

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

QUEEN'S MEDICAL QUARTERLY.

VOL. X, No. 3
Old Series

APRIL, 1906.

VOL. III, No. 3
New Series.

QUEEN'S MEDICAL QUARTERLY is presented to the Medical Profession with the compliments of Queen's Medical Faculty. Contributions will be gladly received from members of the Profession and willingly published.

BUSINESS MANAGER: W. T. CONNELL, M.D.

This number is issued under the supervision of
Dr. W. T. Connell.

Communications to be addressed to DR. W. T. CONNELL, Queen's University, Kingston.

Items of interest or original articles for publication solicited from members of the profession.

Office of Publication—Kingston, Ontario.

EDITORIAL.

GOVERNMENT AID TO MEDICAL EDUCATION AT QUEEN'S.

IT is with much pleasure that we are able to announce that the Ontario Government has recently granted the Medical Faculty of Queen's University Fifty Thousand Dollars (\$50,000) to assist the work of medical education. We are especially gratified with this recognition by the Government of the standing of Queen's in the medical education of the province. The Government have dealt generously with the medical department of the University of Toronto, and it was but fair that Queen's claims should have due recognition, but hitherto these have been denied.

The nature of these claims need not here be dilated upon, but we are sure that now they have been recognized they are of sufficient importance to secure further recognition in the future. The amount voted will be at once applied to the erection of a new Laboratory building to house the departments of Physiology, Pathology, Bacteriology and Public Health. A site will be at once selected on the University grounds, plans chosen, and the first sod turned, we understand, within a few weeks.

THE ANNUAL CONVOCATION OF THE MEDICAL FACULTY, QUEEN'S UNIVERSITY.

THE annual closing exercises of the Medical Faculty were held in Grant Hall on Thursday afternoon, April 12th, the Chancellor, Sir Sandford Fleming, presiding. There was a large attendance at the ceremony, Grant Hall being comfortably filled. After the opening exercises by the Rev. Dr. McTavish, Sir Sandford Fleming made the following address :

CHANCELLOR'S ADDRESS.

"Members of Convocation,—This appears to be a fitting moment to give expression to thoughts on a passing event of profound interest to this and every Canadian university.

"His Honor the Lieutenant-Governor of the Province of Ontario, in October last year, appointed a royal commission to inquire into and report on matters relating to the University of Toronto. Seven residents of the city of Toronto were constituted a royal commission ; they have had the whole matter under their consideration for a period of six months ; they have had seventy-seven meetings to reach conclusions ; they have prepared a bill embodying in detail the provisions of a scheme they recommend the government to carry out, and they have explained the whole in a report dated the 4th of the present month (April).

"By the terms of their appointment the commissioners were authorized to inquire into and report upon:—1. A scheme for the management and government of the University of Toronto in room and stead of the one under which the said university is now managed and governed. 2. A scheme for the management and government of University College, including its relations to and connection with the said University of Toronto. 3. The advisability of the incorporation of the School of Practical Science with the University of Toronto. 4. Such changes as in the opinion of the commissioners should be brought about in the relations between the said University of Toronto and several colleges affiliated or federated therewith;

having regard to the provisions of the federation act. 5. Such suggestions and recommendations in connection with or arising out of any of the subjects thus indicated as in the opinion of the commissioners may be desirable.

“The attention of the commissioners has, by the terms of their appointment, been confined to Toronto University and affiliated colleges. We have only the kindest feelings towards Toronto University ; we rejoice in its prosperity and in all the good it has accomplished. We must, therefore, congratulate our sister university on the very able and extremely sympathetic report which has been issued within the last few days by the royal commissioners. We hail with even greater satisfaction the action of the government in initiating the inquiry, as we think it can only be the beginning of an extended inquiry into all matters appertaining to the higher education of the province.

“We are all aware that Toronto is not the only educational centre. The people of the province of Ontario are familiar with the existence of at least one other university, situated at Kingston. They know that Queen's University has long labored with success to advance the intellectual culture of our country, that she has done and is doing a large proportion of the university work of the community, and that she has done and is doing this, the public work of higher education fully equal in quality, as we believe, to that done by the sister university in Toronto.

“The friends of Queen's are grateful for all that the government has already done for the seat of learning at Kingston, and having regard to the educational interests of a large body of the people of the province who do not reside within the limits of Toronto, it is desirable that the government should now cause an official inquiry to be made into the university system of the whole province of a similar character to that which has recently been made and reported respecting Toronto.

PRESENTATION OF PRIZES.

The Secretary then read the list of medallists and prize winners (a copy of which will be found elsewhere in this issue). The prizes were distributed by the Chancellor and members of Faculty to the successful recipients.

LAUREATION OF GRADUATES.

The Dean administered the "Sponsio" to the graduates, 47 in number, and then presented them to the Chancellor to receive at his hands the degrees of M.D. and C.M., with their distinguishing hoods.

Prof. Shortt then presented Dr. C. K. Clarke for the honorary degree of LL.D., making the following address :

PRESENTATION OF DR. C. K. CLARKE BY PROF. SHORTT.

Mr. Chancellor :

I have the honour of being assigned the congenial task, and yet responsible privilege, of presenting to you for the honorary degree of Doctor of Laws one whose merits need not the support of prolonged argument within the precincts of this city and amid the fellowship of this University. I refer to our recent fellow-citizen and distinguished colleague, Dr. C. K. Clarke.

There are so many grounds on which Dr. Clarke may be held to have merited this distinction, that, were it not unnecessary, it would be quite difficult to do justice to them all. Most men who achieve distinction do so in one sphere only. But Dr. Clarke has always been noted for the wide range of his interests and the vigorous enthusiasm with which he has pursued various lines of science and culture. In his own professional sphere he is a widely recognized authority on mental diseases. But, while he follows up his more strictly professional studies in a thoroughly scientific spirit, he is also keenly interested in their wider social and national significance, and is fully alive to the important problems connected with these studies which confront the future of our race and of our civilization.

The constant strain of the varied executive duties devolving upon the superintendent of one of our large hospitals for the insane leaves little time for systematic research, or the recording of the results in literary form. Nevertheless, Dr. Clarke has managed to make several important contributions to the literature of insanity. Thus, at the meeting of the American Medico-Psychological Association, in 1876, he read a paper on Autotoxis, which anticipated certain developments in Mental

Therapy, made the following year by Drs. Bruce and McPhail in Britain and himself in Canada. His studies on cases of Lethargy and Moral Imbecility are widely known and quoted, having indeed become classics on these subjects. Among other monographs which have aided in extending and confirming his reputation in his professional field may be mentioned those on, Goitre among the Insane, and Exophthalmic Goitre, Surgical Interference in Mental Disease, and Epilepsy. In that broader sphere which, while based on professional research yet extends far out into the practical problems of social life, Dr. Clarke has contributed several notable studies connected with Moral Responsibility, the Treatment of the Criminal, and the fascinating subject of Heredity. Lately he contributed to the *Queen's Quarterly* an interesting article which throws much light upon the erratic career of that historic figure, Louis Riel.

In view of the reputation which he has acquired abroad, it was but natural that Dr. Clarke should be appointed an associate editor of the *Journal of Insanity*, published under the auspices of Johns Hopkins University, and which is the official organ of the American Medico-Psychological Association. Coming within the borders of our own country, when British Columbia desired to obtain the services of an expert superintendent to examine the affairs of the Provincial Asylum and suggest improvements in its administration, Dr. Clarke was appointed by special commission to undertake the work, and his report has been amply justified by results. When, in our own Province of Ontario, the Government were called upon to fill the most important position among the asylums of the Province, laying aside, in this case at least, all political considerations and recognizing the responsibility of the appointment to be made, they selected the best man available; in consequence Dr. Clarke was taken from us and transferred to Toronto. There, too, his services as lecturer on mental diseases have been secured by the Medical Faculty of the University of Toronto.

But, Mr. Chancellor, had I been required to omit all reference to Dr. Clarke's professional achievements, I should not have experienced the slightest embarrassment in proving him worthy of the distinction which we ask you to confer upon him.

He is not only an enlightened and enthusiastic student of nature in general, but he is a noted specialist in the sphere of Ornithology, and has made several new and valuable contributions to the literature of the subject, through the medium of such journals as *The Auk*. When, fleeing from the din and nervous strain of that strenuous life, which some people mistake for civilization, one takes to the woods for refuge, no more delightful companion can be found than Dr. Clarke. Though it requires a good physique to keep pace with his enthusiasm, yet his knowledge of nature in her varied and capricious moods and of her shy and subtle household is so varied and accurate that a sojourn with him in the wilderness is in itself a liberal education as regards the things that are really worth while.

I cannot pause to do justice to his interest in the *fine art.*, more particularly music, in which he is an accomplished amateur and a widely read critic. I cannot close, however, without saying a word with reference to the wide-reaching and thoroughly wholesome influence which Dr. Clarke has exercised in the important field of athletics. The spirit of sport is as fundamental in human nature as religion itself, and if perverted is apt to be almost as demoralizing. Few people recognise how large a moral and social influence is exercised by the manner in which the sports of a community are conducted and the standards which prevail. Dr. Clarke, owing to his own personal interest in several branches of athletics, and his skillful and sympathetic handling of the issues involved, has exercised a strong and steady influence in the direction of eliminating crookedness and commercialism, and infusing a manly and generous spirit which is no mean factor in elevating our moral, social and national standards.

In brief, we have in Dr. Clarke not only a scientific specialist and a scholar, but one of those men of wide and wholesome interest, who touch life at many points, and who, in a country such as ours, are among the most potent forces which make for civilization.

DR. CLARKE'S REPLY.

In 1882 I came to Kingston full of the idea that I was leaving the progress of the West to become a Rip Van Winkle among the limestone rocks and sleepy inhabitants of slow

going Frontenac. I was young at that time and, like many others who have not reached maturity, had perfect faith in the intellectual pre-eminence and enterprise of Toronto. I had not yet been convinced that the wise men set out from the East—nor had I suspected that one or two of them had stopped off at Kingston. I knew there was a University here, and that an energetic Principal, named Grant, was making himself heard in different quarters, but with the superior air that still characterizes (and they are few now) those who do not realize the whole truth, I supposed Queen's to be a sort of glorified High School, and that was all there was to it.

How quickly I was undeceived; how soon the tremendous import of the work she was doing dawned upon me, is a matter of little concern to you, but it did not take long to discover that here was something destined to play a leading part in the moulding of character worthy of the best ideals in Canadian life. Influences were at work bringing to the surface hard-headed, sane men, who set out in life with a distinct goal in view. What struck me most was the University spirit—the *esprit de corps*—the unity of purpose—the desire to accomplish something in the name of Queen's.

If I came to you in a self-satisfied frame of mind, I soon learned to admire beyond measure the love the students bore their alma mater, and to honour Principal Grant as I have rarely honoured any man, because he struggled successfully in the face of tremendous odds (and these odds were not without their value) to place this institution where it is now, on a footing that makes it one of the most important intellectual factors in Canada to-day—and what is a country without brains?

He established the individuality of this University, and what that individuality means perhaps some of you do not realize.

His wisdom, too, was far reaching, and when I think of the noble army of martyrs he gathered about him, for they have been martyrs, it speaks volumes for the genius which could inspire men of the rank of many of our professors to stay here, giving you their best and getting so little in return. That is if we put their reward on a monetary basis. I fancy the higher things appealed to them and they felt the inspiration supplied by the self-sacrificing enthusiast at their head.

In your Chancellor you have had a warm friend and wise counsellor. Then, again, you have been fortunate in having so gifted a man as Principal Gordon to step in at a critical moment. Surely a good Providence has protected and guided you.

If at any time in my career I envied the fortunate possessor of a degree from Queen's, that feeling is no longer dominant, and to-day I am deeply gratified by the honour just conferred, an honour which I accept as one more pleasing than any other I could name. To know that one can claim such an alma mater as Queen's is glory enough for any man, and I am now so imbued with the Queen's spirit that I could, if the surroundings and occasion were appropriate, initiate the Gaelic slogan that has brought such terror to the rank and file of various sporting organizations from time to time.

I hope it is not giving away what some might regard as a secret, but when the Alumni association met in Toronto a few weeks ago there was a sad disappointment— a gentleman, very prominent in your affairs, attempted the yell— I do not know the cause of failure—whether the quality of the dinner was at fault, or the quality of the water, which was nothing stronger than the good old microbic variety we drink there—at all events, if you had a phonographic record of the attempt you would not be satisfied and would insist on more careful coaching for the future.

A word, too, about the Medical Department of Queen's University. I do not think your Dean should take too seriously to heart any criticisms coming from a Toronto M.D. so obscure that his letter did not reveal his name. It is true that at one time it seemed difficult to know just how Queen's Medical Department could stand the pace without the resources of Toronto or McGill, but the broad educational policy adopted by the Government has settled for all time to come the future of your College, and fair-minded men everywhere delight that such is the case. If you have not as much clinical material at your disposal, as is the case in large cities, you make the best of what you have, and that is most important. I am not so certain that the one who studies a reasonable number of cases thoroughly and carefully will not be better equipped than the one who in his hurry to know everything at once, buzzes

about from clinic to clinic without a clear idea of what he is attempting to get at. Now that every possible source of clinical supply has been developed you have ample material to gain the experience necessary to make your methods thorough and efficient. Some of the very best medical schools in the world are no better supplied clinically than you are, and with your new laboratories and equipment you may still keep pace with the other colleges. In medicine results are the test of efficiency, and while you have such a brilliant and capable Dean, a man beloved and respected by every one who knows him, assisted by a good staff of Professors, you need not worry about results.

Queen's Medical Department is doing a work that would not be carried on by Toronto, even if Queen's disappeared. Many of the boys who are taught here would not study medicine at all if the facilities were not supplied at Kingston; the majority of those who would go on under any circumstances would pass to McGill. I think you are almost too sensitive in regard to criticism you should take it as a compliment that you attract so much attention, and surely, when it is found expedient to have the largest medical school in Canada as well as yours under the guidance of a Queen's graduate, the cause of medical education is safe. The interests of higher education should always be identical, and the deepest thinkers everywhere will welcome progress made both in Toronto and Kingston. Queen's recognition by the Government will advance the interests of both institutions, and petty bickerings should have no place in an intelligent discussion of higher things.

Now what shall I say to the graduating class?

The young man who has succeeded in filling his head with all the theoretical knowledge that is necessary to entitle him to graduate is to be envied—perhaps at times pitied—that he will be able to dispense with at least a part of it in due course, is not an unqualified evil, as it will make room for the wisdom yet to come. Knowledge and wisdom are not synonymous, and knowledge does not always bring wisdom.

When I look back and study the gallant barks which set sail in my early days, and search for the rocks and hidden reefs

upon which so many of them came to grief, I can clearly see what was not before apparent. It is now possible to recognize the truth; many of these ships were badly ballasted—some without ballast at all and lacked the pilotage of ideals and inspiration, pilots so necessary to steer them clear of dangers ahead.

It is true, too, that during youth, when habits and tastes are easily formed, yokes are cheerfully, almost wantonly assumed, which eventually sink the wearers so deep in the mire that they are obscured and forgotten—what a pity—how unnecessary.

It is marvellous how the apparently trivial things in life often provoke the most tragic and terrific results.

There is not time to point out more than a few ideals I would have you set up—and strive for.

Your labor has been severe, the plodding toilsome, the time for recreation brief, and perhaps it has been a grim fight to win the money necessary to put you through your course. Now that you think you are free, the reaction is almost inevitable, and in the swing of the pendulum you may be carried too far and believe that your hard work is done. Do not deceive yourselves, for while it is true that you are emancipated from one kind of labour, there is stern business ahead. You are now to assume responsibilities and worries that may c'whelm you if you are not prepared to accept them manfully and tactfully. See that you make the best of your lives.

What mental wear and tear mean I think my experience entitles me to judge.

The history of the average Queen's University graduate is, that he makes a good citizen, a successful and canny practitioner, in whom common sense is the strong point.

The University has counted for something in this result—heredity, perhaps even more, because the boys in this institution are largely drawn from the sanest and hardest headed elements in the community. The point I wish to make is this: What are the defects, if any?

Of the average medical graduate leaving our Canadian universities, and I use the word universities because I feel certain the criticism to be made applies to all—wherein does the physician fall below the standard we would raise?

At the last meeting of the British Medical Association in Canada one fact stood out glaringly, and reluctant as we were to admit it, still the unpleasant truth remained. Canadians and Americans, and we had the best of both present, did not compare with the old world product either in general culture, ability to express themselves clearly, or in the little refinements of speech and manner, which go so far in the make-up of the physician as we should like him to be. These may seem small points, and yet they stand for more than may be looked for on the surface. In this country of hustle and bustle and haste to achieve results, we are prone to build our superstructures before the foundations are truly and properly laid, and if many of our castles have tottish walls the reason is not far to seek.

In Queen's, for example, it seems almost criminal to have medical students within easy reach of a culture that is in some respects unique, and yet so few taking advantage of the opportunity. I am quite sure that those who have had the foresight to drink deeply of the fountains of learning supplied by such Professors as Watson, Dupuis, Shortt, Cappon, Dyde, McNaughton, Marshall and others, go out better equipped than those who have been content to pass directly from the Collegiate to the Medical School. That this culture will tell in your future, only those who have the retrospective point of view can show you.

I do not say that these British visitors had anything the best of it when it came to a consideration of hard facts, but they certainly had a more cultivated and polished manner, and took a broader view in general of things discussed, and in this way approached more nearly to the standard we must set up.

Perhaps I am too strong a believer in the theory that the physician who makes the best mental impression on his patient is the most successful physician, but when I think of the men who have achieved the most satisfactory results, my theory appears to be a fact. These men have had the attributes referred to, and they have been practically the same in all. If we consider Howard, Workman, Osler and Reeve, Canadians, we have had few peers in any country. What do we find? Natural ability (genius if you will) and kindness of heart, sup-

plemented by culture of the broadest sort. Such examples as these must always stand as an inspiration, and the secret of their success has been the knowledge of the truth that while they continued to work almost incessantly to keep abreast or ahead of their companions, they could still find time to acquire other accomplishments that broadened their minds. Is it a wonder that such men are loved while alive and who really live after death has claimed them for its own. The memory of Howard and Workman will never die while those who came in contact with them exist.

It was my good fortune to come under the tutelage of the illustrious Workman, and for several years I was immediately under his guidance. What golden days those were. We have had few such intellects in Medicine, and such culture as his is rare indeed; but what a power and influence for good this man possessed—his truly was the master mind—and yet simplicity and truth were the foundation of his whole character, and his broad sympathy was brought out in the most striking manner by his careful regard for the proprieties of everyday life. His modesty was noticeable on all occasions, his interest in young men was a delightful feature of his character, and his earnestness in inculcating the very principles I am enunciating a lesson never to be forgotten.

Until his last hour he was a student and did more mental work than most young men. What an example!

Some youths with whom I have discussed these problems have little patience with what is said, and exclaim, why all this trouble about such trivialities? And yet it is the apparently trifling things that count. The man standing still will soon become the man falling back; the one who knows nothing outside of the pills and potions he prescribes is just as much a cypher as the plodding farmer who treads the furrow from morn till eve, regardless of the song of the bob-o-link, the exquisite beauty of the marguerite, or the ever changing loveliness of nature all about him. And yet how few take advantage of the book that is wide open to them if they will but read.

Of course it frequently happens that environment is almost too much for any man, but it is his duty to make a determined effort to rise.

If I were asked to advise the average young graduate going abroad as to what he should do in regard to taking a foreign degree, my advice would be this :

The foreign degree has its usefulness in impressing certain people with the fact that you have had special opportunity that does not come to all, but does not in itself mean anything beyond the proof of one or more examinations passed in a course already bestrewn with similar stumbling blocks successfully circumvented.

My impression is that if the graduate spent what time he could spare from his clinics and hospital experiences abroad in acquiring all the culture the old world affords, rather than in cramming for an ornamental degree, the value of which is more apparent than real, he would do best. There is no particular virtue attached to such examinations, which, after all, are no greater test of knowledge than those already passed by the licensed practitioner in Ontario.

It will ever be the case in a developing country that we are denied opportunities for culture that are so common in Europe, and it is our duty to accept every chance to broaden our minds when it comes within our grasp. You may say, how can a busy country doctor improve his mind while work of the most arduous kind is his daily lot, and yet this practitioner is not so hardly put to it that he must be driven to the expedient of extracting sunshine from cucumbers. If properly equipped mentally, he has in many respects the better of the argument as far as his city brother is concerned. Certainly, while he is young and vigorous he is to be envied, not pitied—everything depends on himself. A man deliberately setting himself about it can find broadening influences everywhere, and if he will but make use of what he may call his idle minutes, will acquire the habit of improving his mind. The tendency to mark time until an illusive auspicious moment arrives finds many a heart-sick mortal still marking time with the graveyard plainly in view. He has never grasped the truth that we must *make* our auspicious moments, and there is abundant opportunity in the day of every one, no matter how busy. We are all apt to exaggerate the tremendous strain under which we struggle—of course, cases of brain exhaustion are common

enough, and in my daily experience I see many such ; but, often those who suppose they are laboring under such an infliction should be styled cases of "brain rust". An organ that is not asked to perform its proper function soon shows the effect of disuse. The laziest man I know takes a yearly holiday to cure his brain fag. Laziness and brain exhaustion might fairly be classified as synonyms at times. I observe that the best athletes are those who exercise their muscles intelligently the best mental athletes are those who use their brains as well as their bodies in a reasonable way. It is a difficult matter to make most people understand that the brain is an organ rather than an ethereal something that exists only as a sort of incomprehensible phantom.

In this commercial age, when dollars and cents count for so much, the inevitable question comes up : how much money is there in it? Unfortunately - or shall I say fortunately—too much money will never trouble the average physician, but if he will but make the best of his opportunities he will have something better—a contented and well stored mind—and perhaps in the end a fair proportion of the dollars as well.

But after all, the cultured physician, of pleasing address and sympathetic manner, is more likely to attract practice than the brusque, uncouth, down-at-the-heels fellow, for you must remember that the average patient would rather swallow his pill, if he must swallow it at all, gilded and sugar-coated.

Now for another aspect of the subject. You will discover that the psychological element in the treatment of many cases is a tremendous factor. I am not so certain that the faith cure is not about the most important thing with many people, and if your mental armamentarium is as good as your surgical equipment is likely to be, your success is assured. Of course I had forgotten that you are all to be surgeons—not physicians—but take my advice, become physicians of the highest type first and surgeons afterward. You will be all the better for the mental training and the supply of appendices will probably last until you are ready to remove them. I am not poking fun at the magnificent work of the modern surgeon, but merely hinting that the broadest culture will produce the most useful member of the profession.

Before I close this address, which I intended to be brief, let me call your attention to one other reason why you should strive for a mental endowment that will enable you to add lustre to your chosen profession and endear you to the aching hearts and troubled minds it will be your duty to soothe and cure. There is no one in the community to whom the secret sorrows of the world are revealed as to the family physician. There is no one to whom most men—and many women—will so quickly turn for sympathy and comfort, and it requires the nicest adjustment of a well balanced mind to meet the requirements of the occasion. The clergyman is theoretically supposed to be the repository of such confidences, but ordinarily his failure to get them is the outcome of a sort of statute of limitations that he is himself responsible for, but which cannot be discussed here.

Will not a broad culture and refinement of mind enable you to meet the situation satisfactorily? I think so, and it will do more; it will help to counteract the ultra materialistic tendencies which the study of medicine undoubtedly develops. Coming in contact, day after day, as we do, with the victims of disease, seeing reason detroned by this and that bacillus—moral natures warped by the sins of the fathers—hideous criminality the outcome of inherited defect, is it a wonder that we must fight persistently to resist becoming grossly materialistic and almost cynical regarding a good deal of the theoretical teaching that is hurled at our heads by those who cannot see life as it appears to us. Only the broadest culture will enable the physician to keep his balance in the trying situation, and fortunate indeed is the student who came to Queen's. Here he has found that these very questions have not been dodged, but have been bravely and sensibly met. Queen's may be dubbed a denominational University, but she has faced the great problems of life literally, fearlessly and honestly, and has recognized the truth that only by an intelligent discussion of such can real progress be accomplished. To-day her sons stand for liberty, thought and expression in a way that does them honour, and those who have followed the lines hinted at are a living force in Canada.

I thank you for the patient hearing accorded me, and if I feel that the threshold of the subject has scarce been covered,

there is the hope that some of the words uttered may be thought worthy of consideration and study.

To live an honourable life is of more importance than to win the applause of nations—to do good to others is the highest aim of the ideal physician. What if he cannot perch on the pinnacle of fame, he may still wield a beneficial influence that is incalculable. Let him be true to himself and his ideals, and even if a disappointed ambition bows him down as age steals on, let him not envy others, but keep himself young in heart and mind to the last, for after all there is a wealth of philosophy in the lines which close this address. I envy every young man starting out on his life's work, and the day will come when he will learn the truth now to be expressed, so make the best of your halcyon days.

“Man is his own star, and the soul that can
Render an honest and perfect man,
Command all light, all influence, all fate ;
Nothing to him falls early or too late :
Our acts our angels are, or good or ill,
Our fatal shadows that walk with us still.”

Following Dr. Clarke the Dean took occasion to address the audience and graduates. He spoke in part as follows :

ADDRESS OF DR. J. C. CONNELL.

“It is my very pleasant duty to announce that the present session, the fifty-second in the history of the Medical School, has been most satisfactory and successful, and marked by real progress. The registration is the largest on record, being 223, an increase of fifteen over last year. Our class-rooms are now crowded to the utmost, and better laboratory accommodation is imperative in the immediate future. The work of the faculty has been well organized and free from interruption, and the standard of teaching is, I believe, higher than ever before.

“The students have been faithful in their attendance on lectures and most diligent in their studies, as the examination results show. While there has been no relaxation in the requirements, the percentage of failures is this year relatively small. The faculty has noted with satisfaction the almost entire elimination of the loafing element from the college. Work has really become the master word in this School of Medicine.

“The new calendar will announce a change in the closing of the session next year, when lectures will continue to the 3rd of April, and Convocation will be on the same day as that of the other faculties. There will be no summer session. The reasons which induced the faculty to continue the six months session have passed away. It is a matter of regret to many of us that hereafter there will not be a medical convocation, but with the lengthened session it seems inadvisable to hold two convocations within a few days of each other.

“Shortly after Convocation, a year ago, negotiations were entered upon with the Ontario Government for a provincial grant in aid of the scientific work of our school. As a very large grant had been made towards the advancement of medical education in Toronto, the way was opened to present our claim for proportionate assistance. Several interviews with the members of the government have been held, and as a result Mr. Whitney and his colleagues have frankly acknowledged the justice of our claim and have promised to make an announcement very soon as to the amount which will be available. Our proposal is to erect a new building, to contain laboratories and class-rooms for biology, pathology and the allied subjects, and rooms for public health work and research.

“For such work we can surely claim public assistance. The fees derived from the education of medical students cannot possibly make adequate provision for buildings, equipment and maintenance for the preliminary scientific work upon which medical education depends. The fact that so many other interests are involved besides the education of the medical student only adds to our claim. The public health work, the scientific work for the dairy school, the investigations in reference to fish life, all carried on in our laboratories and by our professors, are not sufficiently well-known, but are not the less important to the welfare of the country. Few realize that the prosperity of the dairy interests in Eastern Ontario depends very largely upon the scientific work which has been done in the bacteriological laboratory of the Medical College, and the possibilities are very great for increased usefulness with increased facilities and equipment.

“Laboratories and discoveries are co-relative terms.

Without laboratories science would soon be stricken with barrenness and death ; it would be mere powerless information instead of a science of progress and futurity. The true supremacy of a people does not reside in parliamentary speeches, or in mines and money, but in the silent and tenacious work of a few men of science and of letters. The conquests useful to humanity touch the hearts of the people, and I am sure they will approve of proper support being granted to this as well as other schools.

“To the gentlemen of the graduating class I wish to say a few words in parting. To-day sees the realization of your hopes and the crowning of your efforts of the past four years. To-day you are admitted to the rights and privileges and assume the responsibilities and obligations of the medical profession. Your energies have been heavily taxed to acquire sufficient knowledge to present yourselves for laureation, but we hope you have not failed to realize in it an incentive to all that is pure and honorable, unselfish and sincere. The duties of a physician are often onerous, often painful, but there is a singular interest in practice which I trust you will speedily realize. The successful issue of cases, the triumph of science and art over disease, the restoration from seeming death, the mitigation of suffering—these impress upon the mind and heart of the medical man a joy as exquisite in degree as that which pervades the spirit of those more closely and deeply interested in the event. Nowhere has philanthropy a wider field for its exercise, nowhere can men be found more laborious and self-sacrificing, more devoted, without hope of fee or reward, to the good of mankind.

There is, however, a besetting sin of which I want to warn you. I believe it is the great besetting sin of the profession, and probably it is not unknown among students. This is jealousy. Probably this spirit, so inimical to our interests, and so derogatory to our manhood, is a natural outcome of the private and individual nature of our work ; it is, I believe it to be, due still more to the lack of the social principle in our profession. Each is too apt to consider his own individual case and interests, regardless of the detriment to the profession at large in character and public estimation. Certainly this evil is

best overcome by habits of association and mutual intercourse. Intimacy with one's neighbours and meeting them in social and scientific gatherings is most likely to promote the charity that 'thinketh no evil', that 'suffereth long and is kind', to foster forbearance and sympathy, and to destroy 'envy, hatred, malice and all uncharitableness'. Let me urge each one of you now graduating to aim steadily to promote cordial sympathy with each other, high regard for the reputation of your fellows, and veneration for the entire body of which you are now units. To your individuality is confided the guardianship of the high interests of the profession. Strive, therefore, in harmony and good-fellowship, rivalling each other alone in good conduct and feeling, and be ever ready to lend a helping hand when it is needed. You are under the strongest ethical obligation to maintain and justify the character which has been awarded to the medical profession for general and extensive knowledge, liberality and dignity of sentiment and great beneficence.

"As a last word, let me say, do not dwell upon things already acquired, but be ready for your opportunity, for this is more than half the secret of genius and success."

Principal Gordon then addressed the audience and graduates in a few well chosen words, emphasizing to the graduates the importance and responsibilities of the life work they had chosen and wishing them all success therein.

The proceedings were then closed by the chaplain.

Medical Examinations—April, 1906.

DEGREE OF M.D. AND C.M.

Baker, A. E.	Blackfalds, Sask.
Ballantyne, W. H.	Kingston.
Barnes, J. A.	Kingston, Jamaica.
Bell, A. M.	Moscow.
Bolton, E.	Philippsville.
Brander, J. F.	Northport, N.S.
Cochrane, H.	Sunbury.
Cockburn, G. L.	Sturgeon Falls.
Dear, C. B.	Bridgetown, Barbadoes.
Dingwall, D. G.	Lancaster.
Gavin, W. F.	Lansdowne.

Gordon, G. D.....	Kingston.
Graham, C. W., B.A.....	Kingston.
Johnston, J., B.A.....	Combermere.
Laidley, W. G.....	Kingston.
Lawler, C. A.....	Kingston.
Lucas, S. L.....	Kingston, Jamaica.
Lowe, F. E.....	Adelphi, Jamaica.
McCallum, S., M.A.....	Brewer's Mills.
McCormick, J. P.....	Ottawa.
McDonald, D. J.....	Whycomogagh, N.S.
McKenley, A. G.....	Chapelton, Jamaica.
McLellan, D.....	Forester's Mills.
Nicelle, F. R., B.A.....	Kingston.
O'Connor, F. J.....	Long Point.
Palmer, W. M. R.....	Northcote.
Paterson, R. K.....	Renfrew.
Patterson, W. E.....	Newburgh.
Patterson, W. R., B.A.....	Kingston.
Playfair, L. L.....	Kingston.
Publow, C. A.....	Kingston.
Redden, H. O.....	Ernesttown.
Reid, J.....	Renfrew.
Rob, A. D. O.....	Nashville, Tenn.
Sandwith, B. A.....	Whitstable, Eng.
Saunders, T. F.....	Rhinebeck, N.Y.
Shannon, S. S.....	Kingston.
Smith, S. H.....	Chambers.
Snyder, J. B.....	Lancaster.
Spankie, W. E.....	Wolfe Island.
Stewart, J. R., B.A.....	Waba.
Sutherland, E. M., B.S.c.....	Montreal, Que.
Sutherland, B. C.....	Montreal, Que.
Taughher, W. J.....	Beachburg.
Templeton, O. P.....	Napanee.
Wade, J. J.....	Balderson.
Young, D. M.....	Bristol, Que.

MEDALS AND PRIZES.

University Medal in Medicine :

E. Bolton.....Philippsville.

University Medal in Surgery :

L. L. Playfair.....Kingston.

Chancellor's Scholarship, \$70, for general proficiency throughout course :

E. Bolton.....Philippsville.

A. E. Baker (Honor) next in order.....Blackfalds, Sask.

Best Dissection by Two Students :

- M. A. McKay..... Grenfel, Sask.
R. Hughes..... Kingston.

For General Proficiency in Practical
Anatomy :

- F. R. Sargent, B.A..... Kingston.

Faculty Prize, \$25, for Best Examination
in Second Year :

- C. T. C. Nurse Georgetown, British Guiana.

New York Alumni Association Prize, \$50,
in Physiology and Histology :

- H. Dunlop, B.A..... Kingston.

Prize for Best Examination in Materia
Medica :

- H. B. Longmore, B.A..... Camden East.

Dean Fowler Scholarship, General Pro-
ficiency, Third Year :

- J. P. Quigley, M.A..... Kingston.

McCabe Prize in Pathology, Third Year :

- F. H. Trousdale Hartington, Ont.

Dr. Barber's Prize for Best Examination
in Mental Diseases, \$25 :

- James Reid..... Renfrew.

Prize in Clinical Microscopy, \$10 :

- R. D. Paul..... Selby.

Class Prize in Senior Surgery :

- A. E. Baker..... Blackfalds, Alberta.

Class Prize in Junior Surgery :

- A. T. Spankie..... Wolfe Island.

Recommended for House Surgeons in
Kingston Hospital :

- L. L. Playfair..... Kingston.
W. R. Patterson, B.A..... Kingston.
E. Bolton..... Philippsville.
S. McCallum, M.A..... Brewer's Mills.
John Johnston, B.A..... Combermere.
A. M. Bell Moscow.

FIVE CASES OF SUBPHRENIC ABSCESS.

CASE I.

IN November, 1899, I was called to see a young woman, aged 21, well nourished, who was suddenly taken ill with vomiting of blood. After an hour's vomiting she was seized with a sharp pain in the epigastrium, which seemed to go through to the back. She had never had any symptoms referable to the stomach before, nor indeed any symptoms of any kind, except a little anæmia at puberty.

I found my patient free from pain on my arrival, but blanched and in a condition of shock. There was a well defined tumor in the epigastric region, shewing a perfect outline cast of the distended stomach, just as if it had been filled with plaster of paris. On enquiry I elicited the information that the friends had consulted a "Home Physician," and on its recommendation had given a mixture of vinegar and tincture of iron, with the result that the stomach was full of clot.

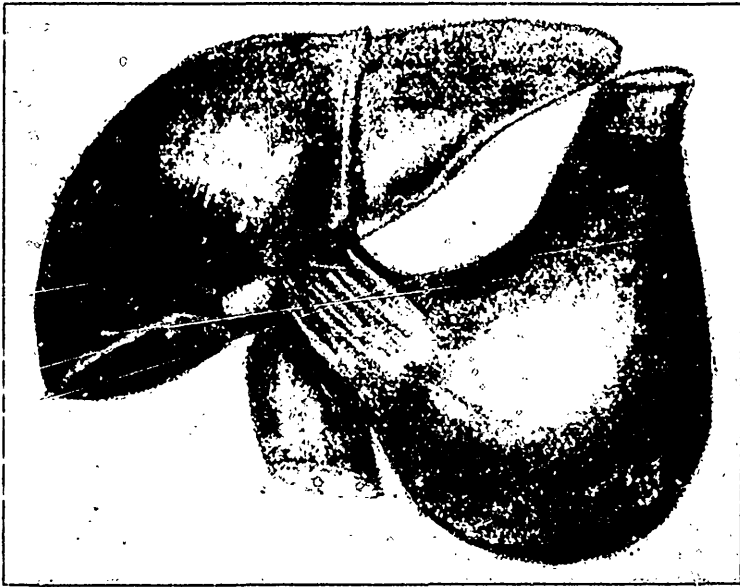
I gave ergot and morphia, the one to contract the blood vessels, and the other to control peristalsis.

In four hours there was a temperature of 102°. This was attributed to the absorption of fibrin. Next morning the temperature was 100°. During the second day I gave pepsin to hasten the breaking up of the clot, which it did and the stomach emptied itself. Shortly after the stomach had become rid of the clot she had another severe attack of pain, which was followed by a temperature indicating abscess. On the fourth day I operated under cocaine anæsthesia and found the lesser peritoneal cavity filled with pus and blood. I ascertained by the finger that the foramen of Winslow was firmly closed by adhesions. The gastro-colic omentum was ballooned out with the pressure of the contents. After walling off with gauze I made an opening through the gastro-colic omentum and evacuated. As there were few adhesions the cavity contracted down to pretty near normal relationships. The perforated ulcer was sought for and found near the pyloric end of the stomach and was closed by plication. A drain was inserted and kept in situ for twelve days. The wound closed by the twenty-eighth day.

For eight months she did very well and had no symptoms.

but soon after began to complain of nausea and vomiting of partially digested food and very obstinate constipation. For a time this condition was relieved by purgatives. Then followed gradual dilatation of the stomach.

I believed that the trouble was caused by adhesions. I advised operation, but did not get her consent until two years after the first operation. I used a median incision and found the 'neck' of the stomach deformed by a strong band of adhesions running to the edge of the liver. This had so distorted the 'neck' of the stomach, just before the entrance to the pyloric valve, as to obstruct the flow of the stomach contents as shown by the following drawing :



The greater curvature was pouched downwards and felt thin compared with the other parts. In searching for more adhesions the finger could now pass easily into the foramen of Winslow. In the duodenum could be felt what appeared to be an active ulcer—a hard, circular margin and thin centre—and as the patient had had some melana for the last four months, I decided that to divide adhesions would not be enough. I did a gastro-jejunostomy, using a double row of sutures. This was easy

to do, as the lesser cavity of the peritoneum—the site of the old abscess—showed few signs of having been occupied by pus. The bowel was joined to the posterior wall of the stomach. Convalescence was uneventful, excepting that there was considerable vomiting of bile for a month. The preparation used in this case was the usual one for abdominal cases. At that time very little had filtered into this part of the world of the teachings of stomach surgery. The after treatment consisted of water for two days, peptonized milk for four days, then semi-solid diet. The features about this case that struck me most were the rapid closure of the foramen of Winslow after the ulcer had eaten through, its patency two years afterwards, and the amount of repair that had gone on in the lesser cavity, which originally formed the abscess cavity and had granulated up from the bottom. Also the rapid return of normal appetite and freedom from symptoms.

This patient is alive and has never had any symptoms of stomach trouble since, having escaped the usual nausea and vomiting of two pregnancies.

CASE II.

A man, 30 years old, German descent, had the usual symptoms of gastric ulcer, e.g., hyperacidity, pain and hemorrhage. He had been tided over four attacks by his attendant by rest in bed, rectal feeding and the use of argent. nitras. He was believed to be cured, having very little discomfort except when some error in diet was made. One day he ate a full meal while fatigued, and was suddenly seized with sharp pain near the cardiac end of the stomach. The pain was so severe as to require large doses of morphia. The temperature was 97° when the attending physician first saw him, but rose to 103°, and remained so for twenty hours, when it dropped to 101, and for the next two weeks fluctuated, showing about a degree of difference between morning and evening. A tumor appeared in the epigastric region, about three inches to the left of the middle line, and gradually increased in size till it was quite six inches across.

I operated, assisted by Dr. Binns, two weeks after the ulcer had broken through, and drained the abscess cavity which

was well walled off. There was little trouble in finding the ulcer, as it was large enough to admit the index finger. I had a great deal of difficulty in closing it. The parts were too rigid and bound down by adhesions to admit of plication. Finally I raised the peritoneal coat up by flap splitting as it were and brought it together with a purse string suture. All the cavity around the drainage tube was liberally packed with gauze to stimulate granulations. The wound closed in three weeks. This patient remains well by eating small amounts every three hours, but any attempt to exceed this brings on a mild attack of gastric tetany. This case was fed by the rectum for one week after the operation, as I feared that the pressure of food might cause the giving away of the purse string suture in so friable a structure. A gastro-enterostomy or perhaps a pyloroplasty would, I am sure, relieve this tendency to tetany.

CASE III

Would be only a repetition of the history and operation of Case II, except that it appears to have been a case of chronic ulcer from the first. There was no history of vomiting of blood or melana. The abscess was in the middle line and anterior to the stomach. The ulcer was not found, and as there was no leakage of the stomach contents into the wound, it had probably healed before operation. The wound closed in three weeks. The operation was done under eucaïne anæsthesia twelve days after the rupture.

CASE IV.

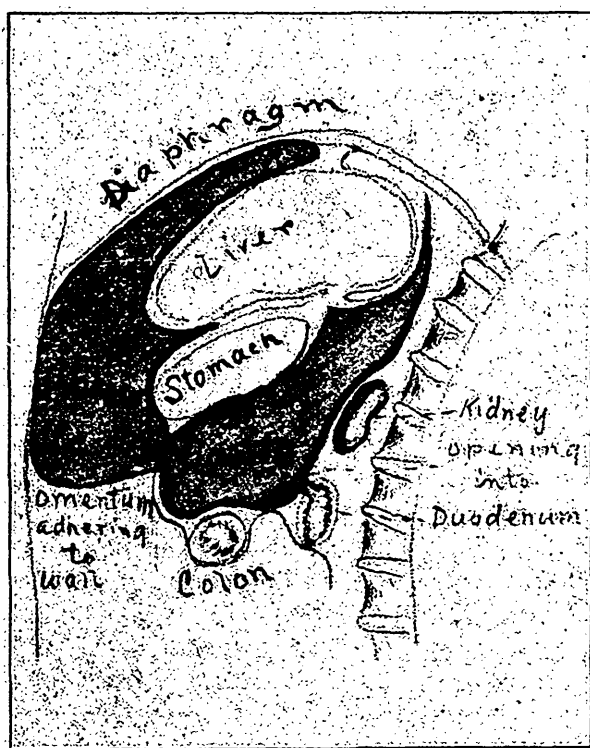
This case I followed from the first attack of so-called indigestion. A man, 36 years old, kept bachelor's hall on a home-stead. At the time I saw him he was poorly nourished, as one would expect from a diet of strong tea, bacon and bannock. I prescribed a pepsin mixture for him, ordered a more liberal diet, and advised him to have his teeth attended to as they were in wretched condition. My advice was not followed, but a kind Providence removed his appetite and gave his stomach rest, and he recovered for a time. For about eight months he had what our French brethren call "remorse of the stomach." This was followed by pain, burning, hyperacidity and slight hemorr-

hages. I told him he had an ulcer of the stomach and advised operation, but was refused. I used nitrate of silver and a liquid diet, but could not get him to consent to lying in bed or rectal feeding. He gradually improved and was able to work for two months. One night he was seized with violent pain, vomiting and cramps. The face was pinched, the abdominal muscles rigid, and he was sweating profusely. Morphia and hot applications relieved the cramps and pain. He again improved and returned to his old condition, with the addition of a most obstinate constipation. The stools were made up of masses about the size, color and appearance of prunes. On dissolving these in water and examining with the microscope I could find blood cells. I again advised operation, but got a refusal. Some six months afterwards all his symptoms were aggravated, and to relieve the misery caused by the presence of food he fasted for thirty-six hours, when he was seized with an agonizing pain in the stomach and had a sensation of something giving away. He said he could feel fluid running. I saw him an hour after the pain began. From my previous experiences I concluded that perforation had taken place. Having a travelling surgical kit with me I operated at once under eucaïne anæsthesia. The abdomen was full of gas and showed but very little soiling, which may be attributed to the empty condition of the stomach. The viscera were not very sensitive except when dragged upon. The ulcer was found situated in front and near the pyloric opening and was closed by plication. A gauze drain was left in for three days, after which the wound was allowed to close.

CASE V.

On December 20th, 1905, I was called to see Mr. S—, aged 46, who presented a tumor in the epigastric region. A diagnosis of gastric dilatation had been made, which I could not confirm. He gave as history that ten days before he had a little indigestion, and on stooping had a feeling as "if a steam pipe burst." Then a tumor began gradually to form. Never, at any time, did he have a rise of temperature or increase of pulse rate. The bowels moved easily if mild purgatives were taken. The diagnosis from dilated stomach was made by the stomach tube, water poured in was recovered and returned

clear. He was removed to hospital and on the 22nd I operated, assisted by Dr. L. W. Hoppin. While the anæsthetist was getting him under he vomited pus. I made a median incision above the umbilicus. The cavity contained nearly two quarts of pus. The ulcer had opened into the lesser cavity of the peritoneum, and the pus was distending it. The omentum had risen and walled off the upper part of the abdomen. The gastro-colic omentum then gave away, letting the space in front of the stomach distend, making an abscess cavity as shown in the accompanying drawing.



The ulcer could not be found, so two large drainage tubes were inserted, one up to the diaphragm and the other into the lesser cavity through the opening in the gastro-colic omentum. Also a small piece of rubber tubing was left in, the whole loosely packed around with gauze and a dressing applied. To the small

tube I attached a home-made apparatus for generating oxygen, and thus allowed oxygen to flow in amongst the gauze packing for four hours daily. This method has a fine cleansing effect on large cavities, especially where the infection is due to the colon bacillus.

On the second day castor oil was given, nothing but water having been given by the mouth prior to this. The castor oil appeared in the dressings. A close search was made once more and a perforating ulcer was found in the duodenum. I thought at first it was impossible to close it, so I tried packing it with gauze for two days more, but everything given by the mouth appeared in the dressings. I had a lively prospect of my patient starving to death. I could not draw the edges of the ulcer together satisfactorily without disturbing the wall of the cavity. After studying the situation I stripped off a piece of parietal peritoneum, as is done in making a skin flap in rhinoplasty, and used it in the same way as an omental graft. The cavity was again packed with gauze and oxygen used. There was no more leakage of stomach or duodenal contents. The peritoneal graft was imbedded in healthy granulations. I had the satisfaction of seeing this large cavity close in fourteen days.

From a study of these cases I have come to the conclusion that sooner or later a gastro enterostomy will have to be done or should be done to overcome the effects of adhesions. These adhesions affect most often the anterior surface of the stomach. The lesser cavity is changed from a cavity to a mass of granulations, which are absorbed again, leaving the cavity patent and the foramen of Winslow open. The granulations on the anterior part of stomach organize and contract, malforming the stomach and interfering with its ability to thoroughly empty itself.

Three of these cases were done in shacks under local anesthesia without trained assistance or nurses. Of the other two one was done in hospital with a full staff and one with a doctor to assist.

J. W. KEMP.

INDIAN HEAD, Sask.

A CASE OF TETANUS.

ON the 17th of August, 1905, I was called to see H. M., aged 17 years, and secured the following history:

On the 27th of July, while working in the harvest field, this boy was kicked on the nose by a colt. The nose was badly bruised and cut and the wound made became purulent and remained open, but apart from the discharge and soreness the patient suffered no other inconvenience. On the 12th of August he noted stiffness of the jaws and soreness of the neck, which gradually extended to the other muscles and increased in severity. On the 16th of August he was suddenly seized with spasm of the muscles of the back, causing him to lose his balance and fall to the ground.

When I saw the patient the following day he was unable to walk and was suffering intense muscular pain. The facial muscles were set, giving the appearance of risus sardonicus. The jaws were tightly clinched. The digestive organs were very inactive. The tongue when seen was heavily coated, the breath foetid and the bowel obstinately constipated. The pulse and temperature were quite normal. The urine was loaded with urates and later became foul smelling. The respirations were not involved at first, but some days later became labored when the respiratory muscles were involved in the spasm. In the course of the next few days the rigidity of the muscles spread practically all over the body except to the arms, which were only slightly involved. The patient fell into the position of opisthotonos, but on several occasions the body was drawn to the right side, and on one or two occasions was thrown forward so that he twisted himself out of bed. Tonic spasms came on at varying intervals, averaging at first two per hour. Between these spasms while the muscles relaxed somewhat they always retained more or less rigidity. During intervals between the spasms and during sleep the muscles of the jaw would so relax as to allow a spoon to be placed between the teeth, and at these periods he was fed and was able to take sufficient nourishment. While sleeping the tongue often protruded between the teeth and a sudden spasm would at times seize him, causing the tongue to be bitten. In attempting to prevent this, corks, pencils and bits

of hard wood were pushed between the teeth, but were always bitten through. Finally a spoon was fastened in the mouth, and this prevented further injury to the tongue. The spasms became less severe toward 1st of September, and after this lessened in frequency, but still came on eight to twelve times per day up to Sept. 14. During the month that he was ill the body was bathed in perspiration most of the time. The mind always remained clear, even during the most agonizing pain.

Treatment was directed mainly towards destroying the organisms at the seat of infection. The wound on the nose was thoroughly cleaned and was dressed with a carbolic compress. Hydrogen peroxide was injected into the wound and the tissues about it by a hypodermic syringe, and the nostrils were also sprayed. As the tetanus bacillus is an anærobic bacterium it was thought that the nascent oxygen set free would prevent its further development. Morphine half a grain hypodermically was given every three or four hours as required to control the pain, as it alone seemed to have any influence upon it. Chloral and bromide of potash, twenty grains of each, were given occasionally to allay the spasm, but without much result. The bowels were freely opened with calomel and enemata and care was taken to keep them free. Tetanus antitoxin was ordered early but could not be secured, and did not reach me until September 14th, that was four weeks after I first saw the patient. 30 c.c. was given on this date, and 30 c.c. additional on September 16th, 18th and 21st. The tonic contracture gradually relaxed and the spasms ceased during this period of antitoxin treatment, and by the 28th of Sept. the patient had so far recovered that he was able to walk around the room. The wound had also been allowed to close and was quite healed. To-day he is as well as ever except for a scar on the bridge of his nose.

This case is one of chronic tetanus in which the tendency is towards recovery, though at least one-third of such cases die. The antitoxin seemed to be of distinct value, as after its use the rigidity rapidly lessened and soon disappeared and spasms ceased. Whether they would have done so or not without this treatment remains, however, an open question.

PORT HOPE.

W. W. MCKINLEY.

ILLUSTRATING THE DIFFICULTIES OF BRAIN SURGERY.*

HISTORY.—Martha Armstrong was born July 31, 1891. She was well up to July, 1901, when she fell while going up stairs, striking her chin. Since then she has been troubled with severe headaches, mostly in occiput, and would lay in bed two or three days at a time.

Family History.—Mother is 38 years old, the youngest of thirteen children, of whom six are now living. Of the former one died of cholera at the age of 26, the other six from one to five years of age. Her mother died in child-birth at the age of 48, and her father at the age of 92. Father, who is 48 years old, is one of two children, both living. His mother died of cancer at 64, and his father of Bright's at 74. He had chills and fever in 1876. In fall of 1881 was struck on the head by stick of timber and rendered unconscious for one month. After this he was totally blind for five months. During the following year his sight gradually returned. Has never suffered from headaches.

Case History.—In November, 1903, her mother consulted Dr. Hayes, of Frankfort. Martha had first menstruated in September, and again in October, but in November there was suppression.

Dr. Hayes diagnosed malnutrition with slight chorea and gave the appropriate remedies. She improved in general health, but her menses failed to return. In July, 1904, she complained of pain over both eyes, and recently developed squint. I examined her eyes under atropine. The eyes were normal except for a hyperopia of two diopters and a C.C. squint. Lenses + 1.50 D. Sph. both eyes, were prescribed to be worn constantly. At this time she received from Dr. Hayes, Tr. Digitalis and Blaud's pills for nervousness, rapid hearts' action and anæmia. September 1st she developed an abscess in left ear and was again referred to me. I made a free incision of the membrana tympani on September 5th. At this time her eyes were straight and she was free from headaches. She remained under Dr. Hayes' care up to February,

*Read before Oneida County Medical Society, April 10th, 1906.

1905, when she was apparently in perfect health, except for suppression of menses. She only menstruated once more, viz., in August, 1905.

About June 1, 1905, she complained of occipital pain and occasional attacks of vertigo. She became nervous, attacks of headache and vertigo grew worse and of more frequent occurrence. Vomiting, projectile in character, accompanied the attacks. Her vision almost entirely failed and she became unable to walk. Her condition grew steadily worse and on July 27th Dr. Hayes brought her up to me. At this time she was complaining of intense pain in occiput. She flinched if her hair was pulled in the least. Her gait was of a peculiar shuffling character, the body being slightly bent forward, right shoulder drooping, and the feet well separated, with a tendency to walk to left. She could not turn her head to left, but turned it readily to right. There was limitation of movement of eyes to right. No squint. R.V. 8/200; L.V. 12/200. Right choke disc + 5.00. Left choke disc + 6.00. Pupils round, equal and react sluggishly to light and accommodation. When asked to look straight ahead the eyes are diverted slightly downward to left. The left external auditory canal contained dried secretion; the membrana vibrans was gone and granulations were seen on inner wall high up. Slight tenderness over back part of mastoid process. Dr. Hayes thought she had a cerebellar abscess, and in this diagnosis I concurred.

I would like to draw your attention to the following symptoms which would justify such a diagnosis: A temperature of 99°, pulse 100°, unsteadiness of gait, projectile vomiting, intense occipital headaches, irritability and optic neuritis.

On July 28th she was admitted to Faxton Hospital, and during the following week was under the observation of Dr. Weisenburg, of Philadelphia (a nerve specialist visiting in the city), Dr. Glass, Dr. Baldwin and myself. The following notes were made on her chart: Patient well developed, poorly nourished, face flushed, eyes expressionless, double vision, slight internal strabismus of left eye, slight facial paralysis on left side, memory poor, answers questions readily, no difficulty in speech, understands O.K. and does what she is told, tactile sensation over body O.K., incoordination of muscular move-

ment, walks with difficulty, gait tottering, slight incoordination in movements of arms, grasp O.K., deep reflexes lost, rigidity and some tenderness on pressure over muscles of neck, some tenderness at base of skull. Heart negative, left apex of lung slightly dull, fremitus slightly increased broncho-vesicular breathing, spoken and whispered voice sounds +, no rales heard. Abdomen negative.

During the early part of her stay in the hospital her general condition materially improved. There was no vomiting until Aug. 9th. Her headache left her and did not return until Aug. 8th. A new symptom was the involuntary movement of her bowels.

Dr. Glass made a diagnosis of tubercular meningitis. Dr. Weisenburg thought the symptoms were not sufficiently definite for an accurate diagnosis, but thought the most likely a localized meningitis, secondary to the old otitis.

On the advice of Dr. Weisenburg I performed a regular mastoid operation on Aug. 3rd. This revealed granulations in the attic and mastoid antrum. The dura was exposed and incised with the hope of finding pus, but none was seen. Wound back of the ear was closed and the wound dressed through the meatus, which had been enlarged. There was no improvement following the operation. Temperature varied from normal to 100°, pulse 100 to 125, resp. 22 to 18. The patient was discharged on Aug. 15th. She continued to fail steadily and died Oct. 18th.

Dr. Hayes performed an autopsy and sent the brain to Dr. Weisenburg, who writes: I found a purulent meningitis involving the whole base of the brain and part of the cortex. There was also an abscess in one cerebello pontile angle. This cavity was distinct and walled off from the rest of the tissue.

T. H. FARRELL.

Utica, N. Y.

BOOK REVIEWS.

DISEASES OF THE EYE. By G. E. deSchweinitz, A.M., M.D.
Fifth Edition. W. B. Saunders Company, 1906.

It is of interest to compare this volume with the first edition published in 1892. At that time Dr. deSchweinitz' work was at once recognized as a cleverly written and authoritative text book, quite up to date and yet conservative. The new fifth edition has evidently been carefully revised and re-written, as it contains references to all recent advances of real value. In fact a close comparison of several chapters in the first and fifth editions gives an exact idea of the progress made in these subjects during the past fifteen years. It may be recommended as a very satisfactory book for students and practitioners.

A LABORATORY GUIDE IN PRACTICAL BACTERIOLOGY, with an Outline for the Clinical Examination of the Urine, Blood and Gastric Contents, by W. T. Connell, M.D., M.R.C.S., Eng., L.R.C.P., Lond., Professor of Pathology and Bacteriology, Queen's University, Pathologist to the Kingston General Hospital. R. Uglow & Co., Kingston. Price \$1.50.

Six years ago the first edition of this little work was published, and the thorough manner in which all the important points in practical bacteriology were treated and the conciseness and simplicity of arrangement whereby in twenty demonstrations a comprehensive grasp of the whole subject could be obtained, commended the work at once to the Faculty of Medicine at Queen's, and shortly after to the teaching bodies of other institutions.

The second edition, while following closely the plan of the first, has been carefully revised and many additions made, covering the advances made during the past six years in so far as could be done in a class hand book of this character. We note that the author still retains the demonstration on staining of flagella, which proves such a stumbling block to most beginners, and recommends Lowitt's method as having been most satisfactory. Important additions have been made in section on Diphtheria, giving method of determining value of anti-

toxin by Ehrlich's method. Work is also introduced covering a study of the paratyphoid and dysentery bacilli. We note also in section on blood that Wright's stain has been given priority as being easy of application and affording even results. The book has been interleaved throughout so as to enable the worker to add such notes as may be necessary, or to record his own observations. Taken altogether we feel that any student who has carefully performed the work outlined in this book will have a good working knowledge of bacteriology.

A. R. B. W.

MEDICAL NOTES.

Drs. W. R. Patterson and E. Bolton, of '06, have entered on their duties as house surgeons in the Kingston General Hospital. Dr. A. M. Bell will enter on duty on July 1st.

Dr. Thos. F. Saunders, '06, has been appointed house surgeon at the General Hospital, Ottawa.

Drs. R. K. Paterson and John Johnston, '06, have been appointed clinical assistants at Rockwood Asylum for one year, and have entered upon their duties.

Dr. J. P. McCormick, '06, is doing relieving work at the General Hospital, Ottawa, and Dr. W. H. Ballantyne, '06, at the Isolation Hospital, Ottawa.

Drs. C. S. Van Ness and J. C. Caskey, both of the class of '04, are on duty as house surgeons in St. Luke's Hospital, Ottawa.

Dr. H. O. Redden, '06, has been appointed house surgeon to St. Mary's Hospital, Saginaw, Mich.

Dr. D. M. Young, '06, has received appointment as house surgeon of the General Hospital, Utica, N.Y., and has entered upon his duties.

The following members of the class of '06 have secured house surgeoncies in New York city :—Dr. A. E. Baker, City Hospital ; Dr. S. McCallum, St. John's Hospital, Brooklyn ; Dr. J. R. Stewart, Staten Island Hospital ; and Dr. C. W. Graham, Manhattan Eye and Ear Hospital.

The physicians of the Province of Saskatchewan met at Saskatoon on March 15th and organized the Saskatchewan Medical Association, and we are pleased to note that the President elected, Dr. J. W. Kemp, of Indian Head, is a Queen's graduate of the class of '92. We also note on the Committee of Public Health the name of Dr. J. V. Connell, of the class of '02.