15	0.08	24	0.1	27	0.1	11	0.06	9	0.05	203	1.0
1900....	March....	2,153,880 96%	727 93%	2,330	12.4	23	0.1	34	0.2	22	0.1	7	0.04	16	0.09	188	1.0
1900....	February.	2,205,266 97%	720 93%	1,962	10.6	14	0.07	39	0.2	7	0.04	3	0.01	13	0.07	186	1.0

Year.	Month.	Total population reporting.	Total municipalities reporting.	Total deaths reported.	Rate per 1,000 per annum from all causes.	Scarlatina.	Rate per 1,000 per annum.	Diphtheria.	Rate per 1,000 per annum.	Measles.	Rate per 1,000 per annum.	Whooping cough.	Rate per 1,000 per annum.	Typhoid.	Rate per 1,000 per annum.	Tuberculosis.	Rate per 1,000 per annum.
1899....	April	2,265,286 99%	736 95%	2,073	11	28	0.1	33	0.1	4	0.02	7	0.03	15	0.08	257	1.3
1899....	March....	2,271,760 99%	730 94%	2,361	12.1	36	0.2	25	0.1	2	0.01	9	0.05	17	0.09	235	1.2
1899....	February.	2,237,822 98%	725 93%	2,568	13.7	32	0.1	35	0.2	2	0.01	3	0.02	16	0.08	215	1.1

N.B.—Division Registrars will please make their returns on or before the 5th of each month, thus enabling the Department to have the monthly report compiled much earlier than heretofore.

DOMINION MEDICAL MONTHLY

AND ONTARIO MEDICAL JOURNAL

EDITOR:
BEATTIE NESBITT, B.A., M.D., F.C.S.
Address all communications to DOMINION MEDICAL MONTHLY, 71 Grosvenor St., Toronto, Canada.

VOL. XIV. TORONTO, JUNE, 1900. No. 6.

THE CONFINEMENT OF LUNATICS IN THE COMMON JAILS.

At the close of the year 1899, there were confined in the common jails of this Province no less than eighty odd lunatics awaiting transference to the asylums for the insane. What a travesty is this upon an enlightened and Christian era! Lunatics, garbed in the apparel of the criminal, herded with the criminal, treated as a criminal, are thus placed on a par with the criminal. Surely this is not in accord with the spirit of justice, humanity, or even common decency. The failure to find proper accommodation for these unfortunates by our Government savors of culpable and criminal negligence on the part of those in high places. Do the people of this Province realize the enormity of the wrong which is being done to citizens of Ontario, who are friends of the afflicted, or who happen to be the afflicted themselves? A poor man who has been a good law-abiding citizen of this Province all his life, on whom has never rested the stigma of any disgrace or even crime, becomes diseased mentally; under delusion or perhaps justifiable excitement commits a misdemeanor against the laws of the land, is taken to court and is adjudged insane, is cast into prison, whilst many a villain and a black-leg walks about as free as the air; or again, whilst the habitual criminal is serving a six months' term, at the end of his time is liberated—a greater menace to society—but the poor unfortunate law-abiding citizen, mentally deranged, continues to sweat and suffer under an iniquitous system, the ward of unfeeling and seemingly uncaring governments. Do the people of this Province want their poor lunatics subjected to such unfair treatment? Is that the way to effect a cure of their insanity, by hiving them with the thief and the felon? Why do governments move so slowly in these matters,

which are so vitally important to the welfare of afflicted ones? Would the people of this Province condemn any Government for exhibiting commendable hurry in dealing with so important a question? It is sufficient to make a moral and a just man gnash his teeth for very rage at the despicable laxity and dilatoriness manifested on the part of governments in dealing with these afflicted ones. Surely the finances of this Province are sufficient, and if not we are satisfied that the people of this Province will eagerly and willingly submit to taxation for this purpose—to immediately acquire the necessary accommodation, and hereafter keep on acquiring ample accommodation, so that this foul blot may be forever removed from Ontario's escutcheon. It may be true that Ontario is not the only sinner along these lines. However that may be, she can be in the van to remedy the evil. She can prove if need be to the world that she is able to grasp and cope with this much vexed question, and that she is not pursuing a vacillating and lackadaisical policy with regard to her unfortunate poor lunatics. A class of the community who ought to be the very first to excite our compassion are treated in a contemptible manner, far worse than the most sordid criminal; and yet the wealth of the land cannot buy peace and comfort for those who have been blighted. Their wrongs should be speedily rectified. Their friends should be accorded some consideration.

A TAXING-OFFICER IN MEDICINE.

One of the severest difficulties which at once confronts the beginner in the practice of medicine now-a-days in this Province is that of knowing what to charge for his services. Since the law, rule, or regulation of the Medical Council, which was at one time in vogue, but which has since lapsed, become defunct or rescinded, was in operation, there has been no method or rule in the matter of charges. What do we find as a result of this? That everyone makes his own charges at whatever rate he wishes; and that the condition of affairs has now reached the point that the patient in many cases has the presumption, audacity or nerve, or whatever you wish to call it, to fix the practitioner's fee himself. It has almost become to be the rule, "Take what you can get." This certainly is lamentable. Prior to the time when the tariff of charges ceased to have any existence, the older men had their scale of charges to go by and be guided by, and to point to and refer the patient to when a kick was registered; and of course, having thus obtained a good and just knowledge of what

was the fixed charge in each and every case, that knowledge now serves them well in the matter of charges. The younger men, however, who have never had the tariff of charges put in their hands, have been able to realize to the full the disabilities under which they lie in the respect of charging, and have had in most of their short experience to guess at what was just compensation for their work. The lack of any fixed rule to go by has also tended to general reduction of fees all along the line, and seems to be responsible for the cutting of fees by many who know better and who were certainly taught better by the old tariff. Then again, it is certainly obnoxious and repulsive for the vast majority of physicians to be forced to collect their rightfully earned fees by process of law; and is it not equally obnoxious to have one's account fixed by a judge or a jury, who have no conception of the services rendered? If we are not to have a tariff in this Province any more, why not have a taxing-officer, who would render similar services to the profession of medicine as the taxing-officer does now to the profession of law? With such an officer, we would not have our bills drawn, halved and quartered by the courts, but would be able to obtain the full amount for our services. This is a vexed question, and the longer conditions are permitted to drift as they are at present doing, fees will be sure to deteriorate, and we will have established in the profession the anomalous regulation that the patient will fix the price, and the doctor must be content. It is certainly very reprehensible. Our medical societies should at once begin the work of reform.

LOOKING AFTER THE INEBRIATES.

We beg to invite the attention of our readers to the draft of the proposed Bill for the Treatment of Drunkards printed elsewhere in this issue of the MONTHLY, and also a report of an interview which several of our medical men and prominent citizens had with the Hon. the First Minister of the Province in regard to this legislation. For years the advocacy of some such plan for the treatment of the inebriate has been zealously advanced, more particularly by Dr. Rosebrugh, who has been ever ready and willing to improve this unfortunate class of the community. There is no doubt whatsoever of the immense importance of this measure; and the Government should hurry it along as a move in the right direction. The profession of medicine as a whole has long felt the want of an hospital for the proper treatment of those afflicted with this disease, as well as for those who

have become the victims of similar evil habits through the wrongful application of narcotic drugs. These people who have become will-paralyzed are no longer able to take proper care of themselves, and, until they have recovered, should receive some attention at the hands of the State. We feel that the Government would be facilitating matters if they would appoint an interim superintendent until such time as legislation can be passed through the House, as with an authorized head much and more substantial progress could be looked for, in the way of inaugurating proper plans for the carrying out of the work. Since the proposed plan has been approved unanimously by the influential medical societies throughout the country, there should be no hesitancy on the part of the Government in bringing the matter to a successful issue.

ABSTRACT OF THE PROPOSED BILL FOR THE TREATMENT OF DRUNKARDS.

The main provisions of this bill are the following:

In all cities of Ontario having a population of 20,000 or over, the Police Commissioners to appoint a Probation Officer to take the supervision of drunkards placed on probation by the court on suspended sentences. These officers are not to be members of the police force, and they are to act more in the capacity of friendly visitors than as informers. They will also assist the probationer in finding employment when necessary. It will be their duty also to investigate for the information of the court the previous record of persons arrested for drunkenness and to keep records of all such investigations, and also of all cases placed on probation. In cases where a fine has been imposed by the court, this fine may be paid in instalments to the probation officer while the person is on probation.

A Medical Superintendent shall be appointed by the Government to inaugurate and superintend the medical treatment of inebriates and dipsomaniacs, and assist in establishing for their treatment cottage hospitals and special wards in general hospitals throughout the Province. The Superintendent and probation officers will co-operate in the work of reformation.

Government grants to promote the medical treatment of dipsomaniacs may be made as follows:

Hospitals specially established for the reception and treatment of drunkards, or wards in general hospitals specially equipped for this purpose, shall receive as a bonus 25 per cent. of the cost of

building or special equipment as the case may be; secondly, a special grant of ten cents a day over and above the usual per capita grant to all hospital patients, shall be allowed for patients of chronic dipsomania; and thirdly, an extra grant of 40 cents a day shall be allowed for a period of seven days for cases of acute alcoholism. The medical treatment not to be considered as a charity, but as a loan, to be repaid subsequent to treatment and while still on probation.

Able-bodied chronic drunkards, instead of being fined or sent to jail, shall be sent to Central Prison for not less than six months, and all subsequent sentences to be cumulative. Able-bodied chronic female drunkards to be sent to the Mercer Reformatory on cumulative sentences. Chronic drunkards, male or female, not able-bodied, to be provided for in County or City Houses of Refuge.

Three physicians of standing may be appointed by the Government, as a Committee of Consultation, to co-operate with the Superintendent in inaugurating and carrying out the purposes of the Bill.

Dr. McKay, M.P.P., in introducing the deputation, spoke of the great importance of the subject, and was glad to see such a large representative assemblage. He then called upon Dr. Oldright.

Dr. Oldright said that he had spoken on a previous occasion of men and women who would gladly be relieved of their bondage to the craving for alcohol, morphia, etc., if the machinery were provided for so doing. He had spoken of ruined homes, and of men who might have been saved and who might now be serving and adding to the wealth of the country. He had spoken of the probation system, and if he could speak more strongly on these subjects than he had already done he would be glad to do so. He thought, however, it would be better that others should be heard who had not yet expressed their views. He was in full accord with the proposed bill for the treatment of inebriates. Dr. Oldright called upon Dr. Gordon, a representative both from the Ontario Medical Association and from the Toronto Medical Society.

Dr. Gordon: We are here as physicians, feeling that the passing of this bill for the treatment of inebriates will do much to prevent disease and to alleviate pain. There are others here who will speak prompted by motives of philanthropy, and we know that you have considered it carefully as a means to economy. The object of the bill is to reclaim inebriates and to give him a better chance, for he has not the best chance he could have. The scheme is this: A drunkard, instead of being sent to jail for thirty days, is

sent, if necessary, to jail for a few days and then sent somewhere for treatment, either to a specially-set-apart ward in a general hospital or somewhere else. A probationer officer is appointed, who is thoroughly in sympathy with the work, other officers being appointed throughout the country who will watch these inebriates, and who will receive regular monthly reports from them while they are on parole or probation.

Hon. Mr. Stratton: They would not receive inebriates in general hospitals. My experience is that the hospitals are more than full.

Dr. Gordon: That is the case with regard to some of the larger hospitals, but many have already expressed their willingness to take these patients when the small amount per capita stated in the bill is given by the Government. I may say that this bill has been strongly endorsed by many influential bodies throughout the Province, including the Ontario Medical Association and the Toronto Medical Society.

Dr. Price Brown, representing the Western Hospital, said: This bill, being projected by the Prisoners' Aid Association, is expected chiefly to benefit that class of inebriates who are committed to our jails. There is nothing ennobling or elevating in jail life. The inebriates are simply put in as outcasts or criminals, hence we believe that hospital treatment for them would be much better than jail treatment. In the treatment of disease the patient aids the physician by exercising his will-power. Let inebriety be treated as a disease instead of as a crime, with hospital instead of prison surroundings, and attended as such by physicians and nurses, there would be much greater probability of their reform. The atmosphere of the hospital is free from criminality, and under its influence the inebriate would be more likely to regain personal control than when confined to prison life.

Dr. Ross: Would the managers of the Western Hospital be prepared to receive alcoholics?

Dr. Price Brown: They would on the extra per capita basis contemplated in the bill.

Dr. J. W. Wilson stated that he was a delegate from the Ontario Medical Association, and that this Society, as well as the Toronto Medical Society, had carefully considered the various provisions of the bill now under consideration of the Government, and they were in full accord therewith.

Dr. N. A. Powell spoke as follows: It is stated that members of the legal profession see humanity at its very worst, that those of the clerical profession at its best, while those of my own calling see it exactly as it is. It is because we have seen so much of the

misery and degradation which comes from intemperance as a disease that we are here to-day asking your Government to take certain steps which we believe are in accord with the most hopeful treatment of the effects of over-indulgence in liquor. There will always be a large class of cases where intemperance is a crime and should be punished, as it is now, through our police courts; but there certainly exists a larger class where it is in reality a disease requiring treatment just as any other disease to which the human body is subject. We recognize that only after investigation and mature deliberation would it be possible for your Government, or any other, to undertake such steps as those outlined in the request that we have placed before you. We court such inquiry, believing that the net result will be a lessened expense in the matter of the administration of justice, a larger proportion of instances where our judges on circuit will be presented with white gloves, and, best of all, the returning to lives of usefulness of a large number of those inebriates (through disease and not through vicious tendency) who are disgraced and degraded by commitment to jail or by similar punishments. The trend of medical investigation is now in the direction of sharply differentiating the two classes to which I have referred, and we sincerely hope that you will see your way clear to make at least a commencement, so that the benefit which may be anticipated from such treatment can be fairly weighed and the advisability of operating those lines upon a more extended scale can be justly gauged.

Dr. Cassidy referred to the duty incumbent upon a Government to aid in improving the status of alcoholics, because the general level of citizenship of a country is improved thereby. Many alcoholics require medical treatment. In some hospitals physicians were content with treating the acute disorders of alcoholics, making no attempt to effect a cure of the habit. Hence the necessity of establishing a special ward *ad hoc*. Alcoholics, epileptics, and idiots, should be treated in special asylums.

The Premier asked, "If Dr. Oldright should develop alcoholic tendencies, would you have him committed to an inebriate asylum?"

Dr. Cassidy: were Dr. Oldright so unfortunate as to become an alcoholic, I am quite sure he would be most anxious to avail himself of the advantage of an asylum. Furthermore, if an alcoholic lost his power of control and constantly lapsed into intemperance, causing loss to his family and injury to his health, it would be necessary to take away his liberty for his own greater good.

Dr. Chamberlain, Inspector of Hospitals and Prisons, said that

the municipalities should take up the work of treating drunkards, and that the Government should supplement the effort possibly to the extent of 25 per cent. of the cost involved.

Rev. P. C. Parker: This deputation is of a dual character; the medical gentlemen interested chiefly in the physical aspect, and the clerical gentlemen interested in the moral aspect of the question. We recognize that the present law in reference to inebriates is inadequate, as the punishment and suffering falls upon the women and children rather than upon the dipsomaniac. The probation system provided for a probation officer, who would be in full touch with the court as adviser, and also in full touch with the inebriate as friend and helper. It would be a position similar to that of the "agent" of the Children's Aid Society, who has been of immense benefit by advice and warning in helping many fathers and mothers to straighten themselves and their homes. The parole system is of a paternal character, and it is the function of the Government to effect such legislation. Experts and Court Officials, Judges and heads of penal institutions, in the State of Massachusetts, endorse the system. There have been scores of cases come to my notice in my own parish during my incumbency, of persons who are victims to the drink craze, who have never been brought before the court, who, by the probation system and the treatment which is sought by this legislation, would be benefited, whereas they cannot afford Keeley and kindred institutions.

Rev. Dr. Parker: While the respectable drunkard may not indeed be the subject of arrest and of interference, yet plainly the pauper inebriate and the repeater who comes before the police magistrate as ward of the Government, should be handled and helped. I am forced to confess myself in sympathy with prevention rather than with cure in the case of alcoholics. I did not approve of the erection, a few years since, of the Provincial Inebriate Asylum, nor did the country, as witness the conversion of the building in Hamilton into a branch of the Home for Insane. The only effective enactment of prevention is admittedly legal prohibition. If, however, we are to infer of the Dominion Government by their verdict on the plebiscite, we have but little ground to hope that they will come to the rescue of the imperilled. We must look to your Government, Sir, and are we not warranted and emboldened to do so from the fact that it is under your License System our drunkards are made? We gratefully admit the vast decrease of drinking and drunkenness under this system, but as the municipalities are not the only gainers, but the Provincial Revenue as well, indirectly if not directly, we urge our

claim for the utmost endeavor to help and save the many utterly enslaved and demoralized.

Vicar General McCann stated that although we, as a people in Ontario, are becoming more and more temperate, there is undoubtedly much pauperism and misery, the direct and indirect result of drunkenness. He was in hearty accord with the proposed legislation in behalf of the unfortunate drunkard.

Rev. Dr. Milligan said: The State is a complex affair and one of the elements of the State is the drunkard. We must deal with things as we find them. The Government, while paternal in its dealings with the class referred to, should not hesitate to restrict a man's liberty when in the interests of society and of the individual.

Rev. Prof. Clark favored personal liberty, but when that liberty was abused the individual must be governed.

Mrs. O. A. Rutherford spoke eloquently in favor of the proposed legislation from the standpoint of heredity. By curing the drunkard you not only conferred a boon on the man and his family, but, what is of even greater importance, you prevent the propagation of defective offspring who may become drunkards, paupers, or criminals.

Mrs. Stevens, while in full accord with this movement for the scientific treatment of inebriates, and in full accord with Mrs. Rutherford's view of the case from the standpoint of heredity, she, nevertheless, thought we must not stop short of total prohibition of the traffic.

Mrs. Willoughby Cummings made a pathetic plea in behalf of the women and children of the land. It is they, rather than the drunken husband or father, who suffer.

Among others present were: Rev. Dr. Langtry, Rev. Dr. Blackstock, Rev. Mr. Turnbull, Rev. Mr. Thomas, Dr. Pyne, M.P.P., Dr. Bridgeland, M.P.P., Dr. Hodgskins, Dr. E. H. Adams, Dr. Rosebrugh, Hamilton Cassels, Esq., John Aitken, Esq., Finlay Spencer, Esq., W. H. Orr, Esq., Mrs. Coad, Mrs. Hodgskins, Mrs. Brownell, Mrs. Crawford.

The Premier thanked the deputation for their suggestions on so difficult a subject, and promised that it should receive the best consideration of the House.

News Items.

SIX deaths have been recorded from smallpox in Winnipeg.

THE Dominion Government will appoint a quarantine officer at Windsor.

MR. JAMES CARTHERN has been elected President of the Montreal General Hospital.

DR. BOWIE, of Brockville, was married to Miss Patullo, of Woodstock, early in June.

DR. GRAY, of Winnipeg, is walking the hospitals of Washington, Philadelphia, and Baltimore.

DR. G. A. B. ADDY, St. John, N.B., is studying pathology in England under Dr. Sims Woodhead.

AN epidemic of diphtheria is reported in the barracks of the North-West Mounted Police at Regina.

DR. D. A. SHIRRES, Montreal, has returned from Baltimore, where he was carrying on research work in neurology.

THE Department of Inland Revenue has recently issued an important bulletin in regard to alum in baking powders.

DR. CAMERON, who has been in charge of the smallpox patients at Winnipeg, has commenced practice at Dauphin.

DR. PAUL GILLESPIE, who was for a time President Kruger's physician, has again become attached to the British service.

DR. COLIN A. CAMPBELL, of the Toronto General Hospital, is now Surgeon of the S.S. Tartar, of the Canadian Pacific line.

THE milk supply in Montreal this spring and summer has been exceptionally good, owing to the strict inspection of Dr. McCarrey.

LAST month fifty houses in Montreal were placarded with scarlet fever cards. The civic hospital was full of similar patients.

THE quarantine officer at Rossland, Dr. J. C. Sinclair, has been having considerable trouble of late, owing to persons coming in over trails and avoiding the quarantine regulations and inspection. Several arrests have been made.

THE General Hospital at Vancouver will put in an X-Ray apparatus.

THE Board of Health of Vancouver will take precautions to prevent the introduction of smallpox, which is reported prevalent at Seattle.

LIEUT.-COLONEL GEORGE STIRLING RYERSON has been appointed British Red Cross Commissioner with Lord Roberts' headquarters.

DR. ALFRED A. LOEB, who was graduated from McGill last spring, has been re-appointed house physician to the Philadelphia Maternity Hospital.

THE following have been appointed house surgeons at the Winnipeg General Hospital: Drs. R. J. Brandson, John Halpenny, Joseph Little and A. R. Taylor.

THE Manitoba druggists are objecting to certain clauses in the Macdonald Prohibition Act. They are afraid their shops will deteriorate into liquor-selling establishments.

Two physicians of Montreal are being sued for $1,099 for having amputated a man's foot while under an anesthetic, having promised not to do so while the patient was in that condition.

THE Provincial Board of Health of Ontario has upheld the action of the health officer of Fort William, who prevented a child with tubercular glands in the neck from going to school.

SEALHUNTERS outward bound from Newfoundland, are hereafter to carry doctors; and as it will be impossible to secure graduates for these positions, the medical colleges of the Dominion will be asked to recommend students, who will profit by the experience.

THE following members of the profession in Montreal are at the head of the movement for the prevention and treatment of tuberculosis: Drs. LeCavallier, Mignault, Adami, Campbell, Wyatt, Johnston, Hervieux, Marsolais, Lesage, Dube.

The Secretary of the Provincial Board of Health of Quebec has issued a statement of the smallpox situation in that Province. Since the outbreak of the disease in the lower part of the Province, in January, there have been 230 cases and only two deaths. At the middle of May there were only thirty cases.

DURING the last hospital year the Montreal General Hospital treated 2,824 patients. In the out-door department there were 37,373 consultations. The death-rate was 6.5 per cent., or, excluding 106 patients who died within three days of their admission, it was 3 per cent. Dr. Von Eberts was re-elected Superintendent.

ONTARIO MEDICAL COUNCIL.—The thirty-fifth annual meeting of the Medical Council of the College of Physicians and Surgeons of Ontario has been held. The election of officers resulted as follows: President, Wm. Britton, Toronto; Vice-President, W. W. Dickson, Pembroke; the other officials were all re-elected. The following will comprise the Discipline Committee for the ensuing year: J. L. Bray, Chatham; V. H. Moore, Brockville; and Cl. T. Campbell, London.

THE HOSPITAL HOUSE STAFF.—The house staff of the Toronto General Hospital for the year 1900-1901 has been appointed as follows: From Toronto University —Drs. E. D. Carder, Toronto; J. Gow, Windsor; Goldwin H. Howland, Toronto; A. C. Kendrick, Frankfort; A. J. McKenzie, Lucknow; Drs. C. A. Campbell and A. Knox, alternates. From Trinity University — Drs. W. A. Kerr, Seaforth; George A. McLaren, Hamilton; A. T. Stanton, Toronto; H. A. Smith, Toronto; E. Weir, Toronto; Drs. James Moore and W. H. Marshall, alternates. All of these gentlemen are members of the College of Physicians and Surgeons of Ontario, having passed their examinations.

IN answer to a question by Col. Prior, M.P., recently put in the Dominion House, the Hon. the Minister of Agriculture stated there were nineteen lepers in the Lazaretto at Tracadie, fourteen from the Province of New Brunswick, one from P.E.I., three from Manitoba (disease contracted in Iceland), and one from Nova Scotia. One of the Manitoba cases died early in 1897, and another in July of the same year. The Minister stated further that he had been officially informed of the presence of two or three lepers in the Lazaretto at Darcey Island, B.C., late in the autumn of 1897, but could give no further information concerning them, as they were now under the charge of the Provincial Government of British Columbia.

ASYLUM DOCTORS TRANSFERRED.—There has been a series of transfers of the assistant physicians employed at three of four of the public institutions. Dr. Robinson, Assistant Superintendent at the Toronto Asylum for the Insane, on account of ill-health, has been granted three months' leave of absence, and Dr.

Ross, Assistant Physician of the Brockville Asylum, has been transferred to the Toronto Institution in the same capacity. Dr. Herriman, who has been assisting at the Toronto Asylum, returns to Hamilton. Dr. Smith, Assistant Physician at Hamilton, has been transferred to Brockville, where he will be assisted by Dr. Wilson, Assistant Physician at Mimico, who has been transferred to that institution, and Dr. McNaughton, second Assistant Physician at Brockville, assumes the duties formerly taken by Dr. Wilson at Mimico.

Physicians' Library

The Treatment of Fractures. By CHARLES LOCKE SCUDDER, M.D., Surgeon to the Massachusetts General Hospital, Out-Patient Department; Assistant in Clinical and Operative Surgery in the Harvard Medical School. Assisted by Frederick J. Cotton, M.D. With 585 illustrations. Philadelphia: W. B. Saunders. Toronto: J. A. Carveth & Co., Canadian Agents. Price, $4.50.

This is a timely production, as with the knowledge and assistance derived from modern means employed in the diagnosis of fractures, we can expect that the effort of the author is thoroughly up to date. That special knowledge recently obtained by the introduction of the X-Ray is also incorporated in the work. The details in the treatment of the several fractures are very concisely and clearly put, the many vivid and beautiful illustrations serving as admirable helps in the proper treatment to be procured. A noteworthy and commendable feature of the entire production is the simplicity and easy manner with which Dr. Scudder treats of the separate and distinctive fractures. Then one will not fail to note that the different types of dressing and mechanical appliances are herein very clearly and lucidly explained, and the methods of their employment. We were specially pleased with the descriptions of patellar fractures, and the means necessarily employed in their treatment successfully; and also that having reference to Colles' Fracture. One special fracture is devoted to the Roentgen Ray and its relation to fractures, which will no doubt be thoroughly appreciated. Another deals exclusively with the employment of Plaster-of-Paris, it being one of the clearest expositions it has been our liberty to peruse on this method of dealing with fractures. And still another, the final chapter, on the ambulatory treatment of fractures, is handled in a thoroughly scientific and modern manner. Throughout, the work is essentially

practical, and is worthy of being accorded a warm and abiding welcome. Having examined and carefully gone over it from cover to cover, we have no hesitation in saying that anyone wishing to secure a good practical grasp of the subject of the treatment of fractures—especially the general practitioner—that he should at once possess himself of a copy of this really excellent book.

Essentials of Medical Diagnosis. (Saunders' Question Compends, No. 17.) Prepared especially for students of medicine. By SOLOMON SOLIS-COHEN, M.D., Professor of Clinical Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine in Jefferson Medical College; Physician to the Philadelphia Hospital and the Rush Hospital for Consumptives, etc., and AUGUSTUS A. ESHNER, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic; Physician to the Philadelphia Hospital, etc. Illustrated. Second Edition Revised and Enlarged. Philadelphia: W. B. Saunders. Toronto: J. A. Carveth & Co., Canadian Agents. Price, $1.00.

Saunders' Question Compends Series are now known to everyone. Indeed, so large is their distribution that we are told that over 175,000 of them have been sold. This work under consideration, we take it, will appeal especially to the student and the young practitioner. Here will be found the different ailments arranged in the form of questions and answers in a manner at once so lucid and compact and concise that very little trouble will be experienced in gaining the desired information one might want in consulting a handy volume of this character. While it is not at all intended that it shall take the place entirely of larger works on medicine, it can be safely recommended as a useful adjunct, which it will undoubtedly prove itself to be. The prominent and salient symptoms are given, and in addition the differential diagnosis from the most likely diseases the condition would simulate. We consider these "helps" essentially valuable.

Reprints Received

"Observations on the Treatment of Cancer." By A. R. Robinson, M.D., L.R.C.P. (Edin.), New York.

"Non-Malignant Gastric and Duodenal Ulcers." With Illustrative Cases. By Thos. E. Satterthwaite, M.D., New York.