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TUBERCULOUS LESIONS FROM A CLINICAL POINT OF VIEW.*

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Mr. President and Gentlemen,—Though the substance of the address which I have the high honor of presenting to you to-day may entirely fail to arouse in you any measure of satisfaction, yet I think I may, at any rate, claim your kind appreciation for its title. For it gives you the assurance that I am not going to ask you, even in your imagination, to pass any of this September day in that gloomy room in which Death is made to deliver up his grosser secrets; nor in that other place where, in an atmosphere of methylated spirit and oil of cloves, you are accustomed patiently to endeavor to unravel the tangled threads of morbid tissues. My remarks will deal with tuberculous lesions as the surgeon meets them day by day in hospital ward and operating theatre, and in private practice. And if I shall find occasion to ask you to go beyond these spheres, it will be to take you to some of those beautifully-placed convalescent institutions in which, when full of gratitude for having triumphed over the distress of chronic disease, or the risks which are inseparable from its operative treatment, and when full of the hope of permanently improved health, the tuberculous patient spends possibly the very happiest weeks of his life.

It is, I make bold to say, a good and wholesome thing for a surgeon now and then to get clean away from pathologists and

*Being the Address in Surgery delivered at the meeting of the Canadian Medical Association, Ottawa, September 13th, 1900.

morbid histologists—to play truant, as it were, from his unbending schoolmasters. In recent years there has been, perhaps, too much inclination to apotheosize the morbid anatomist. His brow has been decked even with roses, and now standing high in his suit of sable, he looks upon the clinical surgeon as if his chief duty were to supply him with material.

In the title of my address are the words "from a clinical point of view," and desiring to emphasize the fact that the word *clinical* related solely to remarks made and work done in the sick-room and in the theatre, I thought it well to call attention to its exact meaning, but on looking it out in "Liddell & Scott," I found to my dismay that κλίνη was not only *that on which one lies, a couch or bed*, but, secondarily *a bier*. I confess that the discovery somewhat disconcerted me. If a *bier*, why not a *mortuary table?* At any rate, the word *clinical* is of wider signification than I supposed it to be; so that the pathologist might have right on his side when he claimed that clinical instruction, begun at the bedside and carried, perhaps, into the operating theatre, is not actually complete until he has written the epitaph.

Even on this side of the middle of the dying century, institutions were in existence in which much pathological work was actually done within the walls of the hospital itself. This, of course, we know to have been quite wrong. But surely we have now gone to the other extreme: the pathological laboratory is constantly getting further and further away from its source of supply. The pathologist is no longer a practitioner of medicine, his interest is not in the *case* but in the *subject*. Like the carpenter, he does not interest himself in *living* material; his thought is only for dead tissue. The surgeon sees the human tree during its life (and perhaps helps to fell it), but he now, unfortunately, rarely follows it off his estate. So with the student; he does his clinical surgical work at one time and in one place, and his pathological work at another, and he is unable, I regret to say, to follow any individual case, or any part of it, straight from the ward to the laboratory.

The present arrangement is, of course, incapable of alteration, but it is an unfortunate one for the student; and on his account it behoves the surgeon to do all that he can towards welding the pathological details of his case with the clinical features, so as to represent to his class that the two aspects are inseparable and ought always to be considered together. If, for instance, he is demonstrating a tuberculous knee-joint, he should, whilst discussing the clinical features of the case, explain precisely the histological changes that are taking place; and supposing that a resection or amputation is eventually resorted to, he should show in what respects the morbid conditions harmonized with, and in what respect they differed from, the account which he predicated. He should, as far as possible, make his teaching independent of his colleague in the laboratory, for the specimen which the latter takes

out of a jar of formalin or alcohol, is no more like the real condition as it exists in the wards than canned salmon is like a fresh-run fish.

The clinical surgeon has of late, I think, been a little too much under the influence of the experimental pathologist and bacteriologist. When some important surgical problem awaits a solution which cannot be effected in the ward or on the operating table, the clinical surgeon turns to his enthusiastic and obliging friends in the laboratories, who, in order to help him, straightway proceed with careful thought and gentle hands to sacrifice upon the altar of Hygeia some mongrel curs or a few of those tailless rodents which, so far as I can see, have been provided solely for the use of the experimental physiologist and pathologist. Then, because such and such a thing happens under such and such circumstances in the laboratory to the dog or guinea-pig, the experimental pathologist is apt to assume that in different circumstances it must happen also in man himself!

When in due course the pathological and bacteriological Athanasius formulates his creed, I am afraid that I shall be burned at the stake. But in saying this I trust that no one will jump to the conclusion that I would stop experimental research. Indeed, I think it absolutely necessary, and I am strongly of opinion that the life of a man is of more value than that of many sparrows (or guinea-pigs), and that the clinical surgeon is deeply indebted to the experimentalist for much invaluable collaboration. But if there is one matter more than another in which the work of the experimentalist has led to faulty generalisation from a clinical point of view, it is with regard to the course of certain tuberculous lesions.

No one will think, I trust, from what I have said, that I would underrate the work of the experimental pathologist; it certainly is not so, for I well know that it is to these workers that we owe our knowledge of the precise cause of diphtheria as well as of tuberculosis, of tetanus and erysipelas, and of many other serious diseases. And knowing the cause we have been enabled in many cases greatly to influence the course of the disease by treatment. Indeed, it would be almost impossible to over-estimate the practical value of experimental laboratory work both to the profession and to the public. Nevertheless, there are some of the public who, in their ignorant well-meaning and in their well-meaning ignorance, would once and for all stop such beneficent research. But stranger still, there are some members of our own profession in England who also try to get in the way of scientific progress. Fortunately, however, they have not the power of doing much harm!

Not long ago we used the words "strumous" or "scrofulous" when we were in a surgical corner; but to-day these indefinite terms are deleted from our nosology; indeed, they are without scientific meaning, and we now call *tubercle* by its proper name, our patients reaping the benefit of our greater precision.

From the medical point of view an unusual amount of attention has lately been drawn to the subject of tuberculosis by means of excellent societies which have recently been organized to carry on a never-to-be-ended and universal warfare against the disease. Taking its birth upon the Continent, the scheme has now received a considerable amount of support in Canada, in the United States, in England and elsewhere, and its effect cannot be but for good. Indeed, I believe that its influence must be already becoming felt.

Three Important Facts.

There are three great facts in connection with tuberculosis of which the public must be made fully conscious:

The first is that the disease is *communicable*. The truth and importance of this fact we have ourselves only of late entirely realized. The public, therefore, must be allowed a due amount of time before they generally accept it. But accepted the fact must be, and it behooves each one of us to do all that he can towards promoting its acceptance.

The second is that the disease is *preventable*. This follows almost as a corollary to the previous statement, and when the truth of it becomes widely and fully understood, how great will be the responsibility of those who wilfully disregard it!

The third fact is that the disease is *curable*. And as we are to-day considering certain surgical lesions of tuberculosis from a clinical point of view, I shall seize this opportunity of entering somewhat fully upon the question of curability.

The Curability of Tuberculous Lesions.

A few years ago tuberculosis was regarded as a well-nigh incurable affection, for the word had been chiefly reserved for hopeless cases of pulmonary consumption, and of meningitis complicating certain chronic diseases. To call a surgical lesion, therefore, *tuberculous* was tantamount to signing the patient's death-warrant It was in the public estimation a term of definite import and of dreaded omen. But among the many uncertainties of our professional environment, one thing has of late become quite certain, namely, that tuberculosis is not necessarily of the intractable nature that it was formerly considered to be. So far as my practical acquaintance with the disease is concerned—and I have worked at a large general hospital and at the largest children's hospital in London for a quarter of a century—tuberculous lesions are exactly what they used to be. But we know much more about them than we did, and careful clinical study and microscopical and experimental work in the laboratory have enabled us to treat them more successfully, and, therefore, to warrant us in taking a much more hopeful view of them. But I would like to know if the surgical lesions of tuberculosis which are met with in your dry, bracing climate are just as we have them in Western Europe. Many of you have studied tuberculous lesions under your own bright skies and

also in the Mother Country, whose borders are washed by the seas and whose life is so greatly influenced by the Gulf Stream. From your cradle you have been taught that the sun never sets on the Empire of our dear Sovereign Lady, but I am afraid that when some of you have come over to us in a bad season you have wondered if there are not parts on which it never rises. Well, do you find that tuberculous lesions are exactly the same clinically in the two hemispheres? Every country has a climate, just as it is said to have a form of government, which is equal to its deserts. Ours is a damp climate, which exactly suits the soil and the race; but it is a bad one for the unhappy individual in whose blood the bacilli of tuberculosis are lurking, as well as for those who by heredity or surroundings have acquired that condition of tissue which renders it vulnerable by the mean bacilli of tuberculosis and adapts it for their cultivation.

Sometimes when I have been going round my wards I have asked a visitor to note how large a proportion of the cases are tuberculous. Is it thus also in *your* surgical work? Do chronic tuberculous affections of the hip, knee, spine, lymphatic glands, shoulder, elbow, foot and hand represent a very large proportion of the lesions which come under treatment by the general surgeon? Have you, in proportion, just about as much tuberculous disease in Canada as we have at home; and does it take the same course? Whilst I am here I would particularly wish to see tuberculous cases and to be informed on these points.

Much of my clinical work has lain amongst senior students; I come in contact with them just as they have left the laboratories and are proceeding to put what they imagine to be the "finishing touches" upon their professional education. They have spent many delightful hours in a pathological laboratory and in a white cotton smock; they have cultivated, studied, and even tamed bacilli: they have seen how potent they may be for evil, and they are firmly of opinion that if once such germs gain access to a suitable spot in a suitable individual, nothing short of the most vigorous surgical measures can suffice for the eradication of the disease and for the emancipation of the host. This is the students' bacteriological faith, and except they act up to it their patients cannot be saved. Many young practitioners also hold that faith. Where do they learn it? Not in clinical surgery. The public have also begun to believe it: but the public will believe anything that they are told if only they are told it often enough. And if the statement is couched in semi-scientific or mysterious phraseology, they seize upon it with all the greater avidity. Otherwise, how would bone setters, venders of patent medicines, and other quacks, qualified and unqualified, flourish like a green bay-tree in the sunny corner of an arboretum?

But is the outlook in advanced tuberculous disease necessarily so hopeless in the absence of active surgical treatment? To answer this very important question I will instance an imaginary case of

a young man, who, a year or so previously, hurt his back in a fall at a gymnasium. He has now pectoral neuralgias, and dull pains between his shoulder-blades and in his back, which have probably been ascribed to "rheumatism." Eventually the discovery is made that the third and fourth dorsal spinous processes are unduly prominent, and it is evident that the bodies of those vertebræ have undergone complete tuberculous disintegration. The disease is close behind the arch of the aorta, and the surgeon is unable to get at it. He cannot scrape it and he cannot irrigate it with germicidal lotions. I believe that there are some surgeons who would attack it if they could: *rien n'est sacré pour un sapeur*, but, fortunately, he cannot possibly get at it. What then is to be the future of this patient? Is he going to die the death as the guinea-pig would in the laboratory? Most certainly not. He is to be made to lie about, in the sun if possible, and he is probably going to get well. Everyone here has acquaintance with such an individual, or if he does not know him personally he has seen him in the street. He is rather a short man with peculiarly high, square shoulders, and with a boss between them. And not only has he long since outgrown his tuberculous disease without any operative assistance whatever, but could we see him in his own home we might not improbably find him—and I say it with some regret—surrounded by a crowd of apparently healthy sons and daughters.

Such a case is one of great clinical importance: it shows that a man with an undoubted tuberculous lesion of the first magnitude can completely recover without having undergone any operative procedure whatever. At the end of the nineteenth century it is somewhat unusual for any patient with any surgical affection to be allowed the opportunity of showing what he can do without submitting himself to operation, so that such an account as that which I have just instanced, becomes not only important but actually interesting. One rarely hears or speaks now of the *Vis medicatrix Naturæ*: surgical zeal has apparently rendered it not only obsolete but superfluous.

Another instance of the favorable course which undoubted and severe tuberculous disease may run without active surgical interference, is seen in the case of old-standing hip-joint disease, the boy actually "growing out of his trouble." The disease, let us suppose, began at that period of life when it is customary to send a boy to school, and his school-life was frequently interrupted and was continuously clouded by the affection. But he is now a young man at college, and though he walks lame and is precluded from taking an active part in athletics, still he is vigorous, and he has evidently and completely triumphed over his disease. I am not sure that I have in clinical work ever before used the specious expression, "growing out of a disease"; and possibly I might not do so now if I thought that there were any students or unqualified persons present, for its adoption might prove unfortunate or even dangerous. It is a rather favorite expression, however, amongst parents and

other ill-informed persons when confronted with a child with a tuberculous lesion. Would they expect a garden to grow out of its weeds or a field out of its thistles? No; it is a popular superstition, but, like most erroneous beliefs, it is founded on a substratum of truth. For, as a matter of fact, many patients do "grow out of" tuberculous disease, and, strange to say, sometimes most markedly so after a surgeon has made the clear pronouncement that without operation recovery is quite impossible. A boy, for instance, has chronic tuberculous and suppurative disease of his tarsus; he is albuminuric and very ill. His able young surgeon says that unless the foot is removed the boy will die. This, of course, is a very unwise thing for any surgeon to say, for he cannot possibly know for certain exactly what is going to happen. But what *may* happen is this—the operation is declined; the child is put under the care of another practitioner who, though not so clever a surgeon, is, perhaps, older and a better man-of-the-world. By good luck rather than by good management the disease clears up, and in a couple of years' time the boy is walking about with scarcely a limp. "See that boy?" says the proud father. "Well, Dr. Omniscient wanted to cut off his foot, but his mother and I would not let him!" According to the rules of the game the foot, of course, ought to have been amputated; but Nature does not always play according to the rules, as the young practitioner sometimes finds out to his cost. *Knowledge* is the prerogative of youth, but *wisdom* should come with years.

I am aware that I have wandered from that case of chronic hip-joint disease; I was instancing it merely to say that though the head of the thigh-bone and the socket in which it worked have been quietly destroyed by a growth of tuberculous granulation-tissue, so that the limb is greatly shortened, still it is now, years afterwards, solidly fixed and fairly serviceable. The skin has remained unbroken and the man (for he is a man now) has completely triumphed over his disease.

In connection with this little batch of reports I would like to make a few disconnected statements, chiefly from a clinical point of view:

1. Chronic inflammation of a joint in a child or young person is always tuberculous—except in those very rare cases in which it is due to hereditary syphilis or osteo-anthritis.

2. Tuberculous inflammation may completely destroy a joint, and then leave it solidly and soundly synostosed, without the surrounding tissues or the skin having been implicated, as in *caries sicca*.

3. If tuberculous granulation-tissue breaks down into a fluid, that fluid is not *pus*, and the collection is not, properly speaking, an *abscess*—unless, by bad fortune or by worse surgery, it has become infected by septic micro-organisms.

4. The fluid collection is not to be treated as an abscess—by incision and drainage, that is—but is to be opened and emptied, and

scraped and cleansed of its unhealthy lining of granulation-tissue. Then the wound in the skin is to be completely closed by sutures; firm pressure is to be evenly applied, and the part is to be kept absolutely at rest—by a splint if practicable. It is no news to most of you to be told that the success attending this line of treatment leaves, as a rule, little to be desired, or that for this important advance in practical surgery we are chiefly indebted to the patient researches of our friends with the smock frocks and the guinea-pigs.

5. I have failed to discover that iodoform is of any peculiar value in the treatment of tuberculous lesions. At any rate I have long since discarded it, and I have not noticed any falling off in the results of my practice in consequence. Iodoform is an irritant and a poison; it is apt to be septic, as germs can grow upon it, but I have no knowledge of the truth of the statement that mushrooms have actually been cultivated on it.

Some time since a lady was sent to me for my opinion about a tuberculous ulcer of the anus which a practitioner had long been treating with iodoform. She earnestly begged me to consider if I could not recommend some other local application, as she said that the smell of the yellow powder rendered her "socially objectionable." This was for her a very serious matter, as she kept a fashionable boarding house, and whilst many members of her household seemed to notice the peculiar odor, some few of her young men "paying-guests" actually appeared to recognize the drug itself.

I confess that I have a sort of feeling of sorrow for a surgeon who thinks that he cannot successfully carry on his practice without iodoform just as I have for the lady who deems patchouli to be indispensable for her toilet.

That tuberculous lesions often get well without surgical assistance, and sometimes even without their serious nature ever having been suspected by either surgeon or patient, is now a matter of common knowledge. It often happens that when a surgeon is examining an individual, for one purpose or another, he comes across unmistakable evidence of tuberculous lesions which have undergone permanent cure. It may be that an elbow or wrist is found synostosed; that a white scarring of the skin shows where a patch of lupus has undergone spontaneous cure, or that a small and shortened finger or toe gives evidence of a quiet, long-forgotten, tuberculous dactylitis.

The Forcible Straightening of Carious Spines.

The direct treatment of the angular deformity, resulting from tuberculous disease of the spine, is a subject that a few years ago was thrust somewhat vigorously upon us, not only by articles in the medical papers, but by the reproduction of photographic representations of ghastly clinical procedures in the pictured journals of the lay press. This is hardly the way in which one

would expect solid surgical work to be advanced. One remembers that there was a somewhat similar outburst in the lay press, a few years ago, when the Koch treatment of tuberculosis was being boomed in Berlin. For this, however, the illustrious Koch must not be held responsible, he was forced into bringing forward his work before he had been able to assure himself that the results of his injections justified them in being regarded as *curative.* Immediately there was a rush to the German capital, and medical men lent themselves and their names to lay journalism and their portraits to the illustrated papers, passing glad to obtain notoriety in such a beneficent, or at any rate in such a popular, movement.

I do not know how it may be with you, but in Western Europe every new method or invention is at once greedily accepted and not improbably made the means of unmistakable advertisement. It does not much matter whether it is to turn out a real success or not, the point seems to be to have one's name associated with it whilst it is on the crest of the wave. To have one's name in front —and, somehow or other, to keep it there—that is the problem with us; for, you see, the struggle for existence has of late become very keen in certain parts of the eastern hemisphere.

I say that I do not know how it may be with you, but I hope and I think that in your peaceful Arcadia you can practise your profession undisturbed by many of the anxieties, struggles and temptations by which your less fortunate confréres are sometimes well-nigh overwhelmed in an older country. And long may it so continue with you, not only for the good of your honorable profession but also for your own self-respect and happiness.

To affirm that the forcible straightening of carious spines must needs be unsurgical, simply because it is a reversion to the ways of the bone-setter, would be unfair, for the blundering bone-setter sometimes did good by chance. But, at any rate, he experienced none of that sense of responsibility which a surgeon must feel when he is proposing to straighten a tuberculous spine. It is obvious that in straightening the angle the tuberculous ulcer of the vertebra must be widely opened out, and that if the neural arches have been already cemented together, this rigid support must be broken across. And, supposing that this is done, and that the patient survives the risks, which are inseparable from the procedure, will the widened osteal ulcer duly heal and the neural arches again become solid? Possibly so. But—and this is the point—will there be no further recurrence of the hump?

Though I should be grieved to stand in the way of surgical advancement, I do not mind getting in the road and temporarily impeding traffic whilst we are taking time to consider the route, and are assuring ourselves that the stream of surgical practice is going in the right direction. My opinion is that the deformity of Pott's disease does not lend itself to operative treatment; that forcibly to interfere with it is to thwart Nature in her good

attempts at affecting a curative consolidation in her own way—and Nature's ways, as a rule, are not unworthy of our respectful recognition. I think, further, that in a short time we shall hear very little about the method. That is what I *think*; but I am absolutely *sure* of this, that if a child of my own had an angular deformity of its spine, no person on earth should be allowed roughly to meddle with it. This is the only trustworthy way of testing one's opinion concerning the therapeutic value of speculative methods of treatment, and when a surgeon is planning some new scheme of procedure it is a good thing for him to measure it out first with the Golden Rule—would he accept such and such a line of treatment for himself, or for those nearest and dearest to him? But, surely, after all, each one of us actually does this, though some apparently have greater belief in heroic measures than others. At any rate, let us not be precipitate or over-enthusiastic with respect to each untried method as it is introduced. *Festina lente.*

There is a small class of cases for which forcible rectification of the angular deformity may, perhaps, eventually be found very suitable, namely, in a certain few of those in which pressure by bone, or by organizing inflammatory deposits has taken place upon the anterior surface of the cord, so that the patient has lost the power of voluntary movements in the lower extremities. In a few such cases, I might perhaps be eventually inclined to resort to forcible straightening rather than to a laminectomy, an operation of which, by the bye, I have but a poor opinion.

The humped back of spinal disease is, of course, an opprobrium, and it is small wonder that the surgeon is anxious to efface it. But if he had given proofs of such laudable anxiety at the beginning of his treatment of the case he would probably have had no hump to deal with. I have no hesitation in saying that, even at the present time, the treatment of spinal disease in its earliest stages is too often half-hearted and sometimes actually blameworthy. It may be urged by way of excuse that at the very beginning of spinal disease the symptoms are so equivocal that the practitioner hesitates to even whisper his opinion less the disappearance of the symptoms should suggest that after all he is an alarmist. He knew that the girl had symmetrical pains in her chest, belly or legs; he knew that she got easily tired at play, or that she was inclined to loll and lie about when others were full of activity, and that, regardless of nursery manners, she persistently sat at meals with her elbows on the table. He suspected spinal disease; he even told the parents that the girl should be kept quiet. He may actually have gone so far as to sketch out a plan of treatment which was designed to secure a certain amount of rest, but he was slack in seeing that even this small measure was carried out. In short, he had not the courage of his opinions. So the case was allowed to drift.

Oh, for the spirit of Lady Macbeth who called out to her weak-kneed spouse and fellow-practitioner:

"Infirm of purpose! Give me the daggers!"

I am a great admirer of Lady Macbeth though I am fully aware that her character is not faultless. She was not the sort of person, perhaps, to be trusted with the dissection of tuberculous glands from the neck, or of operating on a case of torticollis, but how splendid she would have been in the treatment of early spinal disease! There would have been no half-measures with her!

THE TREATMENT OF VERTEBRAL CARIES.

If a practical surgeon were asked, What is the proper treatment of early spinal disease? he would unhesitatingly say *rest*. Yes, absolute and uninterrupted rest. But there is only one way of insuring such rest for a child, and that is by making him lie flat in bed. As I shall set forth directly, he is not to be kept actually in bed all the time; but in every case the treatment is at any rate to be commenced by imprisoning him in a pillowless bed—not, let him clearly understand, if need be, as a punishment. This, I feel sure, is the only way of successfully inaugurating the treatment of *rest*. But it is of little use if, when in bed, the patient is allowed to roll about, sit up for his meals, or to hang over the side of the bed in order to pick up a dropped toy. The details of the treatment must be so seriously considered, and the medical man must make it his business to see that they are loyally and thoroughly carried out. He must not content himself merely with giving his instructions; the parents will very likely want careful looking after as well as the boy, or else as soon as the doctor has left the house, or at any rate after a short period of rest, the boy will probably be allowed to do pretty well what he likes, and so the case will quietly drift. What the circumstances demand is the presence of a sort of clinical policeman in the house in the shape of a hospital-nurse.

I know that there are all sorts of schemes, corsets, apparatus and braces (as my American friends call them) for treating spinal caries without keeping the child flat. But they are all wrong—wrong in theory and wrong in practice; and if they could be cast into the bottomless pit, and every case of spinal disease could from the beginning be treated by continuous rest in the horizontal position, there should be no more of those unsightly humps to invite speculative interference. Of course, I do not include in my anathema Phelps's box splint, the double Thomas's splint with head piece, or any form of cuirass which takes the child in bodily and keeps him flat. Indeed, the design of each one of them is well-nigh perfect; but what I want utterly and severely to condemn is the modern ambulatory treatment of spinal caries. Indeed, I think it probable that after all the stir about the new treatment of humpbacks by forcible straightening has subsided, a most important beneficial clinical outcome will be that every surgeon will feel himself compelled to be far more careful in the adoption of

patient and efficient prophylactic measures in the early days of the disease.

As I look back through many years of active hospital practice, I cannot divest myself of the thought that the plaster-of-Paris jacket-treatment, of which, I confess, I have been a warm advocate, must be held responsible for much of the existing deformity of Pott's disease. Many a time have I seen the angular projection coming on and increasing when the child has been getting about in a plaster-jacket or some other form of support.

Though the child is to be lying flat for six, twelve, eighteen or more months, he is not to be shut up in a close bedroom. The windows are to be kept open and he is to be carried out every day into God's blessed sunshine, which is as necessary for warm-blooded animals as for plants. His muscles are to be maintained in good trim by massage, but he is to be kept all the time in a horizontal position. I know that in these days of activity and progress such unromantic treatment demands great confidence on the part of the parents in the judgment of the practitioner who insists upon it, but no little experience of it enables me with the utmost confidence to recommend it. Certainly it is not a new method. Hear what Sir Benjamin Brodie says upon the subject. This is the sentence at the very beginning of his valuable chapter on the *Treatment of Caries of the Spine:* "From the first moment, therefore, in which the nature of the case is clearly indicated, the patient should abandon his usual habits and be confined altogether on his bed or couch."*

Naturally, one turns also to see what Percival Pott has to say upon the question of the treatment of the disease which bears his honored name. And it is somewhat of a disappointment to find him so taken up with the subject of the *Palsy of the Lower Limbs* which follows destruction of the bodies of the vertebræ, that apparently he has not the inclination to discuss general measures. But it is all delightful reading, and even to-day it is brimful of clinical instruction. What a relief it is to read a chapter or two of Pott, or Brodie, or Chassaignac after one has been poring over the pages of some modern text-book, in order, as the saying is, to "keep abreast of the times"! Pott always seems to put his red velvet sleeve around one's shoulders and to draw one aside from the bustling crowd of the "busy practitioners" (in whose peculiar interest modern text-books are quaintly said to be written), and to talk to one in the delightful manner of those whose literary style has not been spoilt by the habit of counting words on telegraph forms, or of compiling "copy" of precise length, and in a limited time, for medical publishers!

However, Pott has a few remarks to make in a general way about the treatment of the later stages of spinal disease, but I am afraid that they will not prove acceptable to most modern surgeons any more than my own poor remarks on that subject may do. Still,

* "Observations on the Diseases of the Joints," 1850, page 342.

it is a great pleasure to know that one is in good company the while! Pott is talking about the treatment by "spinal-supports" and "steel bodices," and as I am telling you what he says I feel his velvet sleeve leaving my shoulders and actually passing around my neck. He says that though the use of these pieces of machinery is so general, and the vulgar prejudice in their favor is so great, he has long been convinced of their utter inutility; and, moreover, that he is satisfied their effects are mischievous

Speaking generally, the acceptance of a simple, unromantic clinical method makes a far more serious demand upon the parents' or the patient's confidence than does the bidding of him to do some greater thing. This is understood and acted upon by the quack, who, merely to create an impression, inserts in a lengthy prescription some rare and perhaps rubbishy ingredient which he thinks the apothecary will be unlikely to have in stock; who writes out a fussy dietary, with unworthy attention to detail, and who, having failed to effect the promised cure, endeavors to preserve an unenvied reputation by sending his confiding patient to some far distant watering-place. In spite of education, people love quackery now just as much as they did in the time of Elisha; and the higher they are in the social scale the more they seem to hanker after it. The brief clinical record which we have of the tuberculous lesion of the Syrian Lord Rob .s, admirably illustrates these points, for "Naaman was wroth, and went away, and said, Behold, I thought he will surely come out to me, and stand, and call on the name of the Lord his God, and strike his hand over the place."

No; if he was to undergo the water-cure, it certainly should not be in a muddy Israelitish stream; he knew of a couple of spas in Damascus which were really high-class! "So he turned and went away in a rage." But being "a great man," he was not obstinate; so he changed his mind, followed out the instruction to the letter, and, to his intense delight, attained the reward which sometimes falls to those who do exactly what their doctors tell them.

Here, so far as this address is concerned, the clinical aspect of the case of Naaman ends; but it still contains an important lesson from a public point of view. For, when the gallant officer found that his cure was complete, he went straight to his good doctor, whilst the tear of gratitude was still in his eye, and begged his acceptance of a substantial and appropriate reward for the great service which he had rendered.

If during the unromantic treatment of spinal caries the weather is very bad, and the patient has to be kept in his bedroom, the window should be open, and, if necessary, and practicable, a fire should be burning—not a poisonous, parching gas fire, however, as one finds in so many bedrooms. The condition of the bedroom of town-dwellers in England is a subject which greatly needs discussion, if not actual legislation. The bedrooms in many London houses have recently become the recipients of a kind of back-wash

of that unwholesome tide of æstheticism which was so much in evidence about twenty years ago. The walls are heavily papered and covered with fans, silly brackets and ornaments, dirty-looking hangings and rubbishy photographs. The table or chest of drawers is spread with an unclean cloth, on which are arranged more photographs and dozens of nick-nacks, every one of which is a dust and germ collector. The furniture and window hangings are heavy, and the room is stuffy, dusty and teeming with germs of all sorts, I should think, and not improbably with those of tuberculosis.

Such rooms should be stripped bare, fumigated and washed; the walls should be distempered, and the walls should be treated to a weekly scrubbing. A small iron bed, a wash-stand and a couple of rush-bottomed chairs would be about all the furniture allowed. This does not sound artistic, I admit, but it is healthy; and it is better to be healthy than "artistic"; but art which is not subservient to intellectual and physical health is false and unwholesome.

When much of my work lay with out-patients I used to have the children with spinal caries placed in the empty boxes in which oranges are imported. Such a box could be bought for a few pence, and an old blanket folded on the bottom of it served as a mattress. In the process of evolution the orange box became for certain children a Phelps's box-splint. By some such means a child with caries can be carried from one room to another or taken into the open air without risk, and by slightly tilting up the box or tray the child can see what is going on around him, and thus he feels that he is not entirely excluded from the bustling world. It is an important element in treatment that the patient should realize that he is still very much in the world—in the bright and sunny world in which his friends are permitted the enjoyment of work and relaxation.

Some years ago a man of about thirty was brought to me with the stiff, straight back, and all the other signs of lumbar caries. He lived close to a cricket-field, and it was early summer; so, having him fitted with a rigid jacket, I told him to spend the whole day lying on his face and watching the games. Thus he was able to enjoy to the full those three essentials for the successful treatment of the disease—rest, fresh air and sunshine, and he made a complete recovery.

But supposing that the child with dorsal caries has been kept lying flat from the very first, the surgeon cannot even then promise that no deformity shall ensue; because the vertebral ulceration heals by granulation-tissue, which is ultimately converted into fibrous and osseous scar-tissue. This, in consolidating, of necessity undergoes a considerable amount of contraction, which may suffice to draw the front of the vertebræ together. The more extensive the ulceration the greater is the amount of cicatricial contraction, and the more pronounced the deformity.

Here, in Eastern Canada, it would especially ill become me to speak lightly of the value of cod-liver oil in the treatment of the disease under consideration, but perhaps I may humbly suggest that there are other remedies which may be looked to in the circumstances. As a matter of fact, I am a great believer in the value of the oil, but I would not against his will insist on a child taking a dessertspoonful, or even a teaspoonful of it three times a day—as the manner of some is. So forced down it is apt to upset the stomach as well as to cause diarrhea, and it may then be found floating upon the surface of the dejections.

We are all apt to get too much in the habit of prescribing medical and dietetic treatment by routine, ignoring the fact that constitutions are not equally made to pattern. You have heard of that submissive patient for whom Sir Andrew Clark had laid down a very particular and strict regimen which ended up as follows: "And after dinner one cigar, not a strong one; a single Manila cheroot." In answer to the illustrious physician's inquiry, a week later, as to how the dietary had answered, the unhappy patient, whilst replying that he was certainly better, pleaded to be let off the cheroot, which had invariably had the result of dispossessing him of his dinner! Possibly, however, after all, it was that cheroot which had played the most important part in effecting the gentleman's improvement!

Cream, butter, bacon and other fatty foods are all good for tuberculous patients, but I think that there is nothing quite so valuable as cod-liver oil. And if a patient assures me that he *cannot* take it, I often manage successfully to administer it after breaking up a conspiracy amongst his olfactory, optic and pneumogastric nerves. He probably confesses that he likes sardines; so, without his becoming aware of the trick, I have the preservative cotton-seed oil emptied away, and keep the sardine box filled with fresh cod-liver oil, of which every day he unconsciously takes a substantial amount.

For a tuberculous infant I order systematic inunction of the limbs and body with cod-liver oil every evening after the warm bath. I fully understand that this is apt to make the child "socially objectionable," but this is overlooked when the mother finds that the child is improving, and steadily increasing in weight. A steady increase in weight is a splendid clinical omen in the treatment of tuberculous or quasi-tuberculous patients.

PROPHYLAXIS.

The extermination treatment of tuberculosis is a subject in which every member of the community should be encouraged to take a personal and intelligent interest. It is a great mistake to allow it to be regarded as merely "a doctor's question." And to wage a successful war of extermination the attack should be begun right early. It is a question which is of vital importance for the

nursery, the school-room, the dwelling-house, the store, the office, the barrack—in fact, it concerns every department and every period of life. The disease is everywhere, and its eradication is, therefore, a matter of concern to every one.

It has not yet been shown that the offspring of tuberculous parents are born actually tuberculous, but it is beyond question that they are very prone to inherit a peculiar physical condition which renders their tissues an easy prey to the germs of the disease. The family history of many patients who at the threshold of life become the subjects of enlarged glands, or of chronic affections of the bones or joints, gives incontrovertible evidence of there being a marked hereditary disposition in the matter of tuberculosis.

So comes the question, Ought there to be a law preventing those who are undoubtedly tuberculous taking upon themselves the responsibility of parentage? There are some who would answer this affirmatively and without hesitation. But what would the Church in general say to it, and what would the tuberculous curate in particular say to it? He would tell us that he reads in the very beginning of his Book that he is to "Be fruitful and multiply"; and, to do him justice, it must be admitted that in England, at any rate, he does his best to carry out this instruction to the very letter. But let him finish the injunction—Man was to be fruitful that he might *replenish* the earth. Now, though I do not claim to be in possession of peculiar knowledge on this point, I cannot think that the Great Architect of the Universe, who "saw everything that he had made and, behold, it was very good," could have desired that this beautiful world was eventually to be stocked with so large a proportion of tuberculous rubbish.

I am fully conscious of the fact that in suggesting the desirability of preventing the marriage of tuberculous subjects I am advancing a somewhat extreme measure, but surely the subject enters very largely into the question of prophylaxis. It is one, moreover, that will have to be deliberately approached and dealt with some day, and that, perhaps, soon. I do not think that our Houses of Parliament as at present constituted will be anxious to occupy themselves with an attempt to solve this question, vast as its Imperial importance is, but I think that the County Councils which we have lately established through England might find the task not uncongenial. The question is fully as important as that of water-supply, or of protection from fire, or of the isolation of infectious disease, each of which is already in their grasp. Indeed, I think that it falls in under the last heading. And what scope it would afford for discussion!

You will remember that when Horatio and Marcellus joined Hamlet on the platform after the appearance of the ghost, and showed great anxiety to know what had been the subject of his remarks, Hamlet tried to put them off by telling them that his communication had been something of quite a commonplace nature, on which Horatio ejaculated:

> "There needs no ghost, my lord, come from the grave
> To tell us this."

I do not know what space the "perturbed spirit" had traversed in order to deliver his address to the unhappy Prince, but I have travelled about four thousand miles to deliver mine. And if you feel inclined to suggest that there was no need for one to come so far to tell you that which I have just unfolded—that it is commonplace and by no means worthy my long journey or your short one —I shall conclude with Hamlet's retort:

> "Why, right; you are i' the right;
> And so, without more circumstance at all,
> I hold it fit that we shake hands and part."

As a matter of fact, I have not, like the ghost, temporarily escaped, for the purpose of this communication, from a place where sulphur, burned in the open, is the ordinary domestic fuel, but I am here in response to a kind and highly flattering invitation from yourselves. I had, indeed, made arrangements for spending my autumn holiday, which certainly did not include two weeks of sea-sickness: but when I received your President's command (for so I regarded your invitation), I at once scattered my personal plans and considerations to the winds and decided to accept it. And let me tell you that coming to Ottawa is not like going amongst strangers, though it is my first visit here; it arouses in me a feeling something like that experienced by a man who is making a homeward journey, for my father was a Canadian. From my infancy I have had pictured to me, and have been encouraged to interest myself in, your forests and rivers, your orchards and wide fields of waving corn, your green pastures and still waters, and your lingering snows (kindly notice that I have put the snows *last*). I have also constantly heard, from my childhood, of the intense loyalty of the people of this great and fertile country, and of the loving devotion of its sons and daughters to that dear Lady who is, indeed, a Mother to us all.

Lastly, let me tell you that your complimentary invitation came to me just after those dark days of trial in which an ambitious, a cunning and an unscrupulous race had been endeavoring for ever to overwhelm us. Dark indeed were those days; but darker still would they have been had we not known that your strong-limbed and keen-eyed sons were standing by us in our time of need! It is certainly not for a humble individual like me to presume, or to attempt to say what the feelings of undemonstrative England may be towards Canada I allude to this and to other circumstances only that you may in some measure see with what pride I accepted your invitation, and in order that you may the more fully appreciate the sincerity of the thanks which I herewith tender you for thus directing my course to Ottawa, with an inclination eastwards to Nova Scotia—and Halifax—where, in 1812, my good father was born.

THE PRESIDENT'S ADDRESS.*

BY R. W. POWELL, M.D., OTTAWA.

Gentlemen of the Canadian Medical Association,—

WHEN you did me the signal honor to elect me to the Presidential chair of this Association I naturally felt a sense of buoyancy and elation in my unexpected and newly-found distinction, but as time wore on, the sense of elevation began to diminish until the date of the meeting came within measurable distance, when I gradually became but the shadow of my former self, and have just escaped, I think, a total eclipse. If you know of any of our members particularly aspiring, and thought to be suffering from that peculiar and subtle form of enlargement of the cranium commonly known as "swelled head," just elect him president of this Association for one year, and if he is not rapidly and permanently cured, my capabilities as a prognosticator must be weak indeed.

So far as I am concerned I found myself groping aimlessly about and trusting that a miraculous light would penetrate the convolutions of my fast-waning mental faculties, and enable me to startle you with something novel and refreshing in the way of an address, but instead of this, gentlemen, you will I fear have to exercise a merciful forbearance for a very limited period of time while I endeavor to touch on one or two matters that appear to me to be of general interest to us as a profession in these days through which we are passing.

It is well-nigh a hopeless task, gentlemen, to even begin to thank you for the great compliment you have paid me in selecting my name for this position and thus to place me in the long line of distinguished men who have preceded me in this chair since Confederation.

The honors which normally fall to medical men are few and far between when their lives are spent entirely in their professional calling, but the greatest of all honors are those which come at the hands of one's fellow practitioners.

Be assured, gentlemen, your generous and unexpected action towards me is especially gratifying, and will never be forgotten. Small wonder that I have in some measure attempted to requite you by using my best efforts to bring this meeting of the closing century to a successful issue.

This Association has in the past been presided over by painstaking and distinguished men, and it is to their past efforts and

*Delivered at the Annual Meeting of the Canadian Medical Association, Ottawa, September, 1900.

their unselfish devotion to our highest interests that we owe our life as a society to-day; and I would take this opportunity of according to them our deep sense of gratitude and admiration. This Association has gone through many and trying vicissitudes. Its path has not by any means been *"couleur de rose,"* but on the contrary, has many a time and oft been beset with the briers and thorns inseparable from the early and struggling life of a plant of culture and refinement. After a nurtured infancy and successful and healthy early life, it had its disorders of childhood; its ranks were depleted by that scourge of "non-attendance," which in society life is so horribly contagious, and its very life has been threatened more than once; but like many a healthy and well-born youth whose constitution and habits have been good, it has survived these storms and disasters, and has risen to matured life strong in its purposes, confident in its stability, and determined to fulfil its high functions.

Last year in Toronto the society evidently took a new lease of life, owing to the able presidency of Mr. Irving Cameron, and the untiring efforts of the Secretary, Dr. Starr, also a Toronto man, aided to the full by a most capable and zealous local Committee of Arrangements.

Some 242 members registered, and it seemed to be the general opinion that never again must the interest in, and loyalty to, this Association be allowed to flag. Do you wonder, gentlemen, that I have been anxious as to the successful outcome of the meeting for 1900. Ottawa loves the Canadian Medical Association, and has endeavored in the past to show her loyalty by affording a resting place for the annual meeting. We met here in 1871, 1881, 1889 and in 1893. With the exception of the first year mentioned, 1871, when, indeed, I was in swaddling clothes, I have taken a more or less active part in the necessary arrangements; but I take the greatest possible pleasure in saying to you now that never before have I seen such a unanimous desire to maintain the good reputation of the city, as has been displayed by my confreres since I announced to them the Society's decision to visit the Capital again, in this the closing year of the marvellous century, through a part of which we have all been passing. No dissentient or croaking voice has been heard, but on the contrary, the utmost loyalty has been extended to me in this my hour of trial. It is thus my labors have been lightened, and if we have in any measure afforded you collectively and individually a pleasant visit, I trust that honors will be divided, and my colleagues in practice in this city will receive at your hands their just quota. We are but a handful as compared with our sister cities, the great business centres of Ontario and Quebec, but our hearts are overflowing with welcome to the members of our beloved and honored profession from the Atlantic to the Pacific.

Shortly after our return to our homes from the Toronto meeting the country was thrown into a flutter of excitement when the diplomatic correspondence between England and South Africa was suddenly terminated by the memorable and pithy note emanating from Mr. Kruger, which set all England aflame. There was nothing for it but to resort to force as a means of backing up her reasonable demands, and so enlarged preparations were set on foot to plant the flag across the Vaal.

The world is not likely to forget the events of the autumn of 1899. From far and wide, throughout the habitable globe, wherever Great Britain holds her mighty sway, came the same dutiful appeal to the Motherland. This appeal was strong in its simplicity and earnestness. It is summed up in a few words: "Allow us to show that we are in very deed and not only in name a part of the British Empire. Let us reciprocate now for the early fostering care received during the trying days of our early existence, when we were struggling to establish something more lasting than a dependent colony." This appeal was not in vain, but was eagerly heard and allowed, and so it was that a purely volunteer contingent was mobilized and equipped and on the sea in about three weeks.

It was well known that the British Army with its organization resulting from long experience would willingly and ably attend to the medical and surgical necessities of our men in the field, but the enthusiasm had spread beyond the rank and file of the combatants, and though the personal and pecuniary sacrifice was great, yet offers came pouring in from members of our profession, tendering their services to go with "the boys" to the front. It was known that the Royal Canadian Regiment would probably only require a modest surgical equipment, yet offers came from thirty surgeons to be allowed to volunteer for active service. It is only fair to record also that, to their honor be it said, over seventy trained nurses offered themselves when it became known that a nursing staff would be permitted to accompany the regiment. Very soon it transpired that certain distinguished men in civil practice in England had offered their services to the Crown for purposes of the war, and that these offers had been willingly accepted in order that the sick and wounded should have the best advantages and the most modern and skilled advice at the base hospitals.

Our Canadian confreres were eager to be allowed to go and do likewise, and it is here, gentlemen, that a page of humiliation has to be written. "You are good enough to practise on Canadians, but having no registration in Great Britain, you could not legally practise in South Africa." Our loyalty and devotion to the Empire are smothered in the mazes of legal technicality, and when the question was asked in the British House of Commons as to what position the few Canadian surgeons who were permitted to accompany their own men did occupy, the far-reaching and honest

reply was given, by Mr. Broderick, I think, that "he really did not know, and that the matter was too complicated to admit of discussion."

Our Antipodean relations were not so treated. Up to recently they were, as you know, self-governing colonies, each being able to treat direct with the General Medical Council, and to their credit and common sense be it said, that in the framing of their new Australian Commonwealth, they have taken a lesson from the unhappy position of their Canadian brothers, and have seen to it that in matters pertaining to medical education and registration the central government has the control.

Gentlemen, it is my belief that we must make a step forward and do something to erect a bridge over the provincial boundary lines. I use this phrase advisedly as it explains what I mean, as against breaking down the barriers. This latter is what cannot be done, but the bridge can be erected by consent, and this without doing violence to the rights of any within their own domain.

Eleven years ago, in the preface to a little book I compiled, I wrote the following:

> "The B. N. A. Act having consigned all matters affecting education to the various Provinces of Canada, as distinguished from the Federal Parliament, these separate Legislatures have from time to time passed certain Acts governing the Profession of Medicine and Surgery, and it has often occurred to me that it would be a useful and interesting work to bring these various measures together into one volume for the sake of convenience, as well as of comparison, anticipating, perhaps, the time when legislation governing our profession shall emanate from the central authority and thus from a one-portal system of entrance. In saying this I believe I am only voicing the sentiments of a large majority of the profession of Canada who consider the method now in vogue to be cumbersome, expensive and unnecessary."

The majority I there refer to is now a vast wave, I verily believe, of the general profession, who, although the way is not yet perfectly plain, are hoping with a fervent desire that the obstacles may soon be overcome, and that those who desire enlarged pastures may have an avenue opened to them, whose lines will be sacredly guarded and whose examination hedges will be high enough to secure it from being scaled by any but highly trained provincial athletes. It is not to be inaccessible, but its dignity is to be secured by legal enactment, whereby it is not suffered to be lower in its requirements than the highest at any time existing in any province.

Surely this is fair. None are compelled to enrol upon its register, but those who wish to ought to have a way provided by which they can obtain a Dominion license, and so secure recognition in Her Majesty's Empire.

Provincial registration will still remain, and it will still be for each province to fix whatever standard it pleases for its own practitioners. It is this very difficulty of securing uniformity in the standards of so many provinces that has up to now effectually blocked all efforts at interprovincial registration. I, for one, am glad that such a scheme has failed in its accomplishment, because no matter how perfectly conceived and organized, it would never do for the men of this country what Dominion registration will most assuredly do.

It is not for me to enter into details, but I consider a great responsibility rests upon us now in this matter. We are guardians of the higher interests of that army of young men forever pouring into our ranks. We must see to it that we give them the highest advantages. We must rise above all selfish interests and not allow personal prejudice to stand in the way of so great an advance, whereby our men can have thrown open to them so great an Empire at such a minimum of cost, time, and personal inconvenience.

A question that is demanding increased notoriety and importance each year, is that connected with the care and management of cases of tuberculosis, and especially that form of the disease called consumption.

Science has demonstrated that we must no longer continue to regard such cases simply as objects of our solicitude, sympathy and regret, but that each one in its own sphere is a direct menace to the health and continued life of those with whom it comes into direct relation in the ordinary walks of life. It is well established that hereditary influences, once regarded as so potent and far-reaching, are but a predisposing condition of weakened vitality; and, further, that the chief reason for the continual occurrence of phthisis pulmonalis among the members of the human race is to be traced to an infection from a pre-existing case.

The quiet spread of this wonderful news is having its good effects in a miniature way, and the daily warnings and precautions of enlightened men to their patients and the patients' friends are slowly but surely extending this gospel over the whole universe. I have been struck often with the information possessed on the subject by even the ignorant and poorer classes, who with but a superficial smattering of knowledge, eagerly seize upon the good news and endeavor to carry out, even in a perfunctory way, the instructions laid down for their guidance. It took a very long time, gentlemen, to inoculate the marvellous news of vaccination, often into an unwilling public, but if ever anything was proved, it has surely been put beyond cavil that a community properly protected by vaccination is practically fearless about smallpox. It has taken a longer time still to influence the ravages of syphilis, but the patient efforts of our profession throughout all civilized

countries is having its just reward, and the poison has become gradually attenuated as each decade has come and gone until nowadays, except under unusual circumstances, we rarely see the revolting, disgusting and manifest lesions once so common and easy of daily demonstration.

Just so it will be, in my belief, with the white plague now a menace to the human race. The efforts of science, the revelations of the microscope, and the patient work of the bacteriologist and the clinician, have given us sufficient information whereon we can base a practical standard of conduct, and even now we can observe the result of our earnest and painstaking efforts to prevent the spread of this dire malady from patient to patient. It is not for me on this occasion to weary you with details that are instilled into us all more surely and with greater vigor than our catechisms ever were, but I would take this opportunity to say that none of us are too humble or unknown to take, each one for himself, a fair share of this grand work.

The time has come when those of us who are connected with public institutions must steadfastly set his face against receiving consumptives into his wards. Such a change of demeanor towards the sick and suffering cannot be carried out too suddenly, lest we unnecessarily shock the refined but untutored sensibilities of a philanthropic public; but the more we fight against this practice and the more we spread the knowledge, the sooner will philanthropists come to recognize the crying need of their open-handed aid to their afflicted brethren, fast coming into dire straits for a place whereon to lay their wearied frames.

Shunned by their neighbors, yes, by their intimate friends, to say nothing of their relations, passed on from hand to hand, refused admission here and there, strength fast waning, slender means and opportunities for replenishing their financial resources rapidly fading from their horizon, their condition is indeed pitiable, but beyond it all the stern sanitarian is forced to keep in view the greater problem—the protection from disease of the greater number. Self interests are beginning to tell; the home of the merchant prince or millionaire capitalist is not regarded as sacred ground by the tubercle bacillus, who expends his unmerciful ravages wherever he is an invited guest, and once granted an asylum, he is not easily dethroned or turned adrift by the forces of culture, ease, refinement or wealth.

The cry is now being heard to arise in the land: "Keep us free from contamination by this awful scourge which brings sorrow and disaster to so many of our homes. Do not allow consumptives to mix with well people."

Prohibit them from public places. Shut the doors of our churches, our theatres, our railways, our public conveyances to them. Do not allow them to expectorate on the public streets, to

say nothing of such a practice inside the four walls of a building—in other words, isolate them from all mankind. The answer is simple. It is impossible to work so radical a change immediately, but if those who are revelling in the enjoyment of sound health and in the possession of this world's goods will come to our aid, we will gradually but surely bring about a wonderful amelioration of the conditions above referred to. Help us to erect sanatoria in healthy situations, accessible to the vast majority. Place these patients under suitable conditions by the expenditure of some of your overflow of means, and even a moderate lifetime will not be by any means too short to witness a revolution in the death-rate and in the altered relationship that these afflicted patients now bear to their more highly favored brethren.

In a small way such institutions are beginning to raise their heads in this country. I believe their number will rapidly increase and not be really felt as a burden on the public.

The Ontario Legislature has passed a bill at its last session providing a way by which one or more municipalities may establish a sanatorium for the care and treatment of consumptives. The province offers to bear a reasonable share of the cost and, when in working order, will pay out of the public funds $1.50 per head per week to assist in maintenance; and the Act also provides that a further like sum may become a charge on the revenues of such municipality. This is a great step forward, and shows at once the inevitable trend of public opinion on this subject.

One more question of importance to us generally as a profession and I am done. We continually have our attention drawn to the case of a brother practitioner being forced to defend a suit for malpractice or else submit to blackmail. I am sorry to say that, unfortunately, the conditions in certain individual cases are such that the latter alternative has to be accepted, and rather than be ruined, or perhaps have a reputation blemished, a settlement is made out of court. Not so, gentlemen, in other cases. A man's honor is something very dear to him, and cannot be rudely assailed. A firm consciousness of rectitude in his action overrides all appeals to a so-called common sense, and so he calmly submits to an action, and is content to allow himself to be tried. Unhappily his jury is composed always of men who in the nature of things cannot appreciate the refinements and technicalities of medicine or surgery, nor are they trained in knowing the vagaries of the human frame when exposed to disease or accident. The plaintiff, often induced by low or sordid motives, or animated by jealousy or spite, perhaps goaded forward by a hidden enemy of the doctor, takes his course with nothing to lose and everything to gain.

The defendant knowing full well the disastrous results of defeat in the withdrawal from him of public confidence, which is his only stay, uses every means to win. He is forced to employ

the best available legal talent to fight for him, and eminent counsel with handsome retainers become necessary. Legal technicalities arise, and he is taken from court to court while the bar and bench wrangle over abstruse questions of law, and the original suit is a mere circumstance.

The case finally is disposed of, and may be won or lost; but who do you suppose has supplied the sinews of war? Why, the doctor of course, and it oftentimes happens that he is absolutely impoverished, and has spent the savings or earnings of years in fighting for a principle and to uphold the honor and dignity of himself as a man, and of the profession to which he belongs.

Gentlemen, this ought not to be so; we ought and we must in some way stand shoulder to shoulder. It must be understood and published broadcast that our profession is too sacred a thing to allow it to be trampled upon with impunity. Actions for malpractice will surely continue, and if deserved cannot be defended, but unrighteous and unholy suits of this kind must be fought unhesitatingly and unsparingly, and when the public know that they cannot frighten a doctor into paying up hush money, but rather that he will be backed up and supported by his brethren, and their action bring down on their own heads publicity and shame, and redound in the long run to the credit of him whom they are trying to disgrace, such actions will be few and far between.

This is not the place nor the occasion to formulate in detail a scheme for a defence association. Whether it is to be purely local, or larger and more provincial, or whether it should emanate from this Association and be Dominion, are questions well worthy of your consideration and debate. An enlarged scheme, such as I have just hinted at, could be undertaken without any great difficulty and an executive chosen for each province who would carefully investigate the merits of all cases submitted, and if defensible bring into operation the forces at their disposal through the various provincial channels.

This is but a rude outline of much that could be said and urged on this question, but I have no desire to weary you with a prolonged argument, nor to attempt to thrash out the details of organization whether provincial or Dominion, but I want at this meeting to arouse in you a sense of its far-reaching importance, so that if it cannot be inaugurated now, some of you may feel disposed, on thinking it over, to initiate a movement in the premises.

Gentlemen, I thank you for your reception of me as your President and for your patient hearing, and I hope I may be allowed to take my seat and enjoy myself for the rest of the session.

ADDRESS IN GYNECOLOGY.*

BY WILLIAM GARDNER, M.D.,

Professor of Gynecology in McGill University, and Gynecologist to the Royal Victoria Hospital.

Mistakes in Diagnosis and Treatment.

From the standpoint of a consultant of over twenty years' standing, I have learned something of the mistakes in diagnosis and treatment made by myself and others. I have conceived the idea that some consideration of this subject might not be unprofitable before a meeting mainly of general practitioners.

It is a trite saying, that we learn more from our failures than our successes. It is, perhaps, equally true that we learn more from our mistaken than correct diagnosis. The lessons we thus learn are often painful, and the experience bitter, but they are not likely to be forgotten.

Accuracy in the diagnosis of pelvic conditions depends mainly on education of the sense of touch. This can only be obtained by long and patient practice, and much opportunity for making examinations. All teachers of practical gynecology will bear me out when I speak of the difficulty in giving to the medical student more than a few opportunities on the patient. It is far otherwise with the teacher of clinical medicine, who can in most cases allow an unlimited number of students to examine a chest or lung case.

Nevertheless, many fewer mistakes would be made if attention were given to a few simple details. In this, as in everything else in medicine, the grand safeguards against mistakes are system and method in case-taking and examination. As a rule a woman's pelvic organs cannot be satisfactorily examined if she lie on a bed or couch. The many advantages of a table, a firm surface, for the physician's comfort, have only to be experienced to be realized. I am well aware of the difficulty in getting many women to consent to this, especially if the practitioner be young. Suitable personality and tactful manners will, in most cases, lead to success.

The condition of the adjacent viscera, the bladder and rectum, is all important. The rectum must have been emptied before the patient comes to the examining table. With reference to the bladder, my own practice, learnt by personal experience, is to empty the bladder by catheter, after the patient is in position on the table. The advantages are that: (1) We may note the presence or absence of discharges, such as that of gonorrhea, about the genitals, and their character, a very important kind of evidence

*Read at the Canadian Medical Association Meeting, Ottawa, September, 1900.

which we should lose if we allowed the patient to pass water naturally.

(2) There are many women who, when asked to pass water immediately before a pelvic examination are unable from nervousness to do so.

(3) We get an uncontaminated specimen of urine for examination.

When from a suitable position of the patient, whereby the abdominal muscles are thoroughly relaxed, we may still have to contend with rigidity from nervousness or ticklishness on the part of the patient; this may be overcome by a manœuvre which I frequently practise with success. It consists in making a series of circular, frictional movements over the lower abdomen, but gradually narrowed to one much smaller. What do we gain by this manœuvre? If gently executed we overcome rigidity of the abdominal muscles and we displace gradually the intestines. These movements are the first things done in the practice of the Thure-Brandt method of pelvic massage.

Medical students and doctors of little experience have often complained to me of being unable to reach the structures at the upper and back part of the pelvis because their fingers were too short. The relatively long, posterior vaginal wall can be, in a sense, shortened by steady, gentle, continuous pressure on the perineum, whereby it is partially turned into the vagina.

In physical examination for pelvic diagnosis I would strongly urge caution in the use of the sound. Apart from the danger of inducing abortion in unsuspected pregnancy, unless strict asepsis be practised, the sound is a dangerous instrument. Many a woman has died of the uterine sound. In the great majority of cases it cannot be used without abrasion of some part of the uterine canal. Unless instrument, hands, and field of operation be sterile, there is great danger of infection, and this has often been the consequence, setting up more or less serious and sometimes fatal pelvic inflammation.

With all due respect to the great Sir James Simpson and others whose names are so intimately connected with the use of the sound, I am convinced that it is a much overrated instrument. In hands skilled in bimanual palpation it is rarely necessary, while in hands unskilled, it will hardly ever add to useful, practical understanding of the case. As a consultant I have learnt that the sound is a great deal too much used by the general practitioner.

Mistakes in the diagnosis of retroversion of the uterus, either way, that is to say, mistaking retroversion for other conditions or mistaking other conditions for retroversion, are certainly amongst the commonest. But, indeed, accurate diagnosis in complicated conditions (and complicated conditions are common and the most important), is often most difficult. A common mistake is over-

estimating the importance of retroversion, of the displacement *per se*, in a complicated case, as of pelvic inflammation directly inducing the displacement. Such an imperfect or mistaken diagnosis may lead to an attempt to replace the uterus by sound or repositor, and to its mechanical treatment by pessary, with, most probably, disastrous results.

This leads me to speak of mistakes in overestimating the importance of deviations of the uterine axis from the normal. No more fierce wordy wars have ever been fought than by gynecologists over the relative importance and order of occurrence of displacements, and those changes in the circulation and nutrition of the uterus, to which we apply the term chronic metritus. The transactions of the Obstetrical Society of London of about thirty years ago teem with the discussions. While most of us claim to have obtained a position nearer the truth, the consultant still finds in the body of the profession imperfect views and inadequate conceptions of the subject. It seems often to be forgotten that the uterus in health is essentially a very movable organ. It is pushed backwards by a distended bladder, forward and upwards by a distended rectum, and by every act of respiration, especially by forced respiration as in coughing, vomiting, or violent effort, it is deviated from what may be considered the norm, and all such displacements, temporary it is true, are attended with relatively little in the way of symptoms attributable to the uterus.

I am next led to speak of another mistake which we have made in the past, but which we are, some of us at least, now rectifying, and that is in failing to recognize that in many women a displaced uterus is only one element, though certainly a very important one, in a case of more or less general descent or sagging of abdominal viscera, the condition of enteroptosis. For many years I have, in every case I examine, made a point of examining for the position of the kidneys as well as other viscera of the abdomen. Displacements of these organs in gynecological cases are of extreme frequency. It is true that descent of the kidney does not always cause symptoms. In other cases the symptoms are grievous. In the parous woman they are especially so. The commonest and perhaps the most important mistake here is in overestimating the importance of the pelvic condition and neglecting to take into account the rest. The repair of a lacerated perineum, the necessary colporraphies, and the performance of a selection from the various forms of fixation of the uterus, may for these reasons be disappointing in their results.

In the management of displacements by many practitioners mistakes are often made in overestimating the usefulness of pessaries, in the selection of cases suitable for their employment, in the selection of pessary for a particular case, and in the neglect of the very frequently necessary preliminary treatment of the patient

and the parts against which the pessary will lie. Ofttimes, too, there is lacking an adequate conception of the necessary care of a patient who is wearing such an appliance. The consequence is that appliances, which in suitable selected cases are undoubtedly most useful, suffer undue and unmerited discredit.

The sensations of the patient which suggest to her mind displacement of the uterus, and which are apt to be accepted by the inexperienced physician, are often due solely to vaginitis. This condition, when of the fundus of the canal where it is often mainly or exclusively present, can only with ease of certainty be diagnosed and treated by the Sim's method of examination. This method of examination, it would appear, is learnt by only a small proportion of those who practise gynecology. It requires the patient to lie on a table in the necessary position, to have her clothing loose, and to breathe quietly and naturally. All these conditions being fulfilled, the use of the Sim's speculum is merely an accessory, for the bent handle of a pewter spoon or even the finger will sometimes suffice to retract the perineum and posterior vaginal wall and expose the now extended vagina, the result of atmospheric pressure acting under altered relations of abdominal and pelvic organs. A careful examination by this method (which, I contend, should be practised in every case with pelvic symptoms) will often lead to the discovery of a degree of vaginitis, which can be most satisfactorily relieved by a few applications of silver nitrate solution.

Perhaps no more common mistakes are made than in the diagnosis of pregnancy, and all will bear me out when I attempt to emphasize their importance. Of the effect of such mistakes on the reputation of the practitioner, I feel sure that some at least here present are prepared to bear me out. Failure in the recognition of existing pregnancy is rarely pardoned by a woman. Failure to discover that she is performing the supreme function of her sex, and to give her credit for it, is to her a grievous fault. Apart from this there is the obvious importance of early knowledge of the fact in order that plans may be made and necessary arrangements put in train. The cases are few in which a diagnosis cannot be made by a careful investigation of history, symptoms and physical signs, negative and positive. I must, however, not forget to admit that we are not always freely admitted to possession of each of these sources of evidence. Many women are proverbially inaccurate as to dates and in the description of symptoms, and we must ever be on our guard against the designing woman, legitimately or illegitimately pregnant, who wishes to rid herself of the conception, and who hopes that by the use of the sound or other instrument incautiously used by the practitioner, her purpose may be effected. While history, symptoms, and the condition of the breasts are all important, the supreme value in the estima-

tion of the various sources of evidence, is to be placed on the bimanual palpation of the uterus. I am in the habit of impressing this on my students. If, with empty bladder and rectum, and everything else favorable in the position of the patient, you cannot easily define the uterine body, so distinctly firm in the nulliparous condition, then suspect pregnancy. It is thus soft in the condition of pregnancy, and comes nearly to the feel of the roof of the vagina and other structures in the pelvis. If the uterus can be defined, the value of the so-called Hegar's sign—the sudden increase of size above the junction of the body and the cervix—is very great. It is in early pregnancy that mistakes in diagnosis are most frequently made, but I have known not a few in the more advanced stages. Cases are not unknown of all the arrangements having been made for operation for ovariotomy, and the patient meanwhile being delivered of a full-term child. This has occurred to men of world-wide reputation, the authors of books and numerous papers on obstetrical and gynecological subjects. In one instance which occurred to me, ovarian cyst had been diagnosed, and the woman being in great distress from the enormous distension, she had been twice tapped. She travelled over five hundred miles to reach me for operation, all the preliminaries having been arranged. I found her resting on her hands and knees in my waiting-room, and in that position she had remained during the night in the sleeping car. On examination, I was immediately able, through the cervix, to recognize fetal parts. The case proved to be one of twin pregnancy with hydramnios. The gravid uterus had been tapped and the liquor amnii drawn off. Beyond a doubt the true nature of this case would have been recognized by a careful consideration of history, symptoms, and physical signs, instead of by the mental attitude of taking certain things for granted. Recorded instances are by no means single of operators, when doing hysterectomy for fibroid, being surprised by the discovery of early pregnancy. It is safe to say, from what we know of the very human nature of our profession, that many more have never been recorded. It is doubtless true that operation was the best course in many such cases. The sudden increased activity of growth of fibroids previously unsuspected, in the gravid condition of the uterus, certainly in many such instances, must have led to the experiences just alluded to. I venture to make the assertion that they are very rarely unavoidable.

So much for the diagnosis of uterine pregnancy, undoubtedly often beset with difficulties. The cases are rare in which there is a necessity for immediate action. In all cases of doubt or difficulty the doubts should be frankly stated and time and further opportunities for examination requested. The cases are few in which the practitioner will not by such a course retain the confidence of the patient and her friends, whereas a positively-given,

mistaken opinion, will in most cases be disastrous to his reputation.

If the diagnosis of uterine pregnancy be difficult in certain cases it is vastly more so in the case of extra uterine pregnancy, whether early or advanced. I venture the assertion that there is no operator of large experience in pelvic surgery who has not at some time or other operated for tubal pregnancy and found something else; or has operated expecting something else and found ectopic gestation. I have to confess having made such mistakes more than once. There are many deviations from what may be called the symptom-complex of this grave condition. In the early stages of extra-uterine pregnancy the conditions most apt to be confounded with it are the various inflammatory conditions of the uterine appendages, cystic adherent ovaries, hydrosalpinx, etc. In the rarer instances of rupture of the gravid tube with speedy fatal hemorrhage (and the danger of this is much greater when the gestation is in the relatively indistensible and more vascular part of the tube near to the uterine end), the symptoms have in several instances given rise to the suspicion of death from poisoning or by violence. This suspicion was very strongly entertained by the friends of a patient whose case was reported many years ago to the Montreal Medico-Chirurgical Society. This woman, who sometime previously had been a patient of mine for office local treatment, ceased to attend, and the next thing I heard of her was that she had died seven hours after having been seized with violent abdominal pain and other symptoms. The nearest doctor had been called, and, failing to recognize the real nature of the case, he had administered morphine. The death of the patient was attributed by the friends of the patient to the drug. An autopsy was demanded by the doctor and at first refused, but when threatened with a coroner's inquest they finally consented. The belly was found full of liquid and clotted blood which had come from the rupture of an expansion of the tube no larger than a small almond, situated one inch from the horn of the uterus. Even in this case a careful inquiry into the history and symptoms preceding the attack might have suggested the true nature of the case, for the woman had had pelvic symptoms which had been relieved by treatment, after which she had become pregnant. As Gaillard Thomas pointed out in a paper written by him many years ago, in the majority of the cases of extra-uterine pregnancy reported, the patient is pregnant for the first time or for the first time after years of sterility, during which she has suffered from pelvic symptoms and from which she has partially or completely recovered, spontaneously or while under treatment. My own experience amply bears out these observations of Thomas and others.

The correct diagnosis of uterine fibroids, while usually easy, is sometimes most difficult, and the history of the subject is fraught

with mistakes. I have more than once opened the abdomen for operation to remove a uterine fibroid to find that I had to deal with the much simpler condition of intraligamentous cyst. So tensely filled are these cysts sometimes, and in their process of growth so closely do they lie to the uterus, that by position and consistence they now and then closely simulate the common, solid tumor of the uterus. The diagnosis of uterine fibromyoma from intrapelvic cancer, usually ovarian, in its early stages is by no means always easy. One mistake of this kind occurring a good many years ago mortified me very much. The physical signs were such that my diagnosis was multiple fibroids. In a few weeks, failure of flesh and strength and the appearance of peritoneal fluid aroused suspicions of malignant disease, which were confirmed by exploratory operation.

All ovariotomists and abdominal surgeons of much experience have been disappointed and saddened by the appearance of intrapelvic and abdominal cancer within a year or two after a smooth recovery from the operation for removal of an ovarian tumor, apparently quite innocent in its characters. Lawson Tait used to remark something to the effect that every ovarian tumor had in it the elements of malignancy. His remark was doubtless the outcome of the experience I have alluded to. It would be more correct to say that if the whole of every ovarian tumor were submitted to careful microscopic examination by a competent pathologist, many which appear benign would show malignant characters. *This fact is a strong argument if any were needed at the* present day for the prompt removal of every ovarian tumor as soon as possible after its discovery. In malignant tumor of no other organ is radical cure by operation so hopeful.

Nothing in the experience of the gynecologist is so saddening as that of cancer of the uterus. In the vast majority of the cases when first seen the only verdict to be rendered to the anxious patient is "too late" to do anything but make the last months of life as little miserable as possible. In by far the larger number the woman does not seek advice from her ordinary medical attendant until her case is hopeless for radical cure. In rare instances, even when opportunity for examination has been given, the true nature of the case is not suspected. In my experience, the worst case of this kind was that of a woman who was sent to me by her medical attendant in the hope that I might be able to cure a vesico-vaginal fistula, the result of cancer of the cervix that had extended to and perforated the vesico-vaginal septum. This neglect of uterine cancer is due more than anything else to the delusions so universal in the popular mind concerning so-called change of life, delusions which I regret to say are shared by a small, though I am pleased to say, diminishing section of the general profession. Such are the prevalent ideas, that at the age of from forty to fifty,

women are subject to profuse and irregular discharges of blood, and that the essential symptoms of cancer are pelvic pain and fetid leucorrhea. The experienced gynecologist knows that, save in a few exceptions, menopause is not attended with menorrhagia or metrorrhagia, except when some form of organic disease exists, and that such symptoms demand prompt pelvic examination. If this be true of women who have not yet attained menopause, it is vastly more true of those who have ceased to have discharges of any kind for months or years, and yet I have known a number of instances of women of fifty and over, one of sixty-five, in which the appearance of a bloody discharge was welcomed, and announced with pride to her friends as a return of the distinctive characteristic of womanhood—as a renewal of youth. One woman said to her friends, "I am getting young again." In my experience the appearance of a bloody discharge in a woman who has ceased to menstruate means malignant disease and nothing else in ninety-five per cent. of the cases. In the other five per cent. the source of the blood is that interesting form of vaginitis which the late Professor Hildebrandt, of Konigsberg, proposed to call "vaginitis adhesiva ulcerosa." As regards the significance of pain and fetid discharge, I wish to say with all the authority I may command as a consultant, that while invariably present in the advanced stages, they are almost as invariably absent in the early and manageable stages, and yet it has many times been replied to me when I had announced my diagnosis, "Why the woman has had no pain or ill-smelling discharge."

If there is one early symptom of cancer more suggestive, even significant I ought to say, of the early stage of cancer of the uterus, cervix or body, it is the appearance of a thin, serous, slightly turbid, sometimes pinkish at first, and for many weeks usually inodorous, discharge. This so-called "meat-water" discharge at any age ought at once to arouse suspicion in the mind of the practitioner consulted, and lead him to insist on an examination with all the authority he can command. The reasons should be given if necessary, and if he is refused he should wash his hands promptly of all responsibility in the case.

Malignant disease of the body of the uterus is undoubtedly very rare as compared with similar disease of the cervix, but I have found that its frequency and the possibility of it are much underestimated by many practitioners. The symptoms in a given case have led to the suspicion of malignant disease, the patient has been examined, the cervix has been found smooth and healthy, and the uterine body normal in size and symmetrical. Then, too often has it been concluded that there is no cause for alarm, and the fatal malady, which could only have been revealed by the dilator and curette, is allowed for a time to go on with its stealthy pace till other more prominent symptoms arise.

And now I come to another class of mistakes, very common, much less serious in their results it may be, but certainly of great importance from the point of view of their effects on the patient's prospects and the practitioner's reputation. I allude to an underestimate on the one hand, and overestimate more frequent perhaps, on the other hand of the influence of disease and derangement of woman's sexual system on her symptoms and health generally. While it is true that there is scarcely an organ or function of the body which may not be disturbed reflexly or sympathetically by diseases or disturbances of function, and in many instances even by the physiological performance of function of woman's sexual system, yet it is most necessary that in every individual case the symptoms should be studied in the light of heredity, early training, and any other influences which may have determined the type of nervous system. And for the rest, in studying a gynecological case, the same methods should be pursued as those by which every case of disease is or should be studied, every organ and function carefully interrogated. In this way only may be avoided such grievous mistakes as removing healthy ovaries for painful menstruation, when that disorder is merely a local expression of a morbidly sensitive nervous system, inherited, or, as may be in many cases, acquired.

I feel that I must not conclude my discussion of this subject without an allusion to a class of mistakes which concern and influence the sexual hygiene of woman. Such are the mistakes of omission of the family doctor who fails to urge the mothers or guardians of young girls to inform those under their charge of the important matters pertaining to sexual hygiene. No girl can know by intuition the significance and importance to her health of a normal performance of the function of menstruation. How many instances have we not known of fright from the appearance of the discharge, of the use of cold water to remove it as an unclean thing, of its disregard or of its deliberate arrest so that the pursuit of pleasure might not be interfered with. Such is undoubtedly often the result of ignorance, though many times also from wilful disregard of warnings of the consequences. In my experience there are few mothers or guardians of young girls who instruct in the necessary way those under their charge in this most important matter. This often appears to be a mere question of neglect but I am certain it is also very often from a shame-faced aversion on the part of mothers to discuss such matters with their daughters, and so a most important source of influence and a bond of confidence between mother and daughter are never acquired. If the young girl has to learn of this matter from friends and companions of her own age, or from mature women other than her mother, she may also learn from them other things she had better not have known.

There would doubtless have been little difficulty in further pursuing this line of thought. Suffice it to say that I have indicated mistakes the most common in my experience, and the most serious in their results, and if it be thought by some who have heard me that something is due in self-defence for the selection of such a subject as that I have chosen for this address, let it only be that it is in some measure a confession. I have included in the list mistakes of my own, humiliating enough they have been, as well as those of others.

DR. A. D. STEWART, late of the house staff of the Toronto General Hospital, has been appointed surgeon of the C. P. R.'s palace steamer *Empress of Japan*, plying between Yokohama and Vancouver, and has left for Vancouver to take over the duties of his new position.

DR. R. F. CARMICHAEL, a house surgeon at the Kingston General Hospital, a son of Rev. James Carmichael, of King, Ont., was drowned in Kingston harbor opposite Macdonald Park a short time ago. In company with Miss Pearl Oldrieve, Dr. Carmichael was out in a canoe, listening to a concert by the 14th regimental band. In some unknown manner the canoe upset and the occupants were thrown into the water. Miss Oldrieve was saved, but Dr. Carmichael sank to rise no more.

Military Certificates.—By the militia orders of July 27th certificates of military qualification have been issued as follows: Second Lieut. H. Dysart, 73rd Regiment, equitation grade "A," 61.64; Surgeon-Major W. A. Willoughby, 40th; Surgeon-Major C. L. Curtis, 47th; Surgeon-Major H. A. Inmar, 46th; Surgeon-Major E. N. Chevalier, R.C.R.I.; Major F. W. Kittermaster, 27th; Major A. Y. Scott, A.M.S.; Captain H. A. Kingsmill, 7th; Captain F. Reid, 27th; Captain W. S. Smith, 25th; Captain B. Robson, 26th; Captain J. B. Welch, 26th; Captain W. Guy, 28th; Captain H. R. Pousett, 26th; Captain A. H. Monteith, 28th; Captain D. W. Jamieson, 28th; Captain G. H. Gauthier, 21st; Captain H. B. Combe, 33rd; Captain A. N. Hayes, A.M.S.; Quarter-master and Captain E. S. Wigle, 21st; Lieutenant J. A. Roberts, A.M.S.; Lieutenant D. W. MacPherson, A.M.S.; Lieutenant J. M. Cotton, A.M.S.; Lieutenant S. H. McCoy, 19th; Lieutenant F. Fenton, A.M.S.; Lieutenant J. F. Clarke, A.M.S.; Lieutenant W. Thompson, A.M.S.; Lieutenant G. S. Cameron, A.M.S.; Lieutenant D. S. Storey, 2nd; Lieutenant W. H. Gundry, 33rd; Lieutenant D. J. Cheyne, 21st; Surgeon-Lieutenant A. A. McCrimmon, 25th; Surgeon-Lieutenant J. P. Rankin, 28th; Surgeon-Lieutenant O. L. Berdan, 26th. Course of instruction for medical officers, M.D., 8, 9 and 12—Second Lieutenant D. E. Mundell, A.M.S., will relieve Major R. H. Abbott, A.M.S., from the medical charge of "A" Field Battery, R.C.A. Warrant rank has been granted Sergeant-Major W. H. Taylor of the 12th.

Proceedings of Societies.

CANADIAN MEDICAL ASSOCIATION.

THE "Century" meeting, which was the thirty-third annual meeting of the Canadian Medical Association, took place in the Academic Hall of the Ottawa University, Ottawa, on the 12th, 13th and 14th of September, 1900, Dr. R. W. Powell, the President, in the chair, and Dr. F. N. G. Starr, of Toronto, Secretary.

The following is the report of the 1899 meeting of the Association, read by the General Secretary:

Mr. President, and Members of the Canadian Medical Association:

In making a report of the 1899 meeting of the Canadian Medical Association I hardly know where to begin, the meeting was such a large one.

There were in attendance 242 members, representing the profession from all parts of the Dominion, as well as some 57 guests and visitors. This, I am happy to say, is the largest attendance at any meeting the Association has ever held, quite dispelling the idea that Toronto is not a good place to hold meetings.

In addition to the addresses and clinics there were fifty-three papers on the programme. Some of these were not read, however, as members when called upon declared themselves to be unprepared. This is one of the unfortunate features of medical associations, and I would there were some means of stopping so pernicious a practice upon the part of a few who like to see their names on the programme, but who do not care to do the work commensurate with the preparation of a paper.

The meetings were presided over by Mr. I. H. Cameron, of Toronto, and no man could have done his work better. Many difficult and trying decisions were suddenly forced upon him, but he, with quick precision and keen insight, gave clear and accurate rulings. For the amount of work that he undertook towards making the meeting the success it was, I desire to give him my personal thanks publicly. I am proud to know that his work and standing as a surgeon is recognized abroad, as well as at home, for at the recent Century gathering of the Royal College of Surgeons of England, he was one of three Canadians to have the Honorary F. R. C. S. conferred upon him. Sir Wm. Hingston and Dr. Roddick were the other two.

A striking feature of the meeting was the excellent pathological exhibit in charge of a committee of which Dr. Primrose was chairman. There were members constantly in the room studying the various interesting specimens, and I trust that ere long this will become one of the annual features of the Association.

Decided progress was made towards the accomplishment of that thing to be desired—Dominion Registration; and I trust that the sowing of the committee of the last few years under its able and hard-working chairman, Dr. Roddick, will succeed in bringing forth rich fruit ere another Parliament concludes its labors.

A committee on the Care of Inebriates, under the chairmanship of Dr. Thorburn, of Toronto, reported, and its report was forwarded to the Government.

Several resolutions regarding the stamping out of tuberculosis in Canadian cattle were passed by the Association, and I had the honor to forward these to the Dominion Government and to each of the Provincial Governments, and in the course of the correspondence that followed I am pleased to be able to state that the various Governments are fully alive to the necessity of the case, and only require instruction as to the best method to adopt.

The report of the Committee on Libraries, of which Prof. Adami was chairman, was received by the various Provincial Governments with equal courtesy, and it looks as if good will come of the work of that committee last year.

The Committee on the B. P. reported, and was then continued to consider and report upon addenda, appropriate for the Canadian section of the new British Pharmacopeia.

Never before has there been as large a number of exhibitors as there were at last year's meeting, and they one and all expressed themselves as highly satisfied with the treatment accorded them.

The entertainment consisted of an evening of music, a moonlight excursion on the lake with refreshments, an afternoon at the exposition through the courtesy of the Directors, and some afternoon teas. While one of the benefits of these gatherings is the development of the social side, yet we must constantly guard against excesses at the expense of the more scientific parts of the programme.

All of which is respectfully submitted.

F. N. G. STARR,
General Secretary.

Dr. Dewar, of Ottawa, presented the report of the Committee of Arrangements.

PAPERS.

The Present Status of the Eliminative and Antiseptic Treatment of Typhoid Fever.—Dr. W. B. Thistle, of Toronto University, read this paper. Some seven years ago he introduced this plan of treatment of typhoid fever to the profession. He claimed that this form of treatment for typhoid fever had time and again been

misrepresented by Professor Osler and others, as he had never held to the opinion that the eliminative and antiseptic plan could rid such organs as the liver and spleen of the bacilli lodged in them. When once the typhoid bacillus gains access to the intestinal tract, the multiplication of them occurs with extreme rapidity and the intestinal contents teem with countless numbers of them. These are not confined to the intestines, but are to be found in the walls and in fact in almost every organ of the body. He was of the opinion that the draining of the intestinal walls following upon the action of a purgative either as calomel or mag. sulphate would tend to get rid of some of these bacilli in the intestinal walls, but he did not claim that it would effect their exit from the liver, etc. He thought the treatment had been imperfectly applied in many instances without a clear conception of the underlying principles. Under this plan of treatment Dr. Thistle has never had a single case of hemorrhage, what hemorrhage occurred having been always very slight. He has also had very few perforations, and 20 per cent. of the death rate is from perforation and hemorrhage. *In Toronto this plan of treatment is universally* adopted. Statistics at the Toronto General Hospital show that from 1893 up to the present time, there have been 833 cases in that institution with 56 deaths—a mortality of 6⅛ per cent.

In discussing this paper Dr. McPhedran said that he had been watching Dr. Thistle's work in this direction from the time of the appearance of his first paper on the subject, but could not agree with all his conclusions. He did not think that this plan of treatment lessened diarrhea, tympanites, fever, or delirium. He considered that Dr. Thistle was harboring the idea that purgatives in typhoid were a new discovery with him; this was not so. Twenty-five years ago, he (Dr. McPhedran) gave these for the first ten days at least. In addition to this he used to give carbolic acid and iodine, and in a certain class of cases he thought he had the exact treatment. Another class would then come along on which that treatment had no effect whatever. He considered that the general toxemia that existed could not be eliminated through the bowel. It had to be done through the kidneys and skin.

Dr. Thistle in reply emphasized the fact that he was *not* trying to eliminate bacilli from the glands in clearing out the bowels. He is trying to eliminate *toxins* from the body and not bacilli.

Sarcoma of the Right Nasal Fossa with Acute Sinusitis and Orbital Cellulitis.—Dr. Perry G. Goldsmith, Belleville, Ont., presented this paper and patient. The patient was a man of thirty-eight years, a farmer with an unimportant family and personal history. He consulted the doctor on August 4th last with severe frontal headache and double vision. Examination of nasal fossa revealed growths which along with some of the bone in the right fossa were removed. After this swelling and pain in the eye began, so that it was seen to project far forwards, downwards and outwards. The right nasal fossa was curetted, the tissues being

sent to Professor Anderson of the Trinity Pathological Laboratory at Toronto, who pronounced them of sarcomatous origin, small round-cell variety with the walls of the blood vessels thin and poorly developed. The discharge from the nostril was of an odor similar to that emanating from cancer of the uterus. Up to ten years ago Bosworth had collected forty of these cases.

Dr. R. A. Reeve stated that a number of years ago he had presented a paper before this Association on the same subject. He directed attention to the importance of examining the naso-pharynx in diseases of the orbit. He instanced a similar case to Dr. Goldsmith's. In his case there was little pain, but an examination of the nose revealed the tumor.

*President's Address.**—On the afternoon of the second day with a packed hall for an audience, Dr. Powell delivered the annual presidential address. He first recited a few reminiscences when on former occasions the Canadian Medical Association had convened in the Capital City, that was in 1871, 1881, 1889 and 1893. He made reference to the South African war in order to show the unsatisfactory condition of affairs which permitted other colonial surgeons from Australia and New Zealand practising their profession in that land without hindrance, whilst Canadians were debarred from the same privileges. An earnest and united effort on the part of the profession throughout the whole Dominion of Canada in an endeavor to bring about interprovincial registration would facilitate matters in the direction of securing these privileges for the Canadian profession in other parts of the British Empire. The hackneyed subject of tuberculosis was lightly touched upon, whilst a very important matter relating to the profession, that of a Medical Defence Association, was dealt with at considerable length. Dr. Powell favored the formation of such Association, and later on in the proceedings nominated a committee to look into the question to report on the advisability and practicability of forming a Dominion Association of this character.

Some of my Experiences in the South African War.—Dr. George S. Ryerson addressed the Association on this subject. He dealt first with the experience gained of modern bullets. The very latest returns show that 986 officers and 11,701 non-commissioned officers and men had been wounded, of whom only 733 have died of wounds received in battle, which is to be ascribed to the aseptic character of the bullet and the prompt attention and antiseptic treatment. Dr. Ryerson then dealt with the wounds caused by these bullets. Referring to poisoned bullets being used, this was not the truth, as the tarnish or verdigris probably accumulated in transit through the barrel. He also doubted the fact of explosive bullets being used. The Boers made use of thousands of Martini-Henry, a heavy bullet which caused great destruction of soft parts necessitating amputation. There were few amputations in this war. He quoted Kendal Franks who had performed twenty amputations in 2,000 cases. Whilst abdominal section in wounds

* Reported in full in this issue.

of the abdomen was mainly inadvisable, he saw one case where the results were excellent. He spoke highly of the magnificent work of the R. A. M. C.

Dr. T. G. Roddick, M.P., told of the great sacrifices of Dr. Ryerson in proceeding to South Africa at his own expense to carry out the work of the Red Cross Association. While in England recently, he stated he had made it his special business to inquire of returning Canadian soldiers as to the hospital management in South Africa, and although he had spoken to many of these, he had failed completely to find a single Canadian who had anything but praise for the hospital arrangements in that country.

Our Race and Consumption.—This was the title of a very able paper contributed by Sir James Grant, Ottawa, who considered it an important fact and one worthy of consideration that races had been born on this continent, had lived and entirely disappeared, leaving mounds in the west and other traces in Florida and elsewhere of their undoubted existence, and that thus far there was no information as to the exact cause of the disappearance of these races. He thought it remained for the Anglo-Saxons to see whether they will prove more successful than their predecessors in establishing themselves on this continent. He referred to the loss of 3,000 lives in the fair province of Ontario in 1898 by consumption alone and deplored the fact that the people were not as yet alive to their danger. Sir James endorsed the legislation passed at the last session of the Provincial Parliament designed for the purpose of assisting municipalities in the erection and maintenance of sanitaria for consumptives.

Recognition and Management of Tabes Dorsalis.—Dr. Allan McLane Hamilton, New York, prepared this paper, but on account of illness was unable to be present to read it. The President undertook this task. It appeared that as an etiological factor, syphilis was not referred to by the early writers on this disease. While some would attempt to divide the symptoms of the disease into the leg and eye types, the writer would consider that to be unwarranted. He considered there was a close resemblance or rather relationship between the different forms of cerebro-spinal sclerosis. There was no disease of the nervous system which had drawn forth so many plans of treatment; and but little or no good had resulted from any one thing. Most tabetics are favorable subjects for expectant treatment, and many derive temporary benefit from some new drug. Looking back over a number of years, he finds that most good has been accomplished where little or no medicine had been given. He has found rest by suspension and persistent cauterization of the back good treatment. In the opinion of the writer syphilis cannot be traced in more than fifty per cent. of the cases. For the arthropathies there is little to be done. Perforating ulcer is a rare feature of locomotor ataxia and most obstinately resists treatment. He has seen three cases of this unusual condition in ataxics; and the ulcer rarely exceeds two or three centi-

meters in diameter. One authority mentions five cases cured by means of nerve stretching. Throughout the course of the paper numerous cases were cited with their symptoms and treatment.

The Physician's "Vaster Empire."—In this paper Dr. John Hunter, of Toronto, its contributor, dealt with the questions of sanitary science, education, social purity and medical missions. Referring to sanitary science, he entered a plea for the broader and freer application of the principles of this branch of medicine in the building and construction of our homes, schools, churches, theatres, etc. No dwelling-house should be constructed except under the supervision of an architect and a physician versed in sanitary science. In the matter of sanitary science architects had improved wonderfully during the past ten years. Another important question was that of our educational system, the mental and physical health and development of our school children. The best way to secure physical vigor and high mentality was surely within the province of the physician to grapple with and study. In all forms of social purity and impurity, physicians should speak *ex cathedra* against every form of vice and immorality. The boys and the girls of the family should be enlightened as to their sexual proclivities at proper periods by their fathers and mothers respectively. In medical missions he referred to the vast field for medical missionary work in foreign countries.

*Address in Surgery.—Tuberculous Lesions from a clinical point of view.**—The President introduced Mr. Edmund Owen in a few well-chosen words. This address was delivered at the evening session of the first day, and the distinguished visitor was greeted by a crowded house. In commencing his masterly address he stated that he would deal with the tuberculous lesions as the surgeon meets them day by day in the hospital wards, in private practice or in the operating theatre. Referring to the pathologists, he considered his (the pathologist's) thought to be only of the dead tissue while the surgeon sees the human tree during its life and rarely follows it after death. The student does clinical and pathological work at different times, and he is enabled to follow the case straight from the ward to the laboratory. He considered that study of the fresh specimen was the best, for the specimen taken from formalin was no more like the condition than canned salmon was like fresh-run fish. He would not hinder experimental research; it was absolutely necessary. The life of a man was of more value than a sparrow or many guinea-pigs. It would be almost impossible to over-estimate the direct value of experimental laboratory work. Strumous and scrofulous are now terms devoid of meaning, and we now call tubercle by its proper name. There are three great factors in connection with tuberculosis which the public must be made acquainted with. 1. The disease is communicable, but the public must be allowed a little time before they accept this statement and fact. 2. The disease is preventable. This follows almost as a corollary to the first statement.

* Reported in full in this issue.

3. The disease is curable. Years ago the subject of tuberculosis was regarded as well-nigh hopeless; but now we do not consider it of the untractable nature that it was formerly considered. Tuberculous lesions are exactly what they used to be, and Mr. Owen has worked at the largest children's hospital in London for over a quarter of a century. We now take a much more hopeful view of these lesions. Many of you have studied tuberculous lesions under these skies and also in the Mother Country, Do you find that the tuberculous lesions are the same in both hemispheres? One rarely hears now of the *Vis medicatrix Naturae*; surgery has rendered it superfluous. All have noticed cases of old-standing hip-joint disease where the boy in time grew out of his trouble. This may be a popular superstition, but like most erratic beliefs it is founded upon a stratum of truth. In children these chronic diseases are always tuberculous. Where chronic abscesses occur it will not do to open and drain but they must be scraped out, their unhealthy lining destroyed. In the treatment of these diseases the learned surgeon stated that he had failed to find any virtue whatever in the employment of iodoform. It is an irritant and a poison, and it is apt to be septic as germs can grow on it. Mr. Owen condemned the use of complicated apparatus and also the forcible correction in cases of spinal deformities. He considers that this deformity does not lend itself to operative treatment. There may perhaps be a small class of cases where it may eventually be found applicable, as where bone or organized inflammatory deposits press upon the cord so that the patient has less movement in the lower extremities. The plaster-of-Paris jacket must be held responsible for much of the deformity of Pott's disease. The proper treatment of these cases is rest in the horizontal position with plenty of fresh air and sunlight. At the conclusion of his extremely able and instructing address the thanks of the Association were moved in a complimentary speech by Professor Shepherd, of Montreal, and seconded by Professor Cameron, of Toronto, put by the President, unanimously carried amid great enthusiasm and appropriately presented to Mr. Owen by Dr. Powell. Mr. Owen made a happy reply.

Excision of the Knee-Joint in Tuberculous Disease.—Professor Primrose, of Toronto University, minutely described Kocher's method of dealing with tuberculous disease of the knee-joint, recited the histories of a few cases in which he had obtained excellent results where this operation had been employed. The steps of the operation were made clear by a blackboard drawing, and at the conclusion of his demonstration Dr. Primrose was highly complimented by Mr. Owen for his lucid expression of his subject.

*Recent Pathologic Studies of the Blood.**—The last paper of the evening of the first day was a most interesting and instructing one by Dr. L. H. Warner, of Brooklyn. At the commencement of his paper he asserted that he believed there was a necessity for the experiments for the progress of pathology. His experimental re-

*This paper will be printed in full in our next issue.

searches were directed along three lines of inquiry, viz., experiments, observation, and individual observation at clinics in hospitals. He considered that the examination of the blood in most cases was of more importance than an examination of the urine. Dr. Warner gave the formula of a new staining solution which he had found very practicable: The blood specimen should be prepared in the regular way. The slides are heated in a hot oven to 98 degrees. Immerse for one minute in one per cent. aqueous solution of methylene blue, washing in water, then in one per cent. alcoholic solution of eosin washing again with water, and then in a one per cent. solution of Bismarck brown. Dr. Warner's paper was illustrated by suitable diagrams.

Some Experiences in the Treatment of Hernias.—At the morning session of the second day Dr. F. J. Shepherd, Montreal, contributed the first paper. Some twenty years ago surgeons began to perform these operations by the open method. Older methods in vogue were touched upon and described, and he instanced one very large hernia which had come under his observation then where the man could not put his trousers on. The methods of operation are almost as numerous as surgeons, but there are certain general principles underlying all operations. 1. The necessity for excision or obliteration of the sac. 2. Closure of the canal. 3. Union by first intention. Some also hold that alteration in the direction of the canal is necessary. The operation performed by Dr. Shepherd is Bassini's, but with it he is not always successful. He has used all kinds of sutures. Absorbable sutures are the best, and if antiseptic they are to be preferred. A suture that will last for three weeks is all that is wanted. He has used chromicized catgut now for some time. Professor Shepherd never washes out the wound and thinks it better to dissect out the sac with the knife than to tear with the fingers. He never uses a drain. For two years past now he has used rubber gloves in all his surgical work, abdominal in character, and he considers that he has got better results since beginning their use. In hernia operations the mortality is practically nil. Operations on children are now our most successful cases; formerly they were not advised except in strangulated cases.

Dr. Lapthorn Smith discussed this paper and the cases described, although his experience lay mostly in ventral and umbilical work. In some of these he had seen them so large as to require twenty stitches. During the past two years he has abandoned silk and resorted to catgut, chromicized, which he always prepares himself.

Replying to the criticisms, Dr. Shepherd stated if there was any oozing in the wound he would pass a probe between the edges of the wound to let out the accumulated serum. This way he finds to be quite efficacious, as then you minimize the chance of the introduction of any germs from without.

A Case of Syphilitic Gummata of the Spinal Cord successfully treated by enormous doses of Iodide of Potash.—Dr. F. W. Camp-

bell, of Montreal, reported the history of this very interesting case. It occurred in a man of highly neurotic temperament, who, a short time before the onset of symptoms of a definite character, had suffered from repeated attacks of insomnia of a very aggravated character. When his sickness began, there were noticed retention of urine and loss of power in the lower limbs. Patellar reflex was about normal. The loss of power in the lower limbs was absolute. The pulse varied from 80 to 96; the temperature was never above 99. The stomach remained in fairly good condition all the time. A consultant from New York was brought on and a diagnosis established of tumor of the spinal cord situated about the first lumbar vertebra, which might be sarcomatous or syphilitic. The advice of the consultant was to give 500 grains of iodide of potash per day, commencing with a drachm three times a day. Dr. Campbell detailed minutely the daily history of the patient whilst getting him under the large dose, and then again, whilst it was gradually being withdrawn. The patient is alive to-day and in good health, having recovered complete control of his lower extremities.

Resignation of the General Secretary.—The General Secretary at one of the earliest sessions tendered his resignation to the Association in the following words:

Mr. President and Gentlemen.

If I may be permitted I should like to take this early opportunity of stating to the Canadian Medical Association that I have filled the post of General Secretary for so many years, that I think the time has come for me to ask to be relieved from the duties of that office and thus give some other man a chance to get into trouble.

In doing so, I would crave your indulgence for but a few minutes while I give an account of my tenure of office.

In 1893 I had the honor of being elected General Secretary. In making a study of the average attendance for the preceding twenty-seven years of the Association's existence, I found it had been 76.3. From 1894 to 1899 inclusive, I am happy to inform you that the average annual attendance has been 134.3. If we leave out the business meeting of 1897 held during the British Medical Association meeting at Montreal, the average would be 143.2 or more than double the average of the preceding twenty-seven years.

The total membership in the twenty-seven years amounted to 936, or an average of 34.6 new members per year. From 1894 to 1899 inclusive, there have been added 363 new members, or an average of 60.5 a year.

During the past six or seven years the profession in Toronto has been aroused to the advantages of belonging to this Association to such an extent that there are now nearly twice as many members in Toronto as there were in 1893. An example of the greater interest taken in the Association by my fellow-practitioners in the

city of my adoption is that in 1890, when the Association met there, but fifty Toronto men attended the meeting, while in 1899 there were 144 Toronto men registered.

It is pleasing to me, Mr. President and gentlemen, to know that such prosperity has occurred during my tenure of office, and I feel that I owe it to the Association as well as to myself to make this statement—a statement borne out of facts—in repudiation of statements made by a small handful, or a handful of small Toronto men during the progress of the meeting of last year. In looking over the records I was puzzled to know where they got their information, for I found that the leader of the "handful" and one other had not attended a meeting since 1890, another since 1893, another had become a member in 1896 and had missed the meetings of 1897 and 1898, another had attended at intervals of three years, while yet another in whose medical journal a personal attack upon the Secretary subsequently appeared had missed so many meetings that he had evidently forgotten ever having been a member, and made application for membership again last year.

Dominion Registration too has made rapid strides during the past six or seven years, having advanced from a state of chaos to an almost accomplished fact. While I can claim little or no credit for this—the credit belonging to Dr. Roddick and his committee—yet it is gratifying to me to have been able to watch the progress from behind the scenes, and to have thrown in my little help when it was required.

To the Presidents, to the other officers, and to the members of the Association in general, I desire to express my gratitude for their cordial support, their willing assistance, and for their kindly sympathy since I have filled the post of General Secretary.

(Signed) F. N. G. STARR,
General Secretary.

[It will be noticed, however, that in spite of Dr. Starr almost insisting that his resignation be accepted, his friends were away up in the majority and as strongly insisted that he go on for another year anyway, and give the Association the benefit of his invaluable knowledge in matters of this kind.—ED.]

*Address in Gynecology.**—A very practical address was that delivered by Dr. William Gardner, of Montreal, on the mistakes in diagnosing gynecological and obstetric cases. He states we often learn more from our mistakes than we do from our successes. Correct and accurate diagnosis depends mainly upon the sense of touch, which can only be attained by long and patient practice. He referred to the advantages of examining on a plain table instead of on a couch or bed. The patient's rectum should always have been emptied before presenting for examination. As for the bladder, it is best to empty that viscus yourself per catheter when the patient is on the table, as in this way you will be able to notice

* Reported in full in this issue.

any discharges, etc. That the physician will have to do this often is quite clear from the fact that there are many women of nervous temperament who would not be able to empty the bladder voluntarily in the physician's office. Another advantage of doing this for yourself is, that you get an uncontaminated specimen for examination. In cases where tension is present in the muscles of the abdomen, if you make a series of circular movements over the lower abdomen, gradually narrowing your circle, you will be able to overcome whatever rigidity there may be present. Dr. Gardner urged caution in the use of the uterine sound. He rather considers it a dangerous instrument, that its use ought to be extremely limited, and holds the opinion that many women have lost their lives through this instrument. Then there is the danger and risk of infecting and injuring the uterine canal. This instrument (the uterine sound) is a great deal too much employed by the general practitioner. Mistakes in diagnosing displacements of the uterine body, he considers the most common. The uterus is a very movable organ and a distended rectum or bladder may cause it to be diagnosed as a retroversion. Then it is important to remember that it may be displaced through acts of coughing, vomiting, etc. In all examinations of the pelvic organs, Dr. Gardner has made it a point to examine the position of the kidneys as well. Referring to examination by the Sim's method, it is necessary to have the patient in the proper position, and if you have not a Sim's speculum, a bent table fork, or the finger of the opposite hand, may be used to distend the perineum. Mistakes are often made in the diagnosis of pregnancy, but still the patients are few in whom the diagnosis cannot be made by careful examination of history, signs, etc. Many women are probably inaccurate as to date. Dr. Gardner illustrated his points as he proceeded by reciting cases. One in particular he instanced, where he once found a woman in his office on her hands and knees in the throes of a twin pregnancy, which a fellow-practitioner had failed to recognize and had tapped the gravid uterus and had drawn a quantity of the liquor amnii. Dr. Gardner referred to the mistakes made by himself as well as by his brother practitioner. The close of the paper referred to an interesting account of mistakes which had occurred in diagnosing extra-uterine pregnancy. The Association voted him unanimously a hearty vote of thanks for his exceedingly practical paper.

An Unnoticed Factor in the Production of Abdominal and Pelvic Disturbances in Women.—Dr. Clarence Webster, of Chicago, contributed an interesting paper with the above title. Symptomatology in women, he said, was often overlooked by the general practitioner. The question of the normal relationship of the abdominal and pelvic contents was dwelt upon, and then he proceeded to account for inter-abdominal pressure, holding to the view that the pelvic organs as well as the abdominal were to a large extent held in their respective positions by reason of the pressure of the abdominal and pelvic walls. He stated the average specific

gravity of the viscera to be a little more than that of water; the liver was 1.5 sp. gr. He maintained that there was no proof that the mesenteries acted as constant supports or were ever meant to be such; and the main factor in sustaining the viscera is the strength of the abdominal wall and pelvic floor. Local weakness of the abdominal wall has been fairly well described under hernia, while general weakness of the abdominal wall has been described as pendulous belly. General weakness in his experience is an exceedingly rare condition. As to the question of etiology, the condition is found in women who have borne children; and so, on examination of the great majority of women, there is found some degree of separation of the recti muscles in the region of the navel. All evidence later on may disappear, but permanent widening remains. The result of all this is unavoidable enteroptosis, and this is generally found in women who have been addicted to the pernicious habit of tight lacing. A very common displacement seen is that of the right kidney. Dr. Webster dwelt upon the diagnostic symptoms of these conditions and then proceeded to describe the operation he performs for their relief. This consists in bringing the edges of the two recti muscles into apposition. He first performed this operation in November, 1898. Since that time he has operated upon forty-one cases, and the results have been most satisfactory in all.

Mr. I. H. Camerom took exception to Dr. Webster using the word "unnoticed" in the title of his paper, as he thought this was not an unknown factor in the production of the conditions mentioned in the paper.

Dr. W. S. Muir, Truro, N.S., asked what effect leaving off the use of the binder after confinements had to do with the production of these conditions.

Dr. Webster held to the opinion that this had not been noticed except by himself and challenged Mr. Cameron to quote authority otherwise. The absence of the binder in his opinion had not made any special difference.

Address in Medicine.—Professor S. F. Shattuck, of Harvard University, said in opening his address that the advance in knowledge had brought about our relation to things in general. There is noticed a subdivision of labor in every branch of industry. As a consequence, specialization has taken place in the science and art of medicine. In specialization lies the cleavage between medicine and surgery; and nowhere has the line been more closely drawn than in England. Anesthesia greatly enlarged the bounds of surgery. Twenty-five years ago there was not a pure surgeon in America. Bellyache is now a surgical disease. The heart is practically the only viscus which remains the exclusive property of the physician; and he was not so sure that even this organ would soon be attacked and we might hear of suturing of the mitral valves. In this country the general practitioner is clinging to obstetrics for family practice. In some of the larger centres there is now even a tend-

ency to specialism in obstetrics, where the specialist will preside at the accouchement, and the family practitioner then step in to oversee the attendance throughout the puerperium. Pure gynecology scarcely exists to-day; and pelvic tinkering is suffering from a rapid decline. The great bulk of major gynecology is nothing more than abdominal surgery, which properly belongs to the general surgeon. Gynecologists should study general surgery and become general surgeons first. The field of medicine is so large that no one man can grasp it all in a lifetime. Other specialties were referred to. The desire on the part of some to escape the hurly-burly of general practice may be a cause of throwing them into special lines; and then there is the fact that special knowledge draws larger fees. Ophthalmologists get more for removing a speck of dust from the eye than the general practitioner. When we have specialists for diseases of the young, why not also have a specialty for the diseases of the old. In the belief of the distinguished professor from Harvard, specialism had come to stay. The gathering was exceedingly delighted with the deliverance of Dr. Shattuck, and at the close voted him a cordial vote of thanks to which he made an appropriate reply.

Gastric Hemorrhage.—This paper was read by Dr. George E. Armstrong, of Montreal, who believed there was a fairly well determined field in which surgical interference may be of use in hemorrhage of the stomach. Hemorrhage occurs in fifty per cent. of gastric ulcers and is fatal in eight per cent. Cases are arranged in two groups, the acute and the chronic. Rodman has reported thirty-one operations for frequently occurring or chronic hemorrhage, with six deaths. Dr. Armstrong has operated five times for gastric hemorrhage, one being a chronic case. In one of these the patient was getting along nicely after the operation when she expired suddenly; and on a *post-mortem* examination being made, thrombi were found in the branches of the pulmonary artery.

Some Cases in Stomach Surgery—Gastrostomies, two cases; Gastro-enterostomies, two cases; Pylorectomy.—Dr. A. E. Garrow, Montreal, reported these cases. In one case the patient was fed before he left the operating table. Another, a woman of fifty years, who had a persistent hacking cough, had gastrostomy performed and discharged able to feed herself through a tube. In another case, in a man aged 33, who had vomiting and blood in the stools, the patient suddenly felt acute pain, with a pale face. Duodenal perforation was present and when the abdomen was opened gas escaped from the incision. When discharged on July 24th last he was feeling well. Six cases were reported.

The Modern Treatment of Retroversion and Prolapse of the Uterus.—Dr. A. Lapthorn Smith presented an able paper with the above title. It referred to the proper and most successful management of procidentia uteri in elderly women between seventy and seventy-five years of age—a most pitiable condition. Except for this trouble she may be otherwise in excellent health. The peri-

neum, however, is so relaxed that no pessary will remain in place. Then the majority of these cases have an ulcerated cervix. After confinement the uterus remained large and the pernicious habit of keeping women too long on their backs has a tendency to produce the backward displacement. Dr. Smith feels certain that women who have been relieved of this distressing condition will have little difficulty in persuading others to avail themselves of the treatment. He removed a woman's uterus a few months ago which had been out of her body for twenty years, and the patient now assures him that she feels like a young woman. In correcting this deformity Dr. Smith makes a small incision in the abdomen and performs ventrofixation. After that the vaginal canal is narrowed by a large anterior and posterior colporraphy. In selected cases he also amputates the lower half of the organ and then stitches the vagina to the upper half. He considers ventrofixation if properly performed a most reliable means of fastening up the uterus. The operation has given him the most complete satisfaction of any operation he has ever performed, especially when combined with amputation of the cervix and posterior colporraphy.

*Gasoline as a Surgical Detergent.**—A paper that was highly original was contributed by Dr. Bruce L. Riordan, Toronto, on the use of gasoline as a detergent. With this, dirty greasy hands of machinists who are the subjects of injuries in these parts, can be effectually and rapidly cleaned without the ordinary brush and soap and water. It is far better for this purpose than any method heretofore devised for cleansing. He now constantly carried a small bottle of this in his surgical bag. A report from Dr. William Goldie, Toronto, showed its effects upon germs and germ life, a report which would conduce to its employment as indicated. One word of caution was thrown out by Dr. Riordan in its use. As it is a highly inflammable substance it should not be used in any quantity near an exposed light, and then it is painful in the eyes and ears. It is also useful in cleansing sutures of accumulated serum, blood and dressing powder, thus freeing these particles and enabling one to locate the stitches easier and quicker.

Dr. J. C. Mitchell, Enniskillen, Ont., stated that he had tried gasoline recently as a detergent in two very severe threshing-machine accidents, where the parts were all smeared over with oil and grease and dirt, and it was very satisfactory as he was able to get perfect cleanliness in a short time, both wounds healing by first intention.

Dilatation and Prolapse of the Stomach.—Professor Alexander McPhedran, of Toronto University, presented this paper, which dealt principally with prolapse. This condition rarely occurs alone but is associated with prolapse of other abdominal organs. There is generally present as well some degree of dilatation, and the abdomen may be prominent, or flat, or even retracted. The case of a man aged 51 was referred to, a manufacturer who had been ailing for two or three years. The stomach was below

* This paper will be printed in full in an early issue of this JOURNAL.

the umbilicus. He was directed to massage the abdomen very thoroughly and to practise abdominal gymnastics. Through this treatment, combined with dietetics and some strychnine, he has been restored to health and able to resume business. Another case, a woman of thirty-five years, was reported. This woman had been the subject of recurrent attacks of vomiting for two years. The symptoms were detailed, massage and abdominal gymnastics ordered with satisfactory results. The different ways of examining the stomach were described, and in concluding Dr. McPhedran spoke of the benefits of a change of scene in treating these cases.

*Physical Training: Its Range and Usefulness in Therapeutics.**—Dr. B. E. McKenzie, of Toronto, gave a very interesting account of the methods employed by him in correcting deformities in his orthopedic hospital in that city. The paper was illustrated by lithographs showing improvements in spinal deformities after physical training in the direction indicated. The paper embraced the results of his observations for thirteen years past, and was ample justification of the benefits derived from gymnastics in the correction of lateral curvature, club-foot, etc. He had also found physical training valuable in hysteria and chorea, especially the former.

Interprovincial Registration.—Dr. T. G. Roddick, M.P., read the report of the committee having this matter in hand. A new feature to be incorporated in the measure was that of allowing homeopaths representation on the proposed Dominion Council, as, according to the law of Ontario, these had their vested rights in that province, and so must be accorded similar interests in any proposed Dominion Council. These will be allowed three representatives, which will be equivalent to the representation from any one province of the Dominion. Their term of office will be four years. Homeopathy, however, as such, will not be inserted in the measure, but they will be classified under "Any other school of medicine having legal recognition in any of the provinces of Canada," as the British Medical Council would not recognize any such body. Dr. Roddick stated that the bill would be introduced at the next session, and advised the members of the committee from each province to bestir themselves before their respective provincial parliaments, as these bodies must sanction the measure before it can be finally acted upon by the Dominion Parliament.

Cerebral Abscess.—Dr James Stewart, Montreal, reported two interesting cases of abscess of the brain, situated in the temporo-sphenoidal lobe, and referred to the unusual existing aphasia which was present in both cases, viz., simple inability to name objects. The first case occurred in a young man of twenty-two years, who had otitis media following an attack of influenza. Some six weeks afterwards an abscess formed. The abscess was diagnosed as being confined to this area simply on account of the peculiar aphasia—the simple inability to give the name of a pen when that object was pre-

* This paper will be printed in full in our next issue.

sented to him. The patient was operated on by Professor Bell, who secured two ozs. of pus. Meningitis however set in and the patient died. The second case was a girl twenty-two years of age. She had had ear trouble for a great many years with very severe pain at times. She, too, had difficulty in naming objects, and she could not name any object whatever finally. She died suddenly a few hours before the operation was to be performed for her relief. On opening the skull at the subsequent *post-mortem* examination two abscesses were found, one skirting the upper margin of the lobe and the other situated about the centre thereof.

In reply to a question of the President, whether we were to take this kind of aphasia as a distinct diagnostic symptom of abscess in that region, Professor Stewart stated there is what they call a "naming centre,' and when this is destroyed that particular form of speech defect is present. The cases were aptly illustrated by a diagram.

Gangrene of the Leg Following Typhoid Fever.—Dr. H. H. Chown, Winnipeg, reported two cases of gangrene of the leg following typhoid fever, which had recently come under his observation. In the first case the patient had the classical symptoms of typhoid fever, the spots appearing at the end of the first week and being very numerous. Great pain set in in the calf of the leg,with collapse symptoms, while the limb was cold and bloodless. Cutaneous sensibility was lost over the leg. The third day after the complication set in the part involved included the lower third of the leg on the inner side and the lower half of the outer. Operation was done at junction of upper and middle third of femur. Patient stood the operation well. The temperature before the operation was 103.6, pulse 120. On the following day the temperature was normal and the pulse 110. On the tenth day the flaps were united. There was a rise of temperature a few days later—a relapse, with hypostatic congestion of the lungs. On the fifth day after there was hemorrhage of the bowels. The patient is now the picture of health, weighing 200 pounds. The second was a somewhat similar case in which the blood reacted early and promptly to the Widal test. The gangrene began in the first case on the eleventh day of the disease: in the second, on the ninth. Keen reports gangrene on the fourteenth day. The gangrene in the second case extended to the upper and middle third of the leg. The leg was amputated, and prompt union took place throughout.

Dr. R. B. Nevitt, Toronto, discussed these cases and mentioned a similar case coming under his observation during the past summer. Gangrene occurred in his case about the third week of the fever, and the patient was seen about a week or ten days thereafter. Amputation was performed through the middle third of the femur. He also referred to a case of gangrene of the arm following an attack of pneumonia, recently observed by him.

Notes on Atropine.—An interesting paper was that contributed by Dr. R. D. Rudolf, of Toronto University, which was illustrated

by means of a chart showing the action of the drug on animals and the inferences drawn therefrom of its therapeutic uses. He finds that the drug directly stimulates the heart, and thus the blood pressure is markedly raised. He considered that the maximum single dose, as laid down by Witherstine, of $\frac{1}{30}$th of a grain was too large unless used as an antidote, and thinks that we ought never to give more than $\frac{1}{100}$th of a grain of atropine sulphate at one time except in emergencies. He referred to its action in catarrhal pneumonias of children and its employment before anesthesia, to ward off danger.

The paper was discussed by Dr. A. D. Blackader, who congratulated Dr. Rudolf upon it, and he hoped he would pursue his studies further upon the same subject to find out the effect it would produce in controlling vomiting after anesthesia. He considered, however, that strychnine and not atropine was the most powerful heart tonic in our possession. He thought that late experiments would throw doubt upon atropine being a direct stimulant to the heart muscle; and he thought it would be questionable practice to administer a drug, when we wanted to stimulate the heart's action, that would paralyze nerve endings.

Lantern Slide Demonstration of Skin Diseases.—The demonstration of these cases was conducted by Dr. George H. Fox, of New York City, and it proved to be one which the members of the Association thoroughly appreciated. The great majority of the skin lesions shown were of syphilitic origin, and as they appeared on the canvas Dr. Fox described the histories of the cases. One in particular is remembered from the disfigurement of the woman's face. It was a large mass of excrescences on the nose, which Dr. Fox was able to get rid of in the course of two or three months, leaving only a slight superficial scar. He laid down a timely word of caution in treating syphilitic conditions, that when the patient was run down and emaciated, through large doses of mercury or iodide of potash, not to keep on pushing these drugs, but to desist for a time, and in the interval endeavor to build up the patient's strength and general condition. That accomplished, return to the specific treatment, and the results would be found to be more beneficial. At the conclusion of the doctor's demonstration, which will rank as one of the features of the meeting, Dr. Fox was voted a cordial vote of thanks for his instructing work.

Dr. F. J. Shepherd showed a very interesting case—a boy of sixteen years, who at the age of six sustained a severe cutting injury of the nerves and vessels of the axilla, all the nerves of the brachial plexus below the cords of the brachial plexus being severed completely. At that time—ten years ago—Dr. Shepherd dissected out each nerve separately and united their respective ends by suture. All did well with the exception of the musculo-spiral, as a consequence of which the lad exercises very little control over the extensors of the fore-arm.

The Successful Treatment of Two Important Cases of Disease of the Eyes by the Combined Methods of Mercury and Iodide of Potash

Internally and Pilocarpine Hypodermically.—Dr. G. H. Burnham, Toronto, reported two cases successfully treated by his combined method. Under this method no such result follows in other plans of treatment, and with this plan a permanent result is got. This treatment has a wide application. Whether iodide of potash or mercury or the iodide alone be given internally in suitable cases without satisfactory results, if the pilocarpine be added good results will always follow.

Mental Sanitation.—The Assistant Superintendent of the Brockville Asylum for the Insane, Dr. R. W. Bruce Smith, contributed a scientific paper with the above title. It was a plea for prophylaxis in insanity, and he thought that much would be accomplished in this direction during the twentieth century. Insanity was on the increase in Canada, and it can be ascribed to the fact that while these unfortunates are well attended when they become insane, the fact that there have been no preventive measures employed speaks for itself. In order to accomplish good in this direction, we must seek either to lessen the demands on or to strengthen the resisting power of the brain. He condemned inter-marriages in families and also amongst those of a deranged mentality. Fifty per cent. of the cases of insanity were hereditary, and the descendants of these should be careful in contracting marriage ties. He referred to a portion of one county in Ontario alone where indiscriminate marriage and inter-marriage had become most fruitful; and he has seen several members of one family from that locality inmates of the same institution at the same time. He considers that the day may yet dawn when we will give the same attention to the rearing of children as we now give to the breeding of horses. Speaking of farm life and the tendency it has to melancholy, he thought this class of the community should receive education in participating more in the enjoyments of life and not to continue to rot in domesticity. An upheaval in the sentiments and surroundings of the rural homes would work wonders in prophylactic principles.

The Canadian Medical Association endorsed the scheme for the formation of a Dominion Anti-Consumptive League. The following were recommended as provisional officers: President (Honorary), the Governor-General; President, Sir James Grant, Ottawa: vice-presidents were appointed for all the provinces; the secretaries are to be the secretaries of the different provincial Boards of Health; Secretary-Organizer, Rev. Dr. Eby, Toronto; Treasurer, J. M. Courtney, Esq., Deputy Finance Minister, Ottawa.

Re Medical Defence Association.—The Association recommended that Dr. V. H. Moore, Brockville, be the permanent chairman. One member for each province was appointed. This committee will gather information on the subject and bring in a recommendation at the next annual meeting.

The Treasurer's report showed that 153 members were in attendance and that there was a balance in the treasury of $240.65.

Election of Officers.—President, H. H. Chown, Winnipeg; Vice-President, Prince Edward Island, H. D. Johnson, Charlottetown; Vice-President, Nova Scotia, A. J. Maiter, Halifax; Vice-President, New Brunswick, T. D. Walker, St. John; Vice-President, Quebec, A. Lapthorn Smith, Montreal; Vice-President, Ontario, A. A. Macdonald, Toronto; Vice-President, Manitoba, J. A. Macdonald, Brandon; Vice-President, North-West Territories, J. D. Lafferty, Calgary; Vice-President, British Columbia, S. J. Trinstile, Vancouver; Treasurer, H. B. Small, Ottawa; and General Secretary, F. N. G. Starr, Toronto.

Sir William Hingston and Dr. F. W. Campbell, Montreal, were appointed on the Board of Governors of the Victorian Order of Nurses as representatives of the Canadian Medical Association.

The next meeting of the Canadian Medical Association will be held in Winnipeg.

THE HIGH STATUS OF SOME T.G.H. MEN.

DR. THOMAS CULLEN, formerly of Toronto, where he took his medical degree, was recently appointed associate professor of gynecology at Johns Hopkins University. Dr. Cullen recently declined a call to the chair of gynecology in Yale University. Dr. Cullen graduated in Toronto, 1890, and was one of the house surgeons at the Toronto General Hospital until May, 1891, after which he took a post-graduate course at Johns Hopkins University, Baltimore, in company with Dr. Lewellys Barker, a contemporary on the house staff in Toronto, who is now associate professor in pathology at that university, and who has just returned from Manila, where he has been investigating for the United States government.

House physicians and surgeons of the Toronto General Hospital who have held positions at Johns Hopkins University and Hospital are as follows:

Dr. Lewellys F. Barker, associate professor of pathology, pathologist to hospital.

Dr. Thomas Cullen, associate professor of gynecology.

Dr. Harold Parsons, first assistant resident physician and first assistant resident surgeon.

Dr. Thomas B. Futcher, resident physician to hospital, associate in medicine. (J.H.U.)

Dr. Thomas McCrae, director of clinical laboratory, instructor in medicine. (J.H.U.)

Dr. Charles D. Parfitt, research in tuberculosis, first assistant resident physician.

Dr. John McCrae, assistant resident physician.

Other Toronto graduates who have held appointments at Johns Hopkins Hospital are: Theodore Coleman, first assistant resident surgeon; Norman B. Gwyn, first assistant resident physician and clinical bacteriologist to the hospital.

The Canadian Journal of Medicine and Surgery

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

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

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

Gynecology and Obstetrics—GEO. T. MCKEOUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Newmarket, Ont.

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

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

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

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

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

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

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

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

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

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

VOL. VIII. TORONTO, OCTOBER, 1900. NO. 4.

Editorials.

THE BLOEMFONTEIN EPIDEMIC OF ENTERIC FEVER.

THE British newspapers in July and August contained severe criticisms of the Royal Army Medical Corps, for alleged mismanagement and neglect of patients during the South African campaign. The most notable charges were made by Mr. Burdett-Coutts, M.P., who published a letter in the *Times* giving an account of his observations during the epidemic at Bloemfontein,

and who also made the same charges from his seat in the British House of Commons. A commission having been appointed by the British Government to investigate these charges, a considerable amount of evidence has already been taken at London, and August 4th the Commission left for South Africa, intending to be absent about two or three months. On their return, further evidence is to be taken in London. Much of the evidence already received is quite contradictory in character, and at this stage we would not refer to it were it not that the views expressed by our fellow-citizen, Dr. Ryerson, have obtained considerable prominence. Dr. Ryerson, who had been Canadian Red Cross Commissioner in South Africa during the campaign, and present at Bloemfontein when the typhoid fever epidemic prevailed there, took occasion in giving evidence before the South African Commission at London (July 24th) to express his firm conviction that the best that was possible in the circumstances had been done for the sick and wounded. He said "that at Bloemfontein there were between 3,000 and 4,000 sick, and that *after the first week or two,* everything was done for the comfort of the sick and wounded. He saw nothing to complain of. There were plenty of stores, and the hospitals were at liberty to draw upon the Red Cross without restraint. The number of sick men was extraordinary; one afternoon 564 arrived, and the next morning another 354. What would the London hospitals do if 10,000 patients were suddenly thrown upon them?"

Other witnesses acknowledged that there were reasons for complaint. Several witnesses stated that there was overcrowding in the tents. Mr. Watson Cheyne, F.R.C.S., said "the tents were as crowded as they could be." Our readers can well imagine the condition of a bell-tent crowded with cases of enteric fever. He also stated "he had seen men lying on the ground, but never in the mud." Surgeon O'Callaghan said "that the two field hospitals at Bloemfontein were overcrowded chiefly with typhoid fever and dysentery cases, and that there was no nursing." By this he probably meant no female nurses, the orderlies being, in many instances, untrained men. Another cause of complaint was the lack of fresh milk.

Mr. Guthrie, M.P., said that "there was one cause of complaint at Bloemfontein and that was the want of milk, which could have been procured, if proper steps had been taken."

Dr. Little said "he had worked at No. 9 Hospital, where he considered many patients probably lost their lives. He thought there ought to have been fresh milk. When he got to Port Elizabeth he was offered by a responsible person a thousand bottles of fresh sterilized milk per day. He wrote to No. 9 Hospital, but no notice was taken of it. As an offset to this statement, another witness showed that private efforts on the part of an energetic medical officer can make up for the inertia of a medical stores department, the lack of transport or the hostility of the enemy.

Major Blenkinsop went out with the 20th Field Hospital. "They had 106 enteric and dysentery cases in the hospital just outside Bloemfontein. The patients were well looked after, and got their food. He told the farmers that if they did not supply him with milk, he would commandeer their cows and send them to prison in Bloemfontein, and he had no more difficulty about fresh milk. He suggested that there should be specially made-up boxes containing medical comforts, jellies and such like, for the sick convoys, and the medical staff *should have their own transport.*"

In reference to the last remark by this witness, it appears that deficient transport was responsible for much of the lack of proper food, tents, orderlies, and beds at Bloemfontein. There was only one railway connecting that town with Cape Town, the trains taking three days to run each way; and as an army of 50,000 men had to be fed and supplied, the R. A. M. C. had to wait their turn, and their unfortunate charges had to suffer. Still, it was the fortune of war. A soldier who escaped the bullets at Paardeburg, got a deadly dose when quenching his thirst with water loaded with nameless abominations, and then, overmarched and half-starved, he reached camp at Bloemfontein in a fit condition to sicken with enteric fever, or he may have got the fever at Bloemfontein. Physicians the world over were not surprised at the epidemic there, and one would suppose that the R. A.M. C. would have had sufficient prevision to provide for it.

Of more interest to physicians are some questions which relate to the diagnosis and treatment of the typhoid fever cases at Bloemfontein. Some of the fever cases appeared to come under the category of typhus fever. So far we have not seen records of pathological evidence confirmatory of this view, but good clinical observers such as Watson Cheyne, F.R.C.S.Eng., and the late Miss Kingsley (nurse), stated that many of the patients presented the

rash of typhus, that the disease ran its course in ten or fourteen days, and that it was very contagious. As an offset to this, Miss Kingsley herself, who had helped to nurse these patients, contracted enteric fever, and died of intestinal perforation after operation. It is to be hoped that before the investigation is closed this question of diagnosis will be settled.

In reference to treatment, the frequent administration of small doses of calomel and magnesium sulphate proved dangerous, provoking collapse and occasionally uncontrollable diarrhea.

In reference to the housing of enteric fever cases in tents, instead of permanent buildings, the opinion expressed by Lieut.-Col. Barrow is one with which physicians would be inclined to agree, viz., that "it was better for the enteric patients to be treated in the open veldt with desert air than to be treated in an unsanitary room." Certainly there does not seem to be any necessity for appropriating fresh air in the cure of pulmonary consumption, and the opinion is spreading among physicians that nature's own remedy is the remedy in enteric fever, as well as many other ailments. While abundance of fresh air must have exerted a salutary influence in saving the lives of the Bloemfontein fever cases, yet the mortality, viz., 21 per cent., seems high. In private practice the average is probably between five and ten per cent., and in hospital practice it is somewhat more. Of course, the mortality varies in different epidemics, and in other campaigns in tropical countries typhoid mortalities of 28 and 32 per cent. have been noted. The exhausted state of the men when admitted to hospital at Bloemfontein, and the conditions resulting from overwork, overmarching, and semi-starvation, may have so lowered their powers of resistance that they fell easy victims to enteric fever. Whatever the causes of the large mortality may have been, it will be gratifying to Canadian physicians to learn, when the evidence of the S. A. Commission is all in, that the doctors and nurses of the R. A. M. C. did their duty to the enteric cases at Bloemfontein as far as circumstances permitted, and that the Canadian Red Cross Society came well to the front in such an emergency.

If, as Mr. Burdett-Coutts says, in his telegram replying to Dr. Ryerson, "the state of things existing at Bloemfontein, as witnessed by him, was caused by the want of tents, doctors, trained orderlies, and beds," then the South African Commission ought to be able to lay the blame where it belongs. J. J. C.

EXPERIMENTS WITH DIPHTHERIA ANTITOXIN AT THE TORONTO ISOLATION HOSPITAL.

THE Medical Superintendent of the Toronto Isolation Hospital, in his report for 1899, states that 292 cases of verified diphtheria were treated, yielding a mortality of 40, *i.e.*, 13.69 per cent., or excluding three moribund cases, a mortality of 37, *i.e.*, 12.80 per cent. Alluding to different methods of treatment, he says: "One hundred and thirteen of the patients had, in addition to the ordinary hospital treatment, antitoxin administered to them. The antitoxin used was that of the Parke, Davis Co., Detroit, and that of the Mulford Co., Philadelphia. It was given in quantities varying from 500 to 5,000 units, according to age and severity of attack. The patients treated were a fair sample of the patients treated at the Isolation Hospital from day to day, year out and year in. They were neither better nor worse than other patients. Of the 113 cases so treated, 64 were pharyngeal, 19 naso-pharyngeal, 23 laryngeal, and 7 laryngo-naso-pharyngeal. The death-rate was 18.58 per cent. No doubt the late period, rarely earlier than the second or third day of the disease, at which patients are brought to the hospital, keeps the mortality rate of all such institutions under every method of treatment, somewhat higher than it would otherwise be."

In reference to the doses of antitoxin mentioned by Dr. Tweedie, viz., 500 to 1,000 units, R. M. Fenn, M.B., C.M., says in the *International Medical Annual* for 1900, p. 167: "In 1895, probably insufficient doses (1,000 normal units or less) were generally given, and the supply was of unreliable strength. In 1896 and 1897, in the University College Hospital, the average dose was much greater, viz., 7,200 and 7,800 respectively, and now it is the practice to give each patient on admission a dose of not less than 6,000 normal units. The increase of dose, according to Martin and Hunt, has caused a decrease in mortality." Dr. Tweedie's contention that the 113 patients, who received antitoxin, were "a fair sample of the patients treated at the Isolation Hospital from day to day, year out and year in, and that they were neither better nor worse than other patients," is not borne out by his own statistic. Thus, of the 113 cases treated with antitoxin, 23, or 7.87 per cent. of the total number, viz., 292, were laryngeal, while of the 179 non-antitoxin cases, 15, or 5.13 per cent., were laryngeal. Of

the 113 cases treated with antitoxin, 7, or 2.39 per cent., were laryngo-naso-pharyngeal, while of the 179 non-antitoxin cases, 3, or 1.02 per cent., were laryngo-naso-pharyngeal. So that at the start 30 cases, 10.27 per cent. of the total cases which were treated with antitoxin, were of the classes in which the largest mortality from diphtheria is found, while out of 179 non-antitoxin cases, 18, or only 6.19 per cent., were of these dangerous classes. Besides, the proportions of pharyngeal cases, in which the mortality is always low, was 40.75 per cent. in the non-antitoxin group, against 21.91 per cent. in the antitoxin group.

Dr. Tweedie also admits that the late period, "rarely earlier than the second or third day of the disease, at which patients are brought to the hospital, keeps the mortality higher than it would otherwise be." As evidence corroborative of this opinion, we refer to the report of the American Pediatric Society's collective investigation into the use of antitoxin, in the treatment of diphtheria in private practice (*Vide* Sajous' "Annual and Analytical Cyclopedia of Practical Medicine," Vol. II., p. 602): "Of the 4,120 cases injected during the first three days, there were 303 deaths, a mortality of 7.3 per cent., including every case returned. If, again, the moribund cases are excluded, there were 4,013 cases with a mortality of 4.8 per cent. After *three days*, the mortality rises rapidly and does not materially differ from ordinary diphtheria statistics."

No reference is made in Dr. Tweedie's statistic to intubation or tracheotomy, combined with antitoxin, in laryngeal cases. Halsted (*N. Y. Med. Journal*, Vol. LXV., p. 97) says: "Laryngeal diphtheria, in any epidemic, is never mild, but has always had a mortality of from 90 to 95 per cent., reduced by operation, intubation or tracheotomy, to from 72 to 76 per cent. Intubation without serum shows a mortality of 76 per cent.; in conjunction with serum, of 25 per cent.; and, eliminating cases of death within twenty-four hours of injection, a mortality of 10 per cent. The reduction of mortality from 76 to 10 per cent. is to be credited to antitoxin."

Neither is the exact bacteriological diagnosis of the antitoxin cases given by Dr. Tweedie, *i.e.*, whether they were cases of mixed infection or not. Of course, it is evident that if many of the patients treated at the Isolation Hospital with antitoxin were poisoned by streptococci and pneumococci, as well as diphtheria,

the serum could not be expected to relieve. Roux says that "Diphtheria associated with streptococci is the gravest form met with; in children it is the most frequent determining factor of bronchopneumonia. Besides, it is acknowledged that antitoxin can have no effect on processes proceeding from mixed infection." In addition to pneumonia, profound septicemia is frequently noted in cases of mixed infection. Antitoxin would exert little or no influence in such cases.

We would say, therefore, in reference to the Toronto Isolation Hospital statistics, that (1) the doses of antitoxin were too small, especially as the cases were presented for treatment at a late stage; (2) that the percentage of simple, curable cases was very much larger in the non-antitoxin group than in the antitoxin group; (3) that the percentage of dangerous cases, in which the mortality is always great, was relatively high in the antitoxin group; (4) that probably antitoxin was used improperly in being administered to cases of mixed infection; (5) that when given after the third day its curative effects could not be expected.

Of course Dr. Tweedie cannot be held responsible for the late arrival of his cases at the Isolation Hospital; but, inasmuch as he has undertaken to publish certain results of the use of antitoxin in the treatment of diphtheria, it would be more satisfactory to his medical readers, if his report revealed a just appreciation of all the circumstances governing the intelligent administration of the curative agent he undertakes to condemn.

It may be that some physicians are afraid to inject antitoxin. The harmlessness of this agent may be safely assumed, for, as Drs. Bovaird and Northrup say in their article on diphtheria (Sajous' "A. and A. C. of P. M.," Vol. II., p. 604): "If all the reported cases of sudden death or aggravation of cardiac or renal disease, or other unfavorable influence, were accepted as proved, they could not for a moment be weighed against the accumulated evidence of the curative effect of antitoxin in diphtheria."

It is to be hoped, therefore, that the physicians and surgeons of Toronto, in private practice, will use antitoxin as early as possible and in laryngeal cases, without waiting for the bacteriologist's report. In fact, coupling the dangers of delay with the harmless nature of antitoxin, it is evident that this agent should be administered whenever the diagnosis of diphtheria is probable, but especially in laryngeal cases. J. J. C.

THE AWFUL INADEQUACY OF OUR CITY MORGUE.

TORONTO has for many years been known, and that justly, as the Queen City of the West. Year after year hundreds and thousands of Americans visit this city, and go away unceasing in their praise of our beautiful metropolis. They tell their friends of our magnificent new City Hall, our Parliament Buildings, our picturesque University and College buildings, our foliage-covered avenues and streets, and last, but not least, our complete street railway service. The United Statesers advertise Toronto all over this country as one of the cleanest and most up-to-date cities on the Continent of America, and when they do so, we, as citizens, feel that the views they hold on that subject are not in the least exaggerated. There is, however, on the other hand, not a city of any size anywhere which does not have another side to this question, and has here and there places or buildings which have no right to exist. One of these referred to, and one which is a particularly black blot on the fair fame of this city, is the building which is known as the City Morgue.

What are the circumstances generally surrounding the finding of a dead body in or around Toronto? The body of a young man, we will say, is pulled out of Toronto Bay or found with a bullet hole in his head in one of our parks. The young man may have been the son of a respectable citizen, and one who in a weak moment "shuffled off this mortal coil" by jumping from a dock or sending a bullet crashing through his skull. The police are called in, and on arrival at once summon the patrol waggon, the conveyance used for the purpose of taking all drunks from station to station. The body is dumped on the floor of the waggon and carted off at anything but a funereal pace to the Morgue. It is ruthlessly thrown on one of the marble slabs there, and left, perchance, to be identified or not, as a rule without the slightest precaution being taken to delay the process of putrefaction, till sometimes, as in a recent case, the corpse becomes absolutely irrecognizable to any, even the dearest friend, who may happen that way.

What does the Toronto Morgue consist of, as it stands at present? What style of architecture is it? We defy the oldest architect in this country to answer the question. Is it what is

known as the Renaissance style? ? ? Far, very far from it. It is an exceedingly plain, ugly brick building, enclosing two rooms and a hallway. On entering the building, one finds in a sort of a room where congregate the curious public, who frequent our docks and wharves, the oldest of old-fashioned wood stoves, which would take the most patient man the better part of a morning to light (*i.e.*, when the city is liberal enough to supply the necessary fuel). Then there is the room, perhaps 12 by 15 feet, in which inquests are held, with just a sufficient number of wooden benches to permit a jury of twelve men to sit down while carrying on their deliberations. It is a common thing when inquests are held in this wondrous edifice to have the witnesses and others who are directly interested in the case crowded in, standing round the walls, rendering the air, even with all available windows open, exceedingly foul, especially when the body of the individual, whose death is being investigated, is lying a few feet away, and only separated by a lath and plaster partition. Through a narrow door one enters the Morgue proper. Once upon a time there was a concrete floor there, but long years ago has it been worn away, till now one has to be careful not to stub his toe in one of the numerous holes present, holes through which any stray rat from any of the neighboring stables might have free ingress and egress. In this room are two plain marble slabs upon which the bodies are laid, and covering them a pair of blood-stained, filthy canvas sheets. There is, we think, one water-tap in the room, but it is seldom in a sufficient state of repair to allow of any water being secured from it. We have yet to find a drop of any kind of disinfectant in the Morgue, something which surely ought to be kept in abundance. There is seldom or never any water spray kept running over any corpse which may be there, so as to keep down the odor necessarily arising from it. The water closet in the building is long since out of order, and the basin, which at one time was used by the surgeon making an autopsy for washing his hands, is in a similar state of repair, and the operator is lucky if he is able merely to rinse his hands in a pail of water borrowed from the Street Commissioner's Department across the road. There is neither apron nor sleeves, nor *post-mortem* tools supplied for the purposes of the examination.

Truly, this building is anything but a credit to Toronto. It will not be long before citizens, who have been served with a Coro-

ner's subpœna to attend an inquest either as jurymen or witnesses, will refuse to attend on the ground that such a place is positively unsafe, and is worse than a menace to the public health. As it is, our most active coroners will not call an inquest at the Morgue unless it is impossible to do otherwise. Can this state of things not be remedied? Cannot our present Mayor, who promised all manner of reforms if he got into office, take immediate action in this matter, and have appropriated by our Council a few thousand dollars with which to erect an up-to-date morgue, one something similar in style to that in Paris, where the public who wish to identify a corpse can pass to and fro behind a glass partition, and thus accomplish their object without having to inhale the death-dealing gases which emanate from the corpse or corpses lying within? Let a building be put up at once with the latest sanitary improvements and every facility known which will assist in the preservation of a body which has to lie for a certain length of time for identification. There should be not only a jury room of sufficient size, but a comfortable room for witnesses to wait in, a private room which could be used by the Coroner and the medical men, who are present to make the autopsy, with the latest *post-mortem* instruments, inclusive of aprons and sleeves, a full supply of the different disinfectants, a plentiful supply of ice with which to pack bodies during the hot weather, a hot and cold water supply, a proper and satisfactory heating arrangement for the building, and a caretaker who shall be in charge all the time. No better man could be secured than Esplanade Constable Williams for this purpose. Some might hold that the Medical Health Officer should not allow such a pest-hole as our present Morgue to be in existence. He can do nothing, his hands are tied, till such a time as the City Council erect a proper building, when we can guarantee that Dr. Sheard will take the same good care of it as he does of the other branches under his department. As it is, were it not for good obliging Francis Hague, of the Medical Health Department, who, when inquests are held in the present Morgue, does everything in his power to improve matters, we hardly know what would be done.

We ask Mayor Macdonald and the 1900 City Council to make this the subject of immediate inquiry, and see whether before the elections next January they will not do as we ask herein, and at the same time perform a duty that the electors will not forget.

W. A. Y.

THE OTTAWA MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

"BY TOWN" and a cold, rainy day—such was the place and such was the weather that greeted the physicians as they arrived from Upper and Lower Canada, a few from England and the United States, to mark, learn, and inwardly digest the latest facts, possibilities and probabilities, in the realm of things medical and surgical.

The sessions of the 1900 Convention were held in the theatre of the University of Ottawa, and a more commodious Assembly Hall could hardly have been placed at the disposal of the physicians, and on its stage, fitted with scenery, wings, and drop curtain, and arranged so as to represent a parlor lighted by crimson-shaded lamps, the doctors demonstrated their histrionic ability, strutted and spoke their lines, and smilingly received the plaudits of pit and gallery. The star ("the simile to carry") was Mr. Owen, of London, England. Tall, with fine physique and a crowning of silvery hair—that perfect "make-up" by the artist Father Time—that added dignity to a strangely youthful, ruddy face, and the keen glance of this master of surgical skill, whose name has for years been coupled with the surgical diseases of children.

Mr. Owen came from afar and graced the principle *role* upon the first night; his part partook much of instruction, a little of irony and a trifle of jest. He laughed at his audience sometimes, with them frequently; never became monotonous, and his few stage jokes had never served a former generation. He sustained his previous high reputation and won new laurels in young Canada. The other members of *the company* held their own splendidly, and a noticeable feature was the number of the younger men who distinguished themselves and added much to the intellectual enjoyment of all present. A report will be found elsewhere in this number, and, may we add, autograph copies (in the form of papers) of all the principal parts have been presented to this journal for publication by the leading actors, whose speaking parts deal with the issues of life, the life whose golden crown is health and whose setting is the day-star of existence—happiness. The social side of a convention is half its charm, the greeting of old friends and the excursions to places of interest between the sessions. The

Ottawa physicians tendered their visiting brethren a trolley ride to Britannia-on-the-Bay, a view of poor fire-swept Hull, Phœnix-like rising again from its own ashes; a trolley ride also to Rockliffe Rifle Ranges, and luncheon with the charming environment of sunshine, the presence of the physicians' wives, the music of an orchestra, and "turkey and fixins" galore. The banquet given at the Russell House was well arranged, well "put on," and well attended, good speeches, and the rock well struck, so that all the accumulated thirst of the heated term was quenched.

In truth this is the time and this the hour, as our political friends say, to bury the hatchet, allow warring factions to unfurl the flag of truce, and let University and Hospital prejudices be forever relegated to the forgotten past. This being *fait accompli*, all that the meetings of the Canadian Medical Association need is more loyalty in point of attendance. Surely we may take a leaf out of the book of our confreres in the United States, who make it a duty and a pleasure to attend *en masse* their Medical Association meetings, and thereby promote acquaintanceship and instil a mutual interest in each other and in all who are enrolled under the banner of scientific research. At Ottawa, Toronto was represented by about fifty out of the one hundred and fifty-three members registered. Our Queen City was fairly well represented considering the total number present; but the old question no doubt presented itself to many minds: "Were there not ten cleansed? Where were the nine?"

W. A. Y.

EDITORIAL NOTES.

Membership of the Thirteenth International Congress of Medicine.—At the opening meeting in the Salle des Fêtes of the Exhibition Building, Paris, August 2nd, after addresses by Professor Lannelongue, the President of the Congress, and Mr. Monis, Minister of Justice, Dr. Chauffard, General Secretary of the Congress, announced, in the course of a written address, that 190 delegates appeared as representatives of 34 countries; 230 universities, academies or learned societies, had sent delegates, and there was a total membership of 6,000. Of these, the most numerous groups were: French, 2,000; Russian, 750; German, 570; American, 350; Italian, 330; Spanish, 220. Addresses were given by twenty-seven different speakers, representing different countries

of the world. Canada was represented, but the name of the delegate does not appear. No reply was made by the Italian delegate, the entire Italian delegation being absent, as a sign of mourning for the death of the late King Humbert. The closing address was pronounced by Prof. Virchow, of Berlin, his subject being "Traumatism and Infection."

Heat and Humidity During August.—These potent factors of discomfort combined their forces during August. It was not high temperature alone which produced the sense of physical depression so generally noted, although the heat was remarkable for this country, the mean temperature, 72.5, being 6.2 higher than the average of 59 years, and 3.1 higher than August, 1899, but the mean humidity was 78, being 4 per cent. above the average.

Stoned to Death.—Chief Illowahe, an aged medicine man and chief of the Yakima tribe, Wash., U.S., was brutally stoned to death in his tent by an Indian named John. He had been called on by John to save his child, which was sick. The old doctor went through the usual barbaric formalities as best he could, yet the child died. The father then went to the medicine man's tent and stoned him.

Plague at Glasgow.—The medical authorities at Glasgow reported early in September, that the spread of bubonic plague had ceased; but fresh cases are reported. It is to be hoped that efficient measures of isolation and disinfection will secure its disappearance from Scotland. We are inclined to think that fresh cases will keep cropping up for a considerable time.

The Typhoid Fever Mortality during August in Toronto was small, only two deaths from that disease having been recorded. The city water was warmer than usual, and fears were entertained that there was a leak in the pipe across the bay, and that sewage was entering the city water supply. The rumor fortunately proved to be incorrect.

GEORGE A. PETERS, M.B., F.R.C.S. Eng., has decided to give up general practice and confine himself in future to consultation work in surgery.

DR. T. SANEYOSHE, F.R.C.S., of Japan, was in the city for a day recently with his aide-de-camp, and spent an afternoon at the General Hospital.

IT is rumored that Dr. Herald will be the next medical superintendent of the Kingston General Hospital. He is a capable man, clever in his profession, and able as an educationist.

The Physician's Library.

BOOK REVIEWS.

Cancer of the Uterus: Its Pathology, Symptomatology, Diagnosis and Treatment. Also the Pathology of Diseases of the Endometrium. By THOS. STEPHEN CULLEN, M.B. (Tor.), Associate Professor of Gynecology in the Johns Hopkins University. With 11 lithographic plates and over 300 colored and black illustrations in the text by Max Brödel and Hermann Becker. New York: D. Appleton & Co. 1900. Canadian Agents: The Geo. N. Morang Co., Limited, Toronto.

For months past, the Canadian profession especially have been looking forward with very keen interest to the publication of Dr. T. S. Cullen's work on Cancer of the Uterus. "Tommy," as the author was known to very many, was a particularly apt pupil while taking his medical course in Toronto, and since his graduation his career has been watched with more than usual pride as he climbed the ladder of fame, till to-day he has attained to a position envied by many. Dr. Cullen has given a great deal of study to this particular branch of work, and his research done at Johns Hopkins University during the past few years has caused very favorable comment all over this continent. There is no one whose opinion on uterine cancer is more highly valued than the author's, and we feel sure that he will continue his laboratory work right along till the name of T. S. Cullen will be recognized all over as that of a man who, owing to persistent and hard work, but deserves the reputation he has already gained.

The book is divided into 27 chapters. The anatomy of the uterus is first taken up, and is freely illustrated. The author then goes into the removal and examination of uterine tissues for diagnostic purposes, and makes of that a most readable and highly instructive chapter. The first form of cancer of the uterus dealt with is squamous-celled carcinoma of the cervix in its clinical aspects, differential diagnosis and treatment. In this connection, we cannot but allude to the magnificent illustrations all through the book. We have seen nothing like them since Howard Kelly's work was published, and in fact in some respects the illustrations in Cullen's book are even better. The amount of labor which has been put into these drawings must have been tremendous, every line in the half-tone coming out just as distinctly as in the original. The publishers, as well as the author, deserve the greatest possible credit for their share in the reproductions. After squamous-celled carcinoma the author considers adeno-carcinoma of the cervix, its clinical history and differential diagnosis, and in the following six chapters he discusses adeno-carcinoma of the body of the uterus, its symptomatology, differential diagnosis and treatment. In Chapter XIX. he takes up primary squamous-celled carcinoma of the body of the uterus, and subsequently deciduoma malignum, pregnancy complicating carcinoma of the cervix, prognosis, and etiology of carcinoma.

It has been no little pleasure to us to read carefully, so far, about one-half of Dr. Cullen's work. It is written in a thoroughly interesting manner, so much so that even the general practitioner, who pays but little attention to such a special study as this, cannot but take a keen interest in the book as he reads chapter after chapter.

Not necessarily because the work is that of a Canadian, but because it has genuine merit and is the result of personal research, do we heartily commend it to the profession all over Canada. The book will be sure to take a very prominent place among the literature on the subject.

W. A. Y.

A Manual of Personal Hygiene. Edited by WALTER L. PYLE, A.M., M.D., Assistant Surgeon to Wills' Eye Hospital, Philadelphia; Fellow of the American Academy of Medicine; Former Editor of the *International Medical Magazine*, etc. Contributors: J. W. Courtney, M.D., Walter L. Pyle, George Howard Fox, M.D., B. Alexander Randall, M.D., E. Fletcher Ingals, M.D., G. N. Stewart, M.D. (Edin.), Charles G. Stockton, M.D. Illustrated. Philadelphia: W. B. Saunders & Co. 1900. Canadian Agents: J. A. Carveth & Co., Toronto.

We have perused this work with a great deal of pleasure. Though it is the product of several writers, it is written in a uniform style, and the views expressed are also of easy comprehension to the ordinary reader. From personal experience in writing part of a similar work, we would say that the contributors to "Personal Hygiene" are well selected and competent men. Such a book should have a large circulation among all classes of people. It should be useful to the middle-aged man or woman, as well as to the young man or woman beginning the struggle of life; but it would be particularly useful to parents with young children. It is just such a book as we would wish to place in the hands of many intelligent people who gather their views about dress, shoes, the care of the teeth, the hair, the skin, digestion, the eye, the ear, physical exercise, etc., haphazard from indifferent or unsuitable sources.

Few misprints are noticeable. One occurs at page 235. The cubic measurement of Risley's ideal school-room is 11520 instead of 11500 cubic feet as stated.

The importance of "sunlight and pure air in the school-room, and of seats and desks which will not distort the pliant spines and chest walls of school children," are shown to be of more importance, as far as the health of the scholars is concerned, than overwork of the brain. In reference to American neurasthenia, the statement is made that the Semitic race furnishes by far the greatest quota of nervous sufferers.

The avoidance of alcohol is strongly enforced in cases of neurasthenia.

Tea and tobacco are also declared to be injurious to persons of weak nerves. The virulent action of syphilis on the nervous system and its effects in producing premature breakdown, which is falsely ascribed to overwork, are noted. The cultivation of fads as a cure for worry and a relief for high pressure cerebration is recommended.

The remarks on the treatment of insomnia are instructive. We can fully endorse the good influence of a warm bath before retiring. The good effect of giving the stomach something to work on, such as milk or bouillon, and the bad effects of strong coffee taken at night are also mentioned. The author quotes approvingly the effects of gentle rubbing of the body, for five or six minutes at a time, prior to six in the evening, in order to eliminate waste products from the tissues, together with careful dieting, as helpful in insomnia.

Dr. Stewart's recommendation that outdoor sports and games be supplemented by some system of regular gymnastics, will commend itself to many, particularly those who favor military drill and "the Swedish movements." The necessity of having good ventilation in the gymnasium is alluded to.

The chapter on the ear by Dr. Randall is valuable, as it contains information not easily accessible to the public except from professional sources.

The chapter on the eye by Dr. Pyle is quite a monograph, dealing *inter alia* with the selection of lenses for different visual defects. It is alone worth the price of the book.

The illustrations are neat and helpful, the printing excellent, and the general appearance of the book creditable to the publishers. J. J. C.

Imperative Surgery for the General Practitioner, the Specialist and the Recent Graduate. By HOWARD LILIENTHAL, M.D., Attending Surgeon to Mount Sinai Hospital, New York City. With numerous original illustrations from photographs and drawings. New York: The Macmillan Co.; London: Macmillan & Co., Limited. 1900. Toronto: Copp, Clark Co.

It takes but a moment for anyone taking up Lilienthal's "Imperative Surgery" to judge well of the book. Why? Because in the first place it is printed

on magnificent paper, giving a typographical richness which is too often absent in works which have, owing to their nature, to be freely illustrated. Good, clear illustrations, and especially those from photographs or drawings made during the progress of the actual work, add greatly to the value of any book, and we don't hesitate to state that those in Dr. Lilienthal's work are amongst the finest we have ever seen. We are delighted with the type used throughout the book, as it is considerably larger than that ordinarily found in medical works. That feature also adds to the value of any volume, and we wish publishers would take the hint, even though the price of the work has to be increased somewhat. What the author has accomplished here is to take up the diagnosis and treatment of conditions demanding immediate operative measures. He has taken it for granted that there is no expert assistance within call, and that the attendant is left largely to his own resources to carry through the case. One point we are pleased to notice is that Dr. Lilienthal does not leave his reader, placed in the throes of an emergency, to have to pick and choose one out of several methods of procedure, but pins him down to one and one only, and that one the best. We cannot refrain from referring specially to the illustrations given in the article on appendectomy. They are simply grand, and so clear that one would almost imagine that he was standing immediately behind the operator. We heartily recommend to all the purchase of Lilienthal's "Imperative Surgery." F. N. G. S.

Atlas and Epitome of Diseases caused by Accidents. By DR. ED. GOLEBIEWSKI, of Berlin. Authorized translation from the German. With editorial notes and additions by PEARCE BAILEY, M.D., Consulting Neurologist to St. Luke's Hospital and the Orthopedic Hospital, New York, and to St. John's Hospital, Yonkers; Assistant in Neurology, Columbia University; Author of "Accident and Injury, their Relation to Diseases of the Nervous System." Forty colored plates and 143 illustrations in black. Philadelphia: W. B. Saunders & Co. 1900. Canadian Agents: J. A. Carveth & Co., Toronto.

This is another of the series of atlases which Saunders & Co. have been publishing during the past year or so. It is no exception to the rule of excellence. The "Atlas and Epitome of Diseases caused by Accidents" is divided into two parts, one dealing with injuries in general and the other with injuries of special parts of the body. The colored plates are very good, the printers having used care not to too highly color and thus spoil the effect; and the black illustrations are also well executed, including some skiagraphs. As we have already taken occasion to remark, when reviewing some other of this series of atlases, such a book as this is not necessarily useful only to the practitioner, but will prove of wonderful benefit also to the student who is anxious to perfect himself in his ground-work and the better prepare himself for a successful career.

Clinical Examination of the Urine and Urinary Diagnosis. A clinical guide for the use of practitioners and students of medicine and surgery. By J. BERGEN OGDEN, M.D., Instructor in Chemistry, Harvard University Medical School; Assistant in Clinical Pathology, Boston City Hospital; Medical Chemist to the Long Island Hospital, Boston. Illustrated. Philadelphia: W. B. Saunders & Co. 1900. Canadian Agents: J. A. Carveth & Co., Toronto. Price $3.00 net.

A work coming from the pen of a man who is in a position to speak authoritatively on the subject, as Dr. Bergen Ogden is, is always something the possession of which is extremely satisfactory. In this book the author has gone thoroughly into the urine and its chemistry, and into greater detail still as to the most recent methods for diagnosing diseases and disorders of the kidneys from examinations of the urine. There are several works which can be purchased which treat of the urine from the standpoint of a chemist. Dr. Ogden, however, goes further than that. He draws special attention to what he himself styles urinary diagnosis, something not dwelt upon by other authors as it deserves. He consequently has divided his work into two parts, the first deal-

ing with the different methods of examination of urine, and the second with the diagnosis of the different diseases of the kidneys. It is therefore part No. 2 that will interest most readers, being the more practical. To Part 2 Dr. Ogden contributes four lengthy chapters, the first and second treating of disturbances and diseases of the kidneys, the third of diseases of the urinary tract below the kidneys proper, and the last of the urine in diseases outside of the urinary tract. There are two appendices to the book, one showing a method of recording urinary examinations, and the other dealing with reagents and apparatus for qualitative and quantitative analysis of the urine. Part 2 is exceedingly interesting and thoroughly instructive, the chapters on tuberculosis of the kidneys, pyelitis, diabetes mellitus, diabetic coma and fever urine being specially so. No one can make any error in purchasing the book. It is worth the price charged and a good deal more.

The Remarkable History of the Hudson's Bay Company; including that of the French traders of Northwestern Canada and of the Northwest, X Y, and Astor Fur Companies. By GEO. BRYCE, M.A., LL.D., Professor in Manitoba College, Winnipeg; Author of "Manitoba" (1882); "Short History of Canadian People" (1887); "Canada" in Winsor's Nar. and Crit. Hist. of America, etc., etc. With numerous full-page illustrations and maps. Toronto: Wm. Briggs. 1900.

To any lover of his country, a work of this kind, written as it is by one who from actual experience is able to write liberally and thoughtfully on the subject, must be of the very keenest interest. From cover to cover the reader is held with the greatest ease, as Dr. Bryce describes the wonderful Hudson's Bay Company, whose name will go down into history. Its establishment away back many many years ago; its early adventures; how its forts were captured; the formation of the Northwest Company; the voyages of Sir Alex. Mackenzie; the X Y Company; the Astor Fur Company; the work of exploration in the far north; expeditions into the fur country; the Red River settlement; the interesting account of prairie life; life on the shores of Labrador – all form a volume which is bound to take a prominent place in the literature dealing with the early years of Canada's history. It shows what endurance and pluck will do, what determination was necessary on the part of those pioneers many years ago, and most of all what a magnificent result their labors ended in. Dr. Bryce, in addition to giving a full history of the Hudson's Bay Company, tells of those French explorers who in the seventeenth century disputed their claim, and in the century following tried to outdo them in penetrating still farther than they into the interior of Rupert's Land. He also gives a full account of the Northwest Fur Company of Montreal, who, at one time, were keen rivals of the Hudson's Bay Company, and shows how, as a result, nearly fourscore years ago there was a union of all the fur traders of British North America under the one name of the Hudson's Bay Company. The work is one which should be possessed by every loyal Canadian. We congratulate the publishers, as well as the author, upon the result of their labors.

A Manual of Surgical Treatment. By W. WATSON CHEYNE, M.B., F.R.C.S., F.R.S, Professor of Surgery in King's College, London, Surgeon to King's College Hospital, and the Children's Hospital, Paddington Green, etc.; and F. F. BURCHARD, M.D., and M.S. (Lond.), F.R.C.S., teacher of Practical Surgery in King's College Hospital, Paddington Green, etc. In six parts. Part II.: The treatment of the surgical affections of the tissues, including the skin and subcutaneous tissues, the nails, the lymphatic vessels and glands, the fasciæ, bursæ, muscles, tendons and tendon sheaths, nerves, veins and arteries, deformities. 14s. Part III.: The treatment of the surgical affections of the bones, amputations. 12s. London: Longmans, Green & Co., 39 Paternoster Row, London, and Bombay. 1900.

Vols. II. and III. have just come to hand. The main features of this work are the short, yet sufficiently full accounts of the pathology and symptomatology and the full, complete and concise descriptions of the therapeutic measures.

Vol. II. contains 369 pages and 141 illustrations. It is made up of two divisions and twenty-two chapters, eight of which are devoted to deformities and fourteen to the surgical affections of the tissues.

Vol. III. has 295 pages and 100 illustrations. Division I. consists of fourteen chapters devoted to surgical affections of the bones. Division II. has three chapters on amputations.

The illustrations are a great help in rapidly understanding the text. There is no "padding," and you can find what you want with very little reading. The methods of treatment given are those found best in the experience of the authors and not simply a statement of all known methods. While this work will be of service to all who practise surgery, it will prove especially helpful to the hard-worked and isolated general practitioner who wishes rapidly to consult the best methods in his surgical work. W. J. W.

Atlas and Epitome of Gynecology. By DR. OSKAR SCHAEFFER, Privatdocent of Obstetrics and Gynecology in the University of Heidelberg. Authorized translation from the second revised and enlarged German edition. Edited by RICHARD C. NORRIS, A.M., M.D., Surgeon in Charge, Preston Retreat, Philadelphia; Gynecologist to the Methodist Episcopal Hospital and to the Philadelphia Hospital; Consulting Gynecologist to the Southeastern Dispensary and Hospital for Women and Children; Lecturer on Clinical and Operative Obstetrics, Medical Department University of Pennsylvania. With 207 colored illustrations on 90 plates, and 62 illustrations in the text. Philadelphia: W. B. Saunders & Co. 1900. Canadian Agents: J. A. Carveth & Co., Toronto.

This is by far one of the best of this series of atlases. The profuse number of colored plates renders it doubly valuable, and the accuracy and beauty of them make the atlas, for the sake of the plates alone, worth ten times what the publishers are charging for the book. It would be difficult for us to make any distinction in the plates from the standpoint of beauty, but for delicacy in coloring and richness in design plate No. 45, opposite page 130, illustrating (1) a condition of pelvic peritonitis and (2) a left-sided dermoid cyst perforating into the rectum, stands out prominently. Plate 53, showing phlebectasia with phleboliths of the ligamenta lata corresponding to the ovarian vessels and the pampiniform plexus, is exceedingly good.

Plate 69, a multilocular, glandular, mucoid cyst, is very beautifully executed.

For some reasons we are glad that the author has in his work impressed the reader with the idea of not being too hasty regarding resorting to operative procedure in the practice of gynecology. We sometimes feel that some of our confreres are just a little too rash in this connection, and that a greater measure of patience might be better.

A Hand-book of the Diseases of the Eye and their Treatment. By HENRY R. SWANZY, A.M., M.B., F.R.C.S.I., Surgeon to the Royal Victoria Eye and Ear Hospital, and Ophthalmic Surgeon to the Adelaide Hospital, Dublin. Seventh Edition with Illustrations. London: H. K. Lewis, 136 Gower Street. 1900.

This book, though written originally for the student, is not one of those concentrated foods, naught but active principles, devoid of all savor and comeliness, which the American publishers are wont to offer him hungering. Shall his cry for food be ever answered by liquid peptonoids and emergency rations? Of the many hand-books of the diseases of the eye written in English I confess my preference for those of Swanzy and of Nettleship. Swanzy's book excels in its readability—if the term may be used; the descriptions and explanations are so clear and so easily understood, the typography, illustrations and make-up so pleasing. To this edition—the seventh in ten years—has been added an account of Mackenzie Davidson's method of using the Röntgen Rays for foreign bodies in the eye, and of Mules' operation for ptosis. J. M. M.

Manual of the Diseases of the Eye for Students and General Practitioners. With 243 original illustrations, including 12 colored figures. By CHARLES H. MAY, M.D., Chief of Clinic and Instructor in Ophthalmology, Eye Depart-

ment, College of Physicians and Surgeons; Medical Department, Columbia University, New York. New York: Wm. Wood & Co. 1900.

In a book written for students and general practitioners, as this is, the author must say enough and yet not too much. To do this, and yet keep the book of such size that it can, if desired, be carried in the pocket, is the task which Dr. May has set himself.

General optical principles and their application to the eye—an irritation and stumbling-block to most students and practitioners—are wisely relegated to the end of the book and then dealt with most briefly. In this way one takes up at once the practical part of the subject. Space is economized by giving but scant consideration to the rarer diseases of the eye, yet the commoner ones are dealt with fully and in a practical manner. J. M. M.

Lessons in Hypnosis and the Use of Suggestion Based upon the Neuron Motility Hypothesis. By LESLIE J. MEACHAM. Cincinnati, O.: The Bishop Publishing Co. 1898.

This is a little work of 192 pages, thirty-three of which are taken up by plates. In the first two chapters the theories of hypnosis are discussed. The third chapter describes formal hypnosis, the fourth therapeutics, and the fifth cautions. The whole is very interesting reading and the subject is dealt with in a very simple and plausible manner. All that is requisite for a fair understanding of hypnosis is given, and the chapter on therapeutics is well worth the careful study of any physician. W. J. W.

LITERARY NOTES.

THE September number of the *International Monthly* contains several articles of surpassing and timely interest. Noticeable among these is "The Expansion of Russia: Problems of the East and Problems of the Far East," written by the great historian of Russia, M. Alfred Rambaud, whose three-volume "History of Russia," published in 1883, was crowned by the French Academy. That work has remained the chief authority upon Russia, and has been translated into English. The present article, "Expansion of Russia," therefore may justly be considered as bringing Russian history down to the present day, and is especially valuable as an exposition of Russian policy in the East. The article opens with a brief sketch of the history of Russia. It is timely, vigorous and authoritative.

Adna F. Weber, Deputy-Commissioner of Labor for New York, has an article in this issue on "The Tendency of Trade Unionism." It is an able, sympathetic, conservative statement of labor influences and demands in business and politics. The article will be read with interest and undoubtedly make many friends for the policy of the Trade Unionists and Social Democrats.

The influence of Science upon daily life is well illustrated by Prof. H. W. Conn of Wesleyan University in an article on "The Use of Bacteria in our Food Products." Prof. Conn shows the beneficial uses of certain bacterial forms, and how available in preparing food.

"The American School of Historians" is a valuable and instructive essay by Prof. Hart of Harvard University. The development of trained historians is of the present.

Not the least reliable and timely of the articles in the September issue is that by Edmund Buckley, of Chicago, on "The Conflict in China." He approaches the subject from the standpoint of the student of racial characteristics, and treats in a thorough manner of those differences in culture and nature which account for the present conditions in China. Prof. Buckley is well fitted to write on this subject, as he has studied in China these peculiar phases of life. He is familiar with other oriental peoples, which renders his comparisons and deductions of unusual value.

All in all this issue is chiefly an historical number, and will take rank with the very best of periodical publications, which indeed may be said of all issues of this excellent periodical. The *International Monthly* is issued by the Macmillan Co., New York, at $3.00 per annum, 25 cents a number. Trial subscription, three months, 50 cents.

Messrs. W. B. Saunders & Company, Publishers, of Philadelphia, write us as follows:

"About September 25th we shall have ready "The American Illustrated Medical Dictionary," by W. A. N. Dorland, editor of "The American Pocket Medical Dictionary." This is an entirely new and unique work for students and practitioners. It contains more than twice the matter in the ordinary students' dictionary, and yet, by the use of clear, condensed type and thin paper of the finest quality, it forms an extremely handy volume only one and one-half inches thick. It is a beautiful specimen of the book-maker's art. It is bound in flexible leather, and is just the kind of a book that a man will want to keep on his desk for constant reference. It is absolutely up-to-date, containing hundreds of important new terms not to be found in any other dictionary. It is also extremely rich in the matter of tables, containing over one hundred original ones, including new tables of stains and staining methods, tests, etc., etc. An important feature of the book is its handsome illustrations and colored plates drawn especially for the work, including new colored plates of arteries, muscles, nerves, veins, bacteria, blood, etc, etc.—twenty-four in all. This new work has been aptly termed by a competent critic, "The New Standard." The price of this work will be $4.50 net, indexed $5.00 net.

We shall also have ready in a few days the following new books:

"Modern Medicine," by Drs. J. L. Salinger and F. J. Kalteyer, of Jefferson Medical College, Philadelphia. Price, $4.00 net.

"Rhinology, Laryngology and Otology, and their Significance in General Medicine," by Dr. E. P. Friedrich, of the University of Leipzig, and Dr. H. Holbrook Curtis, of New York. Price, $2.50 net.

"A Text-Book of Histology," by Drs. Bohm and Davidoff, of Munich, and Dr. G. Carl Huber, of Ann Arbor, Michigan. Ready in October.

"Essentials of Histology," by Dr. Louis Leroy, of Vanderbilt University. Price, $1.00 net.

"Surgical Technic for Nurses," by Emily A. M. Stoney, author of "Stoney's Nursing."

The following new editions will be ready in a few days:

"Anders' Practice of Medicine," 4th edition. Price $5 50 net.

"McFarland's Bacteriology," 3rd edition, revised and enlarged. Price $3.25.

"Hyde & Montgomery's Venereal Diseases," new enlarged edition. Price $4.00 net.

"American Text-Book of Physiology," 2nd edition revised, in two volumes. Vol. I. now ready. Price $3.00 net per volume.

"Saunders' Pocket Formulary," 6th edition, increased in size by over 200 formulæ. Price $2.00 net.

"Garrigues' Diseases of Women," 3rd edition. Price $4.50 net.

"DaCosta's Surgery," 3rd greatly enlarged edition. Price $5.00 net.

"Stengel's Pathology," 3rd edition revised. Price $5.00 net.

New Home for J. B. Lippincott Company.—An important transaction has just been concluded by which a number of old-fashioned dwelling houses on East Washington Square have passed from the ownership of the heirs of the famous lawyer, Horace Binney, and will soon be torn down to make way for a fine building to be occupied by the J. B. Lippincott Company, whose old home on Filbert Street, above Seventh, was burned down some months ago. Possession is to be given by September 14, and it is expected that the demolition of the old structures will begin soon after. The site is considered a very eligible one for the Lippincott Company, as it has light on three sides, is very central, and they will be enabled to promptly issue and increase their excellent line of medical publications by standard authorities. By the way, their new catalogue, just issued, is handsomely illustrated with excellent portraits of many of America's leading medical writers. Many historic recollections cluster about the properties just sold. They stand on the ground once occupied by the old Walnut Street prison built before the revolution, and in which during the struggle the English confined American prisoners during the former's occupation of Philadelphia.

SOME POINTS IN THE TREATMENT OF TUBERCULOSIS.

THERE are several points of importance that ought to impress us. First, the absolute necessity and importance of hygienic care of a tuberculous patient in order to minimize the danger to those who are in attendance upon the case. There is not much danger so long as the expectoration is in a moist condition; the chief danger lies in allowing the expectoration to dry and become converted into pulverized dust. As long as the expectoration can be kept in a moist condition until it is completely destroyed, the danger is reduced to a minimum, if not absolutely nil. An excellent plan is to use little paper cups designed for that purpose, made so as to be folded up in a very convenient way. The only objection to this is that it entails some expense upon patients. Of course, if patients are able to stand this expense, it is one of the most convenient things that can be used. Several of these cups may be used in a day. They are made of Manila paper, do not break down when wet; they will hold water, and when filled can be thrown into the fire and destroyed in that way. If earthenware cups are used, these may be partly filled with some disinfecting fluid to prevent drying of the sputum, and after being used for a short time the contents can be emptied into the fire, and thus completely destroyed. Destruction by fire is the most feasible and most certain method of actually destroying these germs. When that is done, the expectoration is put beyond the possibility of infecting other persons. If ordinary newspapers are used as a receptacle for the sputum, these ought never to be allowed to dry. There is danger in using anything of this kind. If the patient expectorates upon a folded newspaper, or in a newspaper cone, perhaps destruction of the paper is neglected, the sputum becomes dry, little particles are wafted before we know it by the atmosphere, and other persons are exposed to danger. We have the question asked us many times, especially by couples who are sleeping together, whether there is any danger in the breath of a tuberculous patient. We might answer that question in the negative, that there is little danger in the moist breath, that all the expectoration contained in the air passages is in a moist condition, and infection has not been actually known to occur from this source, that the main danger lies in the expectoration becoming dry, the

dried particles then being inhaled. It is only after the expectoration has left the body and has become dry that it pulverizes into this dangerous, dusty form, and becomes a menace to other persons. While we should not advise couples sleeping together to turn their faces towards each other, so that one breathes the expired air of the other, still, so far as we are able to judge, there is not much danger in this. It would be advisable, however, for them to sleep with their backs together rather than facing each other. Care as to the surroundings of the patient is also important. Such a case is not only dangerous to those who are attending, but it is dangerous for anyone to go into quarters that have previously been occupied by a tuberculous patient. On this matter we cannot always be thoroughly posted; many persons are moving about, living in rented houses, and we cannot always tell who lived, or the conditions of life of persons who occupied such quarters previously; but this does not relieve us from the responsibility of seeking to ascertain with as much accuracy as possible whether the quarters have previously been occupied by tuberculous cases. We would hesitate very seriously in regard to living in a room that we knew had been occupied by a tuberculous patient. We certainly would not undertake to do anything of the kind without having it thoroughly renovated and disinfected. We would prefer going into a new apartment, one which we knew had never been occupied by tuberculous cases. You cannot tell what care has been exercised in regard to the destruction of the expectoration, and all you know is that the apartment may have been occupied at some previous time by a tuberculous patient, who may have taken no care whatever of the expectoration; he may have expectorated on the floor, the sputum become dry, and the atmosphere of the apartment might be impregnated with tuberculous germs. In practice in the lower walks of life, which all of us have to experience, we will probably meet with cases time and again where we will go into the room and find on our morning visit spread out on the floor several newspapers, and masses of expectoration directed toward these papers may miss them and be deposited upon the floor. We may find that the housewife will probably hurry through the task of straightening up the house; she will remove the papers that have been spread around for use during the night, upon which the patient has expectorated during the entire night. She will go through the process of sweeping and probably spread out on the floor several masses of sputum, which during the course of the day would become dry and converted into dusty particles, and then as she passed the broom over it again would be raised in the dust and floated about in the atmosphere. This is what we meet with time and again in our daily experience, and while such a condition of things exposes the family, you must also remember that it exposes ourselves to infection. We should

not take any more breaths than we could possibly help in such an atmosphere as that.

There are many methods of treatment, but the administration of creosote in hot milk is one of the best plans ever pursued. For many years it has been given in ordinary capsules, but the objection to that is that we cannot increase the dose beyond a certain limit, which sometimes falls short of affecting good. Into the ordinary No. 3 capsules can be dropped about twelve to fifteen minims of beechwood creosote. Be always careful to secure a pure form of the drug; the ordinary commercial creosote is too irritating to be efficient. Beechwood creosote is the best form, and it can be given in capsules after eating; we can increase the dose up to twelve or fifteen minims without any unpleasant symptoms, and in most cases when we reach that limit we will note the beneficial effects from its use. In some cases, however, we will find that we cannot give this quantity without its giving rise to some unpleasant sensations, due to the creosote coming into contact with the membranes of the stomach in a too concentrated form. We obviate that to some extent by giving it after meals. Always have the stomach filled with a meal, then when the capsule dissolves and the creosote is liberated, it is taken up with the rest of the food, and of course only comes in contact with the mucous membrane of the stomach in a dilute form. But the better plan, and one which enables us to increase the dose greatly beyond the usual amount that is taken, is the administration of creosote in hot milk.

Take a teacupful of hot milk, drop the creosote in and stir it; the effect is to break the drug up into very small globules; it becomes emulsified with the milk. These small globules are mixed with the milk just as butter is mixed with milk before it is churned, and it makes a smooth emulsion, and when taken into the stomach in this form we do not get the burning or pungent effect. In this way we can increase the amount gradually, drop by drop, until some patients take as much as fifty or sixty minims of creosote three times a day. When you reach a point like that the whole system is permeated with the creosote, fluids as well as solid tissue, and we find the emanations from the body all tinged, giving off the odor of creosote, so we cannot go into a room where the patient has been taking creosote without perceiving the suggestive odor of this drug. When given to that point we may expect some beneficial effect upon the germs themselves, and when a patient is taking it in this way the expectoration changes in character, and the whole feeling of the patient is altered and changed. There is less fever, less expectoration, and an improvement is soon manifested.

There are a large number of medicinal agents which have been recommended as valuable in the treatment of tuberculosis. Some pin their faith to cod-liver oil in its different forms, others place

most dependence upon the various malt preparations, while others again prescribe for their patient an out-door life all the time, and beyond plenty of nourishment and the use of a simple tonic of perhaps strychnia, combined with the hypophosphites, do not pay much attention to the therapeutic side of the question. One of the remedies which has proved very valuable in the treatment of this or any other wasting disease is Angier's Petroleum Emulsion. This article has been found to be quite palatable and easily digested by many otherwise susceptible stomachs. It seems to have a marked effect upon nutrition, aiding digestion and assimilation. Petroleum emulsion has, through its soothing and healing effect upon inflamed mucous membranes, an almost certain action in relieving the cough so frequently troublesome at night in even advanced tuberculous patients. It has been found to stop, frequently within a week, the distress due to persistent attacks of coughing, experienced by patients in the first stage of phthisis. Its greatest advantages are (1) that it is quite miscible with water and other liquids, and (2) *that through its antifermentative action*, it disinfects not only the respiratory, but the gastro-intestinal tract. The petroleum used in the preparation is so purified as to eliminate all the irritating and nauseous properties of the crude oil without losing any of its medicinal qualities.

Another remedy advised in the treatment of tuberculosis is Benzosol, in doses of five grains each three times daily. Salinger holds the opinion that Benzosol has all the advantages of creosote without its drawbacks. Coston claims that camphoric acid gives the best results in the nightsweats which accompany tuberculosis. M. Combermale, of Lille, made a communication to the Academy of Medicine with regard to the efficacy of acetate of Thallium in checking the perspiration of phthisical patients. It was administered in the form of pills, each containing one and a half grains. De Renzi advises the use of Thymol in the relief of fever in the tuberculous.

The earlier a remedy is used of course the better, which is also true of any remedy we might make use of. The earlier we take the case and bring it under treatment, the better. If we take a case in the early stages of this disease, build up the system with reconstructives, and administer the remedies outlined, we may frequently accomplish a cure. And if Nature can, as she no doubt often does, accomplish a cure in some of the early cases, we may naturally expect much better results. Even in the later and more advanced cases much benefit will undoubtedly be derived. We cannot expect, where the lung tissue is largely involved and broken down, forming large cavities, to see the same marked benefits, the same absolute results as we would in the earlier manifestations of the disease.