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PRESIDENT'S ADDRESS.*

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Mr. Chairman and Gentlemen,—I feel that my first duty to-night is to offer you my very hearty thanks for the honor you have conferred upon me in electing me President of the Association for the ensuing year.

When I recall the names of those who have preceded me in this chair, I can only ask your indulgence for the deficiencies you may find in me, of which I am very conscious, and express the hope that under my presidency the interests of the Association may in no wise suffer nor its honor be in any way tarnished.

The present occasion is no ordinary one. In the appointment of a President from among the members of the Association whose home and work lie in this far distant portion of the Dominion, and in our meeting here to-day at the Doorway of the West, a new departure has been made.

I am far too modest to suppose for an instant that any particular merit of mine has induced the Association to make this departure; rather I conceive it to be due to a general recognition of the claims and standing of the western members as a whole, and of the growing importance of this fair Western Province.

I should be performing my duties but poorly did I not seize this opportunity to thank you on behalf of my western confreres, and on behalf of the people of this Province in general, and of this city in particular, for the compliment you have paid us in

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selecting this Province and this city as the place of meeting for this year, and I feel I am only expressing their wishes in tendering you a hearty western welcome to our midst, and their hopes that your brief stay among us will be both pleasant and profitable to you all.

To many of you, probably to most of you, the rapid progress and general development of this young Province will come as a surprise. It does to most of our visitors from the older parts of the Dominion who know how recent has been the settlement of the West. And certainly, looking round one, it does seem scarcely realizable that the site of this rapidly expanding city, of which its citizens are so justly proud, and this very spot on which this building stands, surrounded by so many comforts and refinements of modern life, was, less than two decades ago, a wild and almost impenetrable virgin forest, the haunts of the bear, the deer and the primitive savage.

It is less than a score of years by two that the incorporation of this city took place, and yet to-day it will compare favorably with many cities of the older Provinces twice and thrice its age. From the medical standpoint it is reaching after a high ideal.

The incomparable water supply which is brought in closed steel conduits from the bosom of the mountains to the north of us; the sewerage system, with its septic tanks, that deliver their effluent into tidal waters; the paved streets, with their array of cleaners; the cement sidewalks which are now throughout the city, rapidly replacing the earlier and cruder planking; the public and private hospitals; the General Hospital, which is now being built, and which, when finished, will be the peer of any hospital of its size, all make it clear that we are endeavoring to keep abreast of the times, as well in sanitary as in other matters.

It is no idle boast, then, if I say that in the West events move rapidly. Time is no sluggard here, and we see history fashioning itself before our eyes. The whole of this great Province was in undisputed possession of savage aborigines a half century ago. The closing years of the first half of the nineteenth century saw the first real settlement made on Vancouver Island at a place called Camosun in the native tongue, now Victoria, the capital of the Province.

A few years later, in 1858, an Act was passed in the Home Parliament to provide for the government of this new colony, thereafter to be known as British Columbia. From this date the real settlement of the Province begins. The discovery of gold in the Fraser and Cariboo soon made these districts as famous and as widely known as Sacramento or Ballarat, and a great inrush of population was the result. But a very few years later the conception of that colossal and momentous undertaking, the build-

ing of the Canadian Pacific Railway, began to shape itself in men's minds, and was finally carried out. You are all, doubtless, familiar with the history of this great undertaking and know the almost insuperable difficulties its earlier promoters had to contend with, and how in the end, in spite of political, natural and every other obstacle and hindrance, they successfully carried through the scheme and made possible the union of British Columbia and the great North-West with the rest of Canada, and gave us as a result that splendid heritage, that united land which stretches from ocean to ocean, from the rising of the sun to the going down thereof—a land of which all her sons and daughters are so proud—our beloved Canada.

It is gratifying to the profession to know that it has been ably and honorably represented among those history-makers in the persons of Drs. Helmcken and Tolmie, who were the first medical men to settle in the colony, about the middle of the last century. Both took prominent parts in the earlier events of the Province. The former still remains with us; the latter has gone to his rest. Prior to their advent the native Medicine-man had it all his own way.

There is a significance, not without interest to my mind, in the fact that this Association, representing as it does to-day in its various members the highest medical knowledge of this enlightened period of the world's history, should meet here in this new country, where Shamanism, or the cult of the savage Medicine-man, so recently prevailed, and does to some extent still prevail. The old and the new order of things are thus brought into suggestive contrast and juxtaposition, and we are led naturally to reflect upon the stages and steps we have passed since the days when all medical knowledge was comprised in the superstitious and rude practices of our savage prototypes; and in spite of our sometime failures and our lack of knowledge, still in certain directions the reflection on the whole is a pleasant and gratifying one, both to ourselves and humanity at large. It certainly would not be the least interesting of subjects were I to attempt on this occasion a general survey of the march and progress of medical science from the days and practices of the primitive Medicine-man as we find him even in this Province, down to the times and discoveries of Lister, Pasteur, Virchow and their followers.

But it is not my intention to undertake such a task to-night, interesting and appropriate as it might under the circumstances be, although I cannot leave the subject without calling your attention briefly to a fact of which all of you may not be aware, and which gives pertinence to my reference to the old-time Shaman or Medicine-man. We are all familiar with hypnotism, but there are few of us, perhaps, aware that in the employment of hypno-

tism as a therapeutic agent we are returning to primitive methods, to the practice of our savage prototypes. Those who have made special study of the practices and customs of savage races inform us that the primitive doctor, or Medicine-man, was not that self-conscious fraud and humbug, knowingly duping his credulous patients, he is thought to have been, but a person who had a real belief in his own powers and cures; and that those powers and cures were, when genuine, generally, if not always, attributable to hypnotism, especially to that phase of it known as suggestion. A state of hypnosis was induced in his patient by the monotonous droning of his medicine song and the noise of his rattle, and when in this condition his attempt to extract the spirit of the disease from the patient's body, and his statement that he had presently accomplished it, acted suggestively upon the imagination of the patient and effected the cure. "Extremes meet," and "there is nothing new under the sun," we are told, and the school of Nancy, which is founded upon the suggestive phase of hypnotism, is not a new practice but an unconscious return, or rather I should say it is an unconscious modification and extension of these primitive methods which were in vogue among our savages here up to a few years ago, and may be to this day, for aught I know to the contrary.

But enough on this head. It is my intention rather to be speak your consideration to-night of a point or two which I. in common with many of the members of the profession, have very much at heart, and which I deem of such importance as to merit our most careful consideration and endorsement.

I have reference, in particular, to: 1. The Canadian Medical Protective Association. 2. The Federal Health Bill. 3. The Dominion Medical Council. 4. The Treatment of Inebriates.

With regard to the first, The Canadian Medical Protective Association, I would desire to urge upon members the strong claims this Association has upon the profession. I am among those who believe in the need of such an Association and that it may be made a valuable means of assisting and protecting members of our profession from wrongful actions-at-law, to which we are all of us at all times liable: actions brought by irresponsible persons for alleged malpractice, or by unscrupulous persons for the purpose of obtaining money under threats of injury to our professional character.

It is well known that a medical man's professional prospects depend to a very large extent, if not entirely, upon his professional reputation, and it is not difficult, therefore, for unprincipled persons to attempt to levy blackmail upon him by threatening to bring action against him for malpractice or professional incapacity, which action, though wholly groundless and unde-

served, may have the most disastrous effects upon his career and pocket.

During the past two years the Association has fought out several such cases successfully, and has amply demonstrated its usefulness and justified its existence. It is, therefore, a matter of wonderment to many of us that the Association has thus far received so little encouragement or support from the profession as a whole. Out of a possible 5,500, the total membership last year was only 252. This is altogether too small a number to make the aims and work of the Association effective or sustain it in a solvent condition, and I welcome this opportunity to invite your earnest co-operation in enlarging its membership and strengthening the hands of the Executive, and would to this end suggest that a special committee be struck during the Convention for the purpose of considering how best to enlist the sympathies and support of our brethren who are not yet members. I cannot but think that a large increase in the membership must inevitably result if the aims of the Association be once rightly understood.

The objects of the Association are such as all can subscribe to. It is not intended to defend or assist in defending unworthy members, or those who are actually guilty of malpractice, or who have brought discredit upon the profession. It aims rather to assist the worthy, those of its members who are wrongfully charged and whose character and reputation are placed at stake; and also to deter irresponsible and unscrupulous persons from bringing action against members of the profession for the purpose of suing or injuring them, or of exacting a bribe for their silence; and it is only by uniting ourselves together in such a way as this Association offers that we can hope to secure the support of our brethren and become immune to many attacks which would otherwise be made upon us.

I feel, therefore, that we have but to devise some plan of arousing the interest of our brethren in the matter to ensure their support and co-operation.

And now a word or two as to the Federal Health Bill. Thanks to the energetic efforts of the special committee appointed to attend to this matter, considerable progress has been made towards the attainment of our desires in this behalf. The interest and sympathy of the Ministers of the Crown have been secured, and the Minister of Agriculture, the Hon. Mr. Fisher, under whose department the matter more directly falls, has taken the matter up most courteously and is thoroughly alive to its urgency and need. For the information of those not familiar with this subject, I would briefly say that the Association, at its meeting in Montreal in 1902, placed itself on record by resolution to the

effect that it is expedient that a Department of Public Health be created by the Dominion Government and administered under the authority of one of the existing Ministers of the Crown, thus bringing all general questions relating to sanitary science and public health under one central authority, to be known as the Public Health Department. There is no need for me to dwell upon the importance or desirability of this step; it must commend itself to every member of the profession.

Thus far the Government has not seen its way to grant the desired measure. The work is not yet accomplished, and the need of pushing the matter still exists. I sincerely hope the meeting will not dissolve without first passing a strong resolution in favor of the measure, and thus encourage and strengthen the hands of the committee who have this work in hand.

And now I desire to touch upon my third point, which I regard as of the highest importance. I refer here to the Dominion of Canada Medical Act, which was assented to in the Federal House in 1902. We are under a deep debt of gratitude to the members of the special committee, and especially to Dr. T. G. Roddick, for his untiring efforts to get this measure placed upon the statutes of the country, and it is with great regret that I notice so much misapprehension as to the scope and powers of this Bill still exists in certain quarters. It has been thought that it would encroach upon the rights and privileges of the different Provincial Medical Boards and interfere with their autonomy, and I gladly hail this opportunity to say a few words which may help to remove this misapprehension. It was, and is, not in any way intended to interfere with existing provincial rights or in-trench upon the prerogatives of Provincial Medical Boards. As an instance, in my own native Province, Quebec, our French-speaking brethren will have the right of examination in their own language.

Provincial registration and Provincial Boards will still continue to exist, and each Province will be at liberty to fix whatever standard it pleases for its own practitioners. They can, where they wish, continue as examining boards with power to grant provincial licenses, as they do now, and in any case in their hands will be left all matters relating to taxation and professional discipline.

The Bill is a purely permissive one, and though it has been placed upon the statutes of the country, it will be necessary, before it can become operative, to have the consent and co-operation of all the Provincial Medical Boards. Each Provincial Board will have to seek a slight amendment to its present Medical Act. This is all that is now required to make this most desirable measure effective, and I sincerely trust that this consent and co-

operation will not be long wanting, for the aims and scope of this Act are such as should commend themselves to every member of the profession. Briefly, I would say that the main purpose of this Bill is to establish a Central Medical Council of Canada, with power to examine candidates and grant licenses, the possession of which shall ensure to the holders thereof such a medical status as will enable them to practice not only in all parts of the Dominion but in the United Kingdom as well, or, indeed, in any portion of His Majesty's Empire, in short, to do away with those mortifying disabilities under which a medical man trained in Canada now labors, and put him upon a footing of professional equality with his brethren in other parts of the Empire. This is assuredly a laudable and most desirable object, and one which, in my humble opinion, should call forth the best efforts of each one of us to bring about its accomplishment; and I sincerely trust that some concerted action will be taken in this matter before the meeting closes.

It is the least, I think, we can do to show our appreciation of the strenuous efforts exerted in securing the passage of so important a measure.

This brings me to my fourth and last point, "The Treatment of Inebriates." A conviction has been steadily growing in the minds of most medical men of late years that something should be done for the care and control of dipsomaniacs and inebriates in the form of founding establishments combining the main features of a hospital and an insane asylum, where drunkards could be legally confined under medical authority and treated in a systematic and enlightened manner. The practice, hitherto, of treating them as criminals subject to a fine or short periods of confinement in the common prisons of the country, has been shown to be wholly unsatisfactory and often productive of the greatest evil to themselves and those who may be dependent upon them.

There can be no doubt, I think, that the care and treatment of these unfortunate members of society is a question of the gravest and most vital importance, and should command the interest and attention of medical men as a subject, which, coming well within their province, affects so seriously the general commonwealth.

A movement towards this end has already been taken in Ontario, and a Bill drafted, the principles of which have received the endorsement of the Toronto Medical Society and also of our own Association; but what we want is a Dominion Act affecting the whole country; and it would be the source of the greatest satisfaction to me if this meeting would take this question up seriously and nominate a committee to draft a measure

that could be submitted to the Federal authorities. This could be done either on the lines of the Ontario Bill or any others that might commend themselves.

Speaking personally, I may say that I shall be only too glad to help in drafting such a measure and giving any other assistance in my power, for I am convinced that the adoption and carrying out of the provisions of a bill of this kind will do much to diminish the volume of sickness, pauperism, vice and crime that now stains the annals of our country and restore to lives of usefulness and self-respect many of those poor unfortunates whom it is the design of such a measure to control and help.

Before closing my address, I wish to express to our visiting brethren my appreciation of the kindly feeling and interest which have actuated them in taking part in the deliberations of our National Association, and to hope that their stay may be fruitful of pleasant reminiscences.

And now, gentlemen, I must thank you for your kind reception of me as your President this year, and for the patient and courteous hearing you have given to my remarks, and trust that the suggestions I have ventured to offer may meet with your approval and receive your support.

THE SURGICAL TREATMENT OF COMPLETE DESCENT OF THE UTERUS.*

BY E. C. DUDLEY, M.D., CHICAGO.

COMPLETE descent of the uterus, descent to the third degree, which may be defined as that deviation in which a part or the whole of the uterus is outside of the vulva, is always associated with extensive injury to the pelvic fascia, the pelvic connective tissue, the muscles of the vaginal outlet, the perineum and the vaginal walls; in fact, these injuries of the pelvic floor constitute the essential lesion, the mal-location of the uterus being an incidental factor.

The uterus in its normal position lies across the pelvis, the fundus pointing in a slightly upward anterior direction, and the external is in a slightly downward posterior direction. The long axis of the uterus in this normal direction makes an acute angle with the long axis of the vagina, which extends from the vulva upwards and backwards in the direction of the hollow of the sacrum. Generally speaking, mobile anteversion with some degree of ante flexion is the normal position of the uterus; at any rate, the uterus in its normal range of movements does not deviate, unless temporarily, beyond the limits of a certain normal anteversion and ante flexion.

In the etiology and treatment of descent the practical significance of this acute angle between the axis of the uterus and vagina is very great, because the uterus in the act of prolapse must descend through the vaginal canal in the direction of that canal, that is, a coincidence of the two axes is a pre-requisite of descent. Now, if the essential condition of descent is a coincidence of the axes, it follows that one factor, at least, in the treatment of descent must be to restore the normal angle between the axes.

In labor the anterior wall of the vagina is depressed, stretched and shortened by the advancing child that during and after the second stage the anterior lip of the cervix uteri may be seen behind the urethra. This location of the cervix—so close to the anterior wall of the pelvis—necessarily involves great stretching of the utero-sacral supports which normally hold the cervix uteri, and together with it the upper extremity of the vagina close to the hollow of the sacrum. This function of the post-uterine ligaments having been temporarily impaired, the

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upper extremity of the vagina is displaced forward, so that the uterus, having sufficient space between itself and the sacrum, instead of maintaining its normal anterior position, may fall backward into retroversion and thereby bring its own axis into line with the direction of the vagina. Frequently the change in the direction of the vagina from the normal oblique to the abnormal vertical is still further increased by injury to the vaginal outlet; the perineum may be torn in any direction, and what is more serious, it may be torn away from its pubic attachments and in this way may be displaced backwards towards the tip of the coccyx; in fact, such displacement is so common, as the result of injuries to the perineum, as to suggest the propriety of a change in terminology from laceration to displacement of the perineum. The upper extremity of the vagina being displaced forward and the lower extremity backward, and the direction of the over-stretched, dilated vagina now being vertical, the heavy uterus, having its long axis in the same vertical direction, has all the conditions favorable to progressive descent.

If the puerperium progress favorably with prompt involution of the pelvic organs, and if the relaxed vesico-vaginal wall and other parts of the pelvic floor, especially the utero-sacral supports and the broad and round ligaments, recover their normal tone, then the whole pelvic floor, including the uterus, resumes its normal relations. But if the enlarged heavy uterus remain in the long axis of the vagina, and especially if the fundus uteri be incarcerated under the promontory of the sacrum, with the sacral supports stretched so much and for so long a time that they cannot recover their contractile power; and if normal involution of the pelvic organs be arrested, then descent may not only persist; but may progress with constantly increasing cystocele and rectocele until the entire uterus has extruded through the vulva.

It is most important to remember that complete prolapse of the uterus is only an incident to prolapse of the pelvic floor. The whole mechanism is that of hernia, and the condition is hernia, for the extruded hernial mass drags after it a peritoneal sac which, hernia-like, contains small intestines. This sac forces its way to the pelvic outlet and extrudes through the vulva, having the inverted vagina for a covering.

The prolapsing uterus may be related to the vaginal walls in either one of two ways: the prolapsing vaginal walls may drag the uterus down after it, or the uterus itself may descend along the vaginal canal by force of its own weight and drag with it the reduplicated vaginal walls. Extreme prolapse of the uterus, the organ being covered thus by reflected vaginal walls, has given rise to considerable confusion in pathology, and by many standard authors wrongly has been called hypertrophic elongation of the cer-

vix uteri. In a given case, the possibility of infra-vaginal elongation may be settled easily by placing the patient in the knee-breast position, when the uterus of its own weight will fall toward the diaphragm and the reduplicated vaginal walls will unfold and utero-vaginal attachment will appear in the normal place instead of being, as it seemed to be, high up on the walls of the uterus. Those cases in which reduplication of the vaginal walls does not almost entirely explain apparent great elongation of the cervix, are rare exceptions. When formerly these mechanical conditions were attributed to hypertrophic enlargement of the uterus itself, and were regarded as adequate indications for the removal of the cervix, the surgeon, in the attempt to remove what he supposed was the elongated cervix uteri, sometimes invaded the bladder anteriorly and the rectus posteriorly.

Surgical Treatment.—In passing, it may be well to mention, for the purpose of condemning it, an operation perhaps more frequently performed than any other for the cure of complete descent, namely, the operation which generally passes under the name of Stoltz. This operation is designed to narrow the vagina, and thus to maintain the uterus somewhere in the pelvis above the constriction. Operations of this class usually consist of the removal of an elliptical piece from the anterior or posterior vaginal wall, or from both, and of closing the exposed surfaces by means of a purse-string suture. No effort is made to destroy the normal axis of the uterus and vagina. The whole purpose is to make the vagina so narrow that the uterus cannot pass through it. Such operations generally fail, because they leave the uterus and vagina in the same axis, and because the restricted vagina cannot resist the downward force of the uterus, which almost invariably dilates the vagina a second time and forces its way through with reproduction of the hernia. Moreover, the operation always does permanent harm, because it shortens the vagina, thereby making it draw the cervix away from the sacrum towards the pubes, so that the body of the uterus may have room to fall backward to the position of incurable retroversion. We may, without discussion, perhaps, throw out all operations belonging to the Stoltz group. The same may be said of all plastic operations in which the vaginal surfaces are exposed by superficial denudation and brought together by sutures.

After a prolonged trial of the principal surgical procedures which have been made use of for the cure of complete descent, I am prepared to lay down certain essential principles, as follows: An efficient operation on the vaginal walls should have for its object, not narrowing the vagina, but restoring the normal direction of it with a double purpose, so that (*a*) the upper extremity, together with the cervix uteri, shall be in its normal

location within an inch of the second and third sacral vertebrae, just where the utero-sacral ligaments would hold it if their normal tonicity and integrity could be restored, and so that (b) the lower extremity of the vagina shall be brought forward against the pubes. The fulfilment of these two indications will restore the normal obliquity of the vagina, and will hold the cervix uteri so far back toward the sacrum that the corpus uteri must be directed forward in its normal anterior position of mobile equilibrium. With these conditions, the uterus being at an acute angle with the vagina and having little space posteriorly, cannot retrovert and turn the necessary corner which would permit it to prolapse in the direction of the vaginal outlet. In order to accomplish this, two things usually are necessary:

1. EXCISION OF THE CYSTOCELE.

Anterior Colporrhaphy.—The plastic operations performed on the anterior and lateral walls of the vagina by Sims, Emmet, myself and others, which have consisted of superficial denudation and reefing of the anterior or lateral walls of the vagina, have been only partially successful, first, because they did not adequately force the cervix uteri into the hollow of the sacrum; second, because efficiency requires deeper work than superficial denudation can accomplish, and third, because these operations did not utilize the broad ligaments sufficiently for support.

The above principles, emphasized by Reynolds in a recent paper, have led me to modify my own operation materially. Complete prolapse, being hernia, should be treated according to the established principles of herniotomy by reducing it and then excising the sac in such a way as to expose strong fascial edges, which should be firmly united by sutures. The absurdity of treating any other hernia by superficial denudation and reefing or tucking in the surfaces by sewing them together must be apparent to any one. In order to indicate the part which the broad ligaments must have in a correct operation, it is only necessary to observe the fact that vaginal hysterectomy commonly results in holding up the pelvic floor and with it the rectum, vagina and bladder, because in this operation the broad ligaments are usually fixed to the vaginal wound. But why should not the same result be aimed at by similar means, even though the uterus is not removed? The operation which I would urge is performed as follows:

First Step.—To split the antero-vaginal wall—that is, the vaginal plate of the vesico-vaginal septum—by means of scissors, from the cervix uteri to the neck of the bladder, then to strip off the vaginal from the vesical layer of the vesico-vaginal wall and cut away the redundant part of the vaginal plate.

Second Step.—The redundant part of the vaginal wall having been removed to extend the incisions and remove the mucous and submucous structures to either side of the uterus, being sure to reach the fascial structures, which are in direct connection with the lower margins of the broad ligaments, or, what is better, to reach the ligaments themselves.

Third Step.—To introduce silk worm gut or chromic catgut sutures so that when tied they will draw the loose vaginal tissues and the broad ligament structures on either side of the cervix uteri in front of the cervix so as to force the cervix back into the hollow of the sacrum.

Fourth Step.—The sutures introduced in the third step having been tied, additional interrupted sutures are introduced to unite the vaginal wound from side to side; this suturing is continued to a point near the urethra, when most of the redundant vaginal wall will have been taken up; there will usually remain, however, the lower portion of the cystocele and perhaps some urethrocele; which cannot be disposed of by bringing the margins of the wound from side to side, but can be taken up by uniting the remaining part of the wound in a transverse direction.

Even at the risk of prolixity I repeat that it is essential to remove the entire thickness of the vaginal layer of the vesico-vaginal septum.

Contraindications to Elytrorrhaphy.—Elytrorrhaphy is usually unnecessary, and therefore contraindicated in descent of the first degree. The special province of the operation is in complete prolapse or procidentia when associated with cystocele. The operation further is contraindicated by tumors and adhesions which render replacement and retention impossible, and in diseases of the uterus or its appendages, which demand their removal. When such contraindications do not exist, elytrorrhaphy and perineorrhaphy in a majority of cases are quite as effective, and therefore to be preferred to the more dangerous and mutilating operations of hysterectomy.

2. PERINEORRHAPHY AND POSTERIOR COLPORRHAPHY.

As already stated, it is most important to appreciate the fact that in nearly every case of procidentia the lower extremity of the vagina is displaced backward. This is consequent upon subinvolution of the pelvic floor, and especially upon subinvolution or rupture of the perineum or of some other portion of the vaginal outlet. Unless, therefore, the posterior wall of the vagina and the perineum can be brought forward to their normal location under the pubes, so as to give support to the anterior vaginal wall, the latter will fall again, will drag the uterus after it, and the hernial protrusion (cystocele and prolapse) will be reproduced.

The treatment, therefore, of procidentia must always include an adequate operation on the perineum, or, more comprehensively speaking, upon the posterior wall of the vaginal outlet. The operation must be performed so that it will carry the lower extremity of the vagina forward to the normal location close under the pubes; then, if the anterior colporrhaphy has been adequate, and has carried the upper extremity backward, the whole vagina will have its normal oblique direction, and its long axis will make the necessary acute angle to the long axis of the uterus.

Hysterectomy, if indicated, should be performed by the vaginal route. As an operation for procidentia, hysterectomy is open to the following comments: Procidentia, as already shown, is hernial descent, not merely of the uterus, but also of the vagina, bladder and rectum. Complete prolapse often occurs after the menopause, when the uterus has become an insignificant rudimentary organ, and therefore may be removed easily. Cases are numerous in which, after vaginal hysterectomy, the pelvic floor, and with it the vaginal walls, have protruded again through the vulva—a result which may be expected unless the operation has included anchorage of the upper end of the vagina to its normal location by stitching the severed ends of the broad ligaments into the wound made by removal of the uterus. The indications for perineorrhaphy as a supplement to hysterectomy are the same as after anterior elytrorrhaphy.

As laid down in the foregoing paragraphs, the utilization of the broad ligaments is the essential factor in the treatment of complete procidentia. The operation of elytrorrhaphy, above described, unfortunately either may fail to bring the lower edges of the broad ligaments sufficiently in front of the uterus to enable them to hold up the uterus and vagina, or the ligaments having been stitched in front, the stitches may not hold. Consequently, in complete procidentia, elytrorrhaphy, even though well performed, may fail; at least, this has been my experience in a number of cases. Therefore, the completely prolapsed uterus may have to be removed in order to secure the entire outer ends of the broad ligaments to the upper part of the vagina, and thereby give absolute support. As before stated, the operation should include the treatment of the hernial factor in the lesion, that is, removal of the redundant portion of the anterior vaginal wall. Generally speaking, the indications are somewhat as follows:

1. Extreme cystocele, not associated with the most extreme procidentia, should be treated by anterior colporrhaphy and perineorrhaphy.

2. Cystocele associated with complete procidentia properly, may be treated by hysterectomy, anterior colporrhaphy and perineorrhaphy. Anterior colporrhaphy in all cases.

3. Conditions intermediate between the two conditions indicated above, and cases of very feeble or very aged women, will call for special judgment whether hysterectomy be omitted or performed. It is, however, a fortunate fact that the completely prolapsed uterus, even in aged women, is removed usually with ease and safety.

Other Operations of Questionable Value.—Other operations, designed to decrease the weight of the uterus by removal of it, are of questionable value. Amputation of the cervix to lighten the weight of the uterus has been practised much for the serious hypertrophic elongation already described. Since this condition is rare, if not indeed unknown, it follows that it seldom will furnish an indication for amputation of the cervix uteri.

Alexander's operation and abdominal hysterorrhaphy belong to the surgical treatment of retroversion and retroflexion, not of procidentia. The object of these operations is to suspend the uterus from above. Hysterorrhaphy, which perhaps fulfils this indication better than shortening the round ligaments, may be indicated in cases of extreme relaxation of the uterine supports and greatly increased weight of the uterus. The results of it in complete procidentia, however, usually will not be permanent unless it is supplemented by adequate surgery to the vagina.

Proceedings of Societies.

THE GREAT WEST AND THE VANCOUVER MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

In a previous issue, through the kindness of a collaborator, a former resident of the North-West, we published a short, illustrated article on the beauty of the trip to the Coast, in order to try and infuse an added desire on the part of the members of the medical profession here to overstep all barriers and be among those present at this year's Canadian Medical Association meeting at Vancouver. As ever, *L'homme propose et Dieu dispose*, and many who had planned to go were detained: some were sick, others in England, and "some had friends who gave them pain," usually relations, and so the treat of a trip to the great West was missed. One more opportunity, however, of a similar character, presents itself, to take the trip, and even a further one, out to Portland, Oregon, to attend the American Medical Association convening there in July of next year. We here insert the remaining number of half-tones illustrative of the picturesque beauty of the tarrying spots along the way to Vancouver, which we hope ere long all the delinquent members of the C.M.A. of this year may view with delight. We physicians need more holidaying and surely more change of scene.

Perhaps the wonderful mountains are to the traveller the most inspiring sight of all.

Banff is the most famous pleasure resort of the Canadian Rockies. It enjoys a situation peculiarly advantageous for realizing the magnificence and charm of the mountain scenery. Not only are there mountains on every side with all the sublimity of snow-capped peaks and rocky steeps, but many valleys radiate from it, affording a delightful contrast. The Canadian Pacific Hotel stands at almost the point of the angle that the Bow River makes round the foot of Mt. Rundle, as its course changes from north-east to south-east. At the same point the Cascade River comes down from the north by the side of the mountain of the same name, and a considerable flat is formed—one of the most beautiful spots of the National Park, in the vast area of which it is included.

The course of the Bow River before its turn has been transverse to the run of the mountains. The heights are ranged in



BANFF SPRINGS HOTEL, BANFF, ALBERTA.

almost parallel lines north and south, the valley of the Bow, when it has resumed its southerly direction, being between Mt. Rundle and the Fairholme Range. Between the ranges come down small streams that feed the Bow. Thus from the south the Spray has cut a valley for itself between Mts. Rundle and Sulphur, and the Sundance Creek is between Mt. Sulphur and the Bourgeau Range. From the north, besides Cascade, the Bow receives Forty Mile Creek, which flows between the Vermilion and Sawback Ranges and then winds round the spurs of Stoney Squaw Mt. An enlargement of the Bow forms the Vermilion Lakes, charming sheets of water, that with many meandering waterways occupy the low ground of the valley and give the visitor unexpected and



LAKE MINNEWANKA, NEAR BANFF ALBERTA.

lovely views of the giants that surround them and unsurpassed opportunities for boating.

Banff Hotel stands on the south bank of the Bow, close to the mouth of the Spray. It has recently been enlarged, and now accommodates three hundred people. It is fitted up in the most comfortable fashion, with rooms single and en suite, and may challenge comparison with any other summer hotel on the continent.

A drive of great charm can be made to Lake Minnewanka that, shaped like a huge sickle, lies just north of Mt. Inglismaldie. It is eight miles from Banff, and the road leads up the valley of the Cascade under the shadow of that glorious peak. The lake is nearly ten miles long, and its waters are strangely diversified in hue, deep blue and pale green giving way to yellow or grey, while

a streak of red appears here and there where some glacial stream debouches, and its peaceful surface reflects the ranges with absolute fidelity.

From the lake extends the valley of the Ghost River, one arm of which runs along under the shadow of the Devil's Head Mt., a peak that rises black and sombre to the north-east. The granite crags contain deep caves, the rivulets disappear to hidden reservoirs and the river runs along with mysterious, subterranean rumblings—a solitary, awesome region. The reasons of these uncanny manifestations were quite beyond the Indians, who for ages were the sole human beings to tread the valley, and it is not surprising that they saw in the great rocks, piled in majestic confusion, and the deep rumblings issuing from the bowels of the earth, the agency of powers supernatural and terrible. Even



LAKE LOUISE CHALET, LAGGAN, ALBERTA.

now the visitor, fortified by all the knowledge of a scientific and rationalistic age, can, if he chooses, call up the feelings of the superstitious savage, and must be deeply impressed by the Valley of the Ghost.

The track from Banff to Laggan runs with thick groves on either side through a world of mountains. The observation car, attached to the trains, admirably fulfils the purpose for which it was designed, and gives uninterrupted views of the scenery all round; but the tourist may also travel between Banff and Laggan, if he so prefers, by special motor cars, built on the model of the open street railway car. They are driven by gasoline engines of twenty horsepower, and have a possible speed of twenty-five to thirty miles an hour. They are constructed with the sole idea of affording passengers the opportunity of enjoying the magnificent mountain vistas in the greatest comfort and at their leisure,

and they have become a popular institution, as it is found they give a latitude the exigencies of the regular trains cannot allow.

After leaving Banff, the track runs through the tangled bottom, where sleep the Vermilion Lakes, a labyrinth of waterways, set off by grassy banks and thick woods.

Laggan is a station for a land of rare beauty. Within the mountains that overshadow it are enclosed the three lakes in the clouds, Paradise Valley, and the Valley of the Ten Peaks. The scenery differs from that which excited admiration at Banff, but it is of even greater charm, and those who pass by Laggan without halting have missed one of the most dainty bits ever carved by nature's deft fingers.



MORAINE LAKE, LAGGAN, ALBERTA.

The first sheet, Lake Louise, is reached from Laggan station by a drive of two and a half miles ever upward through a spruce forest. Here, on the very verge of the water, in the midst of the evergreen wood, the C.P.R. has built a lovely *châlet*, which has since been enlarged to a great hotel. It is open from June 1st to September 15th, and at it Swiss guides, horses and packers can be hired for excursions near or far.

As the name, Moraine, implies, the lake is situated at the foot of a moraine, as the mass of debris and rocks of every size and kind a glacier brings down is called. A great glacier has found its way down the heights at the head of the lake and has forced its course between and round the peaks. For a third of the distance from the lake to the summit the ice is entirely covered by a pic-

turesque mass of rocks, piled in such disorder as chance directed the ice should leave them. It is a picturesque and awe-inspiring sight. On either side the rocks rise sheer from the glacier, and as the sun lights up one precipice, gilding and bringing into relief every detail of pinnacle or crevice, while the other is left in deepest shadow, the effect is magnificent in the extreme.

An interesting feature about this glacier is that it seems to be advancing. For some reason that cannot be explained, the glaciers, not only in the Canadian mountains, but the world over, have of late years been receding, and the Moraine Lake ice-river is, therefore, an exception to the usual rule. Its force is tremendous, and it is most impressive to note how the woods have fallen before its resistless force.



MOUNT STEPHEN, FIELD, B.C.

At Field the prospect widens, and the Kicking Horse River for a short distance flows across broad, level flats, that are only covered when the water is high. The place itself is a prosperous little village, but is dwarfed into insignificance by the splendid mountains that hem it in. On one side is Mt. Burgess, on the other Mt. Stephen, one of the grandest of all the Rockies.

Looking from the shoulder of Mt. Burgess or Mt. Stephen the valley seems narrow, the river a mere stream, and the dwellings in the villages dolls' houses. From below Mt. Stephen fills all the view; so rounded, so symmetrical that the spectator hardly realizes at first that he has before him a rock mass towering 10,000 feet above sea level and 6,500 feet above the valley. But as he gazes its majesty bears in on him and he is filled with a sense of awe and wonder. One great shoulder is thrown forward,



100 N. STEPHEN HOUSE, FIELD, B.C.

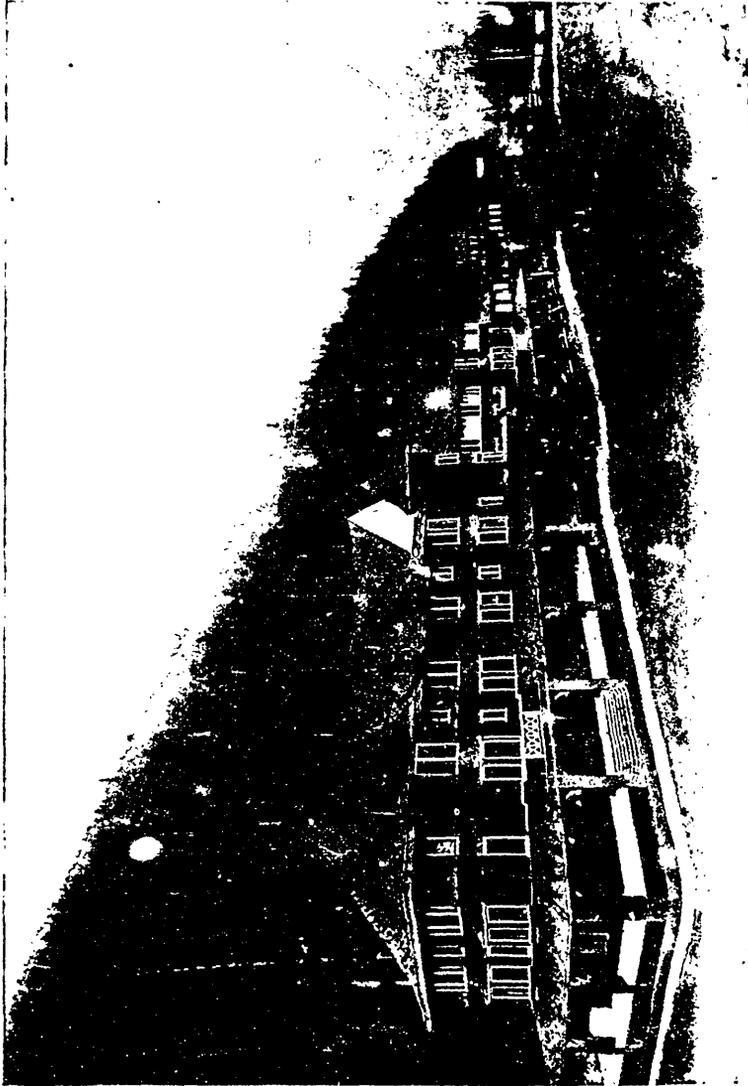
a mountain in itself, and then the dome swells, gently, easily, till it reaches the clouds. Sometimes, indeed, the mist settles on it and obscures half its bulk; sometimes the sun lights up its crevices and touches its peak with gold; sometimes a cloud lies like a mantle across its face; but with it all it dominates everything and seems to defy man and nature. There is nothing broken or rugged in its outline, no suggestion of wildness or desolation; it impresses by its sheer bulk and massiveness and forces the admiration of the most careless.

To practised climbers the ascent of Mt. Stephen presents no insuperable difficulties, and indeed the trip to the summit and back from Mt. Stephen House has been made in eight hours. Swiss guides are stationed at the hotel, and will help the ambitious to accomplish the feat. The lower slopes of the mountain have one spot well worth visiting, the Fossil bed, where for 150 yards the side of the mountain for a height of 300 or 400 feet has slid forward and broken into a number of shaly, shelving limestone slabs. These fragments are easily split and reveal innumerable fossils, principally trilobites, a perpetual delight to geologists.

From the top of Mt. Stephen a magnificent view is obtained, that well repays the toil and difficulty of the ascent. The Van Horne range is seen beyond the Kicking Horse Valley to the west, the Emerald group occupies the north, while on the east the peaks that line the Yoho Valley, Mts. Habel, Collie, Gordon, Balfour, and many another are in full view. Across the river to the south, a number of fine mountains are in sight, Mts. Assiniboine, Goodsir, The Chancellor and Vaux. For miles and miles the tourist can see over valleys and peaks, and he realizes the immensity as well as the beauty, of the Rockies.

The summit of the Rogers Pass has an elevation of 4,300 feet, and from it a view is obtained of a splendid array of peaks stretching in all directions. Sir Donald, however, claims the chief attention, its position accentuating the impression its mere bulk creates. It stands at the end, at the climax of a line of heights, Mt. Avalanche, Eagle Peak and Uto Peak, and overlooks the Great Glacier of the Illecillewaet. Every inch of its 10,600 feet impresses the observer, and as it towers a mile and a quarter above the track, everything seems to sink into insignificance before its splendid presence, for it rises a sharp-pointed pyramid, bare and bold, from the valley below.

The dense forests creep up the low slopes, but fail long before they reach the base of the central height, and above is a glacier on which falls the snow that cannot lodge on the sheer crags of the soaring peak. A col, or ridge of rock, is thrown out towards the range, and at its foot lies another glacier, which feeds.



GLACIER HOUSE, GLACIER, B.C.

a stream that finds its way down a deep-scarred gully to the vale below. It is this stream, perhaps, that brings out most clearly the magnificence of the mountain; the eye dwells on its course, follows its windings and ascends its bed for hundreds and thousands of feet to find there is still a tremendous pile of rock, above and beyond, that seems to pierce the very heavens. The verdure of the grass, the darker hues of the forest, the yellows and browns of the cliff, the blue of the glacier and the blinding, dazzling white of the snow, combine to make Sir Donald a mountain that artists love to paint. It is named after Sir Donald Smith, now Lord Strathcona, one of the chief builders of the Canadian Pacific Railway.



ILLECILLEWAET VALLEY, GLACIER, B.C.

Close by is Glacier House, the Canadian Pacific Railway hotel, enlarged to twice its original size for the second time last winter. Its popularity with tourists is growing steadily, and the Company purpose extensive additions before the end of the next year.

The Illecillewaet Glacier, like nearly every other observed glacier in the world, is receding. It is reckoned the sun drives it back thirty-five feet a year, and recovers this much from the bonds of ice. However, after the ice is gone, the moraine re-

mains, and it will be many centuries before the great rocks carried down by the glacier are reduced to dust, and the land thus reclaimed supports renewed vegetation.

It is utterly impossible for us to even name more than one or two of the places which attracted most attention on the way across the continent, and space does not permit of our going into any further detail. We append what we trust our readers will find to be an interesting account of the meeting, and hope to report several of the papers read from month to month.

The Convention of the Canadian Medical Association, which opened in the O'Brien Hall at 9.30 o'clock on August 23rd, was a notable gathering even for a city so renowned for conventions as Vancouver. In the first place the delegates comprised some of the leading men in the profession from many of the foremost nations of the earth, and for a few days Vancouver possessed such a supply of grey matter as it had never known before.

The visitors began to arrive in small groups, but it was not until the day before that they came in any number. Among those who arrived early was Dr. Mayo Robson, of London, England, who reached Vancouver the Saturday evening previous. Dr. Mayo Robson came West principally on a hunting trip. He has an international reputation, and his address on surgery at the Convention on Wednesday was looked forward to with interest by the members of the Association. Among other notable arrivals were Dr. Oviatt, President of the Wisconsin Medical Association, and Dr. C. H. Mayo, of Rochester, Minn. These gentlemen are well known in the States for their successful surgical operations, and attended the Convention as visitors. Another eminent American physician is Dr. E. C. Dudley, of Chicago, who arrived on the Sunday night and contributed a paper on the following Wednesday evening.

Among the members of the Association on hand were Dr. H. Howard, Guelph; Drs. Chown and England, Winnipeg; Dr. H. G. McKid, Calgary; Dr. Wilson, Edmonton; Dr. T. W. Smith, Aylmer, Ont.; Dr. Mather, Tweed, Ont.; Dr. Boulet, Montreal; Dr. F. Martin, Dundalk; Dr. Pamiraud, Sherbrooke; Dr. Tierney, Prince Albert; Dr. L. G. De Veber, Lethbridge; Dr. Halder Kirby, Toronto; Dr. Geoffrey Bayfield, Portage la Prairie; Dr. A. A. Macdonald, Dr. B. E. McKenzie, Dr. G. Elliott, of Toronto, and lots of others.

Dr. Kirby was the guest of Mr. and Mrs. W. E. Burns, and Dr. Bayfield stayed with his brother, Mr. F. Bayfield, on Davie Street.

Some thirty-five or forty delegates arrived by the Pacific Express on the 22nd, but the bulk of the delegates materialized on the Imperial Limited the day of the opening, and still another

batch the same evening. Among other arrivals was Dr. Small, of Ottawa, the General Treasurer of the Association. The rest were nearly all from Eastern cities, Montreal especially being strongly represented. Drs. Tunstall, Weld, Brydone-Jack, Monro and others of the Reception Committee had a busy time receiving and introducing the visitors. Though a little disappointed by the tardy arrival of the delegates, the Convention opened on time, and business was proceeded with in quite the regular order. The beauty of the mountain scenery was chiefly blamable for delayed arrivals, as delegates who had never seen the Rockies and Selkirks before could not be got to hurry through them.

O'Brien Hall, where the sessions were held, had been elaborately prepared for the Convention, and was well worth a visit. The stairway had been carpeted, and extra seats placed in the large hall to accommodate the visitors. The lesser hall had been converted into a hall of exhibits. A large space was occupied by Messrs. Chandler & Massey, of Toronto, with their display of surgical instruments and appliances. Enamelled operating tables occupied a prominent place, and on the side tables was a glittering display of surgical instruments of every kind. Gazing at the collection of catheters, forceps, probes and knives of every kind, one was very apt to realize that science has left very little undone towards the relief of human ills. Messrs. H. K. Wampole & Co. had a very neatly arranged display of their medicines, and Appleton's and Lippincott's both made a fine showing of medical books. Mr. J. H. Chapman, of Montreal, also had a large assortment of surgical instruments of French and English make on view. In the hallway there was a medicinal food exhibit, and just across from it the Paimel Mesh Underwear Co. displayed its goods. This portion was in charge of Dr. J. C. Cracknell, of Montreal.

All arrangements possible were made for the comfort and convenience of the delegates. A private writing room had been set off. At the head of the stairs on the second floor were placed the desks of the Secretary and Treasurer, and there was a post office box, a telephone, and a stenographer and typewriter; and to the rear of these a reading and smoking room. The arrangements reflected great credit on the local President, Dr. Tunstall, and the local Secretary, Dr. Brydone-Jack, and those who faithfully assisted them in their labors.

The head of the stairway in the O'Brien Hall was populous at an early hour with medical men assembled for the opening of the Convention. After an hour or more passed in signing the register and in informal chat, the President, Dr. Tunstall, of Vancouver, called the meeting to order in the large upper room.

Owing to the delayed arrival of the Imperial Limited, the

attendance at first was not as large as had been expected, but it was very representative, delegates being there from every part of the Dominion, as well as from several outside countries. On the platform were Dr. Tunstall, President; Dr. Geo. Elliott, of Toronto, General Secretary; and Dr. W. D. Brydone-Jack, Chairman of the Committee of Arrangements.

In opening the meeting, Dr. Tunstall stated that they had several distinguished guests among them, and he would be pleased to have their names introduced to the meeting.

The first one to be introduced was Dr. E. C. Dudley, of Chicago, a distinguished gynecologist, and author of "The Principles and Practice of Gynecology."

Dr. Dudley spoke of the pleasure it had given him to attend the meeting of the Provincial Medical Association of British Columbia three years ago, and said he felt sure that that pleasure would be more than repeated now.

Dr. C. H. Mayo was introduced by Dr. McKid, of Calgary. Dr. Mayo said he was pleased to be present at such a gathering, no matter where it might be held, as their profession recognized no international boundaries.

After the adoption of the minutes and the reading of the General Secretary's report, Dr. Small, of Ottawa, moved a resolution to introduce a new by-law into the constitution, empowering the Provincial Medical Associations each to appoint three members, who, with the President, should form an Executive Committee.

The resolution was adopted with very little discussion.

Dr. Brydone-Jack, Chairman of the Committee of Arrangements, then reported to the delegates on the provisions that had been made for their pleasure and comfort. He stated that they would hold occasional Masonic meetings for members of that fraternity. He also read a letter from the Secretary of the Lawn Tennis Club, offering the delegates the freedom of the grounds, and told of the entertainments and excursions which had been provided for the visitors.

Mayor McGuigan was received with applause on going forward to welcome the visitors. He said that he was sorry that the atmosphere was so murky that they could not see the beauties of the surrounding country, as we had here some of the finest scenery in the world. He hoped, however, that they would not blame it on the Council, who usually got blamed for everything unfavorable, bad weather included. He was pleased to offer them the freedom of the city, as he jocularly remarked that it was not always easy for the police to recognize a distinction in people. (Laughter.) He spoke of the value of the Convention in bringing to the Eastern part of the Dominion a knowledge of what

the West really was. He told them there was a valuable organization in the city known as the Tourist Association, whose members would be glad to show them all that was to be seen.

He noticed that the American Medical Association was going to meet in Portland, Oregon, next year. He was sorry that the two bodies had not met on the Coast this year, but as it was he trusted they would both do much to dispel the false notions that prevailed in the East as to conditions in the West. He had just come from a trip to the East, and he knew there was a great deal of ignorance about the Coast. A prominent doctor in Montreal had asked him if they managed to get the *Daily Star* in Vancouver, evidently imagining that there were no daily papers here. He hoped that gentleman was out here now, and if he were he would see that we had as large a number of daily papers and as high a quality as any city of our size in the Dominion.

He spoke particularly of those physicians who were here from the Old Land, and of the tidings they would carry back with them, and it was in many ways a good thing for the medical profession and for the country that this meeting should take place here.

Speaking from a medical standpoint, he said that there was even a higher standard of professional ethics here than in the East, and instanced the entire absence of professional advertising. He stated that there was to his knowledge no illegal practitioner either in Vancouver or Victoria. In conclusion, he offered them the freedom of the city, and as Chairman of the Police Commission, he guaranteed that they would find the police and the city officials ready to give them all the information and assistance they might need. (Cheers.)

The following resolution was then moved by Dr. R. E. McKechnie, of Vancouver, and seconded by Dr. R. E. Walker, of New Westminster:

"Whereas tuberculosis has been positively proved to be an infectious disease;

"Whereas the patient is the focus of infection and is capable of infecting and does infect dwellings, clothing and private and public places generally. Statistics already available prove that compulsory notification with educational oversight of the patient and those under exposure to the contagion, together with disinfection of infected materials, has resulted in a diminution of the number of cases;

"Whereas, such action in the Dominion of Canada lies with the various Provincial Governments;

"Therefore, be it resolved, that the various Provincial authorities be and are hereby urged to at once take the necessary steps to bring these suggestions into effect, and that the Secretary

be requested to forward copies of this resolution to the Secretaries of the various Provincial Boards of Health."

Dr. C. J. Fagan, of Victoria, Provincial Health Officer, spoke briefly in favor of the resolution. He said that some years ago he had brought up a similar resolution, but owing to the apathy with which it had been received by the medical men of the province, he had let the matter drop, until recently, when the urgent necessity for some measures had encouraged him to take up the matter again.

Owing to the non-arrival of some gentlemen who were down for addresses, Dr. Fagan was next called upon and read a paper on "Patent Medicines" which gave rise to a great deal of discussion. Whilst all seemed to agree with his views there was some difference of opinion as to how the evil should be treated. The thanks of the Association were moved by one member, who declared that the use of patent medicines was a growing evil and should be dealt with. He said that he understood that at the last session pressure was to have been brought upon Sir William Mulock to introduce some measures to check the spread of this evil by pamphlets sent through the mails, but nothing had been done. He was pleased, however, to notice that Dr. Sullivan had brought up a resolution in the Senate that the authorities should take this matter up and deal with it.

Another doctor suggested that it should be brought before the Minister of Inland Revenue that the sale of these medicines vastly exceeds that of alcoholic stimulants, from which the country derives a great revenue, and a greater revenue could be derived by taxing these proprietary medicines. In this way something might be done without infringing on the imaginary rights of people.

It was finally resolved that Dr. Fagan and such gentlemen as he wishes to associate with him, should be appointed a committee to draft a resolution on this question of patent medicines.

At the conclusion of the discussion on Dr. Fagan's paper, the Convention adjourned to meet again at 2.30 p.m.

At the opening of the afternoon session, Dr. Tunstall read the following telegram:

NEW YORK, AUGUST 23RD.

S. J. TUNSTALL, M.D.,

Thanks for kind invitation. I greatly regret cannot attend meeting. The press here, medical and lay, refers triumphantly to Osler's appointment as Regius Professor of Medicine at Oxford. King Edward approved it. Osler has accepted for next year. God bless dear old Canada, McGill and Osler.

Yours faithfully,

WILFRID NELSON.

Dr. Davie, of Victoria, Vice-President of the College of Physicians and Surgeons of British Columbia, then came forward to welcome the visitors to the Province.

Dr. Davie said that in the absence of the President of the College of Physicians and Surgeons it gave him much pleasure to welcome the visitors. He said that this was the first meeting of the kind in the Province, but they had the same interests and studies in common, and it gave him much pleasure to bid them heartily welcome.

Dr. R. E. McKechnie then gave an "Address on Medicine," which contained a very interesting sketch of the progress of medical science from the earliest ages. The address will be found under our original articles in next month's issue of the JOURNAL. He also gave an interesting account of his experiences with a rival "medicine man" among the Indians on the Coast. The concluding part of the address dealt with the progress of medicine in recent years. At the conclusion of the address a vote of thanks to Dr. McKechnie was moved by Dr. Lafferty, of Calgary, and seconded by Dr. England, of Montreal. Before putting the motion the President explained that the address redounded the more to the credit of Dr. McKechnie because less than two weeks ago he had stepped into the place of a gentleman who had been set down for it, but was unable to attend. The vote of thanks was then heartily carried.

As several gentlemen who were down for addresses had not arrived, an exhibition of "The new color test apparatus" was given by Dr. Glen Campbell. Mr. Mansfield, Fleet Surgeon on H.M.S. *Grafton*, had been billed for this, but as his ship had been called away to Honolulu, Dr. Glen Campbell had kindly consented to read the paper he had prepared and to work the color test.

The machine in question is shaped something like a camera, with two knobs and different eyeholes in front, but is closed up behind, and is meant for testing the eyesight of candidates for the Army and Navy.

That the members of the Association might better observe this instrument, the meeting was adjourned for fifteen minutes.

When the meeting was again called to order, a paper on "Movable Kidney" was read by Dr. Kenneth McKenzie, of Portland, Oregon.

Dr. Robert H. Craig, of Montreal, followed with a paper on "Case Reports."

Dr. Hackett and Dr. Irvine, both of Montreal, spoke briefly on Dr. Craig's paper, both congratulating him on the success of his operations.

The Convention then adjourned till 9.30 next morning.

The conversazione given by the Association at the Hotel Vancouver in the evening was a brilliant social affair. By ten o'clock there must have been fully 500 people in the large dining room of the hotel, and the hum of many voices in conversation almost drowned the strains of Harpur's orchestra, which was playing at the further end of the room. Among the many guests were the wives and daughters of the visiting medicos, and the members of the Committee on Arrangements, conspicuous by their bright badges, had a busy time making introductions. Among the many guests from the city were the Mayor and several members of the City Council, and many of the city officials. There were also several representatives of the city clergy and the legal profession was present in large numbers. That those present enjoyed themselves was shown by the cordiality and freedom from restraint with which conversation was carried on.

Up to the evening of the first day, 157 members and visitors had registered on the books of the Association, but this was augmented to well on towards 300 by the following night's arrivals.

Speaking of the departure of a number of London people to Vancouver to attend the meeting of the Canadian Medical Association, the *Free Press*, London, says: "A large party of medical men and their wives left the city on Monday night for a pleasant transcontinental trip, in the course of which they will attend the convention of the Dominion Medical Association to be held in Vancouver, B.C. Among those who left—all travelling by the C.P.R.—were Dr. and Mrs. Drake, Miss J. Moore and Dr. Norman Henderson, of this city, and Dr. and Mrs. McCallum, Miss McCallum and Dr. and Mrs. Bell, of the Asylum.

"Dr. and Mrs. Eccles and Dr. and Mrs. Meek also left, but were members of a special party that was made up, in addition, of the following: Dr. Wardlaw and wife, Galt; Dr. Hobbs and wife, Guelph; Dr. Rooney and wife, Shelburne; Dr. Ross, Dundas; the Misses Bain, Dundas; Dr. Secord, Brantford; Miss Howell, Brantford; Dr. Holmes, Chatham; Dr. Savage, Guelph; the Drs. Thompson, Strathroy; Dr. McCullough, wife and daughter, Alliston; Dr. Gilchrist, wife and daughter, Orillia; Dr. Stewart, Milton. This latter party went to Owen Sound, and thence by C.P.R. steamer *Alberta* to Fort William, where they took a special car on which they travelled to the Coast."

It may be interesting to know that the handsome badge worn by so many of the Medical Association, was designed by the worthy President, Dr. Tunstall. It is a neat heart-shaped button, surmounted by the miniature arms of Vancouver (the Sunset Gateway of the Dominion) as a crest. Through the centre runs the golden staff of Mercury, and round the edge is inscribed

"Canadian Medical Association, 1904." The button was neatly finished off in alternate stripes of white and blue, and is a credit both to the designer and the maker.

That the Medical Association is growing was abundantly proved both by the report of the General Secretary and the large number of names proposed for membership.

Among the other arrivals on the Pacific Express the second evening was Senator Sullivan, of Kingston, Ont.,

Dr. Moorehouse, one of the Nova Scotia delegates, was unfortunately taken ill while en route to the Coast. The ambulance was in attendance on the arrival of the Imperial Limited, and conveyed him to the Vancouver General Hospital, where he speedily recovered.

A pleasing feature of the first day's proceedings was the attention with which everyone present listened to the various papers, very few leaving the room before adjournment.

A notable exhibit was an X-ray outfit by Heinz & Co., of Boston, Mass. The expert who had charge of this machine gave several exhibitions before the Association. Mr. J. J. Dougan also installed an exhibit of the many valuable medical works for which he is agent.

The smoothness with which the Convention was conducted is largely due to the following gentlemen, constituting the Committee of Arrangements: Vancouver—W. D. Brydone-Jack, Chairman; F. McPhillips, Secretary. Victoria—Dr. Fraser, Chairman; H. M. Robertson, Secretary. Finance—J. M. Lefevre, Chairman; J. M. Pearson, Secretary. Printing—F. T. Underhill, Chairman; G. P. Young, Secretary. Reception—O. Weld, Chairman; J. S. Conklin, Secretary. Exhibit—A. S. Monro, Chairman; X. McPhillips, Secretary.

In honor of the visitors the streets were illuminated till a late hour in the evening.

On Thursday evening a meeting in the interests of Dr. C. J. Fagan's plan for the proposed tuberculosis sanitarium was held in the O'Brien Hall at 7.45 o'clock. The Mayor presided and Dr. Mayo Robson, the celebrated English surgeon, delivered an address.

SECOND DAY'S SESSION.

There was a considerable increase in the number of members attending the second day's session of the Canadian Medical Association and O'Brien Hall was well filled. Many new members were placed on the roll. Dr. Brydone-Jack, Chairman of the Committee of Arrangements, made several welcome announcements of entertainments and outings provided for the visitors. He stated that cheap rates had been obtained for those wishing to visit New Westminster, and for those who did not

wish to go, the steamer *Kestrel* had been retained, and they could explore the beauties of the Inlet. He also announced that all guests of the Association were to receive free tickets to the dinner at the Hotel Vancouver that evening. He further stated that on Wednesday evening there would be a special Masonic meeting, at which members of the fraternity visiting the city would be made especially welcome. For the ladies accompanying the visitors, carriages would be at the Hotel Vancouver at 2.30 to take them around the Park.

The first paper read was doubtless one of the most notable addresses of the Convention. It was that of Mr. Mayo Robson, of London, Eng., on "Surgery." Mr. Mayo Robson's address, *which we hope to reproduce next month*, was vividly illustrated by a superb series of lantern slides, showing the formation of the internal organs, and was listened to with the keenest interest throughout the whole hour that it occupied, and was received with loud applause.

At the conclusion a hearty vote of thanks to Mr. Mayo Robson was tendered by the audience.

Dr. F. J. Shepherd, of Montreal, then read a paper on "Hernia of the Bladder, Complicating Inguinal Hernia."

The paper was followed by short discussions by Dr. A. A. Macdonald; Dr. Meek, London, Ont.; Dr. Secord, Brantford; and Dr. Eagleson, Seattle.

A paper on "Movable Kidney" was then read by Dr. K. McKenzie, of Portland, Oregon. Those taking part in the discussion were Dr. R. C. Coffey, Portland, and Dr. Eccles, London, Ont.

Dr. S. R. Jenkins, of Charlottetown, P.E.I., then read a short paper on "Report of Hypertrophy of the Breasts."

Before adjournment, Dr. Brydone-Jack announced that those who wished it might go with Dr. Underhill to inspect the septic tanks—that was if they preferred that to the lunch in the Pender Hall. There were also bowling and croquet games and lawn tennis at the Lawn Tennis Club grounds.

The Convention then adjourned for luncheon.

The first business to come up in the afternoon was the election of the Nominating Committee. Drs. Brydone-Jack and Shepherd were appointed tellers, and a ballot was taken on the following:

Prince Edward Island—Dr. McLaren and Dr. Houston.

Nova Scotia—Dr. James Ross, Dr. J. B. Black.

New Brunswick—Dr. Morehouse, Dr. T. Walker.

Quebec—Dr. Shepherd, Dr. R. Craig, and Dr. Boulet.

Ontario—Dr. Meek, Dr. Howitt and Dr. A. A. Macdonald.

Manitoba—Dr. McArthur, Dr. Smith and Dr. Chown.

North-West Territories—Dr. De Veber and Dr. Stewart.

British Columbia—Dr. Davie, Victoria; Dr. R. E. McKechnie, Vancouver.

There are only two candidates elected for each Province, so that only the results in Ontario, Quebec and Manitoba remain to be known.

Dr. McGillivray, of Edinburgh, and Dr. Sinclair, of Manchester, Eng., were introduced to the Association and welcomed by the President.

A paper on "Diseases of the Eye" was then read by Dr. J. W. Stirling, of Montreal.

Dr. D. Cruikshanks, of Windsor, Ont., followed with a paper on "Therapeutic Hints from Bacteriology," giving many interesting descriptions of the actions of bacteria on animals. He was of opinion that too much medicine was used in bacterial diseases as a general rule, and thought that the twentieth century would witness a radical change in treatment.

At 4 o'clock the meeting adjourned, most of the members going to the Pender Hall, where a reception was held, while others went for a drive round Stanley Park. The reception was quite a brilliant affair. It was attended by several hundred people, and Mrs. Tunstall and the wives of other local doctors who constituted the Reception Committee, had a busy time receiving their guests. The hall was decorated in a manner that reflected the greatest credit on Mr. O'Callaghan and those who had assisted him in the work. The windows were treated with a dark green dressing, which admitted a softened light. The roof was done in terra-cotta, and the electric lights were festooned with orange shades and ivy. Undoubtedly the beautiful setting of the scene did much to enhance the success of the gathering.

There was a large attendance at the evening session, and the Presidential address of Dr. Tunstall was listened to with great interest. Before commencing his address, Dr. Tunstall asked Dr. Powell, of Ottawa, to take the chair.

In doing so, Dr. Powell referred to the pleasure he felt at being at a meeting of the Association presided over by his old friend, Dr. Tunstall.

Dr. Tunstall then delivered his masterly address, which will be found among our original contributions in this issue of the *JOURNAL*.

The Hon. Senator Sullivan, in quite a lengthy speech, proposed a vote of thanks to Dr. Tunstall for his very able address. He spoke of the gratitude due to this young province for entertaining in its midst this cultured and enlightened gathering. He spoke of the history of the Canadian Medical Association, which had been first established thirty-eight years ago. He congratulated

lated Vancouver on securing so many visiting doctors from the neighboring States, and said that if Canada was invaded it would not be by way of Tacoma. (Laughter.) He said he intended to have given them a little of the wisdom of the hoary East, but Vancouver was so much West that she was neither East nor West. He spoke with approval of the suggestions made by Dr. Tunstall, and said he hoped they would travel East and be taken up with enthusiasm by the profession as they went till they covered the whole Dominion. He again moved a vote of thanks to the President for the very able and practical paper he had given them. Dr. Sullivan's speech was replete with witty points and flashes of rhetoric, and was received with great applause.

The vote of thanks was seconded by Dr. Eccles, of London, Ont., and carried with enthusiasm.

Dr. E. C. Dudley, of Chicago, then gave an address on "Gynecology," illustrated by a series of fine lantern slides. It was listened to with close attention, and at the close Dr. Dudley received a hearty vote of thanks from the audience. (Dr. Dudley's address will be found on pages 237 to 243 of this issue.)

A number of pictures of the new Vancouver Hospital building were then thrown upon the screen, and were explained to the meeting by Mr. G. W. Grant, of the firm of Messrs. Grant & Henderson, the architects of the building.

As the hour was late, the Convention adjourned to meet again in the O'Brien Hall at 9 o'clock next morning.

During the course of the evening session, the following announcement was made by Dr. Brydone-Jack, Chairman of the Committee of Arrangements:

The excursion tickets were quite free to all their guests, and the Committee hoped that every member present would take advantage of them and take their wives and daughters with them.

He announced that transportation to Victoria would be free to all members from the East, and if any had not tickets, all that was necessary was to apply to Mr. Coyle, Passenger Agent of the C.P.R., and they would receive them. As they wished to estimate the number going to Victoria, he asked all who intended going to stand up, and nearly everyone in the room rose, whereupon Dr. Fraser, of Victoria, said he hoped that everyone would go, as there was much to show them.

Dr. Brydone-Jack apologized for not being able that afternoon to carry out their arrangements to visit the septic tanks, but he said provision had been made that that morning at 10.30 Dr. Underhill and Colonel Tracy would be at the disposal of any members who wished to view the tanks.

He also announced that the Maritime Provinces Association meeting would be held sharp at 12 o'clock, when the members

here would present an address of welcome to the visitors from their old home.

During the previous day's session, the following announcements were made:

A meeting of the members of the Canadian Medical Association, who hail from the Maritime Provinces, is called at 12 o'clock. The meeting will be held in the smoking-room of the O'Brien Hall, and is called for the purpose of meeting the local members of the Maritime Provinces Association. It was understood that the members of the latter Association intended to extend a formal welcome to the visiting "Blue Noses," and also present the visitors with an address.

A cordial invitation was also extended by the Art and Historical Association to the visiting members of the Canadian Medical Association to visit the Carnegie Library, at the corner of Westminster Avenue and Hastings Street, on the upper floor of which is the Society's museum, which is open for the inspection of the visiting doctors. The interesting collection on view there is well worthy of a visit.

A meeting of the Executive Committee of the Association was called for 2.30 p.m.

Those who wished to get tickets for the New Westminster excursion were requested to apply at the Secretary's desk in the O'Brien Hall, and meet at the tram office at 1.30 p.m. Special cars were provided and run half-hourly during the morning.

THIRD DAY'S SESSION.

At the opening of the third day's session of the Canadian Medical Association, the attendance was smaller than before, as many had chosen to go out to the septic tanks, and different outside attractions had taken away others.

Many new members were proposed and elected, and Dr. Brydone-Jack announced that the Government steamer *Kestrel* would be ready at the C.P.R. wharf at 2.30 to take out any that had not gone to New Westminster.

The first paper read was that of Dr. C. H. Mayo, of Rochester, Minn., on "Tubercular Peritonitis." The fact that the Mayos have an almost international reputation for the treatment of tubercular diseases, lent additional weight to his words, and his paper was followed with close attention.

A vote of thanks was moved by Dr. Macdonald, Brandon, and seconded by Dr. McKid, Calgary.

Dr. Davie, Victoriá, discussed the paper at some length, complimenting Dr. Mayo on opening up new theories of treatment for these troublesome diseases, and praised the ingenuity of the American physicians in the methods they had adopted.

Dr. Holmes, of Chatham, Ont., also spoke a few words ex-

pressive of the pleasure he had derived from listening to Dr. Mayo's paper.

Dr. Howitt, of Guelph, Ont., read a paper on "Meckel's Diverticulum, Report of Cases." During the reading of his paper, Dr. Howitt had several photographs of diverticula he had treated handed round for inspection.

Dr. Mayo discussed the paper at some length. He said that in these physical freaks it often took a gravestone to teach them anything. He also said that while the lungs would stand a great deal of operation, a small intestine would stand very little.

Dr. C. W. Wilson, of Montreal, read a paper on "Results (after one year) of the Lorenz Operation for Congenital Dislocation of the Hip," illustrated by a number of radiographs. He showed that of cases treated there had been about 10 per cent. of perfect replacements, and perhaps 50 per cent. of good results.

The paper was discussed by Dr. B. E. McKenzie, of Toronto, who cited many cases of dislocated hip which had come under his own observation.

Dr. E. R. Secord, of Brantford, Ont., gave an address on "Operative Treatment of Spina Bifida," which was the last paper read before the Association, as one or two others whose names were on the programme had failed to appear. Dr. Secord's paper was well received, and at the conclusion he was made the recipient of a vote of thanks.

The Convention then adjourned till 9 o'clock next morning, when a business meeting was held and officers elected for the ensuing year and reports of committees handed in.

After the adjournment of the morning session, a number of the officers and members of the Maritime Provinces Association met in the lesser O'Brien Hall to present an address to the visiting doctors from their home land. Several ladies were present, and before opening Miss Burpee very tastefully played a selection on the piano. When the visitors had gathered together, Mr. John Johnstone, President of the Maritime Provinces Association, presented them with the following address:

To the Maritime Provinces Members of the Canadian Medical Association—

The Maritime Provinces Association of Vancouver desires to extend to you a very hearty welcome to the Pacific Coast and especially to the Lion's Gateway, our fair city of Vancouver.

Our Association, now numbering over one thousand, resident in or near Vancouver, was formed for the purpose of bringing together natives of Nova Scotia, New Brunswick and Prince Edward Island in friendly and social intercourse, and of keeping in mind the varied and romantic history of the provinces by

the sea, and the many distinguished men whose memories should never be allowed to fade.

We regret that your stay in Vancouver is so limited, and that your time is too fully occupied to permit us to meet with you publicly. Our members would gladly embrace the opportunity to mingle with you and renew old acquaintances.

We can assure you that we have not forgotten the homes of our childhood, whether these were on the rugged shores of Nova Scotia or in its beautiful valleys; or by the peaceful Cape Breton lakes; in the garden of the Gulf, the fruitful Island of Prince Edward, or in forest-clad New Brunswick, with her wealth of beautiful lakes and glistening streams.

Your visit brings these old scenes back to us, and mitigates, to some extent, the three thousand miles intervening between us and "home."

We trust you will carry away with you pleasant memories of your visit among us, and of this great Province in which you are sojourning, which is so vast in area, so rich in resources and endowed so beautifully in scenery and climate.

Here in Vancouver the grass remains green all winter, roses and other flowers bloom in the gardens in January and February, and the balmy breezes of the Pacific breathe perpetual summer.

With renewed expression of our interest in your visit, and trusting that British Columbia will appeal to you in all its varied beauty, we ask you to convey our salutations to old friends at "home," and assure them that while loyal to the land of our adoption, our pulse yet beats true to the Maritime Provinces, and that we ever follow with warm interest their continued prosperity and development.

Signed on behalf of the Maritime Provinces Association of Vancouver, this 25th day of August, A.D. 1904.

EDWYN S. W. PENTREATH,

Archdeacon of Columbia,

Honorary President.

JOHN JOHNSTONE,

President.

T. B. CROSBY,

Honorary Secretary.

Dr. J. Ross, of Halifax, then read the following address in reply:

To the Maritime Provinces Association of Vancouver—

The Maritime Provinces members of the Canadian Medical Association are deeply grateful to you for the hearty welcome and words of cheer extended to us.

That such an Association as yours exists, with its large number of members, and showing strong evidence of a healthy growth,

pictures that spirit of true fellowship that should fill the hearts of all those who have not forgotten their nativity.

Since we arrived in your city we have been received with the greatest hospitality and particularly from those whose "homes" are so intimately associated with our own in the far East.

We will carry away glad memories of our visit, and particularly the knowledge that your hearts will ever beat true at fond memories of Home, Sweet, Home.

(Signed) S. R. JENKINS, Charlottetown.

JAMES ROSS, Halifax.

F. S. YORSTON, Truro.

GEO. M. CAMPBELL, Halifax.

J. B. BLACK, Windsor.

C. I. MARGESON, Hantsport.

Vancouver, August 25th, 1904.

At the conclusion Dr. Ross called upon Dr. Black, of Windsor, N.S., the senior member of the delegation, for a few words.

Dr. Black said he had been delighted with this country and the reception that had been given them by the people here. He wanted to say that no man could ride from Halifax to Vancouver and not be a bigger man mentally when he arrived in Vancouver. He believed he would be a more loyal man, more of a Canadian and less of a colonist, and it would give him a more abiding faith in Canada and her institutions. Whilst he was not here as a politician in any sense of the word, but simply as a physician attending the Convention, he believed that, as full-grown, self-respecting men, we feel, or ought to feel, that this Canada of ours should be wholly governed by ourselves. He was not a secessionist, and had not the least desire to break any of the links with the Old Land, but he thought they should be part of a British federation entirely controlling their own affairs. They had their own hopes and ambitions and aspirations, which could not be shared by England, Ireland, Scotland, or any other part of the British Empire. The artisans of the cities of these countries were the men who elected the men that sent them their Governors-General. He believed, however, that the people of Canada had ability and courage enough to choose for themselves. "Time turns the old days to derision," Swinburne told them, and he believed that it was rapidly turning the old days of colonialism to derision, and teaching them that they must look to themselves. In conclusion, he said he was glad to see that their people here had not forgotten the best part of the Dominion down by the sounding sea.

Archdeacon Pentreath said he was only sorry that circumstance had prevented them giving the physicians a large public reception, as they would like to have done. He spoke with regret of the late ex-Lieutenant-Governor McInnes, who, with others,

was a prime mover in founding the Association. They had now on the books nearly a thousand members, which showed that there was a strong and excellent element building up Vancouver and British Columbia. He spoke of the growing national spirit in Canada, and said it was something they should do all in their power to foster.

Before the visitors dispersed all were presented with beautiful bouquets by the ladies present.

About two hundred doctors, with their wives and daughters, went over to New Westminster in the special cars provided for them the same afternoon. After having made a short inspection of the Royal City, they embarked on two steamers and were taken down the river past Ladner to Steveston. There the medicos were duly initiated into the mysteries of salmon canning, the different canneries being thrown open for their inspection. They were also taken on a tour through Chinatown, where they caught a glimpse of life in China as it is transplanted in the far West. Afterwards Mr. Coyle, Assistant General Passenger Agent of the C.P.R., met them at the depot and saw them safely installed in the special train he had provided, and about 6 o'clock they returned to Vancouver, quite refreshed by their outing.

In the morning between twenty and thirty of the doctors drove round with Dr. Underhill, Medical Health Officer, and Colonel Tracy, City Engineer, and inspected the septic tanks.

In the afternoon several delegates, who did not visit New Westminster, were taken for a cruise on the Inlet on the *Kestrel*.

The dinner of the Canadian Medical Association, given at the Hotel Vancouver that night, was a distinguished and successful affair. There were about two hundred medical men present, nearly all of whom were visitors to the city, and who were attending the Convention of the Association. Many of the visitors who came on Sunday had gone either to Victoria or Seattle, consequently there were fewer of the members present than were anticipated. As it was, however, the event was a highly pleasant one. Dr. Tunstall, the President of the Association, occupied the seat of honor at the table, and on the right hand was Mr. Mayo Robson, whose address at the Convention was so instructive and interesting; Prof. Dudley, of Chicago University; His Worship the Mayor, Dr. McGuigan; Dr. Sullivan, Senator, who wittily replied to the address of the President on Wednesday evening. On the left of the President were Dr. Shepherd, of Montreal; Dr. Powell, President of the Canadian Medical Protective Association; Mr. R. Marpole, General Superintendent of the Pacific Division of the C.P.R.

The spacious and well-appointed dining-room was well fitted to accommodate the large assembly. The brilliancy of the electric light was augmented by the glint of lighted tapers, and High-

field's orchestra provided music in such a style as to elicit applause from time to time.

After the repast, the toast list was announced by the President, Dr. Tunstall. First, "The King," responded to enthusiastically by the entire assembly singing "God Save the King." "The President of the United States" was also drunk heartily when "The Star-spangled Banner" was the air. "Canada," proposed by Dr. Brydone-Jack, Secretary of the British Columbia Provincial Association, called for the hearty singing of "The Maple Leaf."

This toast was coupled with the names of Dr. Sullivan, of Kingston, and Dr. McGuigan. Dr. Sullivan's reply opened very wittily, his remarks beginning really when he told of how proud we should be that we were residents of the Dominion, and particularly of Vancouver, the best in Canada. He was glad to see so many from the United States on such an occasion. Dr. Sullivan told of whom he represented from Ontario, and waxed warm and witty over their grand attributes. He humorously objected in the strongest terms to having been pounced upon to reply to a toast without having had any notification, his remarks causing laughter throughout.

Mayor McGuigan reminded the members that in the holding of the Convention in Vancouver, the Association had completed the extent of Canada from Prince Edward Island to British Columbia. The members would go down to Victoria on Friday, and that would complete the trip to the Pacific Coast. Touching upon Vancouver, he informed his hearers that when he first came to the city the spot on which dinner had been eaten was forest, where grouse could have been obtained in season. Since then the city had grown into one of the best in Canada, with all the up-to-date appurtenances of a modern city. He hoped the members of the Association would carry back kind remembrances of their visit to the Pacific Coast. (Applause.)

A song by Dr. Powell was a pleasant interpolation. The selection, entitled "Where'er St. George's Banner Waves," was rendered in fine voice.

Dr. Chown, Winnipeg, in proposing the toast of "The Canadian Medical Association," said his first opportunity of seeing Vancouver was when the Association held its Convention at Banff fifteen years ago. Since then the city had been greatly developed, and the early day anticipations had been fulfilled. Now, with continental railway development it was an easy matter to traverse the Dominion and hold a convention here. It was due to Eastern members in the larger cities that the Association was maintained in active organization, and the present session was remarkable for its large attendance and success. With his toast he coupled the names of Dr. Shepherd and Dr. Good.

Dr. Shepherd, of McGill University, Montreal, after an introductory remark that he recognized some of his old pupils, among them the Mayor, said that the first President, Sir Charles Tupper, was still alive, which was worthy of note. The cause of its inception had been to get a Medical Bill passed, but this was ineffectual. The earlier efforts had been surpassed by the great meetings of later days. He had come to Vancouver, too, when the Convention had been held at Banff, but the same smoke seemed to still hang over Vancouver. (Laughter.) He hoped, when he came West again, that there would be an opportunity to confirm the report that there was scenery here. (Laughter.)

Dr. Good, of Winnipeg, who had been referred to by Dr. Shepherd as the silver-tongued orator, turned the remark in a very pleasant way, and spoke of the benefits of the Convention, referring humorously to the length of the papers read. One of the objects of the Association was to bring men together, which had proved beneficial. In his reference to Vancouver, he said it was pleasing to note that a member of the profession occupied the Mayor's chair, and if a judgment could be made from adiposity, Dr. McGuigan was certainly an excellent Mayor. (Laughter.) Dr. Good said he had come from the County of Bruce (cries of "Hear, hear") and had sat at the feet of the President, Dr. Tunstall, and from that school teacher had imbibed many of the noble ideas from which he now suffered. (Laughter.) Dr. Good upheld the reputation ascribed to him, and was interesting and humorous in his remarks, which were greeted with applause.

Dr. Brydone-Jack read two telegrams which had been received by Dr. Tunstall. One was from J. B. Eagleson, which contained the following: "Yankee doctors on their way home give three cheers for the Convention and the Entertainment Committee." The other was from Hon. Richard McBride, and read: "Kind invitation just received. Regret impossible to be present."

Mr. R. G. Macpherson, M.P., wrote: "Through unavoidable circumstances I am unable to be present at your dinner to the Canadian Medical Association to-night. Will you please express my sincere regrets that I am unable to attend, and at the same time trusting that joy will reign supreme round your festive board, and that the members of your noble profession will carry away the most pleasant remembrances of their visit to Vancouver."

Dr. Weld proposed the toast of "Our Guests." He said that the success of the present Convention was due to the presence of distinguished doctors from other countries. Among these were Mr. Mayo Robson, from London; Dr. McGillivray, from London; Dr. Dudley, from Chicago, and others, whose papers had been of great profit. When they came again he hoped that Vancouver would have a hospital where operations could be carried on with

less inconvenience than on the present occasion. This called forth an enthusiastic "For They Are Jolly Good Fellows," followed by hearty cheers. With this toast were coupled the names of Mr. Mayo Robson, Dr. McGillivray, Dr. Dudley, Dr. Mackenzie, of Portland, and Dr. Manning, Everett.

Mr. Mayo Robson said Canada was a great country, not only in its details, but in its grandeur. Entering Belle Isle Straits he thought he was near Quebec, but after he had travelled a day and saw the extent of that province, he wondered how great Canada was. When he had crossed the continent, his expectations were realized. When he went back he would know that England was smaller than ever and that Britain was greater than ever. (Applause.) All that was needed was the federation which was now coming about. What was required was to have more Englishmen come to Canada for them to become followers of Mr. Chamberlain. Now the narrow policies of the Georges were replaced by those of a king with a wide knowledge and broad understanding, and the future would be guided by the policy Mr. Chamberlain was now inaugurating. This was a day of aggregation, not segregation. As a medical man he should not have any politics. He had not seen a more enthusiastic gathering. It was a great pleasure to see four hundred or five hundred men together at the extreme west side of the continent. He complimented the resident doctors upon the prospect of a new hospital, and upon the equipment of the present institution. There was no want of learning nor of care among the medical men of this part of Canada.

Dr. E. C. Dudley's first information of Canada was when he was a barefoot boy, and he had formed many opinions of Canada at that time. Since then these good opinions had increased. Proceeding, he said the lack of preparation had left him only one resource, to tell the truth. Before doing so (loud laughter) he said he would like to remark on the different periods in the feeling between the United States and Canada, the latest of which was the period of brotherly love, which was here to remain. Earlier in the evening the President had proposed the toast of the President of the United States. In the United States the toast of the King of England was never proposed. He had been present at many affairs of this kind in his own country, and the toast was "The King," and everyone knew. (Applause.) British stock and American stock was common stock, and this was preferred stock. (Cheers.) Dr. Dudley touched upon the Russo-Japanese War, and said that while he was in favor of the Japs, as a cosmopolitan he hesitated about being in favor of a Japanese victory, as it might be a menace. He closed with a reference to the unanimity of Canada and the United States.

Dr. McGillivray, Edinburgh, said he had learned since com-

ing to the Dominion what true hospitality meant, and said if he remained here he would know what it was to be killed by kindness. The memory of his stay in Canada would remain with him long after he returned to his native country. (Applause.)

Dr. Mackenzie, Portland, Ore., extended hearty thanks for the generous hospitality extended to the delegation from Oregon. It had distinctly a western flavor, which was to him a rare exotic. Since he had made Oregon his adopted home, twenty or thirty years ago, he had found that the people of that side of the line were much the same as they were in Canada. He was proud to belong to the great Anglo-Saxon race, which would ultimately win in the racial struggle now going on. Practically Canada and the United States were one, only a line, delimited by some engineers, separating them. Next July the American Medical Association would convene in Portland, and as Chairman of Arrangements he extended an invitation to be present. (Cries of "We'll be there.")

Dr. Manning, Everett, made a pleasing reference to the similarity of peoples, and said that it would be difficult to find a mistake in the actions of the Canadian Medical Association. Upon the question of mistakes he spoke eloquently and humorously, dwelling upon the mistakes of the profession. In closing he thanked the Canadian Medical Association for the loyal manner in which they had entertained their guests. Dr. Manning was greeted with applause.

Dr. A. A. Macdonald, who was called upon for a Scotch song, said he thought when he came here he was so far from his native heath that he would never be called upon for a speech or a song. Had it not been for the Convention of the Canadian Medical Association, he did not think it probable that he would have visited the West. He was always a Canadian, but he never appreciated the extent of this great country. This was the preface to a very catchy song with a nasal chorus in which all joined, accompanied with much laughter and absence of harmonious tune.

Dr. Lafferty, Calgary, proposed the toast of "The Learned Professions." He deprecated his ability to perform the task, but succeeded admirably. This toast was responded to by Mr. W. R. White, K.C., barrister, of Pembroke, and Prof. Sinclair, of Manchester, England.

Mr. White said he was at a loss to express his feeling at being present at such a gathering of ability and learning from all parts of America and Britain. He found very appropriate words, however, and his remarks were able and entertaining. He spoke at some length upon the subject, and was followed with considerable applause.

Prof. Sinclair declared that this was the first time in his life he had had the pleasure of responding to this toast.

Dr. Powell, Ottawa, said he felt it a high honor to propose a toast to the President, Dr. Tunstall. He had known the President for many years, and his appreciation of him was sincere.

When those present had sung heartily "He's a Jolly Good Fellow," Dr. Tunstall thanked the proposer for his high encomium. When he had received the appointment as President of the Association, he began to think in what way he could carry on the labors of those who had preceded him. If he had succeeded in making this Convention a successful one, much was also due to those who had assisted him, and to those also who had come thousands of miles to give their help. If he had done as well as was said, he was satisfied. (Applause.)

The healths of the Treasurer and Secretary, Dr. Small and Dr. Elliott, were also drunk, to which suitable responses were made. Dr. Small, Ottawa, recalled the fact that this was the third largest Convention in the history of the Association. The number of visitors from Great Britain and the United States has also been larger than heretofore, and he hoped to see greater co-operation between those of the medical profession in the two countries.

Dr. Elliott, Toronto, who for three years had been General Secretary of the Association, affirmed that he had not served with greater satisfaction under any President than under Dr. Tunstall, of Vancouver.

The toast to the health of the local Secretary, Dr. Brydone-Jack, was proposed by Dr. Shepherd.

Dr. Brydone-Jack said the success of the Convention was not due so much to the Secretary, as to the united efforts of the medical men generally.

The banquet closed with the singing of Auld Lang Syne and God Save the King.

FOURTH DAY'S SESSION.

Probably owing to the lateness of the banquet the night before, combined with preparations for departure, the attendance at the final meeting of the Canadian Medical Association was much smaller than it had been before. The principal business was the receiving of the reports of committees, and election of officers.

The Nominating Committee sent in the following names as officers for the ensuing year, and they were duly elected:

President—Dr. John Stewart, Halifax.

Vice-Presidents—Prince Edward Island, Dr. McLaren, Montague Bridge; Nova Scotia, Dr. J. B. Black, Windsor; New Brunswick, Dr. A. B. Atherton, Fredericton; Quebec, Dr. James E. Dube, Montreal; Ontario, Dr. H. Meek, London; North-West Territories, Dr. W. S. England, Winnipeg; British Columbia, Dr. R. E. Walker, New Westminster.

Local Secretaries—Prince Edward Island, Dr. H. D. Johnson, Charlottetown; Nova Scotia, Dr. G. C. Jones, Halifax; New Brunswick, Dr. T. D. Walker, St. John; Quebec, Dr. J. D. Cameron, Montreal; Ontario, Dr. Stuart, Palmerston; North-West Territories, Dr. Hewittson, Pincher Creek; Manitoba, Dr. Popham, Winnipeg; British Columbia, Dr. A. S. Monro, Vancouver.

General Secretary—Dr. Geo. Elliott, Toronto.

Treasurer—Dr. H. B. Small, Ottawa.

Executive Council—Drs. G. M. Campbell, J. Ross, C. D. Murray, Halifax.

Upon motion, the President cast the ballot for the above-named candidates, and they were declared elected.

It was also decided that the next annual meeting of the Association should be held in Halifax.

Dr. Powell, of Ottawa, presented a report of the Committee on a Federal Health Department. He said that in accordance with a resolution passed in London last year, the committee had interviewed the Government, and he was sorry to report that it could not give them any assurance that the resolution in the matter would be practically considered. He said there seemed to be a general fear lest such a department should interfere with the autonomy of the Provincial Boards, but he had pointed out that there was no fear of that, as many matters would come up for consideration that could not be touched by the Provincial authorities. He instanced the medical treatment of Indians, which was under the supervision of the Minister of the Interior, and the Quarantine Department, under the control of Dr. Montizaubert. There were such matters, besides, as sickness on trains and in camps, which could be dealt with by a Federal Department, and he did not see that there was the least need that it should in any way interfere with the Provincial Departments.

Dr. Fagan said he quite agreed with Dr. Powell's remarks, because, as a Provincial Medical Health Officer, he had often been faced with the very same difficulties of which he had spoken. Cases were brought to his notice that were not within the range of the Provincial Department, and when he applied to Ottawa he was told that they could not deal with them there.

The following resolution was then carried unanimously: "That the Canadian Medical Association regrets that the Canadian Government has not seen fit to carry out the resolution of this Association in favor of the creation of a Federal Health Department, and be it further resolved that the Association continue to press this matter before the Government, and that the Special Committee in charge of the same be re-appointed and requested to continue its efforts to this end, and that copies of this resolution be sent to the Prime Minister, the Minister of Agriculture and the Secretary of State."

Dr. Fagan then brought in the following resolution on "Patent Medicines": "That in view of the large amount of patent medicines which are now on the market containing alcohol and various drugs which, being taken, lead to the formation of evil habits, and are dangerous to the health, and in special view of the false statements concerning these remedies made through the press and by other means, some means should be adopted to control and restrict the sale of such medicines and to prevent fallacious statements advertising the same. Further, that a memorial to the Government be sent to the proper department concerning the matter."

Dr. Shepherd, of Montreal, thought the resolution might have been a little more specific. There was a complaint, but no remedy suggested. He thought that, considering the amount of alcohol used in these preparations, the manufacturers should be compelled to print a table of the ingredients, as was done in Germany.

Dr. Fagan said the committee had considered that it would be better first to bring the matter before the authorities in a general way, and let them take what action they might think fit. He scarcely thought it would be courteous to tell them what to do.

Dr. Lafferty said that he agreed with Dr. Fagan in this matter, though, if the Government seemed willing to take the matter up, they might make some suggestion to them next year.

The resolution was then passed unanimously.

The Hon. Dr. Sullivan then brought up a resolution urging energetic legislation in connection with the correct registration of medical practitioners.

Dr. Powell said there had been a great deal of prejudice in the Province of Quebec against the change proposed, and the Association must try to remove this misunderstanding on which that prejudice was founded.

Dr. Tunstall said that the great obstacle in Quebec was that the people did not understand our language, but he thought that once this matter was placed clearly before them the difficulties would vanish. The resolution in no way interfered with local practitioners in the Province—all that is required is that anyone wishing to be placed on a par with physicians all over the British Empire must undergo a Dominion examination.

Dr. Lafferty thought that a memorial should be sent to the Dominion Government in this matter, and that it should be propagated in the press.

The resolution was then carried.

The Auditor's report showed the handsome balance of \$602 on the books.

It was also resolved that the usual honorarium be granted to the Secretary.

Dr. Black, of Windsor, N.S., moved, and Dr. Lafferty

seconded, a vote of thanks to the ladies of Vancouver for their efforts in making their stay so pleasant.

Dr. Shepherd moved that a vote of thanks be given to the Canadian Pacific Railway Company for the kind way in which they had treated them on their journey.

Dr. Brydone-Jack moved a vote of thanks to the press for their kindness during the Convention. They had been very good in carrying out the instructions given them, as well as in making announcements from time to time. He also included in the motion a vote of thanks to Mrs. McLagan of the *World* for her generous donation of papers to the members.

It was resolved also that an acknowledgment should be sent to the British Medical Association for their appointment of Dr. Rouldick as representative of the Canadian Medical Association.

A hearty vote of thanks was passed to Dr. Tunstall for the able manner in which he had presided over the Association, and this brought this most successful Convention to a close.

Most of the delegates then commenced to say "Good-bye" to Vancouver. A large number of them went down to Victoria on the *Princess Victoria*, a programme having been arranged for their entertainment at the Capital City, including drives and steamboat excursions and a reception in the Parliament Buildings.

Directly after the close of the meeting of the Canadian Medical Association, a meeting of the Canadian Medical Protective Association was held.

Dr. Powell, the President, said that when this Association was first started they had hoped that 75 or 80 per cent. of the Medical Association might join them. He thought some alteration was necessary in the constitution to bring this question home to members in distant provinces. He thought there ought to be some one in each province to keep alive the interest in this Association.

Dr. Powell then read his annual report, which dealt strongly with the necessity of more increased activity in soliciting membership, though full of faith for the ultimate success of the organization.

Dr. Tunstall said he quite agreed with Dr. Powell as to paucity of membership in the Association, and would suggest a few changes in the constitution. In the first place he thought they should combine the offices of Secretary and Treasurer, and place more clerical help at the disposal of the President. In consequence of the need of this, there had been a great deal of irritation among members about having no acknowledgment for the receipt of dues and other matters. He also proposed the appointment of a small Executive in each province whose duty it should be to pass upon all cases occurring within the province and to solicit membership. He moved a resolution to that effect, the Executives for this year to be nominated by the President.

Dr. Powell said he had found himself under great difficulties for want of assistance in the provinces in this way. When a case of malpractice occurred, he had to communicate directly with the person, instead of with some disinterested party who was on hand and understood the matter. He regretted to say that a very unfortunate circumstance had occurred in this very city, owing to that position of affairs, whereby the good name of the Association had been smirched in the minds of the profession in British Columbia. He found that the person in charge occupied a very high position in British Columbia, and somebody pretending to act on behalf of this Association published a false telegram in the Vancouver press, the object of which was to show that this person did not occupy in the profession the same place as in the Police Court reports. When he found it out, he had at once telegraphed to Vancouver to say that the telegram was false. Had he had a local Executive to assist him it would have never allowed the good name of the Association to be dragged in the mud in this way. He wished to explain that he had an exact copy of the telegram he had sent, which was to the effect that they were to send a sworn statement from the accused that he was innocent, and another from his lawyer to the same effect, together with his receipt, and if the Executive thought it was a case to defend they would do so, but not otherwise. They were willing to defend those whom they thought to be wrongfully accused, but the Association would never defend any doctor for wrong-doing.

Dr. Fagan wanted to know whether they were going to pursue any inquiry as to the origin of the false telegram. He said that as a result of it a Victoria paper had published an editorial attacking the profession and the methods they pursued.

Dr. Powell said that until he had consulted with the solicitor of the Association he could take no further steps in the matter. Several telegrams had been sent to him asking for aid in the case, and one of these was signed "P. H. Weld," which was manifestly a forgery. He said he thought the position of the Association was quite plain. He had been a good deal attacked since coming here for acting on such slight information, and he was glad to have this opportunity to clear matters up. The Association always investigated a case before dealing with it. Some cases they refused to handle, others they advised to settle out of court, and some cases they defended. In no case would they defend wilful wrong-doing—they simply could not do so.

The matter was then dropped without further discussion.

Dr. Powell was re-elected as President of the Association, and Dr. James A. Grant, jr., also of Ottawa, was chosen as its first Secretary-Treasurer, and the Association adjourned to meet in Halifax next year.

The Canadian Journal of Medicine and Surgery

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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.

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Editorials.

AMERICAN SURGERY SEEN THROUGH FRENCH EYES.

Dr. J. L. FAURE, of Paris, gives his impressions of American surgery in an article published in *La Presse Médicale*, July 27th, 1904. Premising, he recognizes that the general doctrines of scientific surgery are the same in both countries. He thinks that the operating room of the Mount Sinai Hospital, New York, is the handsomest he has ever seen. It is an extra-

ordinary room, remarkable in that the walls and even the ceiling are covered with immense single sheets of white marble; but such decorative opulence, instead of capturing his admiration, gives him rather the sensation of prodigality run to riot.

The washing stands, with their taps worked by hand or foot, are similar to those used in France, and just like them, the mixing taps sometimes give the user of a basin a burst of hot water, and at other times pure cold water. He observes that the American sterilizing machines, particularly the autoclaves, which are of large size and placed in a horizontal position, are generally superior to the French ones, though he cannot pronounce authoritatively on their internal value.

He remarks that, during operations, American surgeons are covered from head to foot in sterilized garments; the nurses also wear caps, so as to conceal the hair. Almost all the operators and their assistants wear rubber gloves. On the other hand, he thought that the toilet of the anesthetized patient's skin was done less carefully and with less asepsis than in French hospitals. He thinks that the number of assistants at operations is excessive—two, three or four assistants to touch the patient and the instruments, while two or three nurses are busy with the compresses, passing them from hand to hand. This is, of course, contrary to the practice of French surgeons, whose ideal is to operate with only one assistant.

No operating table which he has seen in America is, in his opinion, equal to Mathieu's. The table most generally used is, however, a good one, being made of sheets of plate glass, which are easily taken apart, although it is defective in not allowing a sufficient inclination, so as to execute easily all the manoeuvres required in pelvic surgery.

He pronounces American surgical instruments vastly inferior to those made in France, the instruments used in gynecology and general surgery being heavy, coarse and primitive in make. This inferiority in surgical ware rather surprised him, but he explains it by the superiority of hand-made to machine-made goods, especially when the former are produced by artists, who put heart and brain into their work. To do first-class work in manufacturing surgical instruments, a long training, tradition and a direction met with only in Europe, and especially in France, are absolutely requisite.

The French nurse (*infirmière*) is not in the same class as the American hospital nurse, and her work is not of equal value. The American nurse often belongs to a good family, and her general education is superior to that which falls to the lot of the French nurse. France cannot begin to compare with America in this respect, and Dr. Faure candidly admits that, while everywhere in American hospitals one sees well-educated young ladies acting as hospital nurses, a similar class of women is unknown in France. He describes how the trained nurse in America makes out clinical reports for each patient, noting such particulars as the temperature, pulse, excretions, sleep, nourishment, medicines, accidents, etc., details which in the French hospitals are noted by the externs, and not so scrupulously or carefully as in American hospitals.

With regard to the method of selecting surgeons for hospital positions, he thinks that the French method (*concours*) cannot be surpassed. In America, social influence and political wire-pulling are the mainsprings of success in many hospital appointments, and the instability of rival political parties sometimes occasions the premature disappearance of very able men.

Dr. Faure was favorably impressed with the surgical work done at a hospital in Rochester, a small town in Minnesota, by two brothers named Mayo. This hospital has accommodation for over a hundred patients, and has two small operating rooms. Patients go there from Canada and all parts of the United States. Each person's disease is diagnosed by one of a corps of eleven specialists, and if the case be suitable for a surgical operation, it is attended to by the brothers. Every morning, Sundays excepted, they do on an average about ten operations (three thousand per annum). On the day Dr. Faure was present at Rochester, he saw an operation for uterine polypus, an enucleation of tubercular glands of the neck, two prostatectomies, an abdominal hysterectomy for fibroma, a gastro-duodenostomy for pyloric stenosis, a gastro-enterostomy for cancer, a cholecystotomy, and a cholecystectomy for lithiasis of the gall-bladder.

American hospitality comes in for a good word: "They opened their operating rooms to me and welcomed me to their hearths."

Speaking of the relative merits of the surgeons of both coun-

tries, he says: "If the surgery of America is great, and if American surgeons are aware of their own greatness, we French surgeons have also the right to know our own value, and the right to speak of it."

He advises French surgeons to travel, learning from foreigners what they can, and imparting to others in return from the storehouse of their own knowledge. Altogether a clever article, and one which will do much good by removing misconceptions, showing Frenchmen that surgery in America has not been backward, but that it is living up to the best traditions of European schools, and, in some respects, is far ahead of the best of them.

J. J. C.

THE IMPERIAL CANCER RESEARCH FUND.

FROM the report of the Secretary of the Imperial Cancer Research Fund (*B. M. J.*, July 16th, 1904), we learn that this English society, which is devoted to the study of cancer, has established friendly relations with several institutions of learning in Europe and America. Among individuals specially mentioned in this connection we notice the names of Professor Welch, of Harvard University; Professor Adami, of McGill University, and Professor J. J. Mackenzie, of the University of Toronto.

The report of the General Superintendent, Dr. E. F. Bashford, contained several noteworthy statements. In opposition to the view that vertebrates in a state of nature are not afflicted with cancer, he said: "Altogether upwards of two thousand specimens have been examined during the year, and, wherever possible, they have been studied not from the histological point of view alone, but from the biological point of view as well. The general results may be thus summarized: Cancer has been discovered to pervade the whole vertebrate kingdom and to present constant fundamental characters. External agencies, such as food, habitat, and conditions of life generally have no causative influence. The histological characters, methods of growth and absence of specific symptomatology lead to the conclusion that it is not permissible to seek for the causative factors of cancer outside of the life processes of the cells."

With regard to the diagnosis and treatment of cancer, Dr. Bashford stated: "No specific constitutional symptom of the

presence of a new growth has been observed, and the conclusion is drawn that cancer qua cancer in man and animals is without a specific symptomatology. Artificially transplanted tumors (cancerous) also afford the most favorable means of testing the claims made on behalf of various reputed empirical, therapeutic methods. Amongst these the action of radium bromide has been tested. Its investigation is not yet complete, but there is no ground at present for predicting the curative effect of radium upon deep-seated primary tumors.

In reference to hospital statistics, it appears that a plan whereby most of the great London hospitals place at the disposal of the Cancer Research Fund succinct accounts of all the cases of cancer which have been subjected to microscopic examination, has been at work for nine months.

An immediate practical result of compiling these hospital statistics is the proof afforded of the absence of specific clinical symptoms, hence the necessity of an early operation in a case which may not at the time appear to be malignant. It is also pointed out that in spite of the proportion of cases simulating new growths which appear in the tables, the surgeon should treat all suspicious growths as if he knew they were malignant, any delay in operative treatment in the hope that some means will be found to replace surgical interference being totally unwarranted."

The idea that cancer is a disease practically limited to civilized races is disproved, specimens of undoubted malignant new growths having been obtained from regions where intercourse with civilized man is at its minimum.

The low cancer death rate of Ireland is ascribed to the infrequency of necropsies and the neglect of microscopic examination of diseased specimens in that country. If it were otherwise, a cancer death rate proportionately higher than that of England would be found, in accordance with the higher age constitution of the Irish population.

Respecting the reputed increase in the prevalence of cancer, Dr. Bashford points out that cancer has now been discovered in animals formerly considered to be free from it, and that it has been shown to be relatively more frequent than hitherto recorded among uncivilized races. He concludes by stating that "there

is nothing in the statistical investigations which points to an actual increase in the number of deaths due to cancer."

From an editorial in the August number of the *Montreal Medical Journal*, we gather that 275 cases of malignant new growths, reported from the Montreal and Royal Victoria hospitals, were included in the report of the Imperial Cancer Research Fund. Of these 275 cases, 212 were of carcinoma and 63 of sarcoma. In the carcinoma cases, the frequency of occurrence in the alimentary tract is striking: 60 per cent. of all the cases are in that situation, contrasted with 35 per cent. in the London series, but agreeing closely with the figure of 57 per cent. yielded by the Hamburg reports. Of all the cancers occurring below the age of 35, 63 per cent. were in the alimentary tract; of all the cancers of the alimentary tract, 62 per cent. occurred in the stomach. And again: "Of carcinoma in the male, 40 per cent. were situated in the stomach; in the female, 32 per cent. were in the stomach, 16 per cent. in the breast, 13 per cent. in the uterus."

One conclusion to be drawn from the Montreal cancer statistics is quite different from that of the Imperial Cancer Research Fund report. The latter confidently states that external agencies, such as food, habitat and conditions of life, generally have no causative influence in causing cancer; the latter makes it clear that "of all the cancers of the alimentary tract, 62 per cent. occurred in the stomach."

Now it may or may not be true that gormandizing is responsible for the large percentage of cancer of the stomach in the Montreal series of cases; but if that external agency was in no way responsible, then the fact that 62 per cent. of the 275 Montreal cases of cancer were located in the stomach must be regarded as a very strange coincidence indeed. J. J. C.

THE VANCOUVER MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

THE promise of a meeting beyond the Rockies, affording an opportunity not only to view the unrivalled mountain scenery of our West, but also to visit many friends who have gone into Manitoba and have located upon the fertile prairies, and the privilege of returning by way of United States cities, and espe-

cially by way of St. Louis, called out many from their daily toil and grind to profit by a very genuine holiday. To travel from the older portions of Canada by way of the C.P.R. palatial steamers; to enter Winnipeg, the gateway of the West; to view the grain fields of Manitoba; to inspect the train loads of cattle moving eastward, fattened for market without corn, solely upon the rich prairie grass; to visit many rapidly growing cities, such as Brandon, Calgary and Edmonton; to talk with enthusiastic immigrants, and thus to gain a knowledge from personal observation of the newer Canada, is, in itself, a liberal education.

The medical men of Vancouver had spared neither effort nor money in arrangements tending to insure success. The late date fixed by the Executive, however, for leaving the East, was responsible for the late arrival of many members at Vancouver, causing disturbance in carrying out the programme, and detracting much from the success of the scientific part of the convention.

Great interest was manifested in the papers presented by our distinguished visitors, and the uniform appreciation of the attention shown them won the golden opinions of the members. Mr. Mayo Robson, of England; Dr. C. H. Mayo, of Rochester, Minn.; Dr. Dudley, of Chicago, and Dr. Kenneth McKenzie, of Portland, Oregon, contributed papers which added greatly to the strength and interest of the programme.

Dr. McGuigan, Mayor of Vancouver, gave a cordial address of welcome, granting to all the freedom of the city.

Many of the papers presented were of a high order, but lack of time for discussion was felt to be a serious drawback. Greater punctuality in opening the sessions and a feeling of personal responsibility on the part of those who have allowed their names to appear upon the programme, the recognition of an obligation to carry out the promise made at the time appointed, would add much to the enjoyment and value of the meeting.

No one was disappointed in finding that the social side of the meeting had received much attention and was carried out with marked success. Notable among the social features were the visit to the canneries at Steveston, the conversazione at the Hotel Vancouver, the annual dinner, and the visit to Victoria.

The Vancouver meeting was one of the most largely attended yet held by the National Association, and fairly justifies the

plan of convening in distant parts of Canada. It is hoped that a still further increase of interest will be manifested in the meeting to be held next year in Halifax. The number of those who look forward to this annual gathering as an opportunity to broaden their outlook, to cultivate the acquaintance of fellow-practitioners, and to make the personal acquaintance of distinguished visitors, is increasing. Canadian loyalty should stimulate the profession everywhere to give a generous and intelligent support to the Canadian Medical Association, that it may in all its departments be worthy of the great, rich and growing country whose sons we are.

B. E. M'K.

EDITORIAL NOTES.

Protecting Flasks and Jackets for Combatants.—During the present Russo-Japanese war, many wounds have been caused, especially during naval engagements, by shells, which, after bursting, are dispersed in a radiating manner. As one might expect, such wounds are lacerated and much larger than bullet wounds. Dr. Suzuki, chief surgeon of Admiral Togo's flagship, insists (*British Medical Journal*, August 13th, 1904) on the need of larger first-aid packages for such cases. In the same communication he also suggests the advisability of combatants putting on clean clothes just before an action, as the fragments of a shell may carry into the body of a wounded man pieces of his clothing, which cannot be as sterile as shell fragments or rifle bullets. This sounds a little naive, if one reflects that the naval surgeon wears a sterilized gown when dressing a shell wound, while the recipient of the wound may not have a change of clothes, or may have slept in his clothes and has not equal laundry advantages with the ship's surgeon. The Japanese sailors are fond of bathing their bodies, but probably do not spend the necessary time in laundering their inner and outer clothing. Hence Dr. Suzuki's advice to the fighting sailor, to put on clean clothes before an action, is well taken. Referring to the protection from shell fragments afforded by knives, pocketbooks, etc., Dr. Suzuki thinks it probable that in time all combatants will wear protecting masks and jackets. It does seem reasonable to think that the body of the modern combatant on sea or land should be protected against

shell wounds just as the bodies of the men-at-arms of the days of chivalry were shielded from thrust of lance or blow of sword. But if the masks and jackets are not flexible and of light weight, they will be thrown aside by naval gunners just at the time when they are working hard to silence an enemy's fire. Besides, in reference to soldiers, a coat of mail, while protecting an infantryman against wounds from bursting shells, would add a few more pounds to the already heavy load which he carries into action.

The Drug Habit.—The following is quoted from the *Analyst* of the State Board of Health of Massachusetts for the information of those who have acquired the self-dosing habit. Each article mentioned contains the percentage by vol. of alcohol indicated by the following figures: Lydia Pinkham's Vegetable Compound, 20.6; Paine's Celery Compound, 21; Holden's Liquid Beef Tonic, "recommended for treatment of alcohol habit," 26.5; Ayer's Sarsaparilla, 26.2; Hood's Sarsaparilla, 18.8; Dana's Sarsaparilla, 13.5; Peruna, 28.5; Hooffland's German Tonic, 29.3; Hove's Arabian Tonic, "Not a rum drink," 13.2; Mensman's Peptonized Beef Tonic, 16.5; Schenek's Seaweed Tonic, "entirely harmless," 19.5; Boker's Stomach Bitters, 42.6; Burdock Blood Bitters, 25.2; Hooffland's German Bitters, "entirely vegetable," 25.6; Hop Bitters, 12; Hostetter's Stomach Bitters, 44.3; Richardson's Concentrated Sherry Wine Bitters, 47.5; Warner's Safe Tonic Bitters, 35.7. Beer contains 2 to 5 per cent. of alcohol. Some of the above contain ten times as much, making them stronger than whiskey, far stronger than sherry or port, with claret and champagne far behind.

A Renunciation of Prudery.—We are all familiar with the story of the prudish dame who put pantalets on the legs of her piano; but a refreshing instance of prudery in the rural New England of three generations ago is noted by Dr. Norman Bridge, of Los Angeles, California, in an address delivered at the commencement exercises of the Training School for Nurses of the Pasadena Hospital, May 26th, 1904. In this instance the prudishness of the New England ladies took another direction, for they objected to the wearing of drawers by women to protect the lower extremities. This garment, it seems, had never been worn before by any woman of that country, and the innovation was a shock.

In a year or two the fashion had very properly spread to nearly every household in the community. The women came to their senses. This episode shows in a grotesque way how foolish the human genus may be when it acts without thinking. The woman who first wore drawers in a New England village was taunted with not only wearing the garments of men, but with having designs on the vocations of men as well, and with being immodest. There appears to be a certain amount of truth in the criticism launched at this innovating lady, for the women of to-day not only wear the garments of men (beneath their skirts, of course), but have made serious inroads into the vocations of men, though no unprejudiced man will say that the women of to-day are immodest. The latest census in Britain shows that women are continuing to encroach on fields of industry formerly reserved for men. The returns, by occupations, show that there are 80 women auctioneers, 6 architects, 39 bailiffs, 316 blacksmiths, 3,071 brick-makers, 3,850 butchers,, 54 chimney-sweeps, 1 dock laborer, 5,170 goldsmiths, 9,693 printers, 745 railway porters, 117,640 tailors. and 3 veterinary surgeons.

Effects of Boric Acid and Borax upon General Health.—The United States Department of Agriculture, Bureau of Chemistry, H. W. Wiley, Chief, has issued Circular 15, giving the plan of work and conclusions as to the effects of boric acid and borax on digestion and health. The interest of these experiments turns largely on the fact that borax is used in the preservation of butter and meats. The report shows that those who habitually eat butter and meat preserved with borax might be consuming half a gram, or a little more, of boric acid per diem. Would the ingestion of this amount be injurious to an otherwise healthy man? The report says: "The administration of borax and boric acid to the extent of one-half gram per diem yielded results markedly different from those obtained with larger quantities of the preservatives. This experiment, conducted as it was for a period of fifty days, was a rather severe test, and it appeared that in some instances a somewhat unfavorable result attended its use. On the whole, the results show that one-half gram per diem is too much for the normal man to receive regularly. On the other hand, it is evident that the normal man can receive one-half gram per diem of boric acid, or of borax expressed in terms of boric acid,

for a limited period of time without much danger of impairment of health." The report shows that the therapeutic value which these agents possess in certain diseases, does not have any relation to their use in the healthy organism, except when prescribed as prophylactics. The final conclusion of this report is: "It appears, therefore, that both boric acid and borax, when continuously administered in small doses for a long period, or when given in large quantities for a short period, create disturbances of appetite, of digestion and of health."

Should Elastic Stockings be Worn by Persons who have Varicose Veins of the Inferior Extremities?—Dr. Lucas-Championnière (*Academie de Medecine*, 26 Juillet, 1904) is strongly in favor of active movements of the lower extremities by persons who have varicose veins. He quotes with approval the opinions of Dr. Dragon, who shows that phlebitis should be treated by methodical movements, followed by a mild, regular and progressive massage of the limbs. Except in the cases of persons who are in a state of acute infection, or who have a high temperature, there is no danger from embolism. All of which goes to show that varicose veins are governed by the same vital laws as other living tissues, and that, in spite of their deformity, movement is useful to them. Dr. Lucas-Championnière also approves of Dr. Marchais' treatment. It consists in carefully massaging the varicose veins and in making the patient walk. Dr. Marchais recalls an old saying to the effect that omnibus conductors suffer from their varicose veins, while rural postmen afflicted with the same complaint endure it very well, and walk long distances in spite of it. Dr. Marchais advises persons who have varicose veins to avoid standing in a motionless attitude. He forbids the use of elastic stockings. For two weeks he has the limbs massaged to lessen their sensitiveness, as well as to give tone to the muscles. He then makes the patient practise rapid walking. The walking must be done at a minimum rate of one hundred steps a minute. After some practice his patients can walk at this rate for from one to two or more hours. As substitutes for rapid walking, Dr. Lucas-Championnière recommends the bicycle or tricycle. Modern experience, he says, shows that exercise of the lower limbs does not induce phlebitis or embolism in people with varicose veins, and it will relieve them of the inconvenience and expense of elastic stockings.

The Chicago Drainage Channel.—In the Bulletin of the Health Department of Chicago for the week ending August 20th, 1904, Arthur R. Reynolds, M.D., Commissioner of Health, the pleasing statement is made that “no such healthful summer appears on record in the history of the city as this of 1904. . . . Lower and fairly equable temperature, an improving milk supply and absolutely pure water are the principal factors contributing to this result.” As explanatory of the pure water supply of Chicago, the Bulletin states: “There is no obvious or plausible reason for this but the continuous operation of the Drainage Channel. This is the fifth year that an average of more than 300,000 cubic feet per minute, night and day, has been flowing from the lake, down the Desplaines and Illinois valleys, and during this time there has been the reduction in deaths from the impure water diseases, shown in the following table, the dividing line being January, 1900, date of opening the Channel:

Deaths from:	Four years 1896-1899.	Four years 1900-1903.
Acute Intestinal Diseases	8,119	8,898
Rate per 1000 of population	16.41	12.44
Typhoid fever.....	2,266	2,235
Rate per 1000 of population.....	3.68	3.10

If the rate of the four years, 1896-1899, before the opening of the Drainage Channel, had obtained during the last four years, there would have been 11,724 deaths from the acute intestinal diseases, and 2,629 from typhoid fever, or 2,826 more from the former and 394 more from the latter (a total of 3,220) than did actually occur.”

Public Baths for Toronto.—Dr. Harrison, chairman of the Toronto local Board of Health, reports that in Buffalo, Boston and other cities of the United States, public baths are used, and in New York State the law requires them in every city of 50,000 inhabitants or over. In Buffalo the baths are free, soap and towels being furnished, and there is a laundry in which people can wash their under clothing or upper clothing, place them in a hot-air drier, and have them ready to put on again when they return from the bath. All the baths are sprays, there being no plunge or swimming baths, and each is in a room by itself. There is accommodation for one hundred men and one hundred women. The laundry is the unique feature in the Buffalo baths. The

bathers do their own washing, but no charge is made for the use of the laundry. At the Boston baths a charge is made, a cent for a towel and a cent for soap. It will be remembered that a little while ago, Dr. Sheard, M.H.O., recommended to the Board of Education of Toronto the establishment of baths in some of the city schools, but no reply was sent to his letter. When an increased supply of water for general and fire purposes is considered by the Toronto Council, we hope that an item for a public bath will also be added to the estimates. Toronto has great facilities for a pure and abundant water supply, so that public bath would not be expensive. Baths are needed in cold weather as well as during hot weather, and a free use of the bath would add very much to the health, bodily comfort and cheerfulness of the citizens.

J. J. C.

University Senate Elections.—The usual elections for membership in the University Senate take place within a day or two now, and the results, so far, at least, as the four representatives in Medicine are concerned, are looked forward to with interest. Those whose names have been mentioned up till the date of going to press, who are desirous of representing the graduates in Medicine, are Dr. Adam Wright, Mr. Irving H. Cameron, Dr. W. H. B. Aikins, Dr. J. M. MacCallum, Dr. J. A. Temple and Dr. G. A. Bingham, the two latter to represent the Trinity element. Dr. J. A. Temple and Dr. G. A. Bingham have never run before for Senatorial honors, and, we understand, have been pressed into the fight by their friends. Though "comparisons are odious," yet, in looking into this subject recently, we find that there should be little difficulty in the matter of choosing the men most worthy of the honor of holding a seat in Toronto University Senate. In order to fulfil the duties properly, every occupant of the position must be prepared to give up a certain amount of his time to the work, and those who in the past have been delinquent in this respect cannot expect any support, and should be left "at home" when it comes to the signing of the ballot paper. We find from a report issued by Mr. James Brebner, Registrar of the University, that during the last term there were in all forty-eight meetings of the Senate. Of these, Prof. Cameron has attended twenty-nine; Dr. A. H. Wright, six; Dr. W. H. B. Aikins, seven, and Dr. J. M. MacCallum but three. Dr. Mac-

Callum, therefore, cannot expect further support, and we think that the best ticket would consist of Prof. Cameron, Dr. A. H. Wright (who has had more experience in this work than Dr. Aikins and is "in the inner ring"), and in order to give Trinity equal representation, Dr. J. A. Temple and Dr. Geo. Bingham, who, we feel sure, would represent in an efficient manner the medical graduates.

W. A. Y.

PERSONAL.

Dr. J. M. MacCallum, with Mrs. MacCallum and baby, spent the latter part of September around the Georgian Bay.

Dr. J. J. Cassidy has almost recovered from his recent accident. The doctor spent part of August at Preston Springs.

Dr. B. R. O'Reilly has been appointed surgeon on the Canadian Pacific steamship *Tartar* and left the city on the 14th ultimo for Vancouver.

We are glad to announce that Dr. H. A. Bruce, of 64 Bloor Street East, has almost entirely recovered from his recent attack of appendicitis.

Dr. and Mrs. Franklin Dawson have returned home after spending a delightful four months touring through England, Scotland and France.

Among the city practitioners who will be removing soon into their new homes on Bloor Street are Drs. R. A. Reeve, Allen Baines and Clarence Starr.

Professor J. J. Mackenzie, of Toronto University, and Mrs. Mackenzie, who have been spending the summer in England, arrived home ten days ago.

Dr. Lusk has resumed practice, and may be found at his residence, 99 Bloor Street West. Office hours, 11 a.m. to 1, and 6 to 8 p.m. Telephone, North 2274.

Among the Toronto delegation to the Canadian Medical Association at Vancouver, B.C., were Dr. A. A. Macdonald, Dr. J. H. Watson, Dr. B. E. McKenzie and Dr. Geo. Elliott.

DR. S. KITCHEN, St. George, and Dr. R. P. Boucher, Peterboro', have been appointed to represent the Provincial Board of Health at the Congress on Tuberculosis at St. Louis on the 3rd, 4th and 5th of October.

THE marriage of Dr. F. N. G. Starr of College Street, to Miss Annie Callender Mackay, of Hillshead, New Glasgow, N.S., took place at that place on September 14th. After a wedding trip of two weeks, spent amid the resorts of the St. Lawrence, Dr. and Mrs. Starr reached Toronto on the 1st inst.

SIR LAUDER and Lady Brunton, of London, Eng., were recently visiting Dr. McPhedran, of 151 Bloor Street. Sir Lauder is one of the most eminent consulting physicians and scientists of London. He is on his way to St. Louis to attend the Science Congress. This is his second visit to Toronto. He was here some years ago, and made many friends.

DR. C. K. CLARKE, Medical Superintendent of Rockwood Hospital, has been appointed co-editor of the *American Journal of Insanity*, the official organ of the American Medico-Psychological Association. This well-known quarterly is edited by a board of four editors, and is published by the Johns Hopkins Press of Baltimore. Dr. Clarke succeeds Dr. Henry Hind, the eminent Medical Superintendent of Johns Hopkins Hospital, in editorial work, although Dr. Hind will still act as consultant in the management of the affairs of the *Journal*. We heartily congratulate Dr. Clarke on the recognition of his advanced work in the medico-psychological field, and the medical profession certainly thoroughly appreciate the compliment paid to a Canadian. Dr. Clarke's editorial duties will in no way clash with his work at Rockwood Hospital.

Items of Interest.

Will of Dr. N. S. Davis.—The will of the late Dr. N. S. Davis, father of the American Medical Association, disposes of an estate valued at \$39,000, of which \$25,000 is real estate. The homestead is bequeathed to his widow, his library to his son, and a perpetual scholarship in Northwestern University to his grandson, Frank H. Davis.—*Med. News.*

Fourth Pan-American Medical Congress.—President Amador of the Republic of Panama has appointed the following officers of the Fourth Pan-American Medical Congress, to be held in Panama the first week in January, 1905: Dr. Julio Yeaza, President; Dr. Manuel Coroalles, Vice-President; Dr. Jose E. Calvo, Secretary; Dr. Pedro de Obarrio, Treasurer; Dr. J. W. Ross, Dr. J. Tomaselli, Dr. M. Gasteazoro, Committeemen. There will be but four sections, Surgery, Medicine, Hygiene and the Specialties, to which the following officers were appointed: Surgical Section—Major Louis LaGarde, President; Dr. E. B. Barrick, Secretary. Medical Section—Dr. Moritz Stern, President; Dr. Daniel R. Oduber, Secretary. Section on Hygiene—Colonel W. C. Gorgas, President; Dr. Henry E. Carter, Secretary. Section on Specialties—Dr. W. Spratling, President; Dr. Charles A. Cooke, Secretary.

The Emergency Hospital at the World's Fair, St. Louis.—This hospital is located near the parade entrance, where it can be easily and promptly reached from both the outside and inside of the grounds. The building is 103 x 109 feet, erected at a cost of \$16,000, and has been operated since January 5, 1904. This institution, which is under the charge of the medical director of the Fair, Dr. L. H. Laidley, is thoroughly equipped in every detail, for handling all classes of injuries and illness. A special sunstroke ward, fitted with bath tubs, shower baths, ice boxes and wicker couches, occupies a well-ventilated room on the first floor. The leading medical magazines will be found on file in the library. Dr. Laidley has at present a staff of six physicians, besides nurses, ambulance drivers, clerks and orderlies. About six thousand cases have been treated in the hospital thus far. The entire equipment of the hospital was furnished by the Bles-Moore Instrument Co., of St. Louis.—*Med. Herald.*

The Physician's Library.

BOOK REVIEWS.

Diseases of the Intestines and Peritoneum. By DR. HERMANN NOTHNAGEL, of Vienna. The entire volume edited, with additions, by HUMPHREY D. ROLLESTON, M.D., F.R.C.P., Physician to St. George's Hospital, London, England. Octavo volume of 1,032 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1904. Canadian agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. (Cloth, \$5.00 net; half morocco, \$6.00 net.

This is the eighth volume of "Nothnagel's Practice," and has been issued almost simultaneously with the preceding one on "Tuberculosis." It is written by Nothnagel himself, and is very full. It is edited by Dr. Humphrey D. Rolleston, of London, who has added very largely to the work, greatly increasing its value. Besides short paragraphs throughout the work, he has written short sections on Intestine Sand, Sprue, Ulcerative Colitis and Idiopathic Dilatation of the Colon. The section on Intussusception has received large and valuable additions by D'Arcy Power, of London, who has written so much on this subject. Where all is so well edited it is invidious to select any for special commendation. The section on the Urine in Diseases of the Intestines is worthy of note.

The article on Appendicitis is long, and shows that little of the voluminous literature published on that subject in recent years has been overlooked. The conclusions of the author are conservative, and not in agreement with the opinion so prevalent in America that every case of appendicitis should be operated on as soon as diagnosis is made, but rather that each case should be treated on its own merits, a conclusion that will be appreciated by the sanest of the profession in all parts of the world. The editor quotes Dieulafoy and Osler to the effect that there is no medical treatment of appendicitis; the latter transfers all his hospital cases at once to the surgical side to be operated on if necessary. If by medicinal treatment is meant curative treatment, is not the statement equally true of many other diseases, both operable and non-operable, such as pleurisy, gastric ulcer, nephritis, etc.? The great majority of cases of these diseases

recover with care, and so do the majority of cases of appendicitis. It is only in the minority that operation is required, and the physician should know, as well as the surgeon, when an operation in any given case is advisable, and should be quite as alert in seizing the proper time for operation.

The translation on the whole is well done. The two words that occur in so many of the preceding volumes and are so much the stock-in-trade of United States speakers and writers, "factor" and "formulate," are much less in evidence. In some pages, however, "factor" occurs in every few lines, and in many cases without any reference to its true meaning. One sentence will suffice to show the absurdity of the use of the word "formulate": "Dunin has recently formulated the rule that habitual constipation is merely a symptom of neurasthenia," meaning simply that he has stated that as his belief. One is rather surprised to see the recommendation of ergot in intestinal hemorrhage passed over without comment by the editor. These defects are not of material consequence, and it is a real pleasure to recommend the book to all physicians as being not alone interesting, but of great value to everyone engaged in practice. A. M'P.

Modern Ophthalmology. A Practical Treatise on the Anatomy, Physiology and Diseases of the Eye. By JAMES MOORES BALL, M.D., Professor of Ophthalmology in the St. Louis College of Physicians and Surgeons. With 417 illustrations in the text and numerous figures on 21 colored plates, nearly all original. 820 pages, extra large royal octavo. Price, extra cloth, \$7.00, net; half-morocco, \$8.50, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

The many diagrams, excellent illustrations and colored plates of external and of fundus diseases are what first attract attention. Closer examination reveals the fact that these are not the stock illustrations found in most works on the eye. Quite a number are original; others are from sources of authority and are credited to them. The print and the paper is excellent, the one objection to be offered being the large size of the book, extra large octavo, which makes it clumsy to handle, and keeps one in dread lest the back shall split.

The first three chapters are devoted to a consideration of the embryology, anatomy and physiology of the eye. The examination of the eye is dealt with much more fully than usual, and will be found much more satisfactory. A departure has been made in handing over the dermatologic aspect of diseases of the eyelid to the care of Ohman-Dumesnil, the St. Louis dermatologist. A great deal of space is given to the various blepharoplastic operations, which so often prove troublesome.

The diseases of the tear passages, so often cursorily treated in text-books, receive the greater space demanded by their frequency and their refusal to respond to treatment. This chapter, and those on the diseases of the conjunctiva, cornea and iris, in which the general practitioner is always interested, will be found complete and reliable. A short chapter is devoted to the hygiene of the eye. The rest of the volume is taken up with those diseases which more particularly concern the ophthalmologist.

One lays the book down, having formed a most favorable opinion of it.

J. M. M'C.

The Doctor's Recreation Series. CHAS. WELLS MOULTON, General Editor. Vol. III.—“In the Year 1800,” Being the Relation of Sundry Events Occurring in the Life of Doctor Jonathan Brush During that Year, by Samuel Walter Kelley, M.D. Akron, O., Chicago and New York: The Saalfield Publishing Co. 1904. Canadian Depot: Chandler & Massey Limited, Toronto, Montreal and Winnipeg.

We have taken occasion in two previous issues of the JOURNAL to state the fact that a series such as this would, we felt, meet with the support of the medical profession as a body. We understand that this prognostication has been fulfilled and that Charles Wells Moulton's volumes have “caught on.” The reading is light and quite interesting, and will be the means of passing many a pleasant hour during the approaching winter months to all of us who become at times tired of the stereotyped medical works. Vol. III. is as good as, if not rather better than, its predecessors, and gives a most interesting account of events in the life of Dr. Brush over a century ago.

W. A. Y.

Graves' Disease, With and Without Exophthalmic Goitre. By WILLIAM HANNA THOMPSON, M.D., LL.D., Physician to the Roosevelt Hospital; Consulting Physician to the Manhattan State Hospitals for the Insane, East and West; formerly Professor of the Practice of Medicine, New York University Medical College; Physician to Bellevue Hospital, etc. Pp. 143. New York: William Wood & Co. 1904.

The object the author had in view in writing the monograph on Graves' disease was to emphasize the fact that the constitutional and general derangements which are characteristic of Graves' disease, constitute the disease, and not the condition of the thyroid gland or of its accessories.” This contention can hardly be said to be new, nor perhaps is it quite claimed by the author to be so, as he gives certain quotations from the works of others who have made somewhat similar observations.

The writer of this treatise has, however, given us ample evi-

dence of the correctness of his contention, as set forth in the clinical histories of twenty-eight patients who at no time showed any sign of exophthalmic goitre and, for comparison, that of forty-two patients who had goitre as an accompanying symptom.

Whilst the fact may thus be established that goitre may not exist in a typical case of Graves' disease, still we have as yet no proof that in such cases the thyroid function is normal. It is quite possible that derangement of thyroid function may exist in the absence of gross pathological lesion of the gland. It is a well-known clinical phenomenon that many of the characteristic symptoms of Graves' disease may precede thyroid enlargement, the goitre developing late.

The monograph will be read with interest by all students of clinical medicine. It contains quite a wealth of material in recording the clinical features which presented themselves in a large number of cases under the observation of the author of the work.

A. P.

A Practical Treatise on Genito-Urinary and Venereal Diseases and Syphilis. By ROBERT W. TAYLOR, A.M., M.D., Clinical Professor of Genito-Urinary Diseases at the College of Physicians and Surgeons (Columbia University), New York; Consulting Genito-Urinary Surgeon to Bellevue Hospital and to City Charity Hospital, New York. Third edition, thoroughly revised, with 163 illustrations and 39 plates in colors and monochrome. New York and Philadelphia: Lea Brothers & Co.

Dr. Taylor's "Genito-Urinary and Venereal Diseases" is really a magnificent work, which does credit to the author and his country. It is not, therefore, a matter of wonder that an Italian translation of the second edition of this work has been issued by the Union Tipografico Editrice of Trin.

Dr. Taylor has had thirty years of experience and large opportunities of studying genito-urinary and venereal diseases in hospital and private practice. He is also the possessor of a felicitous style of writing, combining the merits of the writer and clinical teacher, so that the reader is never left in doubt as to the author's meaning.

Any physician of experience in the diagnosis and treatment of these diseases will be pleased with the perusal of Dr. Taylor's book, which gives evidence of modesty and good sense, directing to a useful purpose the data of clinical experience. Dr. Taylor believes firmly in the efficiency of nitrate of silver in gonorrhoea, and he expresses but a poor opinion of argentamine, protargol, *et hoc genus omne*. In this respect he does not quite live up to the modified proverb which he quotes, "De novis nil nisi bonum."

In selected cases of syphilis he favors the hypodermic use of the perchloride of mercury, preferring it to any other salt of that base.

The influence of syphilis on the different organs and tissues of the body, particularly in the tertiary stage, is very fully considered, data being given of the tertiary affections of the viscera. A full description is given of the syphilitic affections of the nervous system.

Artistic illustration is a feature of the book. It is by far the handsomest book of the kind we have seen, and, as a standard authority, deserves a place in every practitioner's library. The book is beautifully printed and well bound. J. J. C.

The Seaboard Magazine. Devoted to the Industrial and Agricultural Development of the South. Published monthly by the Industrial Department of the Seaboard Air Line Railroad, Portsmouth, Va.

To any and all who are interested in the South and its development, we say "Send for a copy or two of *The Seaboard Magazine.*" It is most interesting, and freely illustrated in half-tone. The issues we have had the privilege of looking over contain some articles on "The Land of the Manatee, the Land of Flowers," and goes to prove how rapidly this, up till recently unknown part of the South, has developed. The magazine also gives information as to Palmetto, where coffee and pineapples are cultivated to perfection; Sarasota, the winter and summer resort on the South-west Coast; Braidentown, the largest town in the Manatee section, and Pinehurst, "The City of the Ideal." Any physician will receive a copy of *The Seaboard Magazine* on presenting or mailing his card to the Industrial Department of the Seaboard Air Line Railroad, Portsmouth, Va.

The firm of H. K. Lewis, 136 Gower St., London, W.C., Eng., is too well known to require more than passing mention. Mr. Lewis has been a medical book publisher for many years now, and from his printing presses have come a large number of the best known English medical works. Their names are too numerous to mention; suffice it to say that a few of the most recent ones are:

"Diseases of the Skin: Their Description, Pathology, Diagnosis and Treatment." With Special Reference to the Skin Eruptions of Children, and an Analysis of Fifteen Thousand Cases of Skin Disease. By H. Radcliffe-Crocker, M.D. (Lond.), F.R.C.P., Physician for Diseases of the Skin in University College Hospital, London. Thoroughly revised and enlarged, with 4 plates (2 being colored) and 112 illustrations. 2 vols.,

large 8vo, 28s. net. "This is by far the most exhaustive work upon diseases of the skin which has as yet appeared. . . . The practising dermatologist cannot afford to be without it."—*Therapeutic Gazette.*

"Diseases of Women. A Practical Text-book." By A. H. N. Lewers, M.D. (Lond.), F.R.C.P. (Lond.), Senior Obstetric Physician to the London Hospital, and Lecturer on Midwifery in the London Hospital Medical School; Examiner in Obstetric Medicine to the University of London; Examiner in Midwifery and Diseases of Women at the Conjoint Board of the Royal College of Physicians of London and of the Royal College of Surgeons of England, etc. Just published, thoroughly revised, with 4 plates and 166 illustrations, crown 8vo, 10s. 6d. "This neat, bright and well-written volume. . . . It has what is much more valuable than the most correct photographs, a number of good diagrams. This book must recommend itself to every student and practitioner, for in it he will find the gist of the whole subject."—*Canadian Journal of Medicine and Surgery.*

"Handbook of Diseases of the Eye and Their Treatment." By Henry A. 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. Just published, with 167 illustrations, post 8vo, 12s. 6d. "This favorite hand-book . . . Its popularity with students is as great as ever. It is received with growing favor by practitioners who have once perused it, because of its readability and the soundness of its teaching."—*Canadian Journal of Medicine and Surgery.*

"Hygiene and Public Health." By Louis C. Parkes, M.D., D.P.H., Lond. Univ. Lecturer on Public Health at St. George's Hospital School, etc., and Henry R. Kenwood, M.B., D.P.H., F.C.S., Professor of Hygiene and Public Health at University College, etc. Now ready, with 88 illustrations, pp. 763, crown 8vo, 12s. "As a general text-book covering the whole range of hygiene and public health the practitioner and student will find it thoroughly satisfactory."—*Lancet.* (English.)

A postal card to H. K. Lewis at above address will bring a catalogue by return mail.

Reference to page xcix. of this issue will reveal the advertisement of Mr. H. J. Glaisher, medical book publisher, 57 Wigmore St., London, W., England. His annual complete catalogue of Publishers' Remainders in all branches of literature, including medical, will be sent post free to any physician on receipt of calling card. Mr. Glaisher's prices are greatly reduced, so that it will repay any of our subscribers to communicate with the address as given.