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THE PRESIDENT'S ADDRESS.*

By WILLIAM BRITTON, M.D. (Tor.), Toronto.

GENTLEMEN,—When, at our annual gathering last year, I was made the recipient of the highest gift at the disposal of the Ontario Medical Association, my uppermost feelings were those of surprise, thankfulness and timidity. Many there were who, by right of seniority and veteran labors, had stronger claims on your consideration, any one of whom would have presided over this noble assemblage with all the dignity and ability that the occasion demands; therefore I the more keenly appreciate the expression of your kindly feeling and generosity. The undertaking, on my part, was fraught with much that would naturally disturb one's ordinary peace of mind; the infancy, childhood and puberty of the Association (this is but its 18th birthday) have been intimately linked with a brilliant list of eminent men who, as chief officers, have so largely contributed to its growth and effectiveness—men who have created ideals the most impressive in character, and in whose onward footprints it is not easy to tread without faltering. With a consciousness of the responsibility resting upon me and a somewhat imperfect estimate of my shortcomings, around the standard I have gathered various committees possessing all the qualifications necessary to constitute this, our annual meeting, a step forward in the march of Canadian medical science; and I would take this opportunity of expressing my thanks publicly for the preparatory work which they have so gladly, assiduously and disinterestedly performed. It has been for them no sinecure; abundant evidence of this will be found in the comprehensive programme now laid before you, the carrying out of which, I trust, will prove, in the highest sense, both entertaining and instructive.

On behalf of the Association I extend to our guests from afar the right hand of cordiality and goodfellowship; and, having again and again witnessed the proverbial hospitality of that branch of the profession resident in Toronto, I have full confidence that those members who have come from the many outlying districts of the Province will feel perfectly at home;

*Delivered before the Ontario Medical Association at the Annual Meeting, held at Toronto, June 2nd and 3rd, 1898.

indeed it will not be optional with them but rather a matter of sheer compulsion, if I know aright the instincts that prompt the gentlemen who constitute the Committee of Entertainment.

In order that such a meeting as this should fulfil its purpose it is imperative that each contribute his share in elucidating the various topics that may be presented. Even at the risk of verging on the sacrilegious, I would say :

“ Let not fitness make you linger,
Nor of fitness fondly dream.”

Modesty should be the handmaid of true ability, not its tyrant; prominence of location is not always a reliable criterion of intense personality or mental cultivation; the city doctor, to be sure, derives benefit from frequent converse with his fellows; but his solitary brother from the cross-roads has at least one advantage over him, in that his environment, perforce, evokes the cultivation of self-reliance and the faculty of keen observation. I hope that none will hesitate; we are here for the rapid interchange of ideas that will stimulate afresh our enthusiasm and perseverance.

I scarcely think it needful to exhort the home members on this line, a very large majority of whom belong to the local societies; and, as a natural consequence, a *rara avis* among them would be he who required snipping of the lingual frænum. Let discussion be prompt and spirited, even approaching the line of disputation, if you will; we are assembled to elicit truth and relinquish error; and, although good-natured blows may mar the symmetry of some airy castle, its builder will not take umbrage; for, locked in the embrace of a common brotherhood, our ultimate object is not self aggrandisement but the attainment of knowledge for the alleviation of suffering and the good of mankind.

This brings me to the subject to which, for a few minutes, I wish to direct your attention, viz., the present relationship of the profession to the public at large; and, as a pre-eminent factor thereof, the standing of the profession itself, viewed, as much as in me lies, from an impartial standpoint.

Not self-constituted as such, but in the very nature of things, he who enters upon a medical career is compelled by the peculiarities of his calling to recognize himself as a guardian of the common weal, prompted by instincts the loftiest and motives superior to mere selfishness or ardent longing for the accumulation of wealth. The people claim, and rightly so, the devotion of his unflagging energy to the physical welfare of those to whose necessities he is called upon to minister. Not this alone, but his avocation stands upon a still higher plane than the relationship to the individual; the world at large is the scientific physician's parish, and its defects the supreme object of his best thought; never satisfied with what has already been accomplished by others, his leisure moments are occupied in striving to solve the problem of nature; often unsuccessful, but never without that reward which invariably follows the pursuit of the true and abiding. A Jenner, a Simpson, a Koch or a Lister once in awhile towers aloft as some snow-capped Alp in the light of the rising sun invested with all the majesty of a noble creation. These intellectual giants few can ever hope to emulate; but, from the history of their life work, the lowliest and most obscure may draw such inspiration as glorifies labor with high ideals and fills the heart with burning desire for the good of others. Community of interest so intimately links the profession and the laity that it seems not unbecoming for me to dwell for a little on some features of human life—family, social and educational—as we see them in this Province of Ontario; and, in so doing, if I should indulge in a little criticism, do not for a moment imagine that I am

posing as the stalwart exponent of some great reformation. Much that I shall say has already been better said and written, my object being repetition for the sake of added testimony and emphasis.

During the past two or three generations there has been in progress, amongst our people, a certain kind of questionable evolution—intellectual development somewhat out of proportion to physical force and endurance. Our grandparents were a hardy stock, well furnished physically for coping with life's difficulties. In those early days of migration from the old lands Canada was to them a far-off, unknown country, clad in its primeval forests; and, to reach its shores, they had to undertake an ocean voyage in sailing vessels often badly equipped for the stormy journey. The weak and puny dared not venture; consequently, by natural selection, Ontario was peopled with a sturdy race of pioneers blessed with great physiques, living in a primitive, natural fashion, and free from the burden of too much scholastic training. *Pari passu* with the financial advancement of the country, a gradual change has been going on in these respects; let us enquire if it is for the better.

Herbert Spencer never said a truer word than when he affirmed that "first attention should be devoted to the development of the body, and that profound erudition should be looked upon, in some senses, as of secondary importance." True education can be nothing more or less than that which prepares mentally and physically for the oncoming struggle. It is fortunate for the race that young men naturally choose for their helpmates rollicking, buxom damsels in preference to the sunken-eyed, sallow-faced slaves of knowledge. I do not for a moment seek to enter a protest against the higher education of woman; mental culture is, for her, a diadem of beauty; but too often a possession acquired at tremendous cost. None but the strongest should, in my opinion, enter on a career of study so exhaustive and exacting as the curricula of our universities set down. A head full of knowledge and a worn-out nervous system are but poor qualifications for the coming mothers of Canada's sons. We as a people are proud of our Ontario school system; that it is largely taken as a model by the Provinces of Quebec, Manitoba and British Columbia and the Northwest Territories, and has been highly commended by the foremost educationists of the United States, among them the Commissioner of Education at Washington, is a tribute to the wisdom and foresight of those who have placed able administrators at the head of this department of public affairs; but, like all things of human origin, we must not look for perfection in its details. From the physician's standpoint I humbly submit that it is handicapped with a defect of such magnitude as to alarm him who weighs well the possibilities of the future. The standards of to-day reach so far above those of a couple of generations back that evolution along the line appears to have advanced at a galloping rate. Is it not time to tighten the reins? Are not children sent to school at far too early an age to stand the fatigue of bookwork? The first seven or eight years of life should be free from care and worry and devoted exclusively to such pleasurable pursuits as shall conduce, in the highest degree, to the development of bone and muscle; for, during this period, the nervous system will have plenty to do in automatic preparation of itself for the subsequent performance of its special duties. Parents and teachers leap for joy when a five-year-old manifests his precociousness; and the nervous little monster is held up by his attenuated arms in the sight of his phlegmatic or sanguine classmates as a paragon of perfection, angelic to behold, when he should be making mud pies and wearing out his pantaloons in the physical activities of childhood.

Unless the vision be tested too much with small objects, no one can take

exception to the work of the kindergarten; for its essence is agreeable discipline, the training of the faculty of observation and the directing of memory in preparatory channels without forcing its exercise; in a word, it is child's play made systematic.

In the ordinary schools, homework, as a rule, is made a burden too heavy to be borne with safety—when the pupil has finished the task there remains insufficient time for rest and recreation, and it is no unusual thing to find the problems of the evening in advance of what already has been thoroughly taught. It would appear at times as though the schoolroom were transformed into a hall of inquisition for the purpose of discovering how much the pupil has failed in his home study, instead of being the place for intelligent education in harmony with the order of development of the mental faculties.

It is to be hoped, ere long, in the advanced classes of the collegiate institutes as well as in our universities, competitive examinations will cease to be so stiff that victorious combatants emerge from the conflict proud of their conquests; but, as likely as not, to fall into the hands of the doctor for repairs—sometimes too late—for often the foundation has already been laid for a neurasthenic superstructure. I am not speaking theoretically; but am setting forth those things with which, professionally, I have tried to deal.

Let us propound to ourselves the question—why is insanity, especially that of adolescence, together with kindred forms of nervous disorders, on the increase? And, having solved it to our satisfaction, let us give the community the benefit of the investigation. The emulation and everlasting strife for a place in the front ranks of society, financially and socially, constitute doubtless a potent factor; but let us not forget that this restless activity is often born of the habits engendered long prior to manhood.

Functional excess is always at the expense of defective reparative power. An extraordinary organ is the brain—a tired muscle refuses to work, an overwrought mind declines to take repose—the ploughman, after having “homeward plodded his weary way,” sinks into sweetest slumber, while the overtaxed student is, too often, the victim of insomnia with all its hideous reveries.

Someone has well said that the bulwarks of a nation consist not in strong fortresses erected on its boundaries, nor does its stability depend upon mighty navies that traverse every sea; but its security lies in the keeping of intelligent men and women who have sound and rugged bodies ever ready to repel the inroads of disease.

It is a matter for congratulatory reference that Government¹ assistance, municipal aid and private contributions, prompted by appeals from the profession and under its guidance, have dotted the land with hospitals for the reception of the poor and needy, as well as for the convenience of the opulent, and that these institutions are accomplishing a great work in the interests of all classes; but it is to be deplored that, under the guise of poverty, daily abuse is made of the privileges that philanthropic motives have provided for the deserving poor.

Here the attending physicians discharge responsible and onerous duties without hope or expectation of reward, other than that which might be expressed in Portia's words paraphrased—“Charity is twice blessed: it blesses him who gives and him who receives”; but gratuitous services to those who are quite able to remunerate are not a blessing but a pauperizing curse to the recipients.

It is stated by no less an authority than the *Medical Record* that the number of persons who received free medical and surgical relief at the hospitals and dispensaries of New York during the past year amounted to 49.7 per cent. of the entire population, and that fully 70 per cent. of this number were

quite able to pay a medical practitioner at least a moderate sum for his services; and no member of a hospital staff in Ontario will deny the fact that the evil exists here. How this difficulty is to be met it is hard to determine; but some effectual check should be placed on a custom so fraudulent in character. As a rule, before admittance is granted to a free ward, a certificate is required from a clergyman or other reliable citizen to the effect that the case is one deserving charitable consideration; and, it seems to me that, were such a law extended so as to include those seeking out-door advice or attendance, the evil would be much mitigated. It is, of course, understood that exceptions would be made in cases of emergency and amongst those who are utter strangers in the municipality. I would suggest that a representative committee be appointed whose duty would be to make full enquiry as to the best method of minimizing these impositions and with instructions to report to this Association at its next annual meeting.

My immediate predecessor denounced in forceful language the universal existence of lodge attendance; I can only emphasize the remarks that fell from his lips. To contract work, on the ground of principle, none could fairly take serious exception, provided always that the contract price is fully commensurate with the work done; but to bring about such a condition of things will be accomplished only when the dignity of the profession rises superior to that which is accounted merely expedient; for, so long as medical men are willing to accept the beggarly pittance of one hundred and fifty dollars a year or less for looking after the health of a hundred members of some lodge or other, with the hope of securing thereby professional entree into their family circles, just so long will this financial snap prove to be one of the strongest drawing cards in the hands of fraternal societies.

I do not feel free to denounce the individual transgressor to the lowest depths—the custom is everywhere; and often, contrary to his nature, for self-protection he is forced into this objectionable line of work. Still, after all, it is at best the same old lame excuse: "If I don't do it, others will." With all my heart and soul I stigmatize the system as a rotten plank in the platform of gentlemanly dignity and independence.

We have, in this country of ours, an array of medical men and a galaxy of schools of medicine and surgery that would be a credit to any land under the sun. For all that, one is forced to lament the fact that, in a certain sense, their light may be hidden under a bushel. I refer particularly to the non-production of home-made medical literature. Thirty or forty years ago our special knowledge was derived from the writings of men in the motherland; since that time our cousins across the line have been forging ahead so rapidly that, to-day, in any medical library are to be found almost as many volumes of their production as those that come across the Atlantic; and, amongst the best of these, are those whose authors were formerly Canadian citizens, but who, in search after larger spheres of activity, have gone over to the Republic.

We have a few noted exceptions—workers who have had the courage to venture out on this field of labor—and their writings have met with much favor and appreciation. There are many others who have been richly endowed by nature, and possess the knowledge requisite for the purpose, but a single obstacle in the way—lack of self-confidence—has hitherto deterred them. Personally, I hope to see the day when our students will have in their hands first-class books, emanating from those of the profession in Canada who have the genius of imparting their thoughts in a form alike striking and attractive.

Should this company formally express its convictions as a stimulus I

cannot believe that I am allured by an ignis fatuus when I predict that ere we meet again in happy conclave we shall see further evidence that the hardy sons of the North are determined that our country shall stand side by side with those that have given to the world medical works worthy of closest perusal, accepted as standards and a credit to the authors.

A few years ago, for reasons best known to themselves, the members of the Ontario Cabinet indirectly assumed the responsibility of annulling that clause of the Medical Act which made provision for the framing of a tariff in each electoral district; such scale of charges to be authoritative after endorsement by the Council of the College of Physicians and Surgeons.

I was given to understand at the time that Sir Oliver Mowat expressed the opinion that the system was objectionable owing to the lack of uniformity amongst these various tariffs, emanating as they did, from as many council constituencies. In my humble opinion, on close investigation, this could not be held as a valid reason. The urban and pioneer settlements of the Province are vastly different, so far as the financial resources of the people are concerned; a uniform tariff would either press too heavily on some or be inadequate for the circumstances of others, and, therefore, could not be as fair as those which were in existence.

We all know that during that session of the House there was not a little influence exerted by a certain clique or section of the Legislature, which promulgated the doctrines of extreme radicalism, and was largely founded on the principles of iconoclasm. A prominent feature of its policy was obnoxious opposition to all kinds of class legislation, and the doctor was labelled a parasite in the community. Zeal, not born of knowledge, used all available means to secure destruction of the tariff. How much their efforts contributed to the ultimate result I do not know, but speedily the tariff became a thing of the past, and, as a consequence, the judges of the land are left without any recognized guide in estimating the value of services rendered, for which compensation might be sought in the courts.

A petition to the Government, asking for redress of this grievance and directing attention to other matters of moment was circulated last year amongst the profession by order of the Medical Council. It obtained nearly two thousand signatures and was presented in due form, but the understanding given to the Committee of Legislation was that the complexion of the House was such as to render, for the present, any amendment to the Medical Act inexpedient.

I have always been, and am to-day, a consistent supporter of our Administration; therefore, it will, I trust, be conceded that I speak from an unprejudiced standpoint; but I must say that we, as a profession, cannot afford to be deprived of that which was our honestly acquired possession, a privilege the abuse of which has rarely been assailed and never proven. Let this Association not forget that it wields a tremendous influence politically. I appeal to its members, as well as to those of the profession who have not yet entered its ranks, to account it their individual and combined duty to lay before their representatives in Parliament the exact facts of the case in order to have a speedy restoration of their rights.

One word more on the much-discussed question of inter-provincial registration and I am done; and, in so doing, if I introduce aphorisms afflicted with talipes, give credit at least for the effort, because Mark Twain says: "It is easier to be good than to make a maxim."

(1) Our existing system is egregious, and the natural outcome of that part of the Act of Confederation which placed the control of education in the hands of the provinces.

(2) Vast fields in the great Northwest are being rapidly developed and require medical federation.

(3) In the older provinces it would relieve plethora.

(4) Recent licentiates, most of all, would appreciate its broadness.

(5) On careful examination I find our standard the highest, both as to preliminary training and the prescribed course of scientific study.

(6) To await theirs to equal ours would postpone indefinitely.

(7) Reasonable concessions are neither undignified nor disastrous.

(8) Our co-workers could strive to meet us part way.

(9) Mutual sentiments, then matrimony.

(10) Unswerving loyalty to the genius of our calling and abiding confidence in Canada's future must, before long, remove every barrier, fancied or real, that stands in the way of its happy consummation.

(11) A great empire, its greatest colony, one language, and a united profession.

In conclusion let me again express my thanks and wish you all abundant prosperity, during the coming years, in your various centres of usefulness.

THE CANADIAN NORTH-WEST AND ROCKY MOUNTAIN DISTRICTS IN THE TREATMENT OF TUBERCULOSIS.*

By PETER H. BRYCE, M.D., Toronto.

MR. PRESIDENT AND GENTLEMEN,—Since it would be impossible in the few minutes allowed for a paper to set forth in detail the several conditions of the climates in the many districts extending from Rat Portage to Vancouver, I shall endeavor to indicate briefly some of the influences especially affecting the tuberculized, resident in such climates.

Perhaps nothing has, during the last fifteen years, grown into such favor in the treatment of tuberculosis as the so-called "air-cure." Naturally warm climates, owing to the ability of the invalid to be much in the open air, have seemed most suited for such treatment, and so Florida, the Bermudas, and the West Indies became noted as winter health resorts. Later, however, the salubrious inland valleys of California—hemmed in by the spurs of the Sierras of the Coast Range, with a climate so modified by the Japanese Current that roses bloom in the winter—have grown into greater favor since with the warmth, the quality of dryness has been added.

Still later, as the railways gave access to the high levels of the Rockies, it has been found that, to a still greater dryness owing to the expansion of the atmosphere with decreased pressure, were added certain effects due to height above the sea level—experienced by all—although the physiological causes therefor were for years not understood. What were apparent was greatly increased translucency of the atmosphere, excessive evaporation, both from lungs and skin, and extreme variations between day and night temperatures, with an almost constant and often great atmospheric disturbance with high winds.

Though such marked characteristics distinguished these mountain climates, they, nevertheless, owing to the small amount of rain-fall, the constantly dry soil, the great warmth of the sun at mid-day, and the brilliancy

* Read at meeting of Ontario Medical Association, June 2nd, 1898.

of the atmosphere, have constantly grown in favor because of the out-door life possible and the encouragement given to exercise. The lassitude and enervation due to warm, moist climates were replaced here by a stimulation of the physical and mental energies, while a momentum was given to the reconstruction of tissues not at all equalled even in the dry and beautiful climate of southern California.

The cause of this influence of high altitudes has within very recent years been apparently well determined by the experiments of Paul Bert, Regnard, Viault and others. They have found that, in fact, the amount of oxygen demanded by the physiological requirements of the tissues cannot at first be obtained by the red corpuscles of the blood in the lungs from the atmosphere at an altitude of, say, 5,000 feet, due to their lessened ability to hold oxygen under reduced pressure. The primary effect of this deficiency is the feeling of shortness of breath, which in excess is accompanied with various sensations summed up in the phrase *mal de montagnu*. Thus the respirations are notably increased, the pulse quickened, the nervous system excited, while sleeplessness for several days is present. Nature, however, soon comes to the rescue, and within ten days or a fortnight has increased the red blood corpuscles to the extent that they are equal to the needs of the system in supplying oxygen by what is termed hæmatocytosis. Such a hæmatocytosis becomes a true hæmatopoiesis, and shows itself in a marked and rapid increase of the general nutrition, a lessening of the tuberculous processes, a diminution of the cough and fever, an increase in weight, and general progression toward health.

While these special influences have been studied, especially in connection with what Regnard calls "*la cure d'altitude*," the conditions can by no means be wholly ascribed to the one factor—altitude. To anyone familiar with the climatic qualities of the Great West of Canada, it will seem plain that in the prairie region rising from the lands of Manitoba westward until Banff is reached at a height of 5,500 feet, every degree of height may be had which may be found most suitable to any particular case of tuberculosis; while in the 500 miles—extending through the sea of mountains made up of the three ranges with the intervening plateaus between, from Banff to Vancouver—there is infinite variety of heights and local conditions to tempt the most fastidious searcher after health.

I have indicated that the one element of height cannot be said to be the only, though a very important, factor in the work of general nutrition and reconstruction of tissue. Regnard very properly points out the marvellous purity of the air at elevated heights, as regards its freedom from microbes. This has been fully demonstrated in Pasteur's earlier experiments on the question of spontaneous generation. This, however, can be found in almost equally great degree in the great prairies and country of the foothills, as about McLeod, Calgary and Edmonton. Besides this, however, the transparency of the atmosphere, the brilliancy of the sunlight, and the large number of days of sunshine play a part certainly as great as in the famed resorts of the dry tablelands of Algeria and Oran; while the general presence of vegetation and of a cold air supplies a stimulus to the circulation, to the appetite and nutrition which must certainly result in a rapid and notable hæmatopoiesis. The effects of sunlight, not only upon the destruction of microbes but also in direct hæmatinic effects, will, it is hoped, be soon proved by exact experiment to be as great upon the animal as it has been shown to be in the metabolism of plant life. The influence of cold in maintaining vigor during the period when the ground is wrapped in its snow mantle, is so well known to every Canadian as to hardly require a reference. Not only is the relative humidity low, but the cold causes an increase in air density,

and therefore of the amount of oxygen in the air taken in with every respiration. That this is very notable may be understood since the capacity of air for moisture is doubled with every 23°F. of increase in temperature, owing simply to the expansion. That the reconstruction of the tissues depends notably upon this is seen not only in the increased demands of the system for food and its ability to assimilate large amounts of meat-producing foods in winter, but also from the statements and statistics regarding increase of weight, and the notable improvement in the health of consumptives given by Trudeau after twelve years' experience at the Saranac Lake Sanatorium at 2,000 feet of height in the Adirondacks, as well as by observers at high level stations in the Alps, as at Davos and in the "Hautes Pyrenees."

Assuming, however, that heights varying according to the individual physical conditions of a patient be sought, since those with weak hearts and notably neurotic symptoms cannot with impunity be taken at once to the high level climates, it is evident that from Maple Creek, at 2,200 feet, in Alberta, we have stations with a graduated ascent to Calgary at 4,500 feet, Banff at 5,500, and, by easy ascents, 6,000 feet near Laggan up to 8,000 on the summits that may be reached. To many in Ontario and Quebec it will be a surprise to learn that the climate of Banff is more equable and less severe than many parts of Quebec and Ontario, while the influence of the Chinook winds causes an earlier and more pleasant spring than is experienced in the region of the Great Lakes. Westward, toward the coast, this Chinook influence becomes still more marked, and as we enter the plateau between the Selkirks and the Coast Range, lying south of Kamloops to the 49th parallel through the Okanagan valleys, we find an ideal climate so far as the several elements affecting the tuberculous process are concerned. Thus, curious as it may seem to us in Toronto under the 43rd parallel, there lies under the 51st parallel a country where there are not more on an average than seventy-five days in the year on which rain falls, with a climate having an annual mean temperature one degree higher than that for Toronto. With a high mid-day temperature during July and August, succeeded by cool nights, we have an autumn with a mean monthly temperature higher to the end of December, it being 4° warmer in that month than Toronto. With January and February come two months of clear, cold weather with little snow. As March arrives spring weather approaches rapidly, giving for this month 7° higher of an average temperature at Kamloops than Toronto. Thus this climate of relatively remarkable equability is due to the warm winds blowing constantly landward from the Japanese Current and becomes dry over these valleys, having been robbed of the moisture by the mountains of the Coast Range. The general altitude of these valleys is from 1,000 to 1,500 feet, whence, however, the equestrian can within an hour or two reach heights on the benches and foothills of the ranges of 3,000 to 4,000 feet, as may be found desirable or good for an invalid.

It thus becomes apparent that altitudes most favorable for hæmatocytosis can be reached, or a return to the lower levels made as may prove in experience most suitable. Owing to the dryness—there being not more than ten or fifteen inches of annual rain-fall—the climate has almost perennial sunshine, and exercise out of doors is almost always possible. Add to this the present sparseness of population and the absence of all polluting agencies of the atmosphere, and we have united in a most remarkable manner those elements which experience has found favorable to nutrition and for curing or holding in check the tuberculous process.

As yet, the country is hardly known even to Canadians as a health resort, owing to its distance from the Eastern Provinces, and still more to its newness and its few facilities for the accommodation of travellers and invalids.

What, then, is first required is the knowledge spread amongst the medical profession of the remarkable climate of that region, and along therewith the establishment of sanatoria under precise medical regulation. While nothing can be more melancholy than to see a patient sent by the order of his medical adviser to a new country—where he must endure poor accommodation in a small hotel or boarding-house, and amongst strangers, with no medical adviser to tell him how to regulate his daily life—yet nothing is more pleasing than to see a series of single cottages grouped together as a sanatorium, where a number of tuberculized, living their simple lives, may enjoy to the full the life-giving influences of a climate where, with days spent wholly in the open air, by promoting nutrition, and by encouraging through gentle exercise the metabolism of tissues, sleep is improved, the nervous cough and expectoration are gradually lessened, and the feeling that the place is home is generated along with a love for the country and climate which are bringing him life and hope.

Owing to the character of the climate and the productiveness of the soil under irrigation, the country must shortly become the home of thousands, who will be occupied in fruit-growing and in cattle raising on the bench lands of the foothills. Possessed of so fortunate a gift from Nature, Canadians will do well to make provision whereby these health giving qualities be not injured in their good repute, as has occurred notably in California by the absence of means for regulating the tuberculized who go there, and which have caused many instances of house infection amongst the resident population. But more than this, the experience of every physician who has visited in the south or west the numerous winter resorts, has taught us that very little permanent good is likely to be accomplished by sending patients to such districts, except to sanatoria where their daily routine of life is guided and regulated by the wise but firm hand of the trained physician.

HYPER-RESONANCE OF THE LUNGS A PREMONITORY SYMPTOM OF TUBERCULOSIS OF THE LUNGS.

By W. C. HEGGIE, M.D., Toronto.

There are probably no two diseases which have a greater or more wide-spread influence in the sufferings of humanity than tuberculosis and syphilis. Therefore they are, or should be, worthy objects of study, and any light thrown on these subjects of much interest to the physician.

This is my excuse for bringing before your notice a symptom that has seemed to me to have some connection with tubercle of the lungs. No doubt many of us in the treatment of cases have found a condition of the lungs on percussion which did not seem to denote any lung trouble, and have been surprised soon afterward to have acute tubercular symptoms show up clearly.

It has happened several times in my experience, on examination, to find a condition which I call "hyper-resonance of the lungs," and soon after to find undoubted symptoms of tuberculosis. And it is to find out from the experience of others how often they have noticed this symptom and the significance placed upon it, that I have written this paper. Luckily my second patient with this symptom came soon after my first, and this enabled me to make a correct prognosis. The first patient died with acute tuberculosis. Number two came to me with an irritable cough, nervous in character, which she said was only of a few days' duration. Her family history was good, as was also her personal history, but she was debilitated,

and living in a home where several had died from tuberculosis. As the cough did not improve I examined her lungs and found both slightly hyper-resonant, with slightly prolonged expiratory murmur, and no other lung symptoms. Watching the case closely for a few days I noticed no change for the better. One day she would have a slight rise of temperature and again would be normal.

Remembering my similar case, I advised consultation with a throat and lung specialist. After examining the patient and finding the sputa normal, he said he thought the patient was suffering from malaria and that the cough was purely nervous in origin.

Not being entirely satisfied and fearing tuberculosis, I called in another specialist. He could find nothing wrong with the sputa, but was interested in the case and went with me several times to see the patient.

As the cough continued troublesome and the patient was losing strength, he agreed with my fears that there was danger from tuberculosis, and advised the patient to seek a more congenial climate. It was impossible owing to finances to do so, and before six weeks had gone by symptoms of acute tuberculosis began to show themselves. Soon after she had hæmorrhage with breaking down of both lungs, and before the next winter the woman was in her grave.

The next patient that I saw with irritable cough and hyper-resonance of the lungs was at once put in the hospital. With every care and under treatment he was in a short time apparently in good health. He was allowed to go, but was warned to take good care of himself and be careful of his surroundings. During the next year he abused his health with all sorts of excesses and went to live with a tubercular family. About a year after leaving the hospital he came to me with the history of a hæmorrhage during the previous night. In spite of treatment and the best of care thereafter, he died with tuberculosis. Two years ago a friend consulted me for relief from a persistent cough. He also had that, to me, fateful condition of hyper-resonance of the lungs. He was in constant association with several persons suffering from tuberculosis. I advised him strongly to go away to the pine woods and take a complete rest. He did not do so, and soon acute tubercular symptoms developed from which he died before the close of the year. His wife, who nursed him, consulted me just before her husband's death with similar symptoms. She took my advice, and immediately after his death, which occurred in a few days, took a complete rest in different surroundings away from the danger of contagion. She is an intelligent woman, and devoted all her energies to getting well, and as a result to-day she is a strong, robust woman, in better health than she has been for years.

I have yet to see a case of cough with that hyper-resonance condition of the lungs where the patient was constantly exposed to tubercle bacilli but that tuberculosis developed. The question then is, are these symptoms symptoms of already existing tubercle, or are they due to a weakened condition of the system with atrophy and resulting dilatation of the air cells?

I incline to the belief that in these cases we have first a debilitated system causing atrophy of the walls of the air cells, then as a result we have dilatation of these cells and hence hyper-resonance of the lungs.

A patient thus exposed continuously to the germs of tuberculosis, with the lungs holding a superabundance of residual air, thus giving these deadly germs every opportunity to do their destructive work, finally succumbs to their influence. But that under proper hygienic conditions, and with careful treatment, these patients would never develop any other symptom of this dread disease.

Reports of Societies

THE ONTARIO MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Ontario Medical Association was held in Toronto, June 1st and 2nd, Dr. William Britton, of Toronto, presiding.

Dr. E. L. Shirley, President of the Michigan State Medical Society, was introduced and given a seat on the platform.

Dr. A. McPhedran presented the report of the Committee on Papers and Business, and moved its adoption. Carried.

The reception of the report of the Committee of Arrangements was postponed.

Dr. Greig, Toronto, read a paper on "Infant Diet."

Dr. George Peters, of Toronto, opened the discussion in Surgery—subject, "Treatment of Fractures of the Skull." This was discussed by Drs. Bingham, T. T. S. Harrison, T. K. Holmes and I. H. Cameron. Dr. Peters closed the discussion.

Dr. Samson, of Windsor, read a paper on "Conclusions Culled from Thirty Years' Experience."

The President read a communication from Dr. Rogers, Chairman of the Committee of Foreign Invitations of the American Medical Association, extending to the members of the Ontario Association an invitation to be present at the Denver meeting.

On motion of Dr. Harrison, seconded by Dr. McPhedran, a vote of thanks was tendered to the American Association for their kind invitation.

The Secretary read the minutes of the morning session.

Dr. Ryerson read the report of the Committee of Arrangements, which was adopted.

Dr. Bruce Smith presented the first interim report of the Committee on Credentials, which was adopted.

Dr. Britton then delivered the presidential address. He was tendered a hearty vote of thanks, on motion of Dr. John Coventry, seconded by Dr. Harrison.

Dr. W. J. Wilson moved that the regular order of business be suspended as he had a resolution to bring before the meeting. Carried.

Dr. Wilson moved that, in the opinion of this association no one should receive free treatment as an out-door patient in our public hospitals, except those receiving their hospital maintenance from the municipality to which they belong.

Dr. Samson moved in amendment that a committee, consisting of Drs. Coventry, John Wishart, T. K. Holmes, Bruce Smith, A. H. Wright, J. C. Mitchell, W. J. Wilson and C. O'Reilly, be appointed to consider the various recommendations made in the President's address. On motion of Dr. Ross, seconded by Dr. Powell, Dr. Wilson's resolution was tabled.

Dr. A. T. Hobbs, of London, read a paper on "Some Present Methods of Treatment of Patients at London Asylum for the Insane." This was discussed by Drs. J. Russell, Bruce Smith and J. F. W. Ross.

The Association then divided into sections.

MEDICAL SECTION.

Dr. J. C. Mitchell was appointed chairman of this section, Dr. Brown acting as secretary.

Dr. R. Ferguson, of London, read a paper on "The Injurious Effects of Our Over-wrought School System on the Health of Public and High School Pupils."

Dr. Ferguson at the end of his paper introduced the following reso-

lution: "That this section of the Ontario Medical Association expresses its conviction that the school pupils of this Province are overworked, that the examination system is overdone, and that the strain and cramming due to excessive study is injurious to the mental and physical constitution of the pupils. That this section recommends that the number of school studies be lessened, and that the curriculum be framed with a due regard for the mental capacity and the preservation of the health of the school children." This was discussed by Drs. Sheard, Spence and Britten. Dr. Ferguson closed the discussion.

The Chairman suggested that those who had spoken on the subject constitute a committee to consider the resolution and report before the general session of the Association.

Dr. C. J. O. Hastings read a paper on "Toxæmia of Pregnancy."

A paper on "Vicarious Urination" was presented by Dr. A. T. Rice, of Woodstock. This was discussed by Drs. Adami, Hastings, McLurg, Cruickshanks, McCallum (London), Fenton, Chambers, Dr. Rice closing the discussion.

Dr. C. B. Oliver's paper on "The Traumatism of Labor" was taken as read.

Dr. Walter McKeown read a paper on "The Application of the Principle of Osmosis to the Treatment of Toxæmia."

Dr. Olmstead's paper was postponed.

SURGICAL SECTION.

Dr. Angus McKinnon was appointed chairman of the section, and Dr. Herbert Bruce, secretary.

Dr. A. Primrose presented a paper on "Operative Methods in the Conservative Treatment of Tubercular Joints." This was discussed by Drs. Coventry, A. Davidson, H. P. Gallo-way and C. L. Starr. Dr. Primrose replied.

Dr. Holmes was appointed chair-

man while Dr. McKinnon read his paper on "Supra-pubic Prostatec-tomy." This was discussed by Drs. A. B. Welford, Greig, Forfar, H. H. Oldright, Holmes and Peters. Dr. McKinnon replied.

The section then adjourned.

EVENING SESSION.

Dr. McPhedran presented his paper on "Cretinism in Ontario," illustrated with lantern slides.

Dr. H. A. McCallum opened the discussion in medicine on "Immunity in Excretion and Cure." This was discussed by Dr. Anderson.

Dr. J. C. Adami, of Montreal, read a paper on "Syphilitic Cirrhosis."

THURSDAY MORNING.

The President ruled that papers read be handed to the Secretary, to be disposed of by the Committee on Publication.

Dr. Holmes, of Chatham, opened the discussion in gynecology—subject, "Carcinoma of the Uterus." This was discussed by Drs. Rowe, Georgetown, and A. A. Macdonald, Toronto.

Dr. A. H. Wright presented a paper on "The Management of Difficult Breech Labors." The essayist demonstrated his methods by the use of a manikin. Drs. C. J. O. Hastings, W. Oldright, Bray and Rice discussed the paper.

Dr. D. H. Richardson was invited to the platform, and briefly addressed the Association.

A communication was read from Dr. A. M. Rosebrugh, Secretary of the Prisoners' Aid Society, regarding the establishment of a home for inebriates. The President said that he would, with the consent of the Association, appoint a committee whom he would ask to consider the matter and report at the next annual meeting. This was approved of by the meeting. The President referred the matter to the Committee on Public Health.

Dr. McKinnon begged the privilege of introducing a motion, that the

dinner of the Association take place on the first evening of the Association, and that the out-of-town members pay their own way. Seconded by Dr. Rowe. Carried.

The Association then divided into sections.

MEDICAL SECTION.

Dr. A. T. Rice, of Woodstock, was appointed chairman of this section.

Dr. R. Dean, of Harrietsville, read a paper on "My Experience with Antitoxin in the Fall of 1897." This was discussed by Drs. E. L. Shirley, G. Sheard, Price-Brown, Adams, L. M. Johnston, McPhedran and Samson. Dr. Dean closed the discussion.

Dr. Heggie then read a paper on "Hyper-resonance of the Chest a Premonitory Symptom of Pulmonary Tuberculosis."

Dr. P. H. Bryce read a paper on "The Effect of the Climate of our Canadian North-West on Patients with Tuberculosis."

The section then adjourned.

SURGICAL SECTION.

Dr. N. A. Powell read a paper on "Catgut, Gauze and Sponges; What are the Best Methods of their Preparation?"

Dr. Oldright, sen., read a paper on "When Should We Operate?" illustrated with cases. This was discussed by Drs. McKinnon, Riddell, McKenzie, C. Starr and Holmes.

Dr. G. H. Burnham read a paper on "The Various Operative Methods of Dealing with Eyes Lost through Injury or Disease." This was discussed by Dr. Chas. Trow.

The section then adjourned.

The luncheon was then eaten at the Royal Canadian Yacht Club House.

A clinic followed at the Victoria Hospital for Sick Children. Dr. W. B. Thistle showed two cases of rheumatoid arthritis. Dr. George Peters showed (1) a case of teratomata—two tumors on the back of a child, each

containing intestine; (2) a case of ectopia vesicæ with prolapse of the rectum; (3) a case of empyæma.

Dr. Primrose showed (1) a case of psoas abscess in which he had operated without drainage; (2) a case of deformity due to birth palsy; (3) a case of arthrectomy for tuberculosis of the knee-joint; (4) a case of Galot's operation for forcible reduction of spinal deformity.

Dr. Crawford Scadding made some remarks on the administration of chloroform in the prone position. He showed a case of ricketts.

Dr. Powell showed a case in which he had fractured both lower limbs by manual force, followed by plaster of paris splintage, for the correction of deformity.

The hot-air bath, as used in the treatment of surgical and medical diseases, was shown and its operation demonstrated.

EVENING SESSION.

Dr. Britton presided. The minutes of the preceding session were read and adopted.

Dr. McPhedran presented the report of the Committee on Nominations. It was as follows: Next place of meeting, Toronto. President, W. J. Gibson, Belleville; first vice-president, J. F. W. Ross, Toronto; second vice-president, I. Olmstead, Hamilton; third vice-president, W. J. Rowe, Georgetown; fourth vice-president, N. McCrimmon, Kincardine; general secretary, John N. E. Brown; assistant secretary, E. Hurlbert Stafford, Toronto; treasurer, George Carveth, Toronto. To the Committee on Credentials were added W. J. Wilson and W. J. Greig, Toronto; to the Committee on Public Health, J. Hutchinson, London, and Gilbert Gordon, Toronto; to the Committee on Legislation, J. C. Mitchell, Enniskillen, and John Samson, Windsor; to the Committee on Publication, J. T. Fotheringham, Toronto, and V. Anklin, Kingston; to the Committee on By-laws, J. Wishart, London, and A.

McKay, Ingersoll; to the Committee on Ethics, A. McKinnon, Guelph, and G. Hodge, London; to the Advisory Committee, Wm. Britton, Toronto. The report was adopted.

Dr. Samson was then appointed to the chair.

Dr. W. Britton presented the report of the committee appointed to consider the resolution appended to the paper of Dr. Ferguson. It was as follows: The committee appointed yesterday by the Medical Section to prepare a resolution for submission to the Association on the subject of over-study in the Public and High Schools of Ontario, and other matters pertaining thereto, beg leave to recommend the adoption of the following resolution: Inasmuch as the promotion and maintenance of public health constitutes one of the most important objects for which the Ontario Medical Association was organized, it is submitted that, while fully recognizing the high standard of general education attained under our provincial school system, it is the opinion of this association—

1st. That the school children are overworked, to the detriment of their mental and physical health.

2nd. That in many schools the ventilation and air space per pupil are not ample to fulfil the proper sanitary requirement.

3rd. That the lighting of the school-rooms is often so inadequate or so badly arranged as to induce various forms of visual defects.

4th. That while some provision has been made for physical exercise there is room for improvement in this respect.

5th. That home studies are, as a rule, made too arduous to allow for such rest and recreation as are essential to physical growth and development.

It is, therefore, recommended:

1st. That the number of subjects of study prescribed by the Education Department be lessened.

2nd. That home work be curtailed.

3rd. That less exacting examinations be imposed on the pupils.

4th. That more time during school hours be devoted to physical culture.

5th. That school trustees should confer with members of the medical profession as to lighting, ventilation, and capacity of schoolrooms.

6th. And that the curriculum generally be framed with full consideration of the paramount necessity for preserving the physical health of the rising generation. All of which is respectfully submitted.

The resolution was signed by Drs. Britton, Sheard and Ferguson.

Dr. Britton moved the adoption of the report. Dr. Peter Bryce seconded the motion. It carried unanimously. Dr. Ross, Minister of Education, who was present, was then called upon. He expressed his pleasure at the recommendations made by the Association, and invited the President to appoint a committee to confer with him regarding the points touched upon in the report.

The President named the following gentlemen as members of the committee to confer with the Minister of Education: Drs. R. A. Reeve, A. A. Macdonald, D. G. Wishart, E. J. Barrick, A. McPhedran, J. T. Fotheringham, R. Ferguson, A. McKinnon, C. Sheard, J. Spence, Rowe, G. Gordon, Hutchinson, H. Griffin, P. H. Bryce, G. S. Ryerson and L. L. Palmer.

The Treasurer presented his report, which was adopted. (See archives for statement of same)

It was moved by Dr. Britton and seconded by Dr. W. J. Wilson, and resolved, That this association deplors the fact that in the various hospitals and dispensaries of the Province, under the guise of poverty many designing persons, who are quite able to pay a medical practitioner at least a moderate sum for his services, make false representations as to their financial standing, thereby securing gratuitous care and professional advice or attendance, inflicting

a grievous evil upon the profession at large, imposing upon the time and skill of those who attend them, and obtaining the charitable consideration which is designed exclusively for the deserving poor; therefore it is further resolved, that a representative committee be appointed, consisting of five members from the staffs of as many hospitals, and five chosen from the outside profession, with power to add to their number in the same proportion, whose duty will be to make full inquiry during the coming year as to the extent of the evil, and to report to this association at its next annual meeting their conclusions as to the best means for its suppression. The resolution was discussed by Drs. Ryerson, Bryce and Fotheringham. Carried.

It was moved by Dr. F. N. G. Starr, and seconded by Dr. T. S. Harrison, That this association desires to express its willingness to approve of some scheme whereby reciprocity between the Provinces may become an accomplished fact, without degradation of the Ontario standard, and that its members in meeting assembled do request that the Ontario Medical Council act in conjunction with the councils of the other Provinces with a view to bringing about this happy result. This was discussed by Drs. Powell, Britton, Ryerson, Cruickshanks and Barrick, and carried.

It was moved by Dr. Barrick, and seconded by Dr. W. J. Wilson, That it be an instruction to the Committee on Papers and Business to take up the report of the Legislative and Special Committees, and resolutions of which notice has been given, immediately after the President's address at the next meeting of the Association. This motion was discussed by the mover, the seconder, J. F. W. Ross, H. T. Machell and Bryce. Lost.

Dr. Barrick then gave the following notice of motion: That whereas there is reason to believe there is a

widespread feeling among the medical men of this Province that the system now in vogue of lodge and contract practice is undignified and derogatory to the best interests of the profession, and should be abolished. Be it therefore resolved, that in the opinion of this association the Medical Council be, and is hereby, memorialized to take a plebiscite on the question of prohibition of lodge and contract practice. And further, in case the prohibition be endorsed by a substantial majority, to immediately, or as soon thereafter as possible, apply to the Local Legislature to have such amendments made to the Medical Act as to put the above in force.

The usual honoraria were then voted to the secretaries.

A letter was read from D. C. R. Dickson, President of the American Electro-Therapeutical Association, inviting the members of the Ontario Medical Association to attend the annual meeting to be held at Buffalo in September.

On motion of Dr. E. H. Adams, all papers unread were taken as read.

Dr. Bruce Smith presented the following report of the Committee on Necrology: Your Committee on Necrology beg to report the names of the following members of this association who have gone over to the majority during the last year: Drs. Burns, Strange Burgess and Closson, of Toronto; Drs. Miller and Shaw, of Hamilton; Cronyn, of Buffalo; Dr. Dixie, of Springfield; Dr. Newcombe, of Sandwich; Dr. McClure, of Thorold; Dr. Griffin, of Brautford; Dr. Killock, of Perth; Dr. Hill, of Ottawa, and Dr. Cunningham, of Kingston. The report was adopted.

Dr. Primrose presented the report of the Committee on Publication, as follows: The Committee on Publication beg to report that in consequence of the fact that during the past few sessions of the Association members have been permitted to part with their papers otherwise than through the Committee on Publication, the

members of the Association have not handed their papers to the Secretary. The President ruled this morning that all papers should be disposed of through the committee, and that they should be distributed to the various journals. This ruling was, however, too late to affect matters this session, and, in consequence, the committee have no papers referred to them.

Dr. N. A. Powell presented the report of the Committee on Ethics. It was as follows: Your committee beg to report that during the year no formal complaints have been sent in calling for action at our hands. We recommend that, as the supply of copies of the code of ethics adopted by this association is now exhausted, a new issue be arranged for. The code having received a thorough revision when last before the Association, it is inexpedient to make further changes in it at the present time.

It was moved by Dr. Samson, and seconded by Dr. Harrison, that the sum of \$75.00 be donated to the Ontario Medical Library Association in recognition of its usefulness to the profession throughout the Province generally, if the funds of the Association will warrant it. Carried.

The following votes of thanks were then passed: It was moved by Dr. Gibson, seconded by Dr. C. R. Dickson, that the thanks of this Association be tendered to the Canadian Yacht Club for the use of their club-house in entertaining the members of the Association. It was moved by Dr. Dickson, and seconded by Dr. Clouse, that the Secretary be instructed to send to the Toronto Street Railway Company the thanks of the Association for their kindness in supplying cars for the excursion about the city. Carried.

A hearty vote of thanks was tendered to the Honorable the Minister of Education for the courtesy manifested in placing once more the handsome rooms of the Education Department at the services of the Association.

The meeting then adjourned until the first Wednesday and Thursday of June, 1899.

TORONTO MEDICAL SOCIETY.

Regular meeting held April 14th, 1898. The minutes of last meeting were read and adopted. Dr. Morley Currie was elected a member of the Society.

"A Case of Cretinism." Dr. Rudolf presented a girl, aged 15½ years, with a tubercular family history. She was dull at school and easily forgot her lessons. The face is heavy and broad, distinctly Mongolian in type. The nose is broad, the ears prominent and the lips thick. The neck is thick. The doctor was not sure that he could make out the thyroid gland. Her movements are very clumsy. The hair is falling out. The blood contains 50 per cent. hæmoglobin.

Dr. Webster, who had seen the girl some years ago, stated that her people were poor, and that she was very poorly nourished.

Dr. Greig thought the patient should be kept under observation for some time before the diagnosis could be established.

Dr. MacMahon thought the best diagnostic point would be discovered by a trial of the thyroid extract.

Dr. Ross reported "Two Cases of Ectopic Gestation." The first was that of a widow who had missed a period, suffered some irregular pains in the lower part of the abdomen, and had some hæmorrhage from the uterus. There was a swelling in the region of the left ovary. He noted, too, increased peristalsis of the intestines. On doing laparotomy the abdomen was found full of blood. A good recovery followed.

The second case was one in which pyo-salpinx was suspected, but an incision through the abdominal walls revealed an ectopic gestation. The woman had not suffered very acute symptoms; the leak had been slow.

Dr. Ross presented a "Pair of Papillomatous Ovaries," and gave a brief account of the clinical history of the case.

Dr. Greig and Dr. Webster briefly discussed the cases.

"Primary Carcinoma of the Liver." This specimen was presented by Dr. McPhedran. The patient was a farmer, aged 62, healthy until last summer, when he lost flesh. There was neither pain nor vomiting. On examination the liver could be felt. Its edge was thick and hard, and its surface nodular. Jaundice was a late symptom. Death resulted from as-thenia.

Dr. Ross said he had lately seen three cases of disease of the liver. The first case was one in which the diagnoses lay between tubercular peritonitis and ascites from hepatic cirrhosis. An exploratory incision cleared up the matter.

The next case was that of a man, who was the subject of severe pain at times, and vomiting. A lump could be felt in the abdomen below the ensiform cartilage. The condition simulated abscess of the liver. Laparotomy, however, showed the presence of cancer of the liver.

In a third case where the patient had an enlarged liver with pyemic symptoms, abscess was also suspected. On opening, the organ was found to be simply enlarged. Since then the patient has given signs of leukæmia.

Dr. Wm. Britton related the history of a case. The patient was a woman with two children, who two weeks ago complained of uneasiness in the stomach. A severe chill followed. The temperature rose to 102. In 36 hours it dropped to 99 morning, 100 evening. She had vomiting and other symptoms of gastritis. These passed away but the patient complains of a good deal of discomfort under the ensiform cartilage. He thought the present condition was attributable to some œsophageal lesion.

Dr. Primrose presented a 22-calibre

bullet, with which a boy had shot himself in the palm of the hand. The X-rays showed it to be lodged near the lower end of the ulna from where it was successfully removed.

Dr. Greig reported a case of chronic empyema in a street car-driver who gave a history of catching cold. He had been under hospital treatment, but the condition had not been recognized. Dr. Greig opened the chest some three years after the commencement of the disease and drew off the pus. Dr. Greig called attention to the presence of calcareous plates in the pleural cavity. The opening in the chest was gradually closing. He would like to know if it would be advisable to open up the chest again and remove this calcareous deposit. The patient had been under hospital treatment again, but nothing of this sort had been suggested.

Dr. Primrose, who had seen the case referred to, thought one reason why interference had not been made was because of the communication of the empyemic cavity with the bronchus. He reported a similar case where operation had been attempted, but the patient became almost choked while taking the anæsthetic.

Dr. C. R. Dickson drew attention to this process of calcification in a goitre upon which he had operated by electrolysis.

Dr. Greig thought the formation of these calcareous plates was associated with tubercle.

The Society then adjourned.

The last regular meeting of the Society for the year was held in the Council Building on May 26, 1898.

Dr. T. F. MacMahon presided.

The minutes of the previous meeting were read and adopted.

Dr. H. Hook Oldright read a paper on "Tuberculous Inguinal Glands resulting from a Wound in the Foot." It was discussed by Drs. Parsons, Smuck and Oakley.

Dr. Graham Chambers reported a case of "Purpura Hæmorrhagica."

Dr. Webster reported a case and

presented a patient—"General Septic Arthritis." A number of the larger joints he had drained. The patient began to improve after the administration of antistreptococcic serum.

The treasurer's report was then received and adopted.

Dr. Parsons moved that the meetings be held fortnightly instead of weekly. (Lost.)

The motion to lower the fee was withdrawn.

Dr. W. J. Wilson moved, "That, in the opinion of the Toronto Medical Society, no one should receive free treatment as an indoor patient in our public hospitals except those receiving their hospital maintenance from the municipality to which they belong.

"That a copy of this resolution be sent to the public hospital boards and to the Medical Council. That the President and Dr. B. E. McKenzie and the mover be a committee to see that the spirit of the resolution be carried out. And that the Secretary communicate with the other medical societies with a view to securing their co-operation in the matter." (Carried unanimously.)

The Society then adjourned.

The election resulted as follows: President, A. Primrose; 1st Vice-President, F. Oakley; 2nd Vice-President, J. Webster; Corresponding Secretary, M. Currie; Recording Secretary, J. N. E. Brown (re-elected); Treasurer, G. H. Carveth (re-elected); Council, W. J. Wilson, J. R. Graham, and T. F. MacMahon.

The Society then adjourned until the first Thursday in October.

TORONTO CLINICAL SOCIETY.

The 46th regular meeting of the Toronto Clinical Society was held in St. George's Hall, Toronto, May 11th, 1898.

President Dr. Albert A. Macdonald in the chair.

The following Fellows were present: A. A. MacDonald, J. A. Temple,

G. S. Ryerson, W. H. B. Aikins, A. Primrose, G. A. Peters, G. Boyd, F. Fenton, H. A. Parsons, A. Baines, W. Oldright, R. Dwyer, J. N. E. Brown.

Dr. Brown gave notice of motion, that in view of the fact that the Clinical Society had its full quota of Fellows, and as there was a number of eligible applications for Fellowship, any Fellow absenting himself from all of the meetings of the Society for one year should have his name struck from the roll.

Dr. William Oldright presented a boy, aged 6, whom he had operated upon for talipes equinus, doing a tenotomy of the tendo Achilles. The patient was aged 6, and the trouble had been in existence since he was eighteen months old. The affection had supervened after a long walk. Photographs before and after the operation were shown. He had applied a plaster paris splint to keep the foot in the corrected position. The boy was wearing a thick-soled shoe on the affected side.

Dr. Primrose stated it to be his experience that most cases of talipes equinus were the result of injury. He reported a case following a gunshot wound.

Dr. Primrose reported a case of gunshot wound in which the bullet had entered the palm of the hand and had passed completely through the carpus, and lay situated on the dorsal aspect of the wrist below the head of the ulna. The "X" rays revealed the situation of the bullet, and only a small incision was necessary to extract it.

The doctor reported a second case, that of a boy who was accidentally shot by a 44-calibre revolver last Christmas. The bullet entered the body at about the level of the tenth rib, three or four inches from the median line. It was probed for at the time unsuccessfully. The wound healed up. About eight months after the boy complained of pain in the hypochondriac region. This was followed by the vomiting of blood and purulent material. The

patient became very weak. The "X" rays were used and showed a tumor of the left hypochondriac region. A tumor in this region could be felt and it was a question whether it was in the abdominal wall or not. An exploratory incision revealed an enlarged spleen. It appeared from inquiry that the patient had suffered from malaria, although the blood count showed only 220,000 white corpuscles.

Dr. Primrose reported a third case in which the patient was injured from the bursting of a gun. The man had been experimenting with smokeless powder and had used too heavy a charge. The left arm was severely lacerated by a piece of the barrel. It was probed for but could not be felt. The "X" rays showed it distinctly lying between the bones of the forearm. In the upper arm there was a piece of the barrel one quarter of an inch square to be seen in front of the humerus. A good deal of cellulitis had set in. Operation was done, the piece in the lower arm being found, the upper one not. The patient was improving. An interesting nerve involvement had taken place involving the median and ulnar nerve.

Dr. Boyd, who had charge of the case Dr. Primrose reported first, said that he was able to reach the bullet with a probe, but thought it wise not to attempt to extract it through the palm for fear of dangerous hæmorrhage.

Dr. Parsons discussed the question of leucocytosis in malaria, pointing out that as long as the malaria organisms exist in the body the leucocytes will not increase, but so soon as quinine is administered there is a regular inflammatory leucocytosis.

Dr. Primrose closed the discussion.

Dr. W. Oldright presented a patient upon whom he had resected a portion of two ribs for necrosis.

Dr. Oldright presented another patient from whom he had removed a wedge-shaped portion of the first meta-tarsal bone to correct a mal-

position of the great toe caused by a bunion.

Dr. J. A. Temple presented a specimen of an ectopic gestation which he had removed from a woman aged 24, mother of one child. Two weeks before she consulted him she suffered from pain in the left side. She had missed two periods. The rupture had induced a state of collapse. After a good deal of persuasion an operation was consented to, and done at 11 p.m. when the patient was almost *in extremis*. The abdomen was found full of blood and the break close to the cornu of the uterus; so close, indeed, that the cornu of the uterus had to be transfixed to secure the pedicle. Hypodermic and rectal administration of stimulants was resorted to, and the woman made a good recovery. One point that had rendered the diagnosis more difficult was that the woman positively asserted that she was not pregnant. She stated that she had missed her periods frequently. The text-books would lead us to believe, Dr. Temple asserts, that this accident occurs only in women near the menopause, or in those who have borne no children for some years. The above cases, with several others he had seen, led him to disagree with this statement of the authors.

Dr. MacDonald discussed the question of pain in ectopic gestation and the causation of the trouble.

Dr. A. Primrose presented a hernial mass containing a piece of the omentum, adherent to the sac. This procedure, he stated, shortened the operation very much.

Dr. King presented two similar specimens in the removal of which he had followed a similar plan.

Dr. W. Oldright discussed the question.

The election of officers for the coming year was then proceeded with and resulted as follows: President, F. LeM. Grasset; Vice-President, G. A. Bingham; Corresponding Secretary, H. A. Bruce; Recording Secretary,

John N. E. Brown, re-elected; Treasurer, W. H. Pepler; Council, W. B. Thistle, G. Boyd, F. Fenton, H. J. Hamilton and G. Chambers.

The retiring president, Dr. MacDonald, was then tendered a vote of thanks for the acceptable manner in which he had presided over the meetings for the past year. He, in a few words, expressed his thanks to the Society for their appreciation of his efforts and for the assistance they had given him during the year.

The Society then adjourned for refreshments.

The next meeting will be held on the second Wednesday in October.

THE LAMBTON MEDICAL ASSOCIATION.

The above met in the Oddfellows' Hall, Wyoming, on Wednesday, May 11th—the President, Dr. Dunfield, in the chair. The following members were present Drs. Dunfield, Sturgeon, McKee and Mott, of Petrolea; Fraser and Wilkinson, of Sarnia; Brodie and Newell, of Wyoming; Newell, of Watford; Fisher, of Bridgen; Chalmers and Hodgins, of Oil Springs, and Brown, of Camlachie.

Minutes of last meeting read and adopted.

Drs. Gibson, of Watford, and Wilkinson, of Sarnia, were granted delegates' credentials to American Medical Association, which meets at Denver June 6:h.

It was decided to hold the next meeting at Sarnia on Wednesday, July 13th, at 7.30 p.m.

Dr. Fraser read a paper on "Reflex Neurosis."

The discussion was opened by Dr. Wilkinson who remarked upon the disparity, which often existed between a lesion and its reflex effects, *e.g.*, a slight laceration of the servix might produce serious nervous disturbances while an extensive laceration produced no symptoms whatever. The

doctor mentioned several interesting cases, among others one of irritable bladder, which had been treated in various ways without the slightest benefit. On examination nothing abnormal was found in the bladder or uterus, but some ulceration of the rectum was discovered. In this case, dilating the sphincter ani in order to make the examination produced immediate temporary relief of the bladder symptoms, with complete cure when the ulcers were treated.

Another case of extensive ulceration of the rectum produced no bladder symptoms whatever.

Dr. W. also spoke of a case of melancholia in which the repair of a slight laceration of the cervix effected a cure.

Dr. Fisher spoke of the importance of understanding the reflexes and not being misled by the location of a pain or other subjective symptom and mentioned some cases in his own practice.

Dr. Chalmers mentioned a case of convulsions from adherent prepuce in which operation produced a complete cure.

Dr. Sturgeon referred to the success which had attended Gynecological operations at the London Asylum, 85 per cent. of the cases so operated on showing relief of nervous symptoms and many being completely cured.

Dr. Brodie called attention to the importance of keeping ourselves posted in physiology, and said that many obscure points would thus be cleared up.

Dr. J. Newell mentioned a case of convulsions from adherent prepuce which was relieved by circumcision. He said that reflex nervous symptoms were due to temperament largely, especially in women. Neurotic women are full of pains. Lymphatic women are full of illusions.

The President, Dr. Dunfield, summed up the discussion and explained the disparity spoken of by Dr. Wilkinson as being due to difference of temperament.

In closing the discussion, Dr. Fraser said he had not cited cases because they were so numerous as to be an every-day occurrence. He said that the difference in reflex symptoms produced by similar lesions would be explained by difference in temperament and the condition of the excretions, especially of the intestinal mucosa.

He mentioned the case of a woman who had been subject to convulsions for years, so severe that she had to be put under chloroform. She had not been in bed for six months. On examination, a slight laceration of the cervix was discovered and when this was repaired she was quite well in a week and had remained well ever since. She had convulsive movements even while under the anæsthetic, so it was not hysteria—diagnose¹ as hysterio-epilepsy.

Dr. Chalmers, of Oil Springs, then read a paper on "Intestinal Obstruction." Will appear in this journal.

Dr. J. Newell emphasized the fact that we should not wait for an absolute diagnosis before operating.

Dr. Wilkinson called attention to the explosive character of the vomiting in these cases.

The paper was also discussed by Drs. Sturgeon, Fraser and Hodgins and discussion was closed by Dr. Chalmers.

Dr. J. Newell presented an interesting case of exophthalmic goitre in a young girl, outlining treatment. Among other things, she had been taking thyroid extract for about three months. At first she became worse on the extract, but the dose was decreased one-third and since that time she has been improving slightly. The enlarged thyroid exophthalmos and tachycardia are well marked in this case and, as is common, there is complete suppression of the menses.

Dr. Chalmers advised the injection of iodine into the gland.

The meeting then adjourned.

P. MCG. BROWN, Sec'y.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS.

The Local Committee of Arrangements of the above Association met on Saturday afternoon, June 11th, in the College of Physicians and Surgeons' building and elected officers and appointed sub-committees for the purpose of receiving and entertaining the members of the Association during their convention in our city July 6, 7 and 8.

This will be the eleventh annual meeting and will convene in the theatre of the Department of Education, St. James square. There will probably be over 500 members present. Free transportation has been granted by all the important railways of both the United States and Canada for those members who desire to attend the meeting.

Mr. C. M. Hays, General Manager of the Grand Trunk Railway System, has very kindly given the delegates the use of a special train of Pullman cars and dining car from Chicago to Toronto.

Through the kindness of the same gentleman, who does not do things by halves, the members attending the convention are to be treated to a complimentary excursion on Saturday, July 9, to the Muskoka lake district. Mr. A. P. Cockburn, of the Muskoka and Georgian Bay Navigation Company, will give the use of one or two steamers to convey the excursionists from Muskoka Wharf to Port Sandfield and return. Lunch will be served at Mr. Enoch Cox's hotel at Port Sandfield, and the visitors will be given an opportunity of inspecting the sanatorium near Gravenhurst on their return journey from the lakes.

The entertainment by the city will take place Friday afternoon, July 8, and will be in the form of a water trip in the vicinity of Toronto, and refreshments in Exhibition Park, the

visitors returning by boat to the foot of Bay Street early in the evening.

At the meeting of the Local Committee of Arrangements Saturday afternoon the following sub-committees were appointed: a Committee on Programme and Papers, a Committee on Entertainments and a Reception Committee; Dr. Bruce L. Riordan, chairman of committees. Dr. R. A. Pyne, M.L.A., was elected treasurer; Dr. H. A. Bruce, secretary; and Drs. R. J. Dwyer and W. F. Gallow, auditors.

The following gentlemen are acting on the Local Committee of Arrangements: T. G. Roddick, M.P., Sir W. Hingston, J. Alex. Hutchison, Montreal; J. Bray, Chatham; A. McKay, Ingersoll; L. B. Powers, Port Hope; J. Coventry, Windsor; Dr. Gunn, Clinton; D. M. Fraser, Stratford; Dr. Taylor, Goderich; J. Thorburn, C. O'Rielly, J. E. Graham, Adam Lynd, A. J. Johnson, J. F. W. Ross, W. Oldright, R. B. Nevitt, George Peters, A. H. Wright, J. Noble, T. McKenzie, C. A. Temple, G. H. Burnham, R. A. Pyne, P. H. Bryce, Charles Sheard, J. Cassidy, H. A. Bruce, H. T. Machell, J. Gilmour, W. E. Gallow, W. Pepler, E. E. King, J. Dwyer, A. A. Macdonald, W. A. Young, J. D. Thorburn, H. H. Oldright, Aldermen Bowman, Dunn and Richardson, Toronto.

B. L. Riordan, chairman Committee of Arrangements.

CANADIAN MEDICAL ASSOCIATION.

There is no man so deserving of a holiday as the hard-working physician who has had his nose to the grindstone from early morning till late at night. It is not only a privilege but a duty to relax one's energies at least once a year, and take an outing. Having made up one's mind to go

away for a bit, the next question is where to go, for one likes to gain some mental profit as well as physical vigor. This year the Canadian Medical Association offers peculiar inducements to the busy men by meeting in the historic old city of Quebec on August 17th, 18th and 19th, next. This will give to the physicians all over the Dominion an opportunity to visit at a trifling expense one of the most picturesque parts of Canada. It, too, will enable the English and the French to become better acquainted, thus helping to bring about a more thorough understanding. The president, Dr. T. M. Beausoliel, of Montreal, is putting forth every effort to make the meeting a success. The local Committee of Arrangements, under the chairmanship of the vice-president, Dr. C. S. Parke, ably assisted by the local secretary, Dr. A. Marois, are doing good work toward making the visit of their medical brethren enjoyable. It has been whispered that a trip to Grosse Isle is a prominent part of the entertainment. The officers of the Association are confidently looking forward to a large and enthusiastic gathering. For particulars address F. N. G. Starr, 471 College St., Toronto.

PROCEEDINGS OF THE ST. LOUIS MEDICAL SOCIETY.

Meeting of Saturday evening, February 5th, 1898. President Dr. J. C. Mulhall in the chair.

Dr. Keating Bauduy read a paper entitled "Observations on the Treatment of Some Cases of Neurasthenia," written by Jerome K. Bauduy. The Doctor also read a paper giving "Microscopical Report," by Dr. C. Fisch; also "Clinical Report," by himself. (See *Review* of February 26th, 1898, page 146.)

DISCUSSION.

Dr. Stoffel—I would like to ask Dr. Bauduy whether he does not think the dieting of patients and placing them in hygienic surroundings had not as much to do with the results as his medicine?

Dr. Fairbrother—I would like to ask another question: If this "Pepto-Mangan" is not in the class of proprietary medicines?

Dr. Keating Bauduy—I will endeavor to respond to the questions propounded. Dr. Stoffel wants to know if the dietetic and hygienic measures alone being adopted would not have effected a cure in the cases reported. I will state that in many of these cases we have tried other preparations of iron and with rather negative results; and in all these cases we have observed hygienic and dietetic indications without obtaining these remarkable improvements. Now I do not wish to be understood that this remedy is a panacea; I merely give you the data and clinical facts, and the results of the microscopic investigation, and you can take them for what you believe them to be worth. I will answer Dr. Fairbrother by saying that I presume that this is a proprietary remedy, but I use a good many other proprietary preparations. I use antipyrine, and I suppose the Doctor does; I use phenacetine, sulfonal, and other such proprietary remedies, and I will tell you candidly, gentlemen, that I use whatever I find benefits my patients. Of course I do not propose to use nostrum: or remedies the composition of which we know nothing about. But the Gude preparation of iron does not belong to this class; a great many gentlemen here use it; I use it because it's the best remedy that I have obtained for treatment of these cases.

Dr. Johnston—There is no iron in it; is there, Doctor?

Dr. Keating Bauduy—Yes, sir, there is iron in it; in the form of a peptonate of iron.

Dr. Jerome K. Bauduy—One salient feature of this paper which has not been brought out as prominently as it might have been, on which I wish to lay particular emphasis, is that whether it be a proprietary remedy or not, matters not provided it cures our patients. It is our business to cure our patients, it matters not by what means. But the point is this, that it is my opinion, based upon observations in these cases, that we have not paid sufficient attention to the *organic* salts of iron; in other words, that the other preparations of iron do not produce the results that these organic preparations achieve. For years the combination of iron and manganese I have used in daily practice. I have used a great many of these preparations and the great point has been to obtain one which is assimilable, that is elegant, and that will not produce anorexia and other gastric disturbances. Now with the organic salts of iron we have had startling results, and I intend to use them as long as they benefit my patients. I do not wish to be understood by the neurologists and others present as saying that this is a proper remedy for all cases of neurasthenia, but I do maintain that it is a remedy well suited to those neurasthenic and anæmic cases described, especially in women suffering with menstrual irregularities, particularly those accompanied by hemorrhage. I simply want the gentlemen to judge by the results. "Facts speak louder than words." "*Facta non verba.*"—*Medical Review, March 12th, 1898.*

Special Selections.

NEW REMEDIES.

ECKSTEIN. — Value of Kresamin (Ethylendiamincresol) as a disinfectant and its therapeutic use in skin diseases. (*Therapeut. Monatsch.*, 1898, p. 209.) As the addition of ethylene di amine to silver salts increased its disinfective and penetrative power, Schaffer thought that this addition would likewise increase the efficacy of the cresols, which had already proved so valuable. The cresols are preferable to other phenols on account of their slight toxicity and non-irritability as compared with its germicidal powers. Tricresol, which is a mixture of the ortho, meta and para cresols, is a clear colorless fluid, a 1 per cent. solution corresponding in germicidal properties to about 3 per cent. carbolic acid. It does not attack metallic instruments. Ethylene di amine is also a clear colorless fluid with ammoniacal odor and alkaline reaction, which has marked ability to dissolve albumen, so that pus corpuscles in a 2 per cent. solution are completely dissolved, and paradigmosus is converted into a detritus-like mass with a $\frac{1}{2}$ per cent. solution. The new preparation, or kresamin, which has been studied by Eckstein is a mixture of tricresol and ethylene di amine, in such proportions that a 1 per cent. kresamin solution contains 1 per cent. tricresol and 1 per cent. ethylene di amine. It is also a colorless fluid, with an odor like phenol, which, on standing in the air, may take a clear yellow color without injury to its disinfecting power. This addition of ethylene di amine lessens the coagulative power of tricresol on albumens. Like other cresols, it has only slight toxicity and does not attack metallic instruments. It is non-irritating. Its penetrating and germicidal powers would at once suggest its use in sycooses, and Eck-

stein has found a number of advanced cases to rapidly clear up under the application of bandages moistened in $\frac{1}{2}$ to $1\frac{1}{2}$ per cent. solution. In eczema, in even the most acute form with secondary infection by pus organisms, similar applications of 1-4000 up to 1-400 were serviceable. Here it can be used as an ointment—10 per cent. Kresamin, 10.0-50.0 adipis lanæ, ad 100. Eckstein has even bathed the limbs in 1-4000 up to $1\frac{1}{2}$ per cent. for 3-12 hours in the treatment of lupus. He recommends also in ulcera cruris, and especially in the lupus ulcers of the extremities.

CASPER—Some properties and indications for urotropin. (*Deut. Med. Woch. Ther. beil.*, 1897, p. 75.) Urotropin or hexamethylentetramine, formed by the action of ammonia on formaldehyde according to the following equation, $6\text{CH}_2\text{O} + 4\text{NH}_3 = \text{EH}_{12}\text{N}_4 + 6\text{H}_2\text{O}$, was brought before the medical world by Nicolaier in 1895. He claimed for it the power of dissolving uric acid deposits, and the ability to inhibit the development of bacteria in the urine. Casper undertook its study. He finds, contrary to Nicolaier, that during its use the urine does not dissolve uric acid deposits more quickly than did the urine before its administration; likewise negative were test-tube experiments, and no subjective improvement in the patient occurred. Incidentally Casper mentions that glycerine in doses of 50-150 gm. will shorten attacks of renal colic, and lessen, and even obviate the pain after the attacks, and likewise lessen their frequency. In phosphaturia he was surprised at his results, as true phosphaturia up to this time had proved incurable. He states that "we possess now in urotropin a remedy which, in small doses, 1-2 gm. pro die, can cause phosphaturia to disappear," and that this may continue for some time after

the discontinuance of the urotropin. Nicolaier mentions that the urine during its administration remains clear a long while, and that even after the injection of bacil. coli com. the urine remained sterile. In cystitis and pyelitis, with doses up to 4 gm. pro die, Casper claims to be well satisfied. Of course, he insists that in cystitis the vesical irrigations should be continued. Especially valuable is it in old severe cases of cystitis with pyelitis associated with general symptoms, or, as Casper speaks of them, in cases of "urinary poisoning." These patients lose their appetite, have slight fever, and tongue becomes coated, evidently due to poisoning with micro-organisms or their toxins. As to the explanation of this bactericidal power, Casper believes with Lœbisch, that it is due to a splitting off of formaldehyde. Once he succeeded, after the injection of urotropin into the circulation of a rabbit, in finding formaldehyde in the blood. After the administration of urotropin both urotropin and formaldehyde may be found in the urine. At times this presence of urotropin masks the proof of the presence of formaldehyde. With doses of 4 gm. pro die only very seldom will undesirable symptoms appear. It may be administered in the form of tablets. Casper uses it before operations on the urinary tract, as urethrotomy, sectio alta, etc., to aid in rendering the urine as free from organisms as possible.

DAKIER (*Bull. gén. de thérap.*, Feb. 8, 1898) speaks very highly of protargol in 5-10 per cent. solution for diseases of the conjunctiva. He claims more rapid healing under it than with any other agent.—*Abst. from Therap. Monatsch.*, 1898, p. 239.

RENON.—Investigation as to the presence of lead in the salivary glands during acute experimental poisoning by lead. (*Comp. rend. hebdom. Soc. de Biol.*, 1897, p. 862.) Investigations were carried out on ten guinea-pigs poisoned with lead carbonate or mini-

um. The animals died in seventeen days with convulsions. In two cases lead in small quantities was proved in the salivary glands. The kidneys of all contained lead, while the liver showed it less frequently. These investigations aid in the interpretation of parotitis in cases of lead poisoning in man.

LUTAUD (*Journ. de Med. de Paris*, 1897, No. 15) recommends the administration of somatose for hyperemesis of pregnancy. He claims good results in the treatment of vomiting after chloroform narcosis, the vomiting ceasing at once after three teaspoonfuls of somatose in ice water.—*Abst. from Therapeut. Monatsch.*, 1898, p. 239.

GILBERT AND WEIL (*Comp. rend. hebdom. Soc. de Biol.*, 1898, p. 316) report history of two cases of diabetes that, beside glycosuria, showed large livers, urobilinuria and all the signs of hepatic insufficiency together with indicanuria. They had no especial digestive disturbances. On administering to them powdered liver, both the glycosuria and indicanuria disappeared. They suggest that the indicanuria may be a new symptom of hepatic insufficiency, and that normally the healthy liver arrests or at least moderates the formation of indican.

BASCH AND WELEMINSKY.—On the elimination of micro-organisms by the active mammary glands. (*Ber. Klin. Woch.*, 1897, p. 977.) The idea current up till recently was that all micro organisms circulating in the blood could be eliminated by the mammary glands. Basch and Weleminsky examined the milk of guinea-pigs after the intravenous injection of cultures of pathogenic and non-pathogenic organisms, and found that organisms only occurred in the milk as the result of a mechanical mixture of the organisms with the milk; that is, if the skin was sterilized no organisms occurred in the milk unless they caused cell necrosis in the glands with consequent escape

of organisms, and that those organisms which do not injure the cells are not eliminated in the milk. It is interesting to note that the milk of two women suffering with streptococcus (puerperal sepsis) was found to be sterile. The following organisms were *not* eliminated by the milk: *Bacillus anthracis*; *bacillus diphtheriæ*; *bacillus typhosi*; *bacillus murisepticus*; *bacillus prodigiosus*; *bacillus cyanogenes lactis*; *spirillum cholerae*; white *bacillus pyocyaneus*; *bacillus morbificans bovis*. In the cases of tubercle bacilli in milk of tuberculous cows in which the udders are reported free of lesions there is always the possibility of small lesions being overlooked. Of course this absence of organisms in the milk does not preclude the presence of their toxins.

BANG (*Berl. Klin. Woch.*, 1898, p. 1136) reports case of a goiterous woman who bore a child with congenital goitre. The mother was treated with iodothylin, and improved to some extent, while the child did so remarkably. In other words, the iodothylin was eliminated by the milk. The child reacted more than the mother because in the child the gland was not so degenerated, owing to its shorter course.

KROMAYER.—Iodoformogen, an odorless iodoform preparation. (*Berl. Klin. Woch.*, 1898, p. 217.) Iodoformogen, an odorless combination of iodoform and albumen, is a fine yellow powder which does not cake together like iodoform, and is insoluble in water. It can be sterilized at 100° C. Kromayer, who has used it on 100 cases, believes it has the action of iodoform in exciting wounds to healthy granulation and in leading to a rapid covering with epithelium. Aside from its odorlessness it has the advantage over iodoform in its more persistent and certain action. This last quality may be due to the fineness of the powder, which allows its application to the whole surface of the wound. From

the method of preparation traces of iodide of albumen and iodine, with perhaps some alkaline iodide, are present. This slight trace of iodine may be the cause of the slight burning which patients experience after its application. Iodoformogen, unlike iodoform, does not decompose in presence of tissues. The author believes it is, perhaps, the best dusting powder.

AZEMAR.—Experimental acetouria. (*Comp. rend. heb. Soc. de Biol.*, 1897, p. 781.) Acetouria is physiological—normally there exists in the urine that which on distillation gives acetone. Daily excretion in dogs and rabbits does not exceed 0.003 gm. Acetouria, due to extirpation of the coeliac plexus, has very slight importance. (Rabbit 0.003 gm. per litre.) Introduced per os, etc., acetone is only eliminated by the urine to a slight degree. Phloridzin increases markedly the amount of acetone in the urine. Acetouria is a constant feature in the dog after the total extirpation of the pancreas and is in relation to the diabetes.

SVEHLA.—On the influence of thymus juice upon the circulation, and on the so-called mors thymica in children.—(*Abhandl. d. böhm. Akad. klasse ii.*, no. 45.) The author found that the injection per venam cruralem of from 2-16 gm. thymus juice caused a fall in blood pressure with an acceleration of the pulse, that these doses were toxic, and that the toxicity was a question rather of age than of weight of the animal—young animals being more susceptible. After cutting vagi, cervical cord and removing ganglia stellata, the injection still causes an acceleration. The fall in blood pressure is, he believes, due partly to a paralysis of the vaso-motor nerves.

BOAS AND LEVY-DORN.—Diagnosis of gastric and intestinal diseases by means of the Röntgen rays.—(*Deutsch. Méd. Woch.*, 1898, p. 18.) Attempts have been made to determine the position of the stomach by means of the X-rays, but as yet, owing to

the presence of simpler methods, they have not found favor. The authors claim to have simplified the methods and so make available the Röntgen rays for the study of the localization of the fundus of the stomach, stricture of intestine and in determining the tone of the gastrointestinal muscles. They use gelatine capsules filled with a substance opaque to the X-rays, as metallic bismuth, which should be free from arsenic to avoid risks of poisoning. These capsules are coated with some substance as celluloid, which is insoluble in the digestive juices, and the whole is colored with a non-toxic aniline dye, so as to aid its recognition in the stools, and thus furnish data as to the time required in the passage through digestive tract. These capsules are $2\frac{1}{4}$ cm. long by $1\frac{1}{4}$ cm. broad. The whole weighs about 12 gm. Its movements can be traced with the fluoroscope. Of course it is very difficult to say in what section of the intestine the capsule is at any one time. They feel able to recognize the region of the fundus, cæcum and colon. In a large number of cases of slight gastric troubles, they find the capsule in the cæcum in twenty-four hours, and in one case they noted it twenty-four hours later in the sigmoid flexure of the colon. The capsule requires about the same time to traverse the small intestine to the cæcum as it does to traverse stomach and pylorus. In a case of carcinoma-tous stricture of the pylorus, the capsule remained in the stomach four or five days. If no stricture is present the capsule should appear in the stools in from two to six days. They confess, however, that the time normally required demands further corroboration. This method may be of service in pharmacological research.

EBERSON (*Therapeut. Monatshefte*, 1897, p. 591) sums up his estimation of peronin as follows: 1. It is a very serviceable agent to ameliorate cough, and for this purpose can completely

replace morphine. 2. It cures acute bronchitis very quickly. 3. In chronic bronchitis and pulmonary tuberculosis it improves the condition rapidly and certainly. 4. It has no injurious action on the heart and digestive apparatus, so that it can be borne for a long time. 5. No symptoms of poisoning arose. 6. Peronin acts especially favorably in hysterical cough and in pertussis. Dose for adult, 0.01-0.02g, three or four times a day. For children, one milligram for each year. On non-narcotized animals it caused restlessness, dyspnoea and vertigo—in lethal doses the animals died with marked dyspnoea. Post-mortem was either negative or showed only ecchymoses in the lungs with œdema—signs of acute asphyxia. The author compares these symptoms and the post-mortem find with those in children dying of so-called mors thymica, and believes that cases of asthma thymica with enlarged thymus are due to "hyperthymisation."—*Abstracted from Cent. f. allg. path.*, 1897, p. 209.

OBSERVATIONS UPON TREATMENT OF SOME CASES OF NEURASTHENIA.*

By JEROME K. BAUDUY, M.D., LL.D.,
St. Louis, Mo.,

Professor Nervous and Mental Diseases, and of Medical
Juri-prudence, Missouri Medical College.

That chalybeates, more especially the organic salts of iron, constitute an essential indication in the successful treatment of some cases of neurasthenia, especially in the female, where functional menstrual derangements exist, is to my mind an indisputable fact. They produce conditions, oftentimes not attainable by the inorganic preparations for many reasons, which

* Read before the St. Louis Medical Society, Saturday evening, February 5, 1898.

experience and reflection clearly demonstrate.

In a recent clinical study of this affection, my conclusion, as above stated, is fully justified and corroborated by the microscopical blood examinations conducted by my esteemed and skilful friend, Dr. C. Fisch. That cerebro-spinal anæmia is a frequent important concomitant, if not an essential etiological factor of neurasthenia, I hardly think admits of cavil.

The clinical histories of appended cases were compiled by my son, Dr. Keating Bauduy, chief of the Neurological Clinic at St. John's Hospital, under whose direct supervision the investigations were conducted. That the ratio, or number of red blood corpuscles, and the percentage of hemoglobin were deficient in the normal standard of these cases, prior to the treatment, is incontestable, as shown by the microscope. That several of the cases to be enumerated showed marked improvement, even after one or two weeks' treatment, is moreover revealed in the same manner, and which for rapidity of effect is quite an exceptional, if not a startling therapeutic result, when compared with some of the prior and more established methods of treatment. That many of these cases presented unmistakable evidence of satisfactory improvement, from both a subjective and objective standpoint, was quite as notable as the permanent character of their general amelioration. That the ordinary tonics had in some instances been administered with nugatory results, while pursued along the old lines of authoritative medication, seems quite manifest.

My only explanation of the surprising results in the cases herein cited, where the usual officinal class of remedies had formerly been ineffectually essayed, was the superinduction, as is so frequently the case, of disturbed digestion and assimilation; results but too familiar and disappointing to professional experience. Aside from the disturbances

just mentioned, the development of headache, constipation, etc., frequently obviate their further administration.

When, a few years ago, my attention was called to Gude's preparation of "Liquor Manganæ-Ferri Peptonatus, Gude," (Pepto-Mangan) so extensively used and highly extolled in Germany, with my usual antipathy for new remedies, I reluctantly gave it a trial, anticipating that I would necessarily have to combat the usual disappointing effects of most of the other preparations of iron. The results, however, were indeed a surprise to myself, for the concomitant deranging sequelæ were so slight, that but in very few instances in my extensive utilization and experience with this special pharmaceutical preparation was I obliged to discontinue it. My experience having led me to believe that iron and manganese in combination are both indicated in the vast majority of cases of neurasthenia, this particular remedy, I am now convinced, will prove a great boon both to the patient and the physician. While it is maintained by some that in the hemoglobin of the red blood corpuscle manganese is present, as well as iron, I have for many years procured results with a combination of both, not directly obtainable with one alone. We know, however, that manganese gives off oxygen to a greater degree than iron, and it has been argued that for this reason its internal exhibition might correspondingly increase assimilation.

Dr. Fisch's appended microscopical report shows that the increase in the percentage of hemoglobin, in many of this series of cases, is far in excess of the proportionate increase of the red blood corpuscles. This fact I deem of greater importance as to the effectiveness of the medicine, because the count of the blood corpuscles is to a certain extent relative, and the size varies greatly in different cases, and for other reasons the same amount of blood plasma contains different numbers of red cells; hence I would

particularly lay stress upon the proportionate increase of the hemoglobin as the more important factor. The notable and astonishing improvement of these cases, when placed upon this preparation, led me to their closer scrutiny, as well as microscopic observation. Before concluding, I wish particularly to call attention to the fact of the absence of digestive disturbances and necessary consequent interference in the assimilation. All other unpleasant complicating results were notable by their absence. Of course we do not consider the remedy applicable to cases of lithemic neurasthenia, nor in any manner a specific in any variety of neurasthenia. In many cases the addition of arsenic and strychnia greatly increase the efficacy of the preparation. I must also take cognizance of the salient fact of the rapidity with which a large number of female neurasthenics, under our treatment, who have suffered with marked functional menstrual derangements, have attained a normal condition under the administration of this most elegant combination of iron and manganese.

As it would be tedious and monotonous to present an exhaustive citation of a multiplicity of clinical cases, I have confined myself to a recital of a few typical ones:

CASE 1.—Mrs. S, aged 32 years, mother of three children, came to me in a pitiable mental condition, and had in her arms a nursing hydrocephalic child, five months old. Her mental depression approached a type of veritable melancholia. My first idea was to advise that the child be weaned, and then place her upon the classical opium treatment for melancholia. This was her third child, and like all mothers, she clung to the life of her unfortunate with characteristic tenderness. Therefore she bluntly insisted on my candid opinion, as to whether the weaning of the baby might prove fatal. Knowing, as I did, that the life of the child was simply a question of a period of

short duration in either case, I so informed her; nevertheless, I insisted that the best hope for her recovery was to wean it. This she refused to do, and after Dr. Fisch had made a blood examination and pronounced her highly anæmic, I reluctantly undertook the case. Aside from her mental depression, physical lassitude, and marked pallor, the "casque neurasthenique" symptom was a dominant feature in her case. Any effort to perform her usual household duties produced sensations of cerebral fullness, and persistent pain in the vertex. She even confessed that the idea of suicide had of late frequently haunted her. Under the administration of "Pepto-Mangan," with no other treatment, after the short period of fifty-two days she was discharged fully restored to her normal condition. Microscopic report showed a relative gain in number of red blood corpuscles of 34 per cent., hemoglobin, 44.5 per cent.

I. EXAMINATION.

	(Beginning of Treatment.)	
	Date, November 17, 1897.	
	Red Corpuscles.....	3120000
	Hemoglobin, per cent.	52
II.	" Date, December 2, 1897.	
	Red Corpuscles.....	3400000
	Hemoglobin, per cent.	54
III.	" Date, December 26, 1897.	
	Red Corpuscles.....	4130000
	Hemoglobin, per cent.	67
IV.	" Date, January 8, 1898.	
	Red Corpuscles.....	4245000
	Hemoglobin, per cent.	75
	DURATION OF TREATMENT.....	52 days
	GAIN (Absolute) { Red Corpuscles (in 1000's)...	1125
	{ Hemoglobin, per cent.	23
	GAIN (Relative) { Red Corpuscles, per cent....	34
	{ Hemoglobin, per cent.	44.5

CASE 2.—Mrs. Sim, aged 23 years, mother of two children, youngest six months and nursing. About the fourth month of her last pregnancy she was troubled with dyspnoea. Gave history of instrumental delivery, followed by puerperal eclampsia. Great loss of blood during birth of child. Two months later, abscesses developed in each breast, and patient was confined to bed during a period of ten weeks.

Case presented typical manifestations of neurasthenia, also characteristic apprehensions, with preternatural emotional mobility. Constant cephalalgia in vertical region, persistent parasthesiæ in extremities, mouth and tongue, were also present. She was intensely pale with every appearance of profound anæmia. Aside from a mild laxative which was given to obviate constipation—an obstinate feature in her case—nothing was administered, save “Pepto-Mangan.” After a period of treatment of forty-nine days I discharged her, as she evinced none of the symptoms which formerly existed. A notable feature was the corresponding improvement of the child, notwithstanding the fact that I had previously insisted upon its being weaned, which she had, nevertheless, contrary to my instructions, continued to nurse. Microscopic report showed a relative gain: red blood corpuscles, 19 per cent.; hemoglobin, 27 per cent.

I. EXAMINATION.

	(Beginning of Treatment.)	
	Date, November 20, 1897.	
	Red Corpuscles.....	3470000
	Hemoglobin, per cent.	60
II.	" Date, December 22, 1897.	
	Red Corpuscles.....	3980000
	Hemoglobin, per cent.	69
III.	" Date, January 8, 1898.	
	Red Corpuscles.....	4120000
	Hemoglobin, per cent.	76
	DURATION OF TREATMENT.....	49 days
	GAIN { Red Corpuscles (in 1000's)..	650
(Absolute)	{ Hemoglobin, per cent.	16
	GAIN { Red Corpuscles, per cent. ...	19
(Relative)	{ Hemoglobin, per cent.	27

CASE 3.—D. G., aged 25 years, unmarried. Suffered from nervous headache for past year. Vaso-motor disturbances evidenced by alternate flushings and pallors, heat and cold. Atonic dyspepsia. Irregularity of bowels. Disturbed sleep. Depressed physical condition, correspondingly weak pulse. After taking “Pepto-Mangan” fifty-seven days, reported feeling generally improved. Digestion was better, pulse stronger and headaches greatly diminished in

intensity. Vaso-motor disturbances disappeared. Microscopic examination showed a relative gain: red blood corpuscles, 11 per cent.; hemoglobin, 15 per cent.

I. EXAMINATION.

	(Beginning of Treatment.)	
	Date November 26, 1897.	
	Red Corpuscles.....	3720000
	Hemoglobin, per cent.	61
II.	" Date, January 22, 1898.	
	Red Corpuscles.....	4135000
	Hemoglobin, per cent.	70
	DURATION OF TREATMENT.....	57 days
	GAIN { Red Corpuscles (in 1000's)..	415
(Absolute)	{ Hemoglobin, per cent.	9
	GAIN { Red Corpuscles, per cent. ...	11
(Relative)	{ Hemoglobin, per cent.	15

CASE 4.—Miss S., aged 28 years, presenting many of the well-defined symptoms of neurasthenia, was in a condition of profound mental and physical weakness. The history showed that since our great cyclone of May 27, 1896, she had never been her normal self, and was unable to perform any sustained mental or physical strain. Dating from that episode she had always worried, and was constantly the victim of peculiar forebodings. Insomnia and general malaise were cardinal symptoms. My diagnosis was what has been termed “cyclone neurosis,” of which I have seen numerous cases. Menorrhagia existed to an alarming extent, for which I accordingly recommended rest and the recumbent posture during her periods. Because of the pronounced insomnia, I prescribed a nightly dose of hyoscyamine and sulfonal during the first week of treatment as a hypnotic, which constituted the only medication other than “Pepto-Mangan.” After having taken the latter for forty-one days, I discharged her from treatment, as she had passed her last menstrual period after a normal flow of three days, her pallor having given way to rosy cheeks and her physical and mental condition being entirely satisfactory. Microscopic report showed a relative gain: red blood corpuscles, 38 per cent.; hemoglobin, 47 per cent.

I. EXAMINATION.

	(Beginning of Treatment.)	
	Date, November 26, 1897.	
	Red Corpuscles.....	2807000
	Hemoglobin, per cent.	46
II.	" Date, December 17, 1897.	
	Red Corpuscles.....	3200000
	Hemoglobin, per cent.	50
III.	" Date, January 4, 1898.	
	Red Corpuscles.....	3250000
	Hemoglobin, per cent.	56
IV.	" Date, January 8, 1898.	
	Red Corpuscles.....	3875000
	Hemoglobin, per cent.	68
	DURATION OF TREATMENT.....	41 days
	GAIN { Red Corpuscles (in 1000's)..	1068
(Absolute)	{ Hemoglobin, per cent.	22
	GAIN { Red Corpuscles, per cent..	38
(Relative)	{ Hemoglobin per cent.	47

CASE 5.—Mr. C., aged 21 years, unmarried. Highly anæmic, very pale. Anorexia and insomnia persistent. Physical condition greatly depressed. Cardinal feature was a sexual hypochondriachal tendency. Gave history of excesses both alcoholic and sexual. Aside from advice as to the necessity of leading a moral life, and abstaining from all stimulants, gave no medicine but "Pepto-Mangan," with the addition of arsenic and strychnia. After fifty-seven days of treatment patient was much benefited. Microscopic report showed a relative gain: red blood corpuscles, 9 per cent.; hemoglobin, 27 per cent.

I. EXAMINATION.

	(Beginning of Treatment.)	
	Date, November 26, 1897.	
	Red Corpuscles.....	3670000
	Hemoglobin, per cent.	44
II.	" Date, December 14, 1897.	
	Red Corpuscles.....	3700000
	Hemoglobin, per cent.	42
III.	" Date, January 8, 1898.	
	Red Corpuscles.....	3990000
	Hemoglobin, per cent.	54
IV.	" Date, January 22, 1898.	
	Red Corpuscles.....	4010000
	Hemoglobin, per cent.	56
	DURATION OF TREATMENT.....	57 days
	GAIN { Red Corpuscles (in 1000's)..	340
(Absolute)	{ Hemoglobin, per cent.	12
	GAIN { Red Corpuscles, per cent..	9
(Relative)	{ Hemoglobin, per cent.	27

CASE 6.—Mrs. D, aged 36 years, married; five children. Since birth of last child, eighteen months ago, has

been in state of profound nervous prostration. Previously resisted ordinary tonic and constructive treatment. Menorrhagia was the dominant feature of the case. After taking "Pepto-Mangan" for fifty-one days patient evinced more improvement than during any stated time throughout the past eighteen months. Last menstruation approached the normal flow. Microscopic report showed a relative gain: red blood corpuscles, 13 per cent.; hemoglobin, 8 per cent.

I. EXAMINATION.

	(Beginning of Treatment.)	
	Date, November 26, 1897.	
	Red Corpuscles.....	3450000
	Hemoglobin, per cent.	60
II.	" Date, December 22, 1897.	
	Red Corpuscles.....	3720000
	Hemoglobin, per cent.	62
III.	" Date, January 8, 1898.	
	Red Corpuscles.....	3916000
	Hemoglobin, per cent.	62
IV.	" Date, January 16, 1898.	
	Red Corpuscles.....	3890000
	Hemoglobin, per cent.	65
	DURATION OF TREATMENT.....	51 days
	GAIN { Red Corpuscles (in 1000's)..	440
(Absolute)	{ Hemoglobin, per cent.	5
	GAIN { Red Corpuscles, per cent..	13
(Relative)	{ Hemoglobin, per cent.	8

CASE 7.—Mrs. J., aged 48 years, widow; mother of a large family. Cardinal feature of case was a recurrent cephalalgia at intervals of several days. This case reported an improvement as to the intensity and duration of headaches, after the period of fourteen days of treatment. Only two examinations were made. A further opportunity to observe this patient did not present itself, in consequence of her failure to continue the treatment. Microscopic examination showed a relative gain: red blood corpuscles, 14 per cent.; hemoglobin, 13 per cent.

I. EXAMINATION.

	(Beginning of Treatment.)	
	Date, November 30, 1897.	
	Red Corpuscles.....	3210000
	Hemoglobin, per cent.	60
II.	" Date, December 14, 1897.	
	Red Corpuscles.....	3670000
	Hemoglobin, per cent.	68

DURATION OF TREATMENT..... 14 days
 GAIN { Red Corpuscles (in 1000's).. 460
 (Absolute) } Hemoglobin, per cent. 8
 GAIN { Red Corpuscles, per cent.. 14
 (Relative) } Hemoglobin, per cent. 13

CASE 8.—H. F., aged 18 years, school teacher, unmarried. Symptomatology of neurasthenia. Malaria was a complicating feature. Amenorrhœa for past six months was the principal symptom for which she consulted me. Aside from a course of quinine to eradicate the malarial feature, I exclusively gave "Pepto-Mangan." After forty-seven days' treatment she was apparently much improved, her menses having appeared in the interim. Microscopic examination showed a relative gain: red blood corpuscles, 9 per cent.; hemoglobin, 22 per cent.

I. EXAMINATION.

(Beginning of Treatment.)
 Date, November 30, 1897.
 Red Corpuscles..... 2970000
 Hemoglobin, per cent. 42
 II. " Date, January 8, 1898.
 Red Corpuscles..... 3100000
 Hemoglobin, per cent. 49
 III. " Date, January 16, 1898.
 Red Corpuscles..... 3250000
 Hemoglobin, per cent. 51

DURATION OF TREATMENT..... 47 days
 GAIN { Red Corpuscles (in 1000's).. 280
 (Absolute) } Hemoglobin, per cent. 9
 GAIN { Red Corpuscles, per cent.. 9
 (Relative) } Hemoglobin, per cent. 22

CASE 9.—Mrs. L., aged 42 years, married, three children. Comes from neuropathic family, one uncle an epileptic. Has always been quite delicate and anæmic. Since sudden death of husband has manifested great irritability of temper. Loses control of herself upon the slightest provocation. Cries easily, but not melancholic. Peculiarly apprehensive of sudden death; imagines upon retiring that she will never awake; paroxysmal attacks of anxiety, and fatigued upon the slightest exertion. Anorexia. Habitual constipation. Sleeps restlessly. Patient although still very pale, after taking "Pepto-Mangan" for twenty-seven days, began to manifest a general improvement.

Microscopic report showed a relative gain: red blood corpuscles, 11 per cent.; hemoglobin, 12 per cent.

I. EXAMINATION.

(Beginning of Treatment.)
 Date, January 2, 1898.
 Red Corpuscles..... 3720000
 Hemoglobin, per cent. 54
 II. " Date, January 22, 1898.
 Red Corpuscles..... 4105000
 Hemoglobin, per cent. 60
 III. " Date, January 29, 1898.
 Red Corpuscles..... 4130000
 Hemoglobin, per cent. 64

DURATION OF TREATMENT..... 27 days
 GAIN { Red Corpuscles (in 1000's).. 410
 (Absolute) } Hemoglobin, per cent. 10
 GAIN { Red Corpuscles, per cent.. 11
 (Relative) } Hemoglobin, per cent. 12

CASE 10.—Mrs. P., aged 36 years, married, no children. Family history predisposed to tuberculosis. Physically in good health. Since cyclone, May 27, 1896, when her house was totally destroyed, and she narrowly escaped death, she developed nervous headaches; later on she manifested a listless and apathetic condition. Sleeps excellently, but does not feel refreshed upon awakening. Complains of drowsiness. Marked irritability of temper. Appetite fair, but nervous dyspepsia. Boards with sister as she can not muster courage to manage a household of her own. After taking "Pepto-Mangan" for twenty-five days she began to feel much better and brighter, but still occasionally lapses into her former indifferent mood. Color better, and nervous dyspepsia greatly relieved. Microscopic report showed a relative gain: red blood corpuscles, 12 per cent.; hemoglobin, 12 per cent.

I. EXAMINATION.

(Beginning of Treatment.)
 Date, January 4, 1898.
 Red Corpuscles..... 3124000
 Hemoglobin, per cent. 56
 II. " Date, January 14, 1898.
 Red Corpuscles..... 3200000
 Hemoglobin, per cent. 57
 III. " Date, January 22, 1898.
 Red Corpuscles..... 3250000
 Hemoglobin, per cent. 62
 IV. " Date, January 29, 1898
 Red Corpuscles..... 3160000
 Hemoglobin, per cent. 68

DURATION OF TREATMENT..... 25 days
 GAIN } Red Corpuscles (in 1000's).. 336
 (Absolute) } Hemoglobin, per cent. 12
 GAIN } Red Corpuscles, per cent. 12
 (Relative) } Hemoglobin per cent. 12

CASE 11.—Mr. M., aged 29 years. Family history tuberculous. His avocation was that of a "book-maker" during the past few years. The strain of gambling and the consequent excitement and worry have made him a nervous wreck. Jerky and fidgety at all times. Inability to concentrate his mind any time. Suffers from nightmares and phantasmagoria during sleep, which is consequently much disturbed. Is troubled with constipation and greatly impaired digestion. Anorexia marked. Much reduced in weight. Although always fatigued and depressed, he constantly walks to relieve his pent-up nervous irritability. Dreads to be alone for fear something may happen to him. After the administration of "Pepto-Mangan" for twenty-four days, patient reports a general improvement, especially as to his appetite and the relief of his indigestion. Microscopic report showed a relative gain: red blood corpuscles, 11 per cent.; hemoglobin, 12 per cent.

I. EXAMINATION.

(Beginning of Treatment.)

Date, January 5, 1898.

Red Corpuscles..... 3856000

Hemoglobin, per cent. 63

II. " Date, January 14, 1898.

Red Corpuscles..... 4001000

Hemoglobin, per cent. 65

III. " Date, January 22, 1898.

Red Corpuscles..... 4051000

Hemoglobin, per cent. 71

IV. " Date, January 29, 1898.

Red Corpuscles..... 4120000

Hemoglobin, per cent. 75

DURATION OF TREATMENT..... 24 days

GAIN } Red Corpuscles (in 1000's).. 264

(Absolute) } Hemoglobin, per cent. 12

GAIN } Red Corpuscles, per cent. 11

(Relative) } Hemoglobin, per cent. 12

CASE 12.—A. McG., aged 20 years, servant, unmarried. History showed the ordinary "symptom-group" of neurasthenia. After the short period of seven days, having taken but one

bottle of "Pepto-Mangan," her condition was greatly alleviated. Microscopic report showed a relative gain: red blood corpuscles, 5 per cent.; hemoglobin, 8 per cent.

I. EXAMINATION.

(Beginning of Treatment.)

Date, January 16, 1898.

Red Corpuscles..... 2985000

Hemoglobin, per cent. 49

II. " Date, January 23, 1898.

Red Corpuscles..... 3120000

Hemoglobin, per cent. 53

DURATION OF TREATMENT..... 7 days

GAIN } Red Corpuscles (in 1000's).. 135

(Absolute) } Hemoglobin, per cent. 4

GAIN } Red Corpuscles, per cent. 5

(Relative) } Hemoglobin, per cent. 8

A WORLD-WIDE BUSINESS.

HOW PARKE DAVIS & CO. ACHIEVED THEIR GREAT AND ENVIABLE FAME.—THEIR CANADIAN BRANCHES, WALKERVILLE AND MONTREAL.

It is no exaggeration, it is merely stating a well-known fact to say that the house of Parke, Davis & Co. is the "foremost pharmaceutical house in all the world." Its prominent position has been attained by steady adherence to scientific methods and to the policy that *quality* and *reliability* should be synonymous with their label.

Parke, Davis & Co. has always led in the advance-guard of scientific pharmacy. The improvements which they have effected in pharmaceutical preparations have done much to place the science and art of medicine on a surer and more definite basis and humanity has been correspondingly benefited. Parke, Davis & Co., for instance, was the first house to advocate the principle of standardization as applied to the preparations of drugs containing alkaloids, etc., that were capable of being chemically assayed. They were the first to place standardized preparations of such drugs upon the market and the medical profession so warmly endorsed

their action in this respect that the last revisers of the United States Pharmacopœia felt constrained to fall into line and give official recognition and approval to the principle.

Chemical standardization alone, however, does not represent the Ultima Thule of this matter. There are some drugs such as Indian Cannabis, Digitalis, Strophanthus, Squill, Cantharides, Ergot, etc., that cannot be satisfactorily standardized by chemic test. Parke, Davis & Co. now stand as the first advocates for the further application of the principle of standardization to these, which can only be done satisfactorily by test upon living organisms, *by physiologic test.*

It is not our intention to here picture the magnificent Biological Laboratory which Parke, Davis & Co. has erected to efficiently prosecute the standardization by physiologic test of the drugs above referred to. It is rather, as an illustration of the progressive methods characteristic of the firm's policy, explanatory of the unqualified praise which is accorded to their products wherever they go. The medical men who use Parke, Davis & Co.'s preparations know that in them they possess the most reliable, up-to-date, scientific instruments of *materia medica*. The key-note of the ever-increasing favor therefore which compels Parke, Davis & Co. to keep enlarging their manufacturing facilities, to multiply their branch houses and their agencies is typified in their trade-mark, "*Medicamenta Vera.*"

WALKERVILLE BRANCH.

The establishment of the Walkerville, Ont., branch laboratory of Parke, Davis & Co. is only one of many instances which go to show the wonderful growth and expansion that is steadily marking the career of this great firm. Appreciating the favor which has already been manifested towards their products, Parke, Davis & Co. decided to meet the demand for them by a purely Canadian enterprise which would be able on Cana-

dian soil to operate under much more favorable commercial conditions. Accordingly in 1887 they erected a modest building which was estimated to be sufficient for their Canadian trade at that time, and also for some time to come. The very encouraging success which immediately attended this effort made it at once apparent that a larger building was necessary, and in 1890 they moved to a large, handsome new laboratory. Now a third enlargement of premises has been found necessary to meet the rapid development of their Canadian trade and an additional two and a quarter acres of land have been added. On this is now in course of construction a four-storey building, 60 by 100 feet, that will give with other minor improvements, 25,000 additional feet of needed floor space. This will then yield employment to about 125 people, exclusive of their ten traveling representatives who are scattered all over the Dominion.

In the Walkerville laboratory of Parke, Davis & Co. every preparation receives the same care, is brought up to the same standard, must respond to the same tests, as those emanating from the huge parent laboratory in Detroit. Their preparations may be relied upon in precisely similar conditions to yield precisely similar results since all chemic and physiologic tests are identical in the control of their manufacture. In only one series of preparations has it been considered unadvisable to duplicate manufacturing facilities, and that is in the preparation of Anti-Diphtheritic Serum; this is still manufactured exclusively in Detroit. All crude drugs purchased after a physiologic test of submitted sample are procured through the Detroit laboratory in order to insure the animal tests being uniformly applied. With access to the same staff of chemical and botanical experts, which has helped so materially to build and maintain the reputation of the parent firm, it can readily be assumed that the products

of the Walkerville manufacturing branch may be relied on as fully as those issuing from the Detroit laboratory on the opposite side of the magnificent river upon which they both stand.

MONTREAL BRANCH.

So much delay has been complained of in shipments to Eastern Canada that Parke, Davis & Co. has often been strongly urged to establish a depot or branch which would serve as a distributing centre, on or near the Atlantic coast. Since the transit delay was ascertained to be located chiefly between Walkerville and Montreal, they decided that a branch house in the latter city was almost a necessity, and that its establishment would afford tangible relief to a large number of patrons in the eastern part of Ontario, the province of Quebec and the maritime provinces. The branch is located in the centre of the wholesale district of Montreal, 378 St. Paul St., and will carry a complete stock of Parke, Davis & Co.'s preparations, although for the present it will not be a manufacturing laboratory. It is recommended as a base of supplies to all those living sufficiently near Montreal to expect a lessened time of transit in their shipments than would be the case if ordered from Walkerville.

Speaking of Canadian trade brings to notice the other evidences of high appreciation which Parke, Davis & Co.'s products receive from the medical men who are subjects of Queen Victoria. As a profession they are second to none in the world, and there are none who more carefully scrutinize, more carefully examine and test their preparations, nor who afterwards more thoroughly endorse them. A large manufacturing laboratory is maintained in London, England, at No. 21 N. Audley St. (No. 451 Oxford St.) Grosvenor Sq. W., which has been steadily increasing its plant, and its products meeting with increased favor ever since its installa-

tion. Not only has Parke, Davis & Co. a large demand for their preparations in Great Britain alone, but from the remotest corners of the globe have come most unexpected demands for them—in fact, from wherever an educated physician is to be found. They experience constantly opening new and unlooked-for channels of export for their goods, and even a partial list of their branch establishments and agencies is a formidable one. Parke, Davis & Co. maintains a special corps of traveling representatives in Australia, and they have no less than fourteen depots for the supply of their products in that remote continental land. In New Zealand they have seven. In British India they have five (one of these being in Ceylon). In the Hawaiian Islands they have three, and in China, two. On the continent of Europe they have six. Other countries where but one agency or depot is maintained, are Egypt, Japan and Java. This is not inclusive of a large number of wholesale houses in Mexico, Central and South America and the West Indies, who carry their products in stock.

In New York City, Parke, Davis & Co. does an immense distributing business; here also they conduct a special and distinct enterprise, their crude drug department, which does a vast importing and jobbing business in medicinal herbs, barks, leaves, resins, insect powder, etc. Wherever they have established branches in the United States their business has advanced with the same rapid strides which have characterized their Canadian trade. They have also large and completely equipped stocks located in Kansas City, New Orleans and Baltimore. Last but certainly not least is their immense

DETROIT LABORATORY.

Here is located the large staff of scientific experts, analytical chemists, physicians, microscopists, botanists, etc., whose controlling influence rami-

fies to the remotest circumference of the vast business.

When the Ontario Medical Association visited the establishment of Parke, Davis & Co. a year or two ago, its members were particularly impressed with the completeness and magnitude of the bacteriological and pharmacological laboratories. These have since been increased five-fold in capacity and outfit. Here was made the first American diphtheria antitoxin that was offered on this side of the Atlantic. Their superior product of this article—the finest in the world—is well worthy of the immense department which was equipped for this special purpose. Provided with all modern paraphernalia, powerful microscopes, huge incubators, sterilizing apparatus, extensive stables and animal laboratories, this branch of enterprise is prepared to keep abreast of the latest discoveries in bacteriological science. They are now engaged in the production of several antitoxins—of diphtheria, tetanus, streptococcus, etc. Their diphtheria antitoxin enjoys the enviable distinction of never having caused a fatality or serious casualty of any kind, and its record in reducing the mortality of this dread disease is unparalled by any other similar preparation on the market. About one hundred and fifty horses are at the present time undergoing the immunizing treatment for its production. In addition there are several thousand guinea pigs, etc., which are used as control indicators of the potency of the toxins and antitoxins.

A new department is being added in the shape of a vaccine farm. Shortly Parke, Davis & Co. expects to be able to furnish an unexceptional virus and the plant and facilities now being installed for this purpose are unsurpassed.

Here is also located the pharmacological laboratory where physiological assay of the powerful drugs such as Ergot, Strophanthus, Indian Cannabis, Digitalis, etc., is made. Not an

ounce of any preparation of these leaves the laboratories of either Walkerville or Detroit without undergoing crucial trial, and receiving a positive guarantee of its medicinal activity.

All these departments, bacteriological, physiological and vaccine farm are under the care of Prof. E. A. Grange, late State Veterinarian of Michigan, whose undoubted ability and experience gives assurance that no expense or care will be spared for the proper observance of hygienic conditions in stables and laboratories.

The enterprise which this firm has shown in the introduction of new remedies is evidenced by a partial list of its earlier efforts in this direction. Such drugs as the following are now recognised as valuable members of the materia medica: *Cescara Sagrada*, *Jamaica Dogwood*, *Jaborandi*, *Grindelia*, *Coca*, *Kola*, *Berberis Aquifolium*, *Corn-Silk*, *Quebracho*—yet they were not known to the medical profession until introduced by the preparation of Parke, Davis & Co.

The price list of this house, of which new edition will be mailed in July or August, comprises thirty distinct *lines* of pharmaceutical preparations and five thousand items. There are 130 representatives of the firm traveling over every continent and every clime, in addition to those we have mentioned above as strictly Canadian. Despite the hard times which have so generally prevailed the last few years, Parke, Davis & Co. have been steadily adding to their huge traveling staff, opening new branch houses, building new laboratories by the acre, and essaying every promising line of scientific enterprise. They have committed themselves to an aggressive policy of advancement all along the line, and it remains but to say that their desire to raise pharmacy and therapeutics to higher levels is almost daily receiving the endorsement of the best and most thoughtful men engaged in this practice.

THE NEW "BRITISH PHARMACOPŒIA."

The production of the *British Pharmacopœia* (revised, 1898) is necessarily interesting to all engaged in prescribing or dispensing, and there seem to be good reasons for hoping that the new volume, which has been so long anticipated, will shortly be in the hands of the profession, for it is now in the hands of the printer. Before its publication, it may perhaps be worth while to consider the scope and the object of the *Pharmacopœia*. These are authoritatively set forth in the Medical Act of 1858, which committed the preparation of the volume to the General Medical Council. It is there enacted that the book shall contain a list of medicines and compounds, and the manner of preparing them, together with the true weights and measures by which they are to be prepared and mixed. And in addition a certain discretionary latitude is provided for in the clause which permits the introduction of such other matter and things relating thereto as the General Medical Council shall think fit. In the preface to the *British Pharmacopœia* of 1867, it is stated that the Council endeavoured to include in it all such remedies as the existing state of medical practice seemed to require. To judge from previous editions of the volume, the Council desires to deal only with drugs of established reputation; in other words, it proposes only to reflect current practice, and to establish a standard of purity without assuming the task of instructing.

Each edition of the *Pharmacopœia* has, however, advanced further from the original limitations, and of late years, although the *Pharmacopœia* cannot be said to be a text-book for medical students, it has nevertheless very materially influenced the education of the medical profession. Even

in the present day, although older practitioners may often be heard to speak scornfully of the volume, since it does not touch upon many of the newest remedies which are occasionally employed, yet the influence of the *Pharmacopœia* upon the younger generation can hardly be over-estimated. It affords not only a standard for the purity of the drugs and preparations, but it also forms the basis of the textbooks of *materia medica* and therapeutics, and it establishes the standard up to which students are educated and examined.

The forthcoming edition will deserve very careful consideration, since there have been frequent indications in the reports of the Pharmacopœia Committee to the General Medical Council that a very great deal of care has been devoted to the perfection of the work. From these reports we learn that a large number of experts in chemistry, botany, pharmacology, and practical pharmacy have lent their aid to a committee which was already strong, both numerically and individually. When so many are concerned in the production of the volume, it may be anticipated that though it may gain in precision and accuracy, it must necessarily lose in individuality, and at best it becomes a compromise agreed upon by the majority.

Under such conditions, it is only to be expected that it will meet with a certain amount of adverse criticism from those whose recommendations have not been accepted in their entirety. Criticism of this nature is not, perhaps, likely to disturb the equanimity of those who have been actively engaged upon the production of the *Pharmacopœia*, since although to the general reader such criticisms might appear to indicate points which have been overlooked, yet to the initiated they may be only a restatement of views that have been fully discussed, considered, and, for various reasons, set aside.

In speaking of the *Pharmacopœia* before it comes to hand, it may be well to point out that on previous occasions it has scarcely had justice done to it, owing to some misunderstanding of the scope and object of the work. It is obviously not a book to be read through consecutively page by page. It is used almost entirely as a book of reference, and therefore it may be doubted whether its limitations as indicated in the preface have always been sufficiently borne in mind. To some extent it is to be regarded in the light of a dictionary, in which valuable information may be found concerning the principal properties and the composition of remedial agents so far as these are required for the establishment of a standard of purity, and the obvious intention is that it should enable practitioners at all times and at all places to obtain and employ particular drugs and preparations of uniform strength. It affords tests by which impurities may be detected, and to some extent it supplies information concerning the best modes of administering drugs. As an act of grace, it also indicates the average doses of the more important medicines for adults, but the compilers of former editions have been careful to throw all responsibility upon the practitioner with regard to dosage, and even in the edition of 1867 they distinctly stated that the doses were not authoritatively enjoined by the Council.

Frequently too much has been expected of the *Pharmacopœia*, and disappointment has been expressed because its information is not encyclopædic—that is, because it does not contain all that might be said about each drug that is mentioned, while the careful employment of the word "average" with regard to doses may perhaps have escaped observation. All these points have been dealt with in detail in the preface to former editions, and doubtless similar paragraphs will find a place in the preface to the new edition.

In the past the prefatory pages have included not only matters of history relating to the publication of previous editions, but also much valuable information which has been stated there once for all instead of being repeated constantly throughout the book. It is, therefore, the more important that before attempting to use the *British Pharmacopœia*, 1898, the preface should be carefully studied, since, judging from former precedents, the volume may otherwise be wrongly charged with numerous omissions, and the scope and limitations of the work may be entirely misunderstood.—*P. M. Jour.*

THE PERIOD AT WHICH OLD AGE BEGINS.

Dr. Lease, medical examiner, in the *Jour. of the Am. Med. Ass.* (Vol. XXX, No. 8, 1898), argues that age sets in indefinitely when the forces begin to flag. Some men are twenty years younger physically and mentally than other men of the same age. It is self-evident, then, that old age does not begin at any set time, so far as the divisions of time divide the periods of life, but that it has to do with that subtle agent known as the vital force, an acquaintance with which enables the analytical mind to become proficient in prognosis by weighing in the balance the vitality on the one side with the pathology on the other.

The indication of old age may be noticed by ocular inspection. The figure stoops, the walk is less elastic, the rounded figure gives place to the spare habit of body, the wrinkle of time mounts the cheek, while the frost of many winters mantles the brow. The typical healthy person who attains old age is spare of body, and old age emphasizes this fact by causing a paucity of adipose tissue. So the wrinkle of time, after all, is

kindly in nature. Physiologically, we notice that a diminution of the physical energy is accompanied by a corresponding diminution of the power to eliminate waste material from the body. Elasticity and strength give place to hardness and brittleness of nearly all the tissues of the body. The general health may be good, because there is a harmonious balance between the action of the nervous system and the circulatory system. However, the former is less responsive to external stimulation, and the latter is less vigorous in old age. The vital processes conducted by the circulation, respiration, and metabolic changes in the tissues are less active. There are diminished adaptability of the whole system to changes in the environment, and less ability to meet the requirements of emergencies, such as sudden demands of muscular and mental strain.

The senile conditions and diseases are numerous and obvious. In the first place weakened digestion and assimilation; the weakened vigor of the circulation and glandular system necessarily weakens the power of eliminating the excrementitious substances, which gives rise to pernicious nutrition, and that in turn is the cause of the tendency to develop malignant or benign growths in different parts of the body in old age. The strong tendency to over-eat and under-drink, together with the natural decline of functional power, gives rise to a condition of lithemia, which is the prime cause of the majority of deaths in old age. In the healthy state that great glandular furnace and chemical laboratory, the liver, is capable of transforming an excess of nitrogenous matter, which may result from metabolism of tissue or exist in the food consumed, into the highly soluble excrementitious substance known as urea. This excrement is eliminated from the blood mainly by the kidneys, and to a much less extent by the skin. Now, in old age,

with the functional power and natural vitality on the wane, together with the strong tendency to overtax this function of the liver, we find this waste is not converted into urea, but into uric or lithic acid, a comparatively insoluble excrementitious and toxic substance, which, if it appear in the blood in sufficient quantity and is long enough continued in circulation through the urinary tubules, sets up irritation and inflammation, which inevitably impairs the function of the renal epithelium, and we find this poisonous substance is not eliminated from the system, but accumulates in the blood. This explains why old people are almost universally troubled with disease of the liver, kidneys, bladder and prostate gland. The unstable circulation, atheromatous changes and brittleness of the walls of the blood-vessels, with the tendency to overtax the digestive apparatus, is the cause of many old people going to "that bourne from which no traveller returns," by the apoplectic route. Hereditary diseases naturally manifest themselves when the vitality is upon a low plane, when the general health is below a certain level; so we are not surprised to find certain dyscrasic and latent tendencies manifesting themselves at this period of life when the natural vitality is waning. The diseases most frequently found to be the cause of dissolution among the aged are pneumonia, diseases of the liver and urinary organs, consumption, cancer, apoplexy, gangrene.

The enemy to longevity, the author continues, is self-indulgence. People who have reached an advanced age may prolong their lives and greatly add to the comfort of their declining years by diminishing the quantity of food ingested by taking only easily digestible food; thereby avoiding too large a residue of waste matter, either in the intestinal canal or in the form of excrementitious matter in the blood. — *American Medico-Surgical Bulletin.*

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EDITOR:

BEATTIE NESBITT, B.A., M.D., F.C.S.

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THE ANNUAL MEETING.

The meeting of the Ontario Medical Association which has just been held, in many respects surpasses any previous meeting in the history of the Association. The papers were of a high standard, and the discussions quite in keeping with them. Every one seemed to be intent upon obtaining as much benefit as possible from the meeting, and from the President's address, which was a masterpiece in its way, down to the parting vote of thanks to their entertainers, everything worked as smoothly as could be desired. One feature especially to be commented upon was the noticeable lessening of any disposition towards cliqueism, and as the Association goes on from year to year we hope to see the last trace of any tendency towards combination of professional sections or factions, which is so

destructive to all purely scientific work, absolutely and forever disappear from our Association. It is one of the best of its kind on the continent, and there is no organization more capable of doing more for the advancement of medicine in all its practical and scientific branches as the Ontario Medical Association. There was one piece of work brought in and pushed forward at this meeting which we desire especially to commend—a piece of work which is indicative of the broad and careful spirit in the protection of the public that always characterizes our profession, and which we are sure will be productive of great good, and leave the impression of this Association, not only on our people at present, but on the generations yet to come. We refer particularly to the resolu-

tions which were passed denouncing our present system of education in the primary schools, harmful to the health of the children and not productive of the best-rounded and well-trained minds. Any one who has studied our present system could not fail to observe that, instead of allowing the mind of the child to develop upon its own lines, giving it a chance to expand and broaden in the direction in which it tends to develop and flourish, the tendency is to manipulate and bind mentally until all brains are similar and all standards the same. Many of the subjects taught are not only unnecessary, but absolutely a torture to minds unadapted to them, and the result is, as in the case of the Chinese woman's foot, you have a cramped, irregular, distorted product, instead of the broad foundation which true training would give. The Honorable Minister of Education, who addressed the meeting, stated that he was in entire sympathy with the profession in their endeavors to place the school system upon a proper footing. The only thing we fear is, that in the well-rounded phrases and charming periods of the Minister the strong outlipes of the resolutions disappeared to reappear so similar to our present school system as conducted by the Hon. Minister that there appears little necessity for change; but the one thing that was perfectly distinct was, that the Minister promised to place himself at the disposal of a committee, to be appointed by the Association, to give their recommendations every consideration, and to endeavour, as far as possible, to meet the views of the profession in the education of our children. The matter is now in the hands of the committee, and we depend upon them to so place matters that, even if no changes are made, or whatever changes are made, there will be no doubt as to which party to the contract is at fault.

THE USE OF TOBACCO

Ontario doctors use little tobacco, as compared with their Quebec and Yankee confrères. Its use, however, in our cities is on the increase, particularly cigarette smoking, notwithstanding the prohibited sale of cigarettes to boys. Bicycling has not decreased the use of the weed nor lessened its harmfulness. The bicycle and the weed are hard on the heart if used to excess.

While medical men are always ready to give the precept that tobacco is harmful, their practice is at variance with this teaching. This leads one to enquire what benefit is derived from tobacco smoking. Experience shows that it lessens longevity and causes various neuroses and heart lesions; yet there are certain compensations.

What can be more tranquilizing after the relaxing and enervating duties of a doctor's day of toil and anxiety than to sit down for a quite pipe of good, fragrant tobacco! What more gentle, reflex stimulation of the fifth nerve can be found wherewith to induce that flow of soul which pours itself forth in agreeable and profitable discourse and communion with a congenial spirit! The medical man knows (or should know), too, when to stop. He recognizes the dividing line between the state of divine afflatus and narcotism, between gentle cardiovascular stimulation and cardiac irregularity. *Qui fœdere certo et premere, et laxas sciret dare jussus habenas.*

He sticks to the one pure good brand, and uses it one way only—not using the pipe, the cigar, and cigarette indiscriminately; smokes a dr. pipe; inhibits his salivary outflow; smokes leisurely; observes several tobacco Lents during the year; and keeps his excretory organs in working trim. So, he receives in the end, the minimum amount of harm with the maximum amount of good.

It strikes us that a scientific compend on the subject of tobacco using would be of great service to the laity—a book which would contain enough scientific therapeutics to be authoritative, and of sufficient literary merit to be readable. Perhaps some medical Barrie could give us a "My Lady Nicotine."

PUBLIC EXHIBITIONS OF HYPNOTISM.

Whatever one's opinion may be as to the value of hypnotism as a therapeutic agency, there can be no doubt that its use by the ordinary fakir should be stopped by law. The maltreatment of the subjects in many cases is positively cruel. The poor fool, as anyone knows, allows his ears and cheeks to be pierced with needles, permits himself to be subjected to frightful physical strains, and, at the suggestion of the operator, plays the fighting cock, the dog, or other animal. Such exhibitions are not given in the interests of science, but to satisfy the curiosity of a morbid taste on the part of the spectators, to earn a few cents for the dupe, and to secure for the hypnotist other dupes, who pay him for teaching them the occult art.

It is our opinion that this abominable practice of performing senseless tests should be prohibited and the practice of hypnotism be confined to medical men only. And, as matters stand at present, we think the less medical men resort to the practice of hypnotism, the better for their reputation. By this, we mean the induction of the so-called "hypnotic sleep"; we do not underrate the value of suggestion in certain cases, where, by close

examination, no pathological lesion is present:

The reputation of being a hypnotist will, we believe, militate against a medical man's success in any community. Its use is of questionable value, and it certainly leads to lack of thoroughness in diagnosis.

EDITORIAL NOTES.

Professor J. G. ADAMI, of McGill University, has been offered the chair of Pathology in the newly-organized Faculty of Medicine of Cornell University.

MISS HUNTER, of Baltimore, president of the Nurses' Associated Alumnae, an association of 2,000 trained nurses in the United States and Canada, has sent a resolution, unanimously passed by the association at its recent annual meeting in New York, offering the services of the organization to the Medical Department of our army.

ELECTION OF DR. OSLER TO THE DIGNITY OF F.R.S.—There is probably no distinction so much coveted among scientific men as the Fellowship of the Royal Society of England. It is gratifying to learn from the *Philadelphia Medical Journal* for May 28th, that Dr. William Osler, of Baltimore, has been selected for that much-coveted scientific distinction. Dr. Osler is one of a family of Canadian brothers, who have all distinguished themselves in law, medicine or finance respectively, and is a Fellow of the Royal College of Physicians of London.

Physician's Library.

The International Medical Annual and Practitioners' Index, 1898. New York: E. B. TREAT & CO., 241-243 West 23rd St. Chicago: 199 Clark St. Price, \$3.00.

This sixteenth volume of this handy annual will be found to be second to none of any of the annuals published. Besides the review of current medical literature, one finds a number of excellent original articles. The atlas by Shaltock, on "Bacteria Pathogenic in Man," is of special interest. Such well-known authorities as Allingham, E. H. and W. Fenwick, T. C. Fox, Hammond, Robt. Jones, More, Maddens, Parvin, Priestly, Robson, Rockwell, Saunby, Gilman Thomson, and number of others equally noted, are contributors to the volume. We have derived much pleasure and instruction from perusing the contents of this work and feel that every practitioner should have a copy in their library.

Schenk's Theory: The Determination of Sex. Akron, Ohio: The Werner Company, Publishers. Price, \$1.50.

As announced by an Associated Press despatch from Vienna several days ago, the Werner Company has secured the copyright privileges of Prof. Schenk's book on the "Determination of Sex," both in the United States and England. The work has been vigorously pushed and is now ready for distribution. Dr. Leopold Schenk, the author, is a professor at the Imperial and Royal University and director of the Embryological Institute in Vienna. He has devoted twenty years to the investigation of the subject, predetermination of sex, and has verified his theories again and again by painstaking and exhaustive experiments. The translation has been supervised by Dr. MacKellar, the well-known English medical

literary authority. In view of the fact, says no less an authority than the *British Medical Journal*, that Prof. Schenk's conclusions as to the power of artificially determining the sex of offspring have served as a nine-days' wonder, it seems advisable to lay before our readers (the medical profession in England, Australia and India) a plain statement of his arguments. His treatise falls into three parts—a summary of the writings of his predecessors on the same subject, an account of his own researches and deductions, and finally a description of the method of treatment he has devised with illustrative cases. "My discovery," explains Dr. Schenk, "is based upon the scientific fact that the blood of a grown-up man contains five million blood corpuscles, the bearers of life-giving and nourishing oxygen, whilst the blood of a grown-up woman only contains four million. This difference is the basis of the difference of sex, of the different moral and physical working powers in man and woman. This portion is observable in the slightest quantity of blood from a man or a woman. All my efforts are directed toward producing the right number of blood corpuscles required by the male embryo. I have succeeded in attaining this effect by suitable nourishment of the woman." It is a well-known fact that for ages the secret of predetermining sex has eluded the grasp of science; that from remotest antiquity this question has engaged the attention of wise men and seems to no purpose. In view of the countless idle theories that have been advanced, many of which have seemed plausible and have had a temporary following only to prove delusive and without foundation, Dr. Schenk's discovery might be treated skeptically, but that it comes to us on the authority of one of the leading medical lights of Europe;

from Vienna, too, the recognized centre for advanced medical research of the whole world; that it is attracting the respectful attention of learned societies everywhere; that the *British Medical Journal* dignifies it with a lengthy review, tantamount to the endorsement of the profession in England; while the aristocracy of the Austrian capital, says a well-known correspondent, accepts the theory, and belief in it spreads with marvellous rapidity. Every day, he adds, the little street in which Prof. Schenk lives is crowded with elegant carriages from which ladies alight eager to consult the doctor. Its simplicity cannot be accepted as an argument against the soundness of his theory. History teaches us over and over again that the so-called secrets of nature all lie near to the surface. According to Dr. Schenk, it is an easy matter to determine the sex of children. The rules laid down are explicit and easily followed.

An American Text-Book of Genito-Urinary Diseases and Syphilis, and Diseases of the Skin. Edited by L. BOLTON BANGS, and W. A. HARD-AWAY. Illustrated with 300 engravings and 20 full-page colored plates. Philadelphia: W. B. Saunders, 925 Walnut St. Toronto: J. A. Carveth & Co., 1898.

The object in making this book was to furnish the physician and student with a modern one-volume treatise covering the same ground that heretofore has required the possession of three or four costly works. A glance at the list of contributors will convince you of the talent engaged on the work, and even a cursory examination of the contents will disclose many points of excellence and superiority. Every care has been taken to present all that is latest and best on these closely related subjects, and the need and importance of such a book can hardly be disputed. A careful and judicious condensation has

enabled the authors to cover an extremely wide range of subject, and has also increased the value of the book to the user by rendering the matter practical and accessible, as well as modern and authoritative. The chief points of excellence may be summed up as follows: 1. Thoroughness, accuracy, and modernness from the number of authoritative contributors. 2. Practical utility from careful insistence on the importance of diagnosis and treatment. 3. Convenience of arrangement for reference and consultation. 4. Fulness and excellence of illustration and general typographical beauty. 5. It covers in a single volume ground that heretofore has required three or four costly volumes.

The picturesque but rapidly decreasing Indians of Southern Alaska present probably the most fertile field in America for the student of Indian life. Prof. George A. Dorsey, of the Field Columbian Museum, will describe a recent visit to this region in search of anthropological material, in *Appleton's Popular Science Monthly* for June. Numerous illustrations will add value and interest to his article

PAMPHLETS RECEIVED.

"Biographical Sketch of THOMAS F. RUMBOLD, M.D." Reprint from "The Physicians and Surgeons of America."

"Clinical Tests of New Remedies." By SETH SCOTT BISHOP, B.S., M.D. Reprint from *The Laryngoscope*, January, 1898.

"The Functions of the Tensor Tympani and Stapedius Muscles and Incidentally the Mechanism of Tinnitus Aurium." By THOS. F. RUMBOLD, M.D., St. Louis, Mo. Reprint from *The Laryngoscope*, St. Louis, September, 1897.

"Authors and the Journals." By SETH SCOTT BISHOP, M.D., LL.D. Reprint from *The Laryngoscope*, St. Louis, November, 1897.

"Electric Treatment on Gout and Uric Acid Diathesis." By ROBERT NEWMAN, M.D., New York. Reprint from *The Medical Record*, December 11, 1897.

"The Operative Treatment of Hæmorrhoids." By PARKER SYMS, M.D. Reprint from *The New York Medical Journal*, February 12, 1898.

"The Question of Pelvic Support." By JOSEPH EASTMAN, M.D., Indianapolis, Ind. Reprint from *American Gynecological and Obstetrical Journal*, February, 1898.

Miscellaneous

HOMŒOPATHS WANT RECOGNITION IN THE U.S. ARMY AND NAVY.

At a recent meeting of homœopathic physicians of Philadelphia (Germantown), the subject of the apparent discrimination in the army and navy against homœopathic physicians was much discussed and the reasons were asked for. The matter had been referred to Governor Hastings, and it is said that he had explained that all the medical officers were appointed first by the colonels of regiments and that such applicants were subsequently confirmed by the adjutant generals. The governor further stated that if any homœopathic physician secures an appointment by any colonel of a regiment and the applicant is questioned on any point he will then investigate the case. It was stated that a case had occurred in which Dr. William F. Satchell (homœopath) had endeavored to enlist in the Pennsylvania Naval Reserves, and applied to Commander Muckle, who stated that the naval reserve was a purely "old school" organization. Dr. Satchell then applied at the recruiting office, and was told (according to report) that the disciples of Hahnemann were eligible as privates in the hospital corps, but to enlist as a surgeon or assistant surgeon one must be "old school."

Dr. Thomas H. Hollinshead, it is further stated, applied for a commission to Surgeon-General Van Ripen, who informed him that there was no chance whatsoever for him to obtain such an appointment, as there were many applicants ahead, but that he was in favor of having a few homœopaths in the active service, as it would be a great saving to the Government in doing away with a large drug bill, since the graduates of that school cured almost entirely by faith.

From all this oppression (?) the different societies representing that faith have sent representatives from different parts of the country to consult the President. The contingent from Philadelphia recently visited Washington and were presented to the executive by Senator Penrose and General Bingham. The President received the delegation cordially and listened while Dr. Christine, the spokesman of the delegation, told of their troubles and stated that, if no law prevented, it was the desire of homœopaths to be placed upon an equal footing with graduates of other schools of medicine. After the interview the President stated that he had looked the matter up and found no law to prevent them from becoming surgeons and assistant surgeons in the army or navy, provided they passed the examination. The President promised the homœopaths there would be no discrimination.