Western Canada Medical Journal

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GEORGE OSBORNE HUGHES, M.D., *Editor.*

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WESTERN CANADA MEDICAL JOURNAL

VOL. I. SEPTEMER, 1907 No. 9

ORIGINAL COMMUNICATIONS.

EIGHTH ANNUAL MEETING OF THE BRITISH COLUMBIA MEDICAL ASSOCIATION

PRESIDENT'S ADDRESS.

R. L. FRASER, M.D.

VICTORIA, B.C.

The address of the President, Dr. R. L. Fraser, was as follows:—

Gentlemen,—It is first my pleasing duty to thank you for the high honor of being elected to the presidency of the British Columbia Medical Association, an honor I did not expect, and feel I do not deserve.

Being a hard-working general practitioner, with no aspirations, inclination or time for medical politics or official cares, I fear I am but poorly prepared to perform adequately the duties of president of a provincial society, and therefore crave your indulgence for the many shortcomings you are sure to perceive.

On behalf of our local Medical Society and the citizens of Victoria, I welcome all the members of the Association and other visitors to our beautiful city. Victoria is a peculiarly appropriate place in which to hold our annual meeting. So many gatherings of the kind have assembled here in recent years that Victoria has been aptly termed the "convention city" of Western

Canada. In addition to being the capital of the province, it was for years the medical Mecca of the Pacific Northwest. The excellence of its hospitals, and the eminence and skill of its medical men, attracted the sick and injured from a very wide radius. May I be pardoned if I am proud of the fact that Victoria's hospitals and practitioners still draw patients from a very large area.

While the office of president confers great honors, it also imposes some very important duties, and not the least of these is the preparation and reading of this address. Usually the selection of a subject is left to the reader of an address, but not so with the president of our Association—his address must be on the "Condition and Standing of the Profession in this Province." The history and progress of the medical profession in British Columbia has been so fully and ably set forth in the addresses of several of my predecessors in this chair, that it would be wearisome to inflict it upon you again; so a few words upon the present status of the profession as I see it will probably be enough.

With an estimated population of 250,000, there are in the province 350 registered practitioners, or one medical man to every 700 of the population. I do not know how this proportion of medical men to population compares with that existing in the other provinces, no statistics being available.

We are all as yet general practitioners, the province not having so far produced many specialists; but the standing of the average medical man in British Columbia is very high. In his ability to cope with the emergencies and difficulties of daily practice, I do not believe he has a peer in any other part of Canada. Undoubtedly the doctor who does the most good in the community is the educated, experienced and self-reliant general practitioner.

Many reasons might be given for the superiority of the British Columbia doctor. With the most liberal regulations for registration in Canada, the standard of qualification is high. The major portion of medical men here are still young—not many over 40. A large majority of the profession live in towns and cities, and are attached to well equipped hospitals. The government has been generous in its aid to hospitals throughout the province. Outlying districts are so remote and isolated that

men practising in them develop a very helpful self-reliance. Another fact, attesting strongly the efficiency of the profession, is the absence of irregular practitioners, fakirs and quacks. There are no homeopaths, osteopaths, nor eclectics, and the Dowieites and Faith Healers have been starved out.

Surely nothing can show so well the confidence of the public in the regular medical practitioner as the inability of charlatans of every description to make a living among them.

Now while it is most satisfactory to be able to give so good an account of the status of the profession, let us see whether there are any ways in which we can add to our efficiency.

We have been rather negligent in our interest in and attendance at the meetings of the local and provincial medical societies, and in our contributions to the medical journals of the country. Some of the medical, and more especially the surgical, work done here is of the highest order, but through failure to report or publish it is lost to medical readers throughout the world. Let us have more articles from British Columbia in the journals. Though the primary object of medical society meetings is to discuss and report scientific subjects, I am doubtful if the social benefits of these meetings is not really the more valuable. Nothing smoothes away professional and personal differences like sitting among one's colleagues at such assemblies. The preparation of papers, the reporting and presenting of cases, and the participation in discussions is like going to school again, and is of the greatest benefit. The eloquence and aggressiveness in debate of our American medical friends is largely acquired through their most commendable interest in their numerous societies. Again, it is to be regretted that consultations are not resorted to as often as formerly. A recent writer has enumerated several benefits to be derived from a consultation, viz.:—(1) To acquire more light on obscurities; (2) To share responsibility; (3) To secure that personal uplife that is often the sole saving agency. It is surely not right for any of us to submit our patients to grave surgical procedures without the counsel and assistance of one or more of our colleagues. That consultant is most helpful who is the best general practitioner, who has the broadest grasp of the purposes, aims and possibilities of curing disease.

I have not attempted a review of the progress of medicine during the year, or a reference to the many interesting subjects relating to our profession which were prominently before the medical public. These you are all fully conversant with through the various journals.

I trust that this, the 8th annual meeting of our society, will be professionally, scientifically and socially beneficial. Gentlemen, I thank you for your patient hearing.

A COMPARISON OF POST-OPERATIVE METHODS

R. V. DOLBEY, M.S., M.B. (Lon.), F.R.C.S. (Eng.)

VICTORIA, B.C.

Before commencing this paper, which you have been so kind as to ask me to read, I should like to beg the kind indulgence of your patience to touch upon the question of preliminary preparation of patients.

I cannot pretend to give you an exhaustive account of all the varied European methods, but I will try to lay emphasis on the most important Continental and British methods which have of recent years been adapted to general use.

The question of the preparation of the skin before operation has undergone very radical changes of late years chiefly by reason of the work of Sir A. E. Wright. Wet compresses and fomentations have been discarded almost entirely and it has become the custom to prepare the skin as little as possible and to withhold the use of irritating antiseptics.

Sir A. E. Wright has pointed out that the use of wet compresses invariably increases the number and virulence of staphylococcus albus and aureus organisms on the surface of the skin, and experiments which I myself carried out three or four years ago tend to confirm in every way the conclusions which Wright has arrived at. If a smear be taken from ordinary dirty human skin, even from those portions which are covered with hair, it is found that the subsequent culture grows almost entirely yeasts and moulds and that pyogenic organisms are not at all commonly obtained. But, on the other hand, if a wet compress has been applied even for six hours, it is possible to get a pure culture of staphylococcus aureus and albus from the skin, increased not only in numbers but also in virulence beyond the similar organisms which are found normally in the sweat and sebaceous glands. As these organisms are those chiefly concerned in skin suppuration, it is not to be wondered at that the healing of wounds has shown a wonderful improvement under the use of

simple soap and water washing without scrubbing and the use of dry sterilixed gauze applications.

The preliminary use of morphine and atropine combined, is now viewed with favor in those operations which are attended with much shock; particularly operations on the brain in which the turgidity of the cerebral vessels is decreased and in operations high up in the abdomen, such as gall bladder operations, where, owing to the close proximity of the solar and splanchnic plexuses a severe grade of post-operative shock can only be expected.

The use of atropine has been shown to be of extreme value, both in view of the cyanosis and rigidity which attend anaesthesia, particularly in alcoholic subjects, and in view of the danger of anaesthetic deaths in those patients who suffer from degenerative conditions of the heart muscle. In the latter case the use of atropine has received much support ever since Wright showed that it was almost impossible to kill a dog with chloroform anaesthesia, which had been given a preliminary dose of 1-100 gr. of atropine.

With regard to the general and indiscriminate use of stimulants such as alcohol, strychnine and degetalin, a marked change has come over surgical opinion in Europe, in view of the more complete researches into the thereapeutic actions of these drugs. The use of these stimulants, except in those cases in which the conditions urgently calls for the administration of drugs, is almost universally condemned. In conditions of profound collapse, of course, the use of strychnine and alcohol is necessitated; but if we examine the nature of the physiological change after abdominal operations, it is sufficiently obvious why the use of strychnine is inadvisable. Post-operative shock, or the depressed condition of the vital centres consequent on frequent and constand peripheral nervous stimulation, is characterized by great dilatation of the vessels in the splanchnic area: *physiologically*, the two drugs most suited to correct this condition are suprarenal extract and ergot, which act by contracting the vessels in the splanchnic area and thereby forcing the blood back to the heart and general circulation.

After shall we say, a severe case of appendicitis with peritonitis the critical time, as we all know, comes in the early hours of the following morning after operation, say from 24 to 36 hours

after the operation. Our aim in treatment should be to save the energy of the heart muscle that when that critical time arrives, we shall have enough reserve energy in the heart muscle to tide over that dangerous period. The routine administration of strychnine immediately after the operation would be to fire off, after each injection, some of the reserve energy of the heart muscle, whipping up the heart to enable it to exert a power which is not then called for. When, therefore, the dangerous period arrives there is little or no reserve energy left to combat that depression For these reasons it is only wise to administer strychnine and alcohol when the pulse begins to show signs of flagging and the dangerous time arrives.

Our experience is that morphia is, par excellence, the drug to give after serious operations of this nature; here, the bracing effect on the cardiac and respiratory centres, with the quieting effect upon the splanchnic area gives us just the therapeutic action we desire without any of the depression for which morphia is, and has been in the past, so unworthily condemned. A patient who, in cases which are so familiar to us, after a severe operation, presents those classical signs of shock, subnormal temperature, rapid pulse, cold and clammy extremities, with the characteristic cyanosis of nose, lips and ears, recovers in a wonderful way after the administration of gr. ¼ of morphia. The temperature rises to normal or above, the pulse is slowed in rate, the blood tension is increased and the cold and blue extremities are restored to their normal color and appearance.

The use of atropine gr. 1-100 administered every four hours is of great value in those cases of obstinate hiccups which so frequently complicate the post-operative condition of operations at or near the diaphragm, such as operations on the gall bladder and cases of peritonitis spreading beneath the liver and diaphragm eventually to form subdiaphragmatic abscesses, which follow inflammatory affections of the upper regions of the abdomen or which spread from a generalized inflammation of the peritoneal cavity.

The question of transfusion after operation is one that has suffered a great deal of modification in recent years. I can well remember the rage for intravenous and continuous intracellular transfusion which created such an impression in surgical circles

about ten years ago. Now, the pendulum has swung to the other extreme, and since we have come to examine the action of transfusion therapeutically, we find that intravenous and intracellular transfusion of saline solutions has been practically abandoned except in cases of haemorrhage. For post-operative shock, transfusion of solutions of suprarenal extract and ergot as originally advocated, I believe, by Hamilton Russell, of Melbourne, is of great value from the action of these drugs upon the depressed and dilated vessels of the splanchnic area. For hemorrhage, again, we have in the rectum a far more valuable agent for the absorption of fluids and one which, if treated properly, can always be relied upon. When we consider that the rectum can absorb 7-10 pints of fluid in the hour, in urgent cases, and and absorb the fluid in a physiologically perfect condition we can see clearly why intravenous and intracellular methods of transfusion, not being physiologically or therapeutically suited for the condition for which they are given, should be falling into disuse.

For post-operative shock as considered apart from haemorrhage where the object is not so much to restore the lost fluid to the circulation, as to counteract the depression of the vital centres, the slow irrigation into the rectum at the rate of ½ to 1 pint in the hour gives excellent results.

The question of position after abdominal operation has been much modified since the adoption of Fowler's position for acute inflammatory conditions of the peritoneum. This mechanically prevents the formation of sub-diaphragmatic abscesses by collecting by gravitation the peritoneal pus and effusion into the pelvis, a portion of the abdominal cavity which is well known to be less highly ennervated than the upper abdomen and far more amenable to surgical treatment. Much attention has been drawn of late years to the extreme value of allowing patients after abdominal operations to lie on the side or even on the face; these positions have a very definite action in preventing the formation of adhesions and by conducing to the comfort of the patient, diminish the quantity of sedative drugs required to reduce the pain in operations of this nature.

The plan of religiously starving patients after operation, a means of treatment which is by no means unpopular in certain

places today, has been relegated to the obscurity it deserves by the great mass of surgical opinion, and, although a revival was only to be expected after Ochsner's methods of treating appendicitis were published, the modern practice is to give food directly the vomiting has passed off and as soon as the bowels have been moved. The treatment of gastroenterostomy cases today is to employ nutrient enemata for 24 hours after operation, to administer purgatives from six to 12 hours after operation and to feed by the mouth as soon as the aperients have accomplished their purpose.

In the cases of intussusception in infants, it has been considered for many years that the plan adopted, of feeding with warm milk immediately after operation, is responsible for the comparatively low mortality in the disease in the large children's hospitals in London.

The early use of aperients after operations is far more popular today than it was formerly, and the modern usage among the majority of surgeons is to give small doses of calomel for instance, from six to 12 hours after operation, the administration to be spread over a period of three to six hours. In cases, however, in which there is peritonitis or in which the supervention of peritonitis is to be feared, purgatives, such as calomel and the saline cathartics, are given immediately after operation and reinforced by four hourly turpentine enemata; the physiological action required being to remove by the bowel such fluid as might collect in the peritoneum, thereby reducing the toxaemia.

The temperature at which theatres should be kept is from 70°—75° (F.). The reason for this was first pointed out by Ferrier who showed that one of the effects of general anaesthesia was to paralyse the heat regulating centre in the brain; and the heating of the theatre helps the endeavors which otherwise the heart would be forced to make to keep the body at the normal temperature. The frantic efforts which the heart has to make in order to compensate for the temporary paralysis of the heat regulating centre, uses up a great deal of the reserve energy stored up in the heart muscle and thereby prejudices the recovery of the patient.

In conclusion, the treatment of post-operation shock in general and the means at our disposal to ward off this condition as much as possible, consist in bandaging the limbs before operation to obviate the stagnation of blood in the dilated vessels of the limbs whose vaso-motor innervation has been paralysed, temporarily, by the anaesthetic; the use of tight binders after abdominal or other operations by means of which the excessive dilatation of the vessels of the splanchnic area is to a certain extent guarded against. The administration of morphia immediately after the operation, and the reservation of strychnine, digitalin, and alcohol until such time as the cardiac condition, particularly, seems to call for it. The transfusion of ergot or suprarenal solution for shock and rectal transfusion of saline for haemorrhage in particular and all post-operative conditions of depression of vital centres in general. The early use of purgatives and enemata in general peritonitis or any abdominal condition which may seem likely to develop peritoneal inflammation.

TREATMENT OF SEQUELAE OF ACUTE OSTEOMYLITIS

R. E.McKECHNIE, M.D.

VANCOUVER, B.C.

Among the many pathological conditions which worry the surgeon, and often defy him, the sequelae of an acute osteomyelitis should occupy a prominent place. How often do we meet with a running sore on the leg due to a sequestrum in the tibia, a sore which has existed for years, worried many doctors, and still runs on in the even tenor of its way. It has probably been cured several times, only to recur from some trifling injury or unusual exposure. Many methods of treatment have been tried, from that of allowing the cavity to granulate up after removal of the sequestrum. Osteoplastic methods have had some success in shortening the time of convalescence, as has Von Esmarch's similar method of using the adjacent soft parts to fill the cavity. Various bone plugging or filling materials also have been used, as decalcified bone, cement, copper amalgam, plaster, etc., following up the dentist's idea. Even the utilization of the blood clot was practised by Schede. These various fillings were not very satisfactory, in the great majority of cases proving irritants, acting as foreign bodies and later having to be removed, leaving the case as before.

The best method so far introduced is that of Professor von Mosetig, of Vienna, introduced in 1903. A full description of this technic can be found in von Bergman's Surgery, Vol. iii., page 703. The material he uses is 60 parts iodoform and 40 parts each of spermaceti and oil of sesami. This is appropriately sterilized and used to fill the cavity in the bone after removal of the sequestrum and through sterilization of the cavity. In addition, the hemorrhage from the surfaces of the cavity must be absolutely checked. To insure these surfaces being dry he devised a hot air apparatus for the purpose, and some of his imitators have supplemented this with the use of adrenalin.

I have found that if one can choose his cases he can get good results; but I wish to give some of my own experiences in arriving at this knowledge, as they are instructive.

First, as to the filling itself. It is poured into the cavity at 50 degrees Centigrade, that is, 122 degrees Fahrenheit; but I have used it as low as 110 degrees Fahrenheit and found that it solidified too slowly, and if a little bleeding occurred in the cavity it at once lifted up the filling, and in some cases forced a little out through the line of incision, leaving a track for sepsis to enter. I have protected such a vent, found at my first dressing, and kept it septic for six weeks by a 1 in 20 carbolic compress; all this time a slight oozing of oil with particles of iodoform coming away, and finally been rewarded by its closing. I have also found that after getting all oozing checked in the cavity the slightest stimulation would provoke more bleeding, even pouring in the melted filling. This also is apt to occur before the patient leaves the table, through increase of blood pressure caused by vomiting, and as the filling is still plastic is apt to do damage.

Von Mosetig uses an Esmarch bandage during the operation, and its removal also starts bleeding. The use of adrenalin I did not find very successful, and if one only considers how it acts he would condemn it theoretically. Adrenalin acts by causing contraction of the muscle coat in the vessel walls, but the blood channels in the bone do not possess this coat, hence how can adrenalin help?

Von Mosetig recommends that the filling be covered by a flap of skin with its subcutaneous structures. This is in order that the line of suture may not be over any part of the filling, so that if a stitch cuts through, or a stitch abscess forms, the filling may not be contaminated. And this at once brings us to a classification of our cases into those in which a viable flap can be obtained, and those in which it cannot. Take an old case and what do we find? A sinus leading down into the bone surrounded by an area of bluish skin of low viability, its epithelial elements scanty, and its deeper parts composed of fibrous tissue with vascularization imperfect, practically scar tissue. On raising such tissue to make a flap its color becomes darker, and it feels cold. Such a flap will surely die if placed over the filling,

for it gets no aid from beneath. And still if one sacrifices the bluish skin it only enlarges the area which a flap must supply. So that to give a good roof to the filling a very large flap must be provided, so large that you again get the danger of a portion of it necrosing and so exposing the filling. There must be no tension on the sutures, or they will cut through and the retraction of the flap will again cause disaster. Using so large a flap, sacrificing the unhealthy portion of it, suturing it without tension, means there must be a vacancy somewhere, which will need either an immediate or a secondary skin grafting. Still, these old cases cannot be successfully treated without a generous flap with its cosmetic disadvantages.

In the other class of case where the skin is normal nearly to the sinus, the formation of a suitable flap does not offer the same difficulties, and in these cases successes are more easily obtained.

But the method of Von Moestig is far from perfect. The use of a filling, fluid at the time it is introduced, offers no help to control the oozing from the walls of the cavity, but rather provokes it. Its fluid condition also favors it being displaced by any hemorrhage, being forced out under the flap and so cutting it off from the help of the subjacent tissues, even being forced as far as the line of sutures or through it and so inviting sepsis.

The value of Von Mosetig's filling lies in its antiseptic properties, and its being capable eventually of being absorbed and replaced by living tissue. But what is wanted is a material also possessing antiseptic properties, also being capable of absorption, but which is not fluid at the time of use. It should be plastic enough to be pressed into every corner of the cavity, and firm enough to control the oozing by its pressure. This would at once rid us of all the difficulties with the exception of those connected with the flap, and would constitute a great advance.

I am working on this subject, and trust at a future meeting to give you some results

REPORT OF B.C. ANTI-TUBERCULOSIS SOCIETY

C. J. FAGAN, M.D.

VICTORIA, B.C.

Your Committee consisting of Dr. R. E. Walker, New Westminster; Dr. Wm. Stephen, Vancouver; Mr. A. S. Barton, Victoria; and Dr. C. J. Fagan, general secretary, Victoria, appointed to investigate and report on building sites for Consumption Sanitoria beg to report as follows:—

The first place visited was "Lyon's Ranch," at North Bend. It contains one hundred and sixty acres, and is situated on a plateau overlooking the village, about a quarter of a mile to the east of the Canadian Pacific Railway Station. The elevation is 4) feet, and the aspect approximately south-west. It rises in benches to the north-east, and is well timbered. The high benches and trees protect the lower ones from the north-east winds, which, I understand, are the prevailing winds.

It is claimed that there are improvements on the place equal to about $8,000. The owner asks $12,000 for the property inclusive of everything on it. Your Committee had only a very hurried look over the place, as they considered the price too high. If the owner would be willing to accept a much reduced offer it might be well to further inquire into and investigate the conditions at this place as a site for an institution for advanced consumptives.

The next place visited was Savonas, situated at the west end of Kamloops Lake. Here your committee took a boat and visited some six places which have been thought of as possible sites. All are good locations, and some, indeed, are very beautiful; but each has some drawback—such as wrong aspect, exposure to prevailing winds, or want of water.

The last place visited on this lake was Tranquille. This location is well known, not only throughout British Columbia but in other provinces. Mr. and Mrs. Fortune and Mr. and Mrs. Cooney receive patients, and in their simple way have done good work for the community.

The General Committee had many times thought of this location as a site for a consumptive hospital, and it is well known that Sir Wm. Van Horne, advised by Dr. Roddick, strongly approved of it for the same purpose, but when we came to deal with facts, the price demanded was so much out of proportion to the available funds that its acquirement was looked on as outside the question.

Tranquille is situated on the north side of the eastern end of Kamloops Lake, about nine miles by road from Kamloops and two miles by water from Tranquille Station on the Canadian Pacific Railway. Pacific Railway. There are two ranches at Tranquille, one to the west, owned by Mr. E. Cooney, and the other to the east, owned by Mr. William Fortune.

The configuration of this property has its own peculiar advantages, for, with a southerly aspect and protected by bluffs from the prevailing winds, it is a spot apparently fitted out by nature to assist in the fight against man's most destructive enemy.

The winds that our experience at "Six Mile Point" leads us to fear most, come from the north-west. At Tranquille, a chain of mountains and a bluff afford absolute protection.

The elevation at Tranquille is about eleven hundred feet. The climatic conditions are so well known that it is unnecessary to repeat particulars; and I can only say that a rainfall of about four inches a year, with a snowfall of about one inch, is a factor of great importance in selecting a site. I cannot vouch for this statement, but I can well believe it that the temperature in winter is some six or eight degrees higher than it is at Kamloops. The complete protection from all cold winds, and the direct southerly exposure would plainly account for this difference.

The Fortune Ranch has a lake frontage of about one mile, and consists of some 275 acres of arable land, irrigated by a copious supply of water from Tranquille Creek. Mr. Fortune has a record of water in this creek, which never dries and is capable of supplying ten times the local needs.

In this connection, however, in order that proper means be taken to conserve the water supply and make it sufficient to serve all useful purposes in connection with such an institution, it is thought advisable that the opinion of an engineer be taken, as it is probable that the water which is available might be brought

under control not only for general, domestic and sanitary uses, but might also be so handled as to generate power for electric light and other utilities.

Besides the above mentioned 275 acres, there are meadow lands of about 160 and 120 acres of bench land, all Crown granted. There are, further, 9,000 acres of grazing land leased for 20 years from the Dominion Government for two cents an acre, all well fenced.

The lower ranch produces all the smaller fruits in abundance, and contains an orchard of about ten acres, which has already distinguished itself by the receipt of hundreds of exhibition prizes.

The place is well stocked with cattle, horses, sheep, etc., etc., the particulars of which will be submitted in another place.

There are two large buildings, with out-houses and other structures, on the property. A photograph of one of the buildings is attached hereto. With a reasonable outlay these buildings could be converted into shape for present use, thus rendering the property immediately available to that extent.

As already stated, your Committee hesitated at the cost of this desirabe location, and, heart heavy, again concluded that the price was an insuperable barrier.

In discussing the other proposed sites, the question of water supply was prominent. Pumping was the only means available, the cost of which for our choicest sites was prohibitive. Two members of your Committee, Mr. A. S. Barton and Dr. Stephen, strongly advanced the idea that the fact that there was an ample supply at Tranquille almost equalized the cost of purchase of places to be had for a smaller sum, but requiring a pumping station. On reflection, and after inquiry as to cost, this view appealed very strongly to your Committee, and negotiations were entered into with Mr. Fortune and an option obtained, which, it is hoped, the Board of Directors will confirm.

The next point visited by the Committee was Fish Lake. Here the Federal Government have generously donated 400 acres to our Society.

Fish Lake is about 22 miles to the south-west of Kamloops, and has an elevation of 4,200 feet from sea level. It is near the centre of a forest reserve of some 60,000 acres. The great char-

acteristic of this place is freedom from winds, and a cool, even temperature during the summer months.

One of the highest authorities, Dr. Leon Petit, speaking of climate for consumptives, says:— "We are nowadays convinced that there is no climate, however favored, which alone can cure consumption"; and Dr. Rufenacht Walters adds "that there is no climate which is equally suited to every case of consumption. People in health differ greatly in their powers of reaction, so that the same climate may be bracing to one and depressing to another. Amongst consumptives there is even greater difference to be found. At certain stages, and in some cases, a mild, equable climate is essential; whereas for most of the more hopeful cases, a cool, bracing climate will be best, although this must be associated with plenty of shelter against wind. It is a mistake to suppose that consumptives generally do best in warm climates, for it is well known that consumption runs a relatively rapid warm course in warm climates, and patients who have gained weight in winter often lose it when the warmer weather sets in. The health resorts which have been most successful in the treatment of consumption are almost without exception places which are cold, or at all events cool, during some part of the twenty-four hours."

Here, then, is an opinion one would do well to consider. At Tranquille we have, I believe, an ideal climate during ten months of the year, but in the months of July and August we are liable to hot weather—day and night. We have no official records as to climatic conditions at Fish Lake, but I think your Committee will satisfy you as to the pleasant coolness experienced in their change from Kamloops to Fish Lake on July 10th. From a restless sleep in pyjamas and under a single sheet to a calm sleep in almost cold air, clear and dry, and under double blankets, was a most pleasing change. This condition, I understand, is constant, and the value of it to consumptives must not be underestimated.

On the other hand, it might be most unwise to indiscriminately recommend an altitude such as Fish Lake to any consumptive patient.

To obtain benefit from such a climate, a certain degree of reactive power is essential; and in order to reap the benefit of

high altitudes, patients must be free from fever and must possess sufficient lung surface to adequately carry on the process of respiration in an attenuated atmosphere. So that those who are markedly febrile, who have feeble circulation, damaged kidneys, double cavities, or extensive lung disease, rapidly advancing lung destruction, laryngeal complications, or irritable nervous system, do badly at high altitudes.

Accepting above as being correct, your Executive Committee have ordered a survey of the lands granted by the Dominion Government with the idea of using same as an auxiliary to our main institution for patients whose condition is considered suitable for such an elevation.

Appended hereto are photographs of some of the many sites visited.

Signed on behalf of the Committee,

C. J. FAGAN, Secretary.

CLINICAL MEMORANDA

Difficulties in Practice Amongst the Indians.

In your August number you indicated that a paper on "The Difficulty of Dealing with Indians in Health Matters" would be of wide interest. In this regard I offer you the report of two cases which I have had in the past year, and which indicate very many of the difficulties arising in health matters regarding our Indian population; though the cases cited are not of the pure blood Indian, but I think of a more difficult class to look after, and that is the French half-breed class.

CASE 1—On Nov. 5, 1906, I was called to a sick man some twenty miles distant. Arriving during the night, I found the dwelling to be a very small, low log building of one storey. The doorway, about five and a half feet in height, was covered over from the outside with sacking, under which one had to crawl before opening the door. The interior was of one room, ten feet by twelve feet in size, lighted in the daytime by two windows. These windows were not made to open, but the frames were tightly fitted in the aperture, so that there was no function of ventilation. The floor space was taken up almost entirely by three beds and a stove. Besides two or three dogs, there were seven human occupants of this small room, five of them being adults. This seemed to be the average number of occupants both night and day, although the personnel was often changed. One of the adults—the sick man—was deliriously tossing, amidst clouds of tobacco smoke which most of the other occupants were engaged in producing. The patient, a French half-breed, born 52 years before on the shores of Lake Winnipeg, had spent his early years in all the freedom and fresh air of the prairies. He remembered large herds of buffaloes and knew what it was to be rich in the abundance of such food supplies. Later he had seen the advance of settlement and had owned land, which he had parted with for a mere song, but now worth a fortune of money. Thus he was forced by circumstances to earn his livelihood by manual labor and for some time previous to the onset

of his sickness he had been working on the railroad as a section-man. A week before my seeing him he had begun to feel unwell while away from home. With a persistency foreign to his race he had tried to work it off, but finally came home and I was sent for.

I found a patient of sallow complexion, emaciated, sunken eyes, at times delirious, suffering pain from severe headache and abdominal disturbance which he expressed to me from time to time by exclaiming "My Gosh! doctor, "My Gosh! I'm sick." His temperature was 103 degrees, with a pulse of 80. He gave a clear picture of typhoid fever along with much pulmonary trouble and so the diagnosis was made of typhoid in a tubercular subject.

The typhoid ran a usual course and in four weeks later he was beginning to gain strength on food which the municipal council furnished at my request. But the cheap food increased the number of relatives and friends in the small domicile and so the supply had to be curtailed.

Feeding being all that was necessary, and this beyond my power I did not see the case again until January 21, 1907, when I called in incidentally as I was passing. He was then walking around the small floor space for exercise, coughing and spitting much, with very little strength. On enquiry, I found that his diet had had no variety from rabbits and turnips for some time, with the rabbits getting scarce on account of difficulty of hunting them in the deep snow.

His chances were very poor without better care and so he was sent to hospital where he was admitted, but he got no better and was sent home in April.

I was called to see him on April 5th, when I found him dying from the ravages of his tubercular disease. He was constantly coughing, in severe paroxysms at times, and constantly delirious. While I was getting necessary information regarding his case we were interrupted by a brawling disturbance on the entrance of a drunken relative, who would insist on treating everybody to the contents of his bottle. It was in this continued scene that the patient died the next morning.

CASE 2. After a trip of twenty-seven miles I arrived during the night at a log shanty where I had been called to see a patient.

The building contained one room with one window. The room contained fifteen occupants, eight of whom were adults.

The sick man was suffering from a tubercular pneumonia, while in the next bed to his was a girl of ten recovering from an attack of typhoid fever, at that time suffering from a suppurating ear. Two more children were suffering from impetigo, while another adult was suffering all the pangs of toothache. There were many evidences of scabies.

The room was small and mostly occupied by beds. The atmosphere was foul and everything was very unclean and filthy. Asked about ventilation one remarked that "the door opened when any one went in or out."

These sick onès all made recovery, although all the laws of hygiene were constantly broken.

A month later I visited the place again to see the mother, who in addition to being tubercular like the other members of the family was suffering from typhoid fever. She was very weak but recovered from the attack.

A month later still I was again called, this time to see a fourteen year old boy of the family. He was suffering from typhoid and in addition was seriously affected by tubercular lesions. I left him medicine and whiskey to be given in doses every four hours, but on my next visit I found the boy had had no whiskey as the father had procured it, proved it, and took it at one dose. The boy was then dying and died the following day.

The rest of the family came out alive from the very severe winter, and really that was a wonder to me. Their chief food got to be rabbits as the food which charity sent to them was too productive of friends and relatives.

No idea of the relationship existing between cleanliness and health was apparent. If the laws of hygiene had been at all regarded their scourge of sickness might all have been averted.

JAMES DUXRURY, M.D.

Elm Creek, Man.

WESTERN CANADA MEDICAL JOURNAL

GEORGE OSBORNE HUGHES, M.D. *Editor*

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EDITORIAL

THE CONVEYANCE OF TYPHOID

A Point in Public Sanitation.

Because of the universal and widespread distribution of Typhoid a consideration of the different channels through which the disease is carried is a matter of importance to the profession and the general public. It is recognised that all typhoid comes from pre-existing typhoid. The excreta from a patient, especially the stools, not being properly disposed of contaminate the food and water supply. The drinking water is most frequently the carrier of the disease, but milk, butter and other articles of diet also carry it. Sometimes the contamination comes so indirectly that it is not always an easy matter to trace the source of infection in any given case. The real problem is how do the germs get into the food or water? A consideration of this problem

presents different features according as the disease occurs in a city or rural district. Many cases occur without apparent connection with each other or pre-existing cases. It is easy to account for an epidemic when all the victims have been using water from the same source of supply, such as a well, reservoir, or milk from the same dairy; but not so easy where the water and food supply are from separate sources. Many farm-houses, and houses in villages or towns have each their own well, while in many cases rain water, caught from the roofs and stored in cisterns, is used. Where the water is at fault the usual explanation is that of surface water contaminated by typhoid excreta filtering into the wells or being washed into water channels. This explanation will not apply in many cases, so other distributing agencies have to be investigated.

It has been well demonstrated that the fly is a very busy agent in carrying around bacteria. Also that the dust and wind act as distributing agents. The work of the wind and dust is a considerable factor in spreading disease and it has not received as much attention as its importance warrants. Bacteria cling to dust particles which are carried by the wind to places favorable to the development and multiplication of the bacteria. The germs of Diphtheria, Tuberculosis, Typhoid, and other diseases are to be found in the dust of the city streets. This fact is well appreciated in the management of Tuberculosis, and is the reason for anti-spitting regulations. But it is just as applicable to Typhoid. The farmer recognises that the wind is one of the most active agents in distributing the seeds of various weeds. In just the same way does it spread the germs of Typhoid Fever and other diseases which retain their vitality for some time. A Typhoid stool left on the surface and exposed to the sun and air becomes partly dried. The wind scatters it with the dust of the soil wherever it blows. The germ of Typhoid may thus be carried along with the dust particles into water courses, open wells, vessels containing water, milk, butter, etc., into stagnant sloughs, and be deposited on the roofs of houses, thence to be washed by the next rainfall into the cisterns.

That this agency of wind is also at work in mountainous regions the following incident will show. At Engadi in Switzerland there was a fall of dirty yellow colored snow. When the

snow was melted and the water allowed to settle a thick deposit of mud was found containing iron in combination with other minerals, a particular combination characteristic of certain iron ore in Hungary, hundreds of miles away. The dust had been swept up from the plains and carried in the higher currents of the atmosphere till intercepted by the falling snow.

There are two points of practical importance in this connection. The first concerns the management of the individual case of Typhoid.

The physician directs the disinfection of the excreta—feces, urine, and sputa—but the thorough disinfection of a Typhoid stool is almost an impossibility. Sometimes there is great thoughtlessness in the disposal of Typhoid excreta, they being thrown out on the surface, whence they may be carried by water into wells but more likely after becoming partially dried be swept as dust by the wind to neighboring farms. In rural districts all typhoid stools should be buried in a hole, away from the water supply, the bottom of the hole being first covered with a liberal quantity of lime or other disinfectant; or they should be burned.

The second point concerns the Public Health Authorities and has to do with the water closets in use on the railway trains. These are, in most instances, open chutes from which the excreta are dropped on the open track ready for distribution by the wind typhoid and patients in various stages of the disease, on the way to hospitals or homes, use these closets and thus typhoid stools are dropped on the open track ready for distribution by the wind all over the adjoining country. The matter is one which should fittingly engage the attention of the railway officials and the Board of Health, and steps taken to shut off this at present unregarded channel of spreading the disease.

The open chute on railway trains should no longer be allowed. Apart from the specific danger in typhoid and allied diseases, the arrangement is crude and offensive. It should be replaced by some one of the chemical closets of which several are now on the market. Or a box could be placed underneath as a receptacle for the excreta. This box would be removed at divisional points and the contents burned.

It is an important point in the general health of the community and is worthy of immediate and earnest attention.—R.S.T.

EDITORIL NOTES

The results of the election for the College of P. & S. of Manitoba showed that great interest must have been taken in the voting, as only one district failed to cast a vote. We sympathize with these delinquents as probably it was due to the fact that the late Council only gave three weeks notice of election. As those appointed remain in office three years this is obviously unjust, considering the rural districts are so scattered. No time is given for the consideration of the fitness of canditates . Any municipal or other election holding office for one year gives three months' notice. That Winnipeg voted so strongly speaks well for the present interest in matters medical.

An extraordinary example of political meddling with matters which should be entirely free from such influence was demonstrated by a prominent politician demanding immunity for two osteopaths so that they might carry on their work unmolested. We are pleased to note that the late Council took a firm stand. It seems time that the medical profession of the West should call to arms their united forces to prevent a repetition of such interference with the power of the profession to protect its own interests and safeguard the public health.

We are glad to note that at the Canadian Medical Annual meeting recently held several important matters were brought up —especially the question of having a Public Health Minister for the Dominion—also the motion to use the most strenuous efforts to rid the profession of those medical vampires who enrich themselves and disgrace their profession.

Dr. Young (Toronto) has shown his usual enterprise by issuing a special conference number of his Journal of Medicine and Surgery. The illustrations are exceedingly good.

We have to congratulate Dr. H. E. Young, provincial secretary for B.C., on the honor conferred on him of L.L.D. of Toronto University.

LETTER TO OUR SUBSCRIBERS

Again we must apologise for lack of punctuality. This has been caused by a change in the management of The Journal having to be made. Dr. Morell found he could not continue his part of the work, so his place had to be filled. This took a little time, but has been done satisfactorily. The Journal is now on a firmer footing than ever. Judging from what editors of other medical journals say of their first year's experience our progress is indeed good—judging from our backing by writers, subscribers, societies and advertisers. Regarding the latter we may say we are strictly adhering to our promise at the start to be perfectly ethical and rather lose financially than in the character of The Journal.

Professor Osler, in his letter in our first number, points out that many such enterprises suffer through being enthusiastically helped at first and then the zeal dying down and only a small band left to carry the work on. It is a great pleasure to say our experience is rather the reverse. True, we were nobly backed at the start by many western men and by kind offers of support from world known writers (and here may we say a report has been circulated that many of these papers were not **original**—referring to such as Gilchrist's, Gibson's Fleming's, Jones', MacKenzie's, etc. This is quite wrong—all our contributions are original unless definitely stated). Some medical brethren, however, held aloof because the character of The Journal had been misrepresented. Now that The Journal can speak for itself, these have come forward and owned they were mistaken. This is very encouraging. Another great help is that many subscribers are sending directly to The Journal news and contributions—all showing a lively interest and lightening greatly the work of the Editorial Department. If this can be done in eight months, what can be done in time? The President at the Montreal meeting regretted there were so many Rip Van Winkles in the profession. That does not seem to be the condition in the West.

The Editorial Board hope to develop the scientific side of the Journal in time. Rome was not built in a day. For our own satisfaction we have looked up first years of Medical Journals and find that the W. C. M. Journal does not need to hide its face. "Doubting Thomas" is, of course, occasionally with us just to prove the truth of Oliver Wendell Holmes' words when he says: "The human race is divided into two classes—those who go ahead and do things and those who sit and enquire why it wasn't done differently."

To those who ask for a scientific journal—pure and simple—we can point out it would not fill the present need. The W. C. M. Journal's purpose is to assist western men to come forward; to encourage their efforts by papers from eminent medical men; to know how professional matters in the West are being looked after by those elected to do so; and to know something regarding the movements and fortunes of our medical brethren.

We need hardly repeat that we are come to stay—it is obvious. The W. C. M. Journal seems to wander into many corners of the earth judging by letters received referring to something in The Journal.

Those who have given suggestions as to the best means of development, please do not weary in well-doing. A few words personally with those interested are worth many letters—The office is easily reached from hotel or station, and any visitors will be welcomed and their opinions on various matters gladly heard.

We have started on our march of progress, so let's go "Steady and strong, marching along, like the Boy's of the Old Brigade."

CORRESPONDENCE

TO THE EDITOR;

Sir,—The question of reciprocal registration with the pro-Alberta and Saskatchewan has been raised of late.

One objection put forward is that the College of Physicians and Surgeons of Manitoba is no longer an examining body, it having surrendered its power in this respect to the University of Manitoba. Now this obstacle can easily be removed by the College of Physicians and Surgeons again exercising those powers. What the circumstances were that led up to their surrender I do not know, but surely the College of Physicians and Surgeons of Manitoba at the present time is capable of examining candidates for a license to practise medicine in this province. Again, such a step would remove what has for years been a cause of resentment on the part of the graduates in medicine from other Canadian colleges. A recent graduate from McGill will not be registered without an examination. A graduate of the University of Manitoba has not to submit to such an inconvenience. He is registered on his diploma. No other Canadian province, and few States of the Union (if, indeed, there are any) have had the temerity to place on their statute books legislation apparently designed to foster some particular medical school. Either have no examination at all for license, or have an examination for all candidates. wherever they come from, apart from any University or teachers in medical schools.

By taking this step our College of Physicians and Surgeons will have the same dignity and virility as similar bodies in the other provinces of Canada, instead of playing second fiddle to the University of Manitoba. This, Mr. Editor, is bound to be a live issue very soon, and I therefore ask that you give this letter space in your valuable paper.—Yours truly,

PROGRESS.

TO THE EDITOR:

Sir,—Would you kindly enlighten me in regard to the following points about the management of the College of Physicians and Surgeons?

(1) When does the College meet?

(2) How many members comprise the council?

(3) Who elects the President?

(4) Are there annual dues from members of this college; if so, when were they last collected?

(5) Do the members receive notice of the meetings?

There are a large number of recent members of this College who would be glad to receive any information on these points.

Yours,

"ENQUIRER."

Answers to Correspondents.

Enquirer: 1.—The College of Physicians and Surgeons never holds meetings of its members; the Council only meets. 2.—Sixteen. 3.—The Council. 4—Yes, $2.00 per annum. Some lately; others never. 5.—The meetings of the Council will be reported in *The Western Canada Medical Journal.*

GENERAL MEDICAL NEWS

MEDICAL SOCIETIES

The Canadian Medical Association held its annual general meeting on the 11th and 12th September at McGill University, Montreal. Dr. McPhedran of Toronto being the president. A resolution presented by the Medical Council and carried unanimously was to the effect that owing to the fact that meningitis is a disease easily contracted and highly contagious it is deemed wise to impress upon the Provincial and Local Boards of Health the necessity for isolation of all cases and reporting of the same as well as adopting all measures now taken in other contagious diseases.

On motion of Dr. Powell it was decided to revive a measure to appoint a committee to urge on the Dominion Government the necessity of creating a Department of Public Health for the Dominion. The committee which formerly had the matter in hand is to be re-appointed with some additional members who are members of parliament and of the Canadian Medical Association.

Regarding the proposal to publish a journal of its own the matter was placed in the hands of the following committee to gather information on the subject and report at next annual general meeting, viz.:—Drs. Young and Starr (Toronto), Dr. McLaren (St. John), Drs. McRae and McPhail (Montreal), Dr. O. M. Jones (B.C.)

Dr. F. Montizambert (Ottawa) was elected President for the ensuing year.

Dr. McPhedran in his presidential address deplored the indifference displayed by the members of the Canadian Medical Association in its work.

The address in medicine was given by Dr. H. Rolleston of London, England.

About 300 delegates from Halifax to Vancouver were in attendance.

The meeting also adopted a resolution which will prevent any more homeopaths from being admitted to membership.

A motion also to rid the profession of every member performing criminal operations was referred to a committee.

Provincial Vice-Presidents elected were:—Dr. Harvey Smith, Winnipeg; Dr. Kemp, Indian Head; Dr. Sanson, Calgary; Dr. Pearson, Vancouver.

Provincial Secretaries:—Dr. Gordon Bell, Winnipeg; Dr. McKee, Esterhazy; Dr. Dow, Regina; Dr. Eden Walker, New Westminster.

The Canadian Medical Protective Association reported a flourishing condition. A motion was carried limiting the membership proposed and seconded by some member of the Canadian Medical Protective Association and who was also eligible for membership in the Canadian Medical Association. The association has not been called on to defend any member during past year—and only one since. Provincial Western Executive:—Drs. Harvey Smith and McArthur, Winnipeg; Dr. Hardy, Morden; Dr. Lafferty, Calgary; Dr. Seymour, Regina; Dr. Tunstall, Vancouver; Dr. O. M. Jones, Victoria; Dr. King, Cranbrook.

Special Meeting of the Winnipeg Medico-Chirurgical Society.

A very exceptional treat was enjoyed by the Winnipeg Medico-Chirurgical Society on the evening of August 29th, when Sir Lauder Brunton, of London, delivered an informal and impromptu address. The Medical Library was quite inadequate to seat the members of the profession, both old and young, who had received only a few hours' notice of the meeting, and who wished to avail themselves of the opportunity to become acquainted with the personality of one of the Masters of Medicine whose name is a household word throughout the medical world. Indeed, some few were there who went to renew their acquaintanceship with a personality that they had known in earlier days in the relationship of students and teacher.

Dr. E. W. Montgomery, President of the Society, in introducing the distinguished speaker to the meeting, said that he felt few words of introduction were required of him, inasmuch as the profession at large was so conversant with the illustrious works of Sir Lauder Brunton, notably his "Lectures on the Action of Medicines."

Sir Lauder Brunton, on rising, was greeted with a loud applause of welcome. He said he felt very much at home in addressing the Winnipeg Medico-Chirurgical Society for here was a part of our great Empire throughout which there prevailed a strong fraternal feeling of mutual interest among the members of the medical profession. The subject upon which he wished to speak was that of the great importance of blood-pressure and arterial tension in its relation to clinical medicine. Much important work had been done by physiologists and clinicians in this respect of recent years and the subject had now been made so practical that many lives were being prolonged by paying proper clinical attention to the first notes of warning. The great danger to people who were getting along to the later years of life was arterial degeneration with high arterial tension. Unless proper precautions were taken against the causes likely to increase this morbid tendency, men and women past middle age might at any time be cut off from their usefulness through the snapping of a brittle cerebral artery with all the dire consequenses of such an accident. It was a recognized fact that people of ripe years were of the greatest importance to a community for they had lived and observed, had a fund of wide experience of practical affairs, and the benefits of this experience should be saved to the world by preserving the health and energies of this class of a community. It was possible now by methods of precision to estimate these dangers to elderly people in a very practical and satisfactory way, and having estimated them, to adopt suitable measures to reduce the dangers to a minimum.

By means of diagrams drawn upon a blackboard he illustrated some of the more important principles of blood-pressure, namely the action of the heart forcing the blood through the arteries, capillaries and veins, and the increased peripheral resistance effected by the thickening of the arteries.

He then presented for inspection a clinical instrument which, like the stethoscope, might be carried in the pocket of the physician and used at the bedside or in the consulting-room for estimating arterial tension. It was called the "Sphygometer," and bore the name of the maker, L. Castagna, Wien. It could

be applied to the radial artery at the wrist and with very little practice could be used intelligently and effectively. The results were indicated on the dial of the instrument, which showed the blood-pressure in terms of the pressure of a certain number of millimetres of mercury. He was certain that by recognizing the warning note in the early stages of arterial disease he had been enabled to prolong many useful lives.

Having recognised an abnormally high tension in a patient, what was to be done to get it down and keep it there? First of all, there were hygienic measures to be carried out. It was a good plan to say to the patient: "Don't hurry and don't worry." Committee meetings and Directors' meetings should be avoided and places of excitement should be shunned. Anger and other emotional excitement increased the arterial tension. In gouty patients it is sometimes wise to cut off or reduce the nitrogenous foods. One authority had used the dictum "Cut off everything that runs on four legs."

There were certain drugs which were also of great value in keeping down arterial tension. Calomel and Blue Pill were very useful agents to be given as required. These should always be followed by a saline a few hours later. Why the saline? The idea was to get the Calomel to act upon the duodenum and, having obtained this action, to wash away the Calomel before it got farther down and became absorbed.

In addition to these measures one should systematically employ the Nitrates and Nitrites. Potassium or Sodium Nitrate gr. xx should be used in conjunction with Potassium or Sodium Nitrite gr. I, twice, thrice, or four times daily. The Nitrite might be gradually increased up to gr. II., III., or even IV., three or four times a day.

In high tension patients who were easily excited and worried, a mixture of Potassium Bromide and Sodium Salicylate was very useful. A dose of this might be administered to one of these patients who had to attend a stormy Directors' meeting. He cited an amusing case where he cured a young lady of indigestion by treating her mother. The young lady had become debilitated and anaemic through a troublesome indigestion. On careful study of her history he came to the conclusion

that the indigestion was largely due to the irritable moods of the young lady's mother with whom she was living. Instead of prescribing for the young lady herself, he ordered a mixture of Potassium Bromide and Sodium Salicylate to be given to the mother for a certain period of time at the termination of which he was gratified to find that the young lady's indigestion, through the improvement in her mother's temper, had been completely cured.

In closing his address, Sir Lauder Brunton expressed his gratification in having an opportunity to address his professional brethren in Winnipeg and stated that he would be pleased to answer any questions that those present might like to ask in reference to the subject of high arterial tension. Several gentlemen accepted the invitation and an informal discussion took place for some minutes. As the speaker was taking a train for the West the meeting was brought to a close at an early hour by a graceful vote of thanks proposed by Dr. Blanchard, seconded by Dr. Popham, and carried by a round of hearty applause.

Sir Lauder Brunton is a well preserved man of sixty-three. Physically, he is like many others of the most distinguished members of the profession, rather short in stature and strongly built. His beard and hair are grey but he is very active, very keen, and imbued with that important, characteristic enthusiasm. He has a pleasing, easy style of speech, and is clear, concise and logical in his discourse which firmly holds the attention of his hearers. He has also a subtle sense of humor which is such an attractive trait in the personality of a great man. As a teacher and healer he has many old students and patients scattered over the world who owe much to the highly intellectual qualities of Sir Lauder Brunton, who is veritably one of the "Masters of Medicine." He has lived a strenuous life and is a good example of the preserving effects of systematic intellectual work. Some of his more prominent writings are "The Bible and Science," "Text-book of Pharmacology, Therapeutics, and Materia Medica," "Disorders of Digestion," Lectures on the Action of Medicines," "Disorders of Assimilation," and "Collected Papers on Circulation and Respiration." From these it will be observed that he demonstrates in a remarkable way how a medical man may combine work of scientific investigation and literature with the work-a-day duties of private and hospital practice.

EGERTON POPE, M.D., Winnipeg.

VITAL STATISTICS

WINNIPEG.

August, 1907

	Cases.	Deaths.
Typhoid Fever	43	2
Scarlet Fever	13	3
Diphtheria	16	2
Measles	19	—
Tuberculosis	4	2
Whooping Cough	10	—
Chickenpox	4	—
Total	143	9

Last August there were 192 cases of typhoid and 12 deaths.

BRANDON.

January to August, 1907. Population, 12,000

Births, 178. Deaths, 136.

EDMONTON.

Births, 43. Marriages, 34. Deaths, 24.

Typhoid Fever, 18 cases. Measles, 5. Diphtheria, 2.

REGINA.

Although there is a considerable amount of typhoid in the city it is not nearly so bad as the time last year.

BRITISH COLUMBIA.

(For half year ending June 30th, 1907.)

	Births.	Deaths.	Marriages.
Victoria (including July and August)	312	247	190
Vancouver	487	433	192
Nanaimo	100	81	45
New Westminster	109	123	48
Cowichan	31	14	4
Comox	34	15	3
Kootenay	134	132	130
Chilliwack	29	10	13
Cassian	1	0	0

This is so far all the returns sent in.

VANCOUVER.

August

Deaths 83 (13 Orientals). Births 78. Marriages 32.

Heart Failure	11	Drowning	2
Tuberculosis	9	Infantile Weakness ..	3
Caremina	2	Old Age	1
Shock	1	Accident	4
Peritonitis	3	Diabetes	1
Cystitis	1	Indigestion	2
Stillborn	3	Asthma	1
Meningitis	3	Pericarditis	1
Typhoid	3	Pneumonia	2
Diarrhoea	2	Burns	1
Enteritis	4	Cancer	1
Dysentery	1	Gastro-enteritis ..	1
Cholera Inf.	5	Entro-colitis	5
Marasmus	4	Teething	1
Suicide	2	Convulsions	1
Bright's Disease ..	1	Hemorrhage of the Brain	1
Hemorrhage of Lungs	1		

MEDICAL NEWS

The energetic work of the Health Officer of Saskatoon seems having good effect. At the last meeting of the Health Committee only two cases of typhoid were reported for August.

Magistrate McMicken the other week fined "Dr." S. W. Axtell $25 and costs for practising medicine, not being qualified under the Medical Act. The fine imposed was the minimum under the Act. The fine was imposed in connection with the "doctor's" treatment of a Miss Gordon. Considering the fees these unqualified men get, they can stand many fines of $25.

Dr. J. S. Gray, Winnipeg, registrar of the Manitoba Medical Council, announces the result of the election of members of the Council for the ensuing three years. Drs. C. W. Clark and J. R. Jones acted as scrutineers. The members of the new Council are as follows, the districts they represent being the Dominion electoral divisions:—

Portage, J. J. McFadden, Neepawa. Selkirk, D. G. Ross, Selkirk. Souris, R. S. Thornton, M.P.P., Deloraine. Proven-

cher, M. C. O'Brien, Dominion City. Dauphin, J. W. Harrington, Dauphin. Marquette, R. P. Crookshank, Rapid City. Macdonald, H. C. Cunningham, Carman. Winnipeg, A. W. Moody, J. N. Hutchinson and T. N. Milroy. Manitoba Medical College, James Patterson, William Rogers and J. S. Gray. Homeopathic representative, C. W. Clark.

The butchers of Saskatoon are protesting against the Health Bylaw recently passed by the Council and are threatening to close their shops. They have refused to take the license called for by the by-law and resent the proposed inspection of their shops and slaughter houses. The Health Committee, however, are not likely to release their efforts in doing what is best for the health of the citizens.

The Dentists' Dominion Dental Council holds examinations now to grant license to practice.

Dr. A. T. Watt, superintendent of quarantine at William Head, B.C., has ordered the fumigation of all steamers and vessels arriving from San Francisco for Victoria, owing to plague at Frisco. All steamers from Frisco mooring at Victoria wharves will be obliged to use funnels for the purpose of preventing rats leaving by way of hawsers.

The Act respecting the inspection of meats and canned foods passed at the last session of Parliament, went into effect on Sept. 3rd, 1907. $75,000 is to be appropriated to carry out the inspection and 40 men have been trained for the work. The regulations, like the Act, apply only to establishments which do inter-provincial or export business. Every establishment must obtain license.

King Leopold has offered prize of $30,000 for discovery of remedy for sleeping sickness.

Dr. Tory of McGill has been for five months organizing in B.C. on a large scale for a local branch of McGill as a nucleus of a new provincial university. The minimum initial cost of the proposed university will be about $250,000 for buildings and equipments and the maintenance about $40,000 yearly. McGill is expending $100,000 on the buildings which with its equipment

would be transferred to the provincial government when the latter is ready to take it.

Dr. Arthur Newsholme, of Brighton, at the recent B. M. Conference, said that the medical profession had never been doing so much and such good work for the public as now, but that the conditions under which medical work was done were most trying—dufficulty in fee collecting—too much work in most cases to get a living wage—and that the hospitals were causing the "sweating" of the profession—in the same way also friendly societies and all such organizations caused "sweating." The medical welfare of the public, he said, was thus not secured because only the most exceptionally gifted, mentally and physically, could give the time and energy to examine such patients owing to low rates paid club doctors and in difficult cases consultations often could not be secured.

Dr. James Grant Davidson, formerly of Columbian College, Westminster, and for the past two years engaged in research work in the University of California, has returned to Vancouver to take the chair of Physics in the provincial branch of McGill, the Royal Institution of Learning. Dr. Davidson is an Ontario man.

It is stated that in spite of the governmental inspection of bakeries and modern hygienic apparatus that out of 400,000 bakers in Paris 240,000 suffer from tuberculosis.

Dr. Underhill, the medical health officer of Vancouver, has been making a raid on the milk supply of the city with the result that improvement has been shown recently. In some cases condensed cream was found to have been added. The department intends to prosecute all offenders.

Sir Lauder Brunton, of London, a distinguished physician and scientist, has been touring through Canada. While at Winnipeg Sir Lauder Brunton addressed the medical men of the city. A short account of his address is given in this issue.

The Mutual Life Insurance Company, of New York, has decided to change from the graduated scale of fees for medical examination to the old flat rate of $5.

HOSPITAL NEWS

"The Bawlf Public Hospital," under the direction of Dr. J. W. McEachern, will be opened in the course of a week or two.

The City of Regina proposes to take over the maintenance and management of the hospital.

The Provincial Government of B.C. probably will erect a new asylum building at Coquilam. Increased accommodation is absolutely necessary. The sum of $200,000 will likely be set aside for this purpose. The proposed building will be for about 200 patients—entirely modern—and of the corridor pavilion type.

The new Isolation Hospital, Edmonton, was opened Aug. 21.

Two cottages are to be added to the present buildings at the Royal Columbian Hospital. Contracts have been awarded for a nurse's home and a maternity home.

Dr. P. Aylen is in Saddle Lake making preparations for the opening of the new hospital recently erected there by the Dominion Government. Miss Smith, matron at the Police hospital, will take charge there.

The St. Paul's Hospital, Vancouver, is to open in September a training school for nurses. Several of the most prominent physicians of the city will direct the management and give lectures. Though St. Paul's is controlled by the Sisters of the Catholic Church, the nurse's training school will be quite non-sectarian. The building originally intended for an isolation hospital will be used for the Nurse's Home. Eight probationers have already applied for admittance.

Miss Galloway, of Montreal, has recently joined the staff of the Victorian Order of Nurses in Winnipeg.

Miss Allen, Chief Superintendent of the V.O. Nurses, is to be married soon to Mr. Gilbert Smith, of Ottawa.

Short account of V.O. work may interest. First work in 1898 was the sending of four nurses ready for service to the Klondyke. This year a V.O. nurse will take charge of Dr. Grenfell's latest hospital on the Canadian Labrador at Halring

thon. $10,000 has been given this hospital from the Lady Minto Fund. Six of the districts have had to increase their staff and seven hospitals have had to increase capacity. Nearly 25,000 more patients cared for in 1906 than in 1905, and 10,000 more district visits made. The V.O. nurse at Fort William lives at McKellar Memorial Hospital and gives the student nurses part of their training in district visiting. During the year the V.O. nurses cared for 10,501 patients, made 52,325 calls, 1577 night calls and did 159 days' continuous nursing. 104 nurses are employed in V.O. work.

The by-law to vote $10,000 for building an Isolation Hospital and a grant of $5,000 to the new wing of the General Hospital was carried at the Medicine Hat council.

The Council of Regina has had its attention drawn to the scarcity of accommodation for typhoid patients.

Mrs. W. H. White, who for many years has done so much good work as masseuse in Winnipeg, has moved to Calgary.

PERSONALS

Dr. J. B. Swinden, L.R.C.P. and L.R.C.S.E., etc., has started in practice in Norwood, Winnipeg, having removed from Birtle. Mrs. Swinden and family are with the doctor.

Dr. Williams, of Vernon, B.C., has been on a visit to Vancouver.

Dr. and Mrs. Archibald, of Strathcona, have returned from six weeks' visit to the coast.

Dr. McQueen, of Calgary, has also been visiting the coast.

Dr. E. M. Boyle has returned from his visit to Vancouver and the coast.

Dr. Burnett, of Vancouver, spent a fortnight in Buccaneer Bay.

Dr. and Mrs. Ferguson, of Pilot Mound, Man., have gone on a visit to East.

Dr. Seymour, of Regina, visited Indian Head lately.

Dr. Lamb, of Edmonton, has gone for few weeks' visit to the East.

Dr. Tolmie has been elected Medical Health Officer for Waskada, Man.

Dr. and Mrs. Stirling, of Victoria, have sailed for England.

Dr. Nyblett, of Regina, has been made a Lieutenant of the Army Service Corps, and has been attached to the Mounted Rifles.

Dr. Tory, of McGill, has been visiting B.C. lately with reference to the establishment of the Royal Institution.

Dr. Jessop has gone on trip to Saskatoon and other Western towns. He intends settling in one.

Dr. H. S. Sherrif, a recent graduate of McGill University, has come west to assist Dr. J. W. McEachern of Banff, Alta.

Dr. and Mrs. MacKid, of Calgary, have gone on an extended visit to Europe. Dr. MacKid will visit Paris, Germany, and Austria and England. During Dr. MacKid's absence Dr. Stewart MacKid will be assisted by Dr. A. MacLaren, of Huntingdon, Quebec.

We are glad to hear that Dr. Connell, of Indian Head, who sustained a serious accident, fracturing two metacarpal bones and dislocating his left wrist while driving, is improving.

Dr. Robertson, of Wetaskiwin, leaves shortly for Europe to take a Post Graduate course.

Dr. Donovan, for many years at Red Deer, has decided to locate at Edmonton.

Dr. Synge, of Edmonton, has been visiting Calgary.

Dr. Kerr, who has been in charge of the medical staff and hospital on the construction of the C.P.R. line through the Nicola Valley for the past two years, will reside in Vancouver till work is resumed.

Dr. W. G. Gunn has been visiting Toronto.

Dr. Ernest Hall and Dr. Dolby attend the Annual Meeting of the Seattle Medical Association.

Dr. Argue, M.P.P., of Grenfell, has been visiting the coast.

Dr. H. G. MacKid has returned from his trip through Southern Alberta.

Dr. and Mrs. McKechnie and family, of Vancouver, passed through Winnipeg on their way to spend a few months in the East.

Dr. and Mrs. Doherty have returned home from a visit to Victoria.

Dr. Munro, of Maxville, Glengarry, has been visiting Victoria and has now gone to Rialto, California, where he will spend the winter.

Dr. Frank Irwin, of Hartney, who has been ill in the General Hospital, Toronto, is now, we are glad to say, better and was spending a few days in Winnipeg lately accompanied by Mrs. Irwin.

Dr. Wetherspoon, graduate of the Edinburgh University (Scotland) has taken Dr. Swinden's practice at Birtle.

Dr. Du Rosier, of Quebec, has started in practice in Saskatoon.

Dr. H. G. Young, Provincial Secretary, has been visiting Atlin, Simpson, Essington and Rupert.

Dr. Godfrey, graduate of the Ophthalmic College of Edinburgh (Scotland), intends devoting himself entirely to Eye work, and will reside at Carberry.

Dr. Braithwaite, of Edmonton, has been visiting Calgary.

Dr. Tunstall, of Vancouver, attended the Canadian Medical Conference at Montreal.

Dr. Learmonth, of Calgary, has been visiting Montreal.

Dr. and Mrs. Sanson, of Calgary, have been visiting Montreal and other Eastern towns. Dr. Sanson attended Medical Conference.

Dr. Donald McGibbon has returned to Edmonton after a year spent in the hospitals of Vienna.

Dr. Gillies is starting in practice at Osage, Sask.

Dr. Rothwell has started practice in Regina.

Dr. Dyell, late of Alameda, Sask., has moved to Hartiz, B.C.

Dr. A. E. Stutt has gone on a visit to Ontario.

Dr. and Mrs. Ferris, of Edmonton, have gone on visit to Montreal and other Eastern cities.

Dr. Lebrecque, of Prince Albert, is visiting Vancouver and Victoria.

Dr. Morrison, of Victoria, is taking a holiday salmon fishing in the Straits.

Dr. Maynes, of Foxwarren, Man., has been visiting Winnipeg.

Dr. Dudley Bell and Mrs. Bell, of Dawson, spent a short time lately at Vancouver and have now gone to California. Dr. Bell goes later to Boston, where he will do some post graduate work. He intends to return February.

Dr. J. A. Tierny, of St. Albert, has been visiting Edmonton.

Dr. Badshaw, of Dauphin, was in Winnipeg recently.

Dr. and Mrs. Millar, of Battleford, have returned home from their holiday.

Dr. J. W. Rowntree, of Airdrie, has purchased the practice of Dr. Donovan at Red Deer.

Dr. W. H. Reilly a graduate of McGill and a post graduate of New York Post Graduate Hospital, has started in practice in Winnipeg. Before coming to Winnipeg Dr. Reilly spent a year in charge of the surgical and medical work in Montreal Western General Hospital.

Dr. I. W. Powell, of Vancouver, is at present in Edinburgh, Scotland, and his eyes have been successfully operated on.

Dr. D. G. Revell, B.A., has arrived from Chicago to take up his position as Bacteriologist for the Department of Agriculture at Edmonton. Dr. Revell has been connected with the Chicago University for six years, and was assistant to Professor Lewellis, who recently went to Baltimore. Dr. Revell is a graduate in Arts and Medicine of Toronto University.

BORN

Allan—At Roblin, Manitoba, on July 14th, wife of Dr. Allan, of a son.

Wallace—At Emerson, September 6th, 1907, the wife of Dr. Wallace, of a daughter.

Turner—At Fort Saskatchewan, August 22nd, the wife of Dr. Turner, of a son.

George—On Tuesday, August 27th, 1907, the wife of Dr. Henry George, of Red Deer, Alta., of a son.

Walker—At Dauphin, on Monday, September 2nd, the wife of Dr. G. C. Walker, of a daughter.

Macdonald—At Mrs. Hewitt's private maternity hospital, on Thursday, Sept. 12, 1907, to Mrs. Dr. Macdonald, a daughter.

Leech—At Taber, August 17th, the wife of Dr. G. W. Leech, of a daughter.

Brown—At Swan Lake, Sept. 9th, the wife of Dr. B. A. Brown, of a daughter.

Dundas—At Rathwell, Sept. 8th, the wife of Dr. Dundas, of a daughter.

Field—At Vegreville, Sept. 9th, the wife of Dr. C. W. Field, of a son.

MARRIED

Watson—Griffiths—Sept. 7th, 1907, at Minneapolis, Dr. Harry J. Watson, of Winnipeg, was married to Miss Agnes A. Griffiths, eldest daughter of G. A. Griffiths, of Toronto.

Morrison—Struthers—At Christ Church, Winnipeg, Dr. J. F. Morrison, of Brandon, to Miss Millicent Struthers, daughter of E. A. Struthers, Superintendent of the Barnardo Home.

OBITUARY

On September 9th, Dr. Claude Kilbourne, of Winnipeg, died of typhoid fever. Dr. Kilbourne was shortly to have gone to the Chinese Medical Mission field.

On September 8th, Dr. Earl Stewart also died of typhoid at the General Hospital, Winnipeg. Much sympathy is felt for the relatives of these young men, who were great personal friends and who were both soon to be married. Both of them had distinguished themselves in their college career, and gave great promise of being worthy members of their profession.

On August 25th, the infant son of Dr. and Mrs. Turner, Fort Saskatchewan, died.

Orr—At Vancouver, B.C., July 17th, Georgina, the wife of Dr. J. O. Orr, died suddenly at 337 Jarvis street.

Lesslie—On July 17th, in his 54th year, Dr. Joseph Walter Lesslie, of Toronto, died suddenly. Dr. Lesslie was for many years surgeon to the Queen's Own Rifles, went through the Riel Rebellion of 1885, and was a member of the staff of the Toronto General Hospital. His sudden death while yet in his prime is indeed sad. Our heartfelt sympathy is with his widow and sisters.

THE MORTALITY OF ACQUIRED SYPHILIS

Audry (Sem. Med., June 26th, 1907) considers the question of the mortality of acquired syphilis is a very difficult one to solve. Syphilis takes an active part in bringing about many pathological conditions. Death may occur from the attack of syphilis itself or from the pathological changes brought about by the attack. Tabes and general paralysis are numbered as specific syphilis. Diseases of the circulatory system due to syphilis are looked upon as secondary or indirect causes of death. Insurance company statistics are the best guide; but they are far from infallible. Among the policy-holders of a Finnish company there were 5.4 per cent. declared syphilitic; a German company had 2.7 per cent. The author has been informed by a medical officer of a French company that less than 1 per cent. of the people he examined confessed to having had syphilis. At Copenhagen, where notification of syphilis is obligatory, 4.3 per cent. of the inhabitants are said to be infected. Of the patients attending a London hospital, 10 per cent. are syphilitic. Statistics put the infected of the population of Berlin at 20 per cent. The author's own experience has shown that syphilis is more general among the lower classes of society; he places the number at 18 per cent. of all the people he sees. Out of 1,000 deaths, the author considers 200 would be of syphilitic persons; and of these 200, he considers that in 20 cases the death would be directly due to syphilis. Kristian Gron calculated that 11.8 per cent. of 36,757 cases were suffering from tertiary symptoms; Runeberg that 84 out of 734 deaths were due to syphilis; of these 84, 31 had disease of the heart, 22 general paralysis, 21 other nervous diseases, 3 kidney disease, 2 aortic aneurysm, 2 arterio-sclerosis, 1 bony necrosis, 1 pulmonary hepatization, 1 tumour of the neck. Runeberg places the deaths due to syphilis at 11.4 per cent. as a minimum and 17.8 as a maximum, while phthisis causes 21 per cent. and pneumonia 10 per cent. Salomonsen and Hyde, on the other hand, consider syphilis comparatively unimportant as regards vital statistics. Parkes Weber, too, put the mortality from syphilis at 3 per cent. Blaschko has found that of 150 insured

persons, known to have had syphilis, who have died, 50 died of tabes, general paralysis or aortic aneurysm, and 27 others can more or less certainly also be ascribed to syphilis. The author is inclined to look with suspicion on such statistics. Taking the deaths that have occurred in the hospitals of Toulouse during the last six years, the author places the mortality due directly and indirectly to syphilis at 11.3 per cent. Certain conclusions can be drawn from the study of the statistics of tertiary symptoms. During the last four years, at the University at Toulouse, 802 cases of syphilis have presented themselves. Of these, 16.8 per cent. had tertiary symptoms. Matthes gives the figures for Jena as 19.4 per cent. of cases of tertiary syphilis. The best way of ascertaining the mortality of syphilis would be to follow up the whole life-history of a large number of syphilitic persons. Matthes, aided by Martin, Dorfer, and Knabe, has treated of the syphilitic patients who came to the hospital of Jena between the years 1860 and 1900. They were in all 1,550, 1,250 of whom had secondary, and 300 tertiary, symptoms. Out of some 698 of these, 568 were treated for secondary, and 130 for tertiary syphilis. There were 202 fatal cases, 150 among the secondary, 52 among the tertiary. Apoplexy was the cause of death in 11 cases, general paralysis in 8, tabes in 3, myelitis in 1, cerebral syphilis in 2. This gives a mortality directly due to syphilis of 15.6 per cent. Summing up the results, the author concludes that 14 to 15 per cent. of syphilitic patients die, directly or indirectly, from syphilis. Speaking for the neighborhood of Toulouse, the author says: "In our climate the mortality of syphilis regularly treated, in young and sober patients, should not exceed 4 to 5 per cent., although among old men, drinkers, and people suffering from certain maladies, this number becomes ten times as large." (B.M.J., A. 14th.)

BOOKS FOR REVIEW

THE LIFE OF SIR HENRY VANE, THE YOUNGER BY WILLIAM W. IRELAND, M.D. (Published by Eveleigh Nash, London, England.)

Dr. Gore, Bishop of Birmingham, in an address on "what is an educated man?" considers "history, as the knowledge of how man has become what he is," as one of the necessary acquirements. How many in these days know of the long, fierce struggle and self-sacrifice of the men who gained for us that personal freedom with which we are so familiar that we scarcely value it as we ought. How many of us know even the names of those who bought these blessings for us with their lives? Sir Henry Vane, a man of great intellect and clear insight into the future, was one of the best type of those political martyrs by whose sufferings we enjoy our protection from oppression and misrule.

His life by W. W. Ireland is well worth reading as showing with what difficulty England was rescued from the tyranny of the Stuart, and how nearly the work of centuries was overthrown and with what imminent danger the liberty gained by the signing of the Magna Charter was threatened.

The work brings out the coolness and intrepidity of the man, his unswerving courage, his honor, and with what determination he persevered in the course he knew to be for his Country's good, although he foresaw clearly that his life was the price thereof. He is one of the best examples of England's heroes. The work should be especially interesting to the Canadian of this generation as it shows how even the stern and somewhat narrow temperament which has achieved the "Sunday Observance Act" of our day may accomplish Great Deeds.

JOHN H. R. BOND, M.D., Winnipeg.

DICTIONARY OF MEDICAL DIAGNOSIS BY H. L. MCKISACK, M.D., M.R.C.P. (London), (Carveth & Co., Toronto.)

DISEASES OF THE RECTUM AND INTESTINES BY W. S. BRINKERHOFF, M.D. (The Orban Publishing Co., Chicago).

PRINCIPLES AND APPLICATIONS OF LOCAL TREATMENT IN DISEASES OF THE SKIN BY DUNCAN BUCKLEY, A.M., M.D. (The Rebman Co. New York)

MENSTRUATION AND SKIN DISEASE BY DUNCAN BUCKLEY, M.D. (The Rebman Co., New York.)

ON THE RELATION OF DISEASES OF THE SKIN TO INTERNAL DISORDERS BY DUNCAN BUBKLEY, M,D. (The Rebman Co., New York.)

SURGERY OF THE GENITO-URINARY ORGANS BY J. W. S. GOURLAY, (The Rebman Co., New York.)

PUT YOUR MONEY IN A NEW YORK ENTERPRISE

Particularly if you can get it in one that is a money-maker and has stood all tests for *25 years, making a profit* each year.

$9.50 will start you, giving you a $10 interest with a *personal* guarantee, "by the Treasurer of the Company," for 6¼ per cent. on your money.

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Mr. John F. Douthitt, "whose name this Company bears," established this business *25 years ago*, has made money every year since, last year *cleared over $50,000*, all these years the business has been located on the wealthiest street in the Greatest City in the World, 273 Fifth Avenue, New York City.

The John F. Douthitt Co. deals in hand-painted tapestries, upholsteries, draperies, oil paintings, water colors, brass goods and antiques of all kinds, beside all this Company does a large *Decorating* business. Mr. Douthitt has decorated some of the finest homes, hotels, theatres, State Capitols and Court Houses in all parts of the United States.

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The continual growth of this enterprise made it too large for a one-man business, thereby necessitating making it a corporation, which was effected last November when the John F. Douthitt Co. took over this excellent business, with a house packed full of goods amounting to over $200,000, *and not one cent of indebtedness.* Can one ask for anything better.

There is a limited amount of this stock for sale, but only a part of that will be sold at $9.50, and the only notice of advance in price will be when printed on the coupon below.

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Liberates Tannic Acid, Phenol and Formaldehyde, due to a gradual and continuous chemical reaction, as soon as it comes in contact with the Alkaline intestinal secretions.

CONTROLS the DIARRHEA of TYPHOID FEVER and other infectious diseases and inhibits the development of the micro-organism and astringes the congested and inflammed mucosa, including the infected and ulcerated peyer's patches, thus, it greatly limits the possibility of hemorrhage and perforation.

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Samples to Physicians on request.

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ACETOZONE in TYPHOID FEVER

NINETY-ONE CASES WITHOUT A DEATH.

In the *Journal of the Missouri State Medical Association*, May, 1907, William H. Hays, M.D., Hannibal, Mo., writes of his treatment of ninety-one cases of typhoid fever, covering a period of four years (1903-1906), without a death and with but two relapses.

This report of Dr. Hays has been reprinted in pamphlet form. We shall be pleased to send a copy of it to any physician upon request.

ACETOZONE solution is one of the most potent antiseptics available for internal use. Laboratory experiments show that it possesses greater germicidal activity than mercuric chloride (corrosive) under exactly the same conditions. For administration in typhoid fever it is best prepared after this formula:

Acetozone, 15 grains; warm water, 32 fluidounces.

The mixture should be shaken vigorously and allowed to stand two hours, the stock bottle to be kept in a refrigerator or other cool place and the liquid decanted off as required. For flavor, if desired, a few drops of orange or lemon juice may be added to each dose *as taken*. The solution replaces water and all other liquids, and the patient should be urged to drink *ad libitum*.

Acetozone is supplied in ounce, half-ounce and quarter-ounce bottles; also in vials of 15 grains, six vials in a box.

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Each disc contains: Mercuric Iodide, 3/4 gr.; Sodium Bicarbonate, 16 grs.

ANTISEPTIC solutions prepared with *Germicidal Discs* are distinctly preferable to aqueous solutions of mercuric chloride. They have vastly greater germicidal power. They do not irritate the hands. They do not coagulate albumins. They do not injure waste-pipes or mar the beauty of fine instruments.

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