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Original Communications.

ON THE PRESENT STATUS OF THERAPY AND ITS FUTURE.*

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Ten years ago this spring-time the class in medicine in Toronto of which I had the good fortune to be a member left the lecture-rooms and laboratories of its Alma Mater, and sallied forth into the world to put to practical test the lessons learned from the conscientious and enthusiastic instructors, who, during the previous four years had taken care of it. Buoyant with the vigor of early youth, undaunted by the echoes of pessimistic outcries of men a little older, passing through the throes of disillusion which beginning practical experience brings, the members of that class threw themselves into the harness, eager for a trial of their own speed and endurance, anxious for the opportunity to show what they themselves could do.

Notwithstanding the memories of permanently irremediable lesions met with in the morgue, and the progressive disintegration of many of the cases seen in the hospital wards, unflinchingly demonstrated to us by our clinical teachers, not one of us but carried with him on leaving the highest hopes of benefiting suffering humanity, not one of us but had a keener conception of his powers than of his limitations in general and special therapy. It would be interesting to make a canvass to-day of the members of that class with regard to the effects

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of the past ten years' experience upon their therapeutic ideas. That all of us have been sobered by what we have gone through there can be but little doubt; the present status of the individual members concerning therapy would probably, however, vary through a whole series of gradations.

That one singularly devoid of the power and spirit of prophecy should be chosen to speak before this Association upon the future of therapy seems a dubious experiment, and I wish to assure you in the beginning that I shall have less to say of the actual future than of the past and of the indications of the present, so that my remarks may be regarded as materials for prophecy than as prophecy itself; the actual forecast will be left to you and I shall be glad if you will yourselves shoulder its responsibility.

The only means we have of judging what the future has in store is to review the history of the past and to form judgments concerning the present tendency or drift. The history of therapy is the history of medicine, for medicine began with therapy. It is not my purpose in the time allotted to me to undertake a recital of this history; I shall have to be content simply with an enumeration of epochs and perhaps a hint at the periods of progress.

Historians are gradually collecting for us the data concerning the earliest therapeutic efforts. The history of the earliest medicine shows of what a jumble these efforts consisted. With the dawn of intelligence the sympathy which was gradually evolved through the sense of pain led the primitive man to attempt to relieve the pain of his fellows. You recall the lines of a literary medical man :

“The hunt is o'er—the stone-armed spears have won ;
 Dead on the hillside lies the mastodon.
 Unmoved the warriors their wounded leave ;
 The world is young and has not learned to grieve.
 But one, a gentler sharer of the fray,
 Waits in the twilight of the westering day,

“Where 'neath his gaze a cave-man, hairy, grim,
 Groans out the anguish of his mangled limb.
 Caught in the net of thought the watcher kneels,
 With tender doubt the tortured member feels,
 And, first of men a healing thought to know,
 He finds his hand can check the life-blood's flow.”

Disease is as old as man—it is only the knowledge of disease that is recent. In the fiercer physical struggle for existence which must have characterized the life of our primitive forefathers, external wounds and manglings, as well as physical injuries due to exposure to the weather, to extremes of cold and heat, must have been common. Crude surgical procedures

evolved by herdsman or shepherd began to be applied to man. The diseases peculiar to the female sex were first treated by the wise old woman who had lived through the mysteries of the life of that sex. Of the nature of disease in general and particular the ghost of a true idea did not exist. Obscure diseases were regarded as instances of demoniacal possession. Prayers, chants and sacrifices to healing gods were universal. Devils were exorcised chiefly through the medium of priests. The priestly art and that of the physician were often combined. In China, in India, in Chaldea, in Egypt, the development of early medicine followed the same fundamental principles, though each country manifested special peculiarities. The medicine of the Greeks interests us as much as any. Philosophers all, with an intense longing for the good, the true and the beautiful, they have left behind them records which, in many respects, make modest even the reader of to-day. In Heraclitus, Democritus and Empedocles, and above all, in Hippocrates we meet with much that is practically good in modern medicine and philosophy, especially as concerns the individual life, the ideal development of the personality. Though infants in anatomy and physiology and almost entirely ignorant of the nature of specific diseases, the Greek physicians had accumulated an account of symptoms and conditions and a therapeutic armamentarium that surprises the modern who for the first time reads his Hippocrates. The treatment of fractures and dislocations, the trepanning of the skull, the tapping of the abdomen and chest, the mode of dealing with hernia show us how daring they were in surgical measures. Had they known how to control hemorrhage, who can tell what operations these cool-headed Greeks might not have devised. They were far less happy in the more difficult field of internal medicine. Most of their ideas about internal diseases were wrong, but some of their descriptions of individual cases are magnificent. Concerning the therapy of internal diseases, Hippocrates had many sound principles, and described some good practice. He recognized the healing power of Nature and urged his followers to aid and follow Nature—"quo natura vergit, eo tendere oportet." In Hippocrates can be found the tenets of many of the famous schools which have followed him. The principles of *contraria contrariis* and that of *similia similibus* are both in his pages, but wiser than some who came after him he limited himself to neither. "According to its kind and the circumstances underlying it, a case must sometimes be treated by agents acting unlike the disease; in another case, on the other hand, the treatment must be undertaken by agents acting similar to the disease. The reason for this lies in the weakness of the human organism." Perhaps the strongest part of the therapy of that

day was in the emphasis laid upon diet, gymnastics, bathing and mode of life in general. Who but has read and appreciated the Charmides of Plato, that exquisite dialogue in which the principles of Greek temperance are embodied. For a long time after Hippocrates this personal hygiene was accentuated. The visits of young men to the temples of Æsculapius, there to be instructed as to how to live, were continued for centuries. Walter Pater's appreciation of visits of this sort described in Marius the Epicurean will be recalled by many of you.

In Galena's time theory and gross empiricism reigned supreme. The idea of the four elements, heat, cold, dryness and moisture influenced the giving of drugs. These elements in a sense correspond to the four cardinal juices of the human body; blood, mucus, yellow bile and black bile. The therapeutic ideas of Galen, like his medical ideas in general, dominated medicine for a thousand years. With the advent of Vesalius and the development of the human anatomy one might have hoped for rapid improvement in therapy, but this improvement was not immediately forthcoming. Even Harvey's discovery of the circulation of the blood, and Malpighi's studies of physiology and pathology were not immediately fruitful in a therapeutic way. Paracelsus alone stands out as a reformer and internal medicine and therapeutic effort. He bravely opposed the authority of Galen, recognized the fallacy of trusting to knowledge obtained from books, and relied rather upon personal observation and experience. Analysis shows, however, that even Paracelsus did but little to advance the actual knowledge of therapy. About this time there was a widespread awakening in all the natural sciences. Descriptive natural science and systematization ruled the thought of the day. During the period which followed a series of medical systems developed based upon one-sided theories and badly based generalizations. Haller's doctrine of irritability, Brown's doctrine of stimuli, Hahnemann's homeopathy, Gall's phrenology, along with many other schools, came at this period to their development.

Real progress in therapy dates from the time when natural sciences became an exact study. Rigidly accurate observation followed by mature reflection has led to experimentation. Medicine of this sort is only a century old. It was almost synchronous with the widening of the chemical discovery, and of the working out by physicists of the principles which underlie many natural phenomena which up to the time had been entirely obscure that microscopic studies began to be prosecuted seriously. Histology developed with Bichat; the cell doctrine with Schleiden and Schwann, the pupils of the celebrated Johannes Muller. The French and the Germans became

enthusiastic for pathological anatomy. Rokitansky counted his autopsies by thousands. The older physicians like Sydenham and Boerhaave found worthy successors in Louis, Schonlein, Franke, and Wunderlich.

Virchow's cellular pathology set up an entirely new viewpoint whence disease-processes could be observed. Charles Darwin's work on the "Origin of Species," Herbert Spencer's philosophy and Huxley's researches in comparative anatomy stimulated investigators in all sciences to examine into the evolution of phenomena, to consider the order of events in organic processes. Enormous strides continued to be made in physics and chemistry, and the new facts discovered in these branches permitted of the development of physiology by Ernst Brucke, Carl Ludwig, Emil Du Bois Reymond, Helmholtz and Claude Bernard, Caspar Fr. Wolff, Karl von Baer, Balfour and His unravelled the mysteries of embryonic development. Improvements in the microscope and in microscopic technique led to a deeper penetration into the mysteries of histology and microscopic anatomy, normal and abnormal, than the most enthusiastic could have hoped for a few years earlier. New instruments of all sorts were devised. Auenbrugger's percussion and Laennec's auscultation revolutionized physical diagnosis. The ophthalmoscope, the laryngoscope and the speculum had much to do with the establishment of the specialties of ophthalmology, laryngology and gynecology.

In the fight against infectious diseases a great victory had been won in the discovery of vaccination by Edward Jenner. Later on Henle's ingenious speculations concerning the nature of contagious diseases set many great minds in motion. With Pasteur and Koch came illumination. The infectious agent in the majority of infectious diseases is now known, can be cultivated in pure culture and can be utilized in animal experiment.

Physiological and pathological chemistry have been unveiling the mysteries of the fluids and solids of the body; pharmacology and toxicology are investigating the influences of drugs and poisons upon these. The application of Lister's happy idea with regard to wound infection, aided by the American-born boon of anesthesia and a bloodless technique, totally changed the aspects of surgery. Wound infection, if not entirely an event of the past, has been enormously reduced. The holiest places of the body are to-day invaded by the surgeon's knife; the abdomen, the thorax, the joint cavities and even the brain are frequently and fearlessly explored. The heart, the last organ of man to be made accessible to surgical treatment, can now be sutured with success.

But more time must not be spent in glancing at the past; it is necessary at once to look at the present and to divine, if it be possible, whither we are being led.

As a result of development along so many diverging lines the study of modern medicine is concerned with a field so wide that he who glances over it, cannot fail to be appalled by its magnitude. No single intelligence can in these days be familiar with the details of growth in all its parts; no single individual can hope to work efficiently in one or two of its sub-divisions. The complexity of the work demands a division of labor, and most is gained from the efforts of men, who familiar with the general trend of progress in the whole field, concentrate their activities upon some one corner of it. Individual workers in the special medical sciences are pushing their investigations at the moment with unwonted zeal. Anatomists are ever devising new technical methods; the cells, formerly believed to be very simple "elements," are found to be highly complex organisms; parts of the body, as for example, the nervous system, are having their true cellular nature for the first time revealed; the structural basis of the intrinsic mechanisms of individual cells are in process of demonstration; the relations of the basis in one cell to that in other cells are being found out. Physiology for so long interested in the hydraulic principles of the circulatory apparatus and the muscle-nerve preparation is being diverted into new channels of research utilizing in its experiments the newly discovered principles underlying chemical and physical phenomena. The oxygenating and reducing processes which occur in the body, the various stages of anabolic and catabolic metabolism, the phenomena of secretion and excretion, the interrelations of the various bodily activities, the functions of the different neural complexes, mechanisms of defence and adaptation—these are some of the passages along which physiologists are navigating.

In pathological anatomy and physiology just as strenuous efforts are being made as in the other fundamental departments. Our ideas concerning inflammation have been so much modified that we are advised by some of the ablest pathologists to give up the term altogether. The nature of inflammatory exudates is still under discussion; what elements are of hemic and what of local origin are disputed; the great cleft between the acute inflammations and the chronic processes associated with production of new connective tissue is still unsatisfactorily bridged. The etiology of tumors, as yet unsolved, stimulates the embryologist on the one hand and the parasitologist on the other to renewed exertion. New tumors are being discovered, old ones are being regrouped, finer and finer distinctions between benignancy and malignancy are being drawn with results eminently satisfactory for the practical surgeon.

The therapeutic hopelessness that pathological anatomy inspires is more than compensated for by the faith in the future

of therapy and prophylaxis directly derivable from a consideration of the teachings of pathogenesis. As pathological processes are traced farther and farther back to the earliest stages when function begins its deviation from the normal, and the causes underlying those deviations gradually become recognizable, the means of prevention and the indications for treatment become obvious.

Bacteriology appears to have done for us the greatest work of which it is directly capable; further advances in a similar direction promise to be made rather through the aid of chemistry and physics. The study of protozoan invasions is yet in its infancy and may have surprises in store for us. One cannot help but feel that we are on the brink of the discovery of the infectious agent in syphilis and the infectious fevers, but who can prophecy what the nature of the agent will be—animal, vegetable or less highly organized “ferment”?

We have some reason to be proud of our present status with regard to public hygiene. There never was a time when the general public was more industriously educated concerning the importance of hygienic measures than at present, never a time when the laity was more thoroughly exercised over this topic. Sanitary associations are innumerable; public health departments are everywhere demanded. Meat, milk and vegetables are inspected; impurities in food and drink are more and more excluded through the vigilance of the law. Contagious diseases are diagnosed early, and isolated by city officials. Governmental sanatoria are in sight. Quarantine and disinfectant measures are more rigidly, and fortunately more intelligently, employed than ever before. Great epidemics are being choked at their starting places, the only mode in which they can be satisfactorily combatted. A fire can be extinguished by a fire department in its incipient stage—once well under way it is beyond the control of human interference. There is good prospect that ere long the world will be through with those tremendous outbreaks of contagious disease of bacterial origin which from time to time have so devastatingly swept over both western and eastern civilizations. Thanks largely to Anglo-Saxon enterprise the back yards of the world in which the embers of epidemics smoulder are being cleaned up; this, together with the rendering ever more infection-proof of the materials to which the flames of infection spread bids fair to make the whole subject, if not entirely, at least largely, a matter of history.

The present position of personal hygiene is a subject upon which we have less reason to congratulate ourselves. In principle we know much, in practice we do but little. Concerning climate, fresh air, diet, clothing, bathing, work, rest and recre-

ation there is perhaps less dearth of information than negligence and inattention in performance. We behave hygienically when we are forced to do so, but not as a well-planned order of life. Above all, on this continent we have as yet to learn how to live, and the problem here is less simple than elsewhere, for life here, especially in the great centres, is life at its most complex. Nowhere else is the strain so great—nowhere else does it so rapidly increase in tension. It must be a nervous system other than that which has been and that which is that will stand it. That nervous system may be now evolving, but in the meantime the unfit are succumbing in numbers ever more alarming. Moderation in all things and elimination of the non-essential from our lives would do much to tide us as a race over the transition period.

Perhaps the most significant movement at present observable in medicine is the beginning of the application of the newer ideas of physics and chemistry to the solution of biological questions. One has ever to be on his guard lest he expect too much from the introduction of new methods for approaching problems, but in this instance the principles underlying are so fundamentally important and have already worked such marvellous transformations in the mode of thought and activity of chemists that we are justified in expressing great hope for the future in their use by medical investigators. The doctrines of Van't Hoff and Arrhenius are pregnant with great possibilities. Van't Hoff's brilliant generalizations with regard to the behavior of solutions are found to hold good by a whole series of workers—the laws of osmotic pressure are strictly analogous to the laws of Boyle, Gay-Lussac and Avogadro concerning gases. The theory of the dissociation of electrolytes—salts, acids and bases—into their components, the ions (cations and anions) which we owe to Arrhenius explains an enormous number of facts hitherto unintelligible. These newer doctrines not only co-relate facts hitherto unconnected, but they have shown the way to new lines of experimentation and have acted as a most powerful stimulus to original research. While it is probably not true that chemical activity is due solely to ions and never to whole molecules, yet the number of chemical reactions already proven, so the physical chemists tell us, to be purely ionic is very great, including certainly the majority thus far investigated. The studies of Kahlenberg and True on the toxic effects of acids and bases on plant life show that it is the hydrogen of the acid and the hydroxyl ion of the bases which is the active constituent. The significant experiments of Loeb on the power of muscle to absorb water in the presence of acids indicate the value of the physical-chemical method of thought in physiology. The work of Kronig and Paul upon the effects

of disinfectant substances has made probable the ionic nature of this influence. The introduction by Dreser of the conception of the osmotic work done by the kidney, and a calculation of the same in foot-pounds is of the deepest interest, even if his interpretation of his results, as it would appear, has to be somewhat modified. The practical results in sight from the clinical studies by the method of physical chemistry undertaken by Hamburger, Koppe, Koranyi and others are being thankfully received by clinicians all over the world. Loeb of Chicago has recently interested us by proving the poisonous effects of pure solutions of common salt; and though his experiments have been upon lowly organisms, I should consider the medical man rash who continued to give a patient of low vitality large doses of ordinary salt solution when he can just as well introduce a solution in which the holding in a variety of salts corresponds more nearly to that of normal serum. Almost startling, too, is the assertion of Loeb that the eggs of echinoderms can be fertilized in the absence of spermatozoa by magnesium ions. If the phenomenon of fertilization—that *sanctum sanctorum* of physiological processes begins to be invaded by physical chemistry, what may we not expect from that science in the future. It would take too long to refer to other work in this field—to the constant reciprocal relation existing between chlorides and achlerides of the blood and urine, to the newer ideas on the occurrence of edema, to the speculations concerning so-called ion-proteids. Suffice it to say that the promise for the future in pathogenesis and in pharmacodynamics is much brightened by the advent of physical chemistry. Were a medical student, suited by heredity and environment to look forward to the higher things in medicine, to ask me the question, "How can I best fit myself to make real advances in knowledge in medicine and therapy during the next twenty-five years?" I should say, "In addition to a thorough medical course, arm yourself with sufficient mathematics and gain a thorough theoretical and practical training in the methods of physics and chemistry and especially in the principles and methods of what is called 'physical chemistry.' After this turn your attention to the solution of medical problems." Not that the doctrines of Van't Hoff and Arrhenius will be able to clear up all difficulties—the doctrines themselves may even be found to be only helpful hypotheses and later be supplanted by others less faulty, [some physicists are inclined to believe that the corpuscular doctrine advanced by J. J. Thompson seriously threatens the position of the ion conception], but all our knowledge is but relative, and at present new knowledge can probably be easiest reached by working with the methods referred to.

Conviction is not infrequently expressed that surgery having

gone so far cannot have many great conquests still before it; but when we review recent progress it would seem hazardous to deny the possibility of still more interesting advances. The extensive use of local anesthesia since the introduction of cocaine in 1884 has led to striking modifications in surgical technique. The general narcosis produced by ether and chloroform together with perfected hemostatic methods had a tendency to encourage slow operations. With cocaine anesthesia and infiltration of the tissues with nearly indifferent fluids surgeons have again been compelled to operate more quickly and with greater efforts at precision. The discovery of the X-ray has made bone surgery much more accurate work than it could ever have been before. Most noteworthy, perhaps, in modern surgery, are the operations which are now undertaken upon the liver, gall-bladder and bile ducts. These together with gastro-intestinal surgery have elevated abdominal surgery to even a higher rank than that attained by pelvic surgery through the activity of the gynecologists. Progress can certainly be expected still in the treatment of surgical diseases. Max Broedel in Kelley's service has just shown us by a study of its blood vessels the safest way to cut into the pelvis of the kidney. The sharp line between medicine and surgery is breaking down. The two domains overlap at their boundaries, and the importance of medical men and surgeons working together is becoming more and more appreciated. The establishment of a journal, the *Mittheilungen aus den Grenzgebiete der Chirurgie und Medizin*, is an indication of the feeling which exists. The surgery of the future aside from emergency cases will be largely done in hospitals. Surgeons, to attain the necessary technical skill and familiarity with normal and pathological living tissues must stand for years over an operating table. A trained corps of assistants and nurses is essential for the more difficult problems which now fall to the lot of the surgical specialist.

Compared with the brilliant achievements of the surgeon, the therapeutic efforts of the physician are felt by most medical men as well as by the laity to be somewhat disappointing. In spite of the extraordinary keenness of diagnostic power which has been developed in internal medicine, the painfully exact studies in pathological histology and in physiological and pathological chemistry, the widespread activity in pharmacological andarmacodynamical experiment and the indefatigable efforts of the manufacturing chemist to supply new drugs, the view is prevalent and rightly so, that in the treatment of internal disease "we have more to hope for the future than to entrust to the present." The explanation is obvious. The age is one of doubt. Authority now less than ever before counts

for anything. There is a lively fear of empiricism and an insatiable desire for rational explanation. Pathological anatomy stimulated to brilliant diagnosis, but for a time at least it encouraged therapeutic pessimism. Skoda, the type of a therapeutic nihilist, even went so far as to say "we can diagnose disease, describe it and get a grasp of it, but we need not expect by any means to cure it." In such a temper drugs of unknown physiological action cannot conscientiously be set to act upon bodily tissues in disease in which we are ignorant of the deviations from the normal of the chemical and physical processes going on in the cells. The death blow came first to polypharmacy and to-day with many physicians pharmacotherapy as a whole is almost moribund. Ask the prescription chemist how his work now compares with that of fifteen or twenty years ago. He will tell you that he is lucky if he fills ten recipes to-day, where he formerly filled a hundred. The druggist in the village or small town may still receive an occasional prescription which orders ten or fifteen varieties of herbs, but the fine old concoctions known to our fathers have almost entirely disappeared. It is seldom in this day that more than one or two drugs are prescribed at one time and these two often because "the patient must have something." A dozen drugs altogether suffice for the pharmacotherapeutic armamentarium of some of the most eminent physicians on this continent.

The reaction against the use of drugs together with the development of the expectant method of treatment permitted of a more accurate study of the natural cure of the disease than was before possible. Consistent homeopaths who pushed their minimal dosage to such a degree that any conceivable drug effect was prevented did much though unintentionally to illustrate the healing power of nature unaided. Dietl's studies of pneumonia treated without blood-letting convinced him and the world that the effects of therapeutic interference in this disease had been greatly over-estimated.

Marked as have been the advantages derived from these therapeutic revolutions, I cannot help but feel that the time has come for a more hopeful outlook for therapy in internal medicine. More thought among the best men might with advantage be given to it. Not that a whit less attention should be given to diagnosis of the pathological study—only through these is a successful therapy thinkable; but may it not be time to interest ourselves more in the therapeutic measures of proven value which are really at our disposal. I am fully aware that many practitioners fail to properly diagnose their cases, that some of them have but little scientific knowledge of disease, and it is these usually who possess huge magazines of misplaced confidence in drugs.

There may be occasionally a physician, though I think he must be very rare, whose total activity is more harmful than beneficial to his fellows; it may even be said to be certain that the majority of men in practice who leave it temporarily to undertake post-graduate work, would be benefited more by instruction in the wealth of diagnostic aids recently put at our disposal, than by a course in therapeutics. That the skilled diagnostician, however, can be of greater service to his patients if he put the same keen, well directed intelligence into motion with regard to treatment that he uses in diagnosis instead of stopping short at the diagnosis and shrugging his shoulders when the therapeutic effort is mentioned, must be patent. As Leyden puts it: "The task of therapy is to help the patient as far as is possible with the means at its disposal at the time; it dare not postpone the treatment to future discoveries. Specific therapy, long looked upon as that alone which is safe and worth striving for, is deprived of its absolute dominion; "instead of curing diseases," our task is altered to "making patients well."

I cannot help but think that one of the causes of therapeutic pessimism among the better men in the profession lies in the fact that when therapeutics is spoken of most men call pharmacotherapy disproportionately into mind. It is because they are insufficiently known and appreciated that dietotherapy, climatotherapy, hydrotherapy, kinesiotherapy, electrotherapy and psychotherapy are not ranked with pharmacotherapy; and yet in the majority of cases with which physicians deal one or more of these is of far greater importance than treatment with drugs. Psychotherapy especially has a great future. Not until physicians become better psychologists and learn better how to apply psychic methods in the treatment of disease can we hope for the disappearance of such psychic epidemics as that represented by Christian science. Psychopathogenic mechanisms should be studied in order that psychoprophylaxis can have a wider field.

What the future of pharmacotherapy will be who will be rash enough to judge? That it will be great seems certain. That it cannot soon be great seems sure. Synthetic chemistry has supplied us with a host of new bodies for experimentation. Only a very small percentage of these have thus far been found to be of value. Antipyretics, analgesics and hypnotics especially are being multiplied. They have to be slowly tested on animals, then on healthy human beings, and last of all on human beings in diseased conditions before their actual value can be ascertained. The effects of drugs like acetone-chloroform and urethane astonishes us, however, and what the appetite for further discovery.

No single system of therapy is likely soon again to hold

general sway. *Contraria contrariis* and *similia similibus* have ceased among scientifically cultivated men to be a universal guide of therapeutic action. The biologically fundamental principle of Pflüger and Arndt namely that "minute stimuli excite to vital activity, stimuli of medium strength favor it, strong stimuli inhibit it, strongest abolish it, it being, however, always an individual matter whether a given stimulus will prove to be feeble or one of medium strength or maximal," associated with the Ritter-Valli law that "diseased organs are in a state of heightened excitability" has been made by Oscar Schulz the basis of his organotherapy. Very valuable as the concept appears to be, medical men, with a caution born of experience, will be loathe to accept it or any other generalization as an all-sufficient maxim.

The revival of organotherapy or opotherapy as the French designate it, is a marked feature of present treatment. One of the oldest methods, having been employed long before the Christian era, opotherapy began with an attempt to produce an aphrodisiac effect by administering the genital organs of the respective sex to the individual who required stimulation. It is rather curious that the present revival was inaugurated by Brown-Sequard, the composition of whose elixir vitæ you know. Organotherapy has, however, this time a rational basis in the conception of an internal secretion deduced by Brown-Sequard from the studies of Claude Bernard. The production of experimental cachexia thyreopriva and the bringing of the proof that the transplanted thyroid would save an animal from the disease suggested the possibility of the use of thyroid substance in myxoedema and cretinism with the marvellous results which most practitioners have by this time been permitted to observe. The chemical analyses of Baumann showed that an iodine compound in the normal thyroid is an important element in the gland.

This *Parenchym-safttherapie*, as Virchow designates it, is obviously a substitution-therapy—a restoration to the diseased body of chemical substances, the removal of which from the normal body gives rise to symptoms of disease. It is in atrophic conditions of the gland that the therapy is valuable. Myxoedema and cretinism are diseases which correspond to the "altruistic atrophy" of Hansemann, while Basedow's disease is believed by many to be an example of "altruistic hypertrophy." Had the principle underlying thyroid therapy been earlier recognized we should not have expected benefit from the administration of thyroid extract in hypertrophic conditions of the glands.

The French are busy testing the effects of thyroid therapy on the healing of fractured bones. The experimentation is still in progress, and it is too early yet to say much regarding it.

Ponfick's remarkable case which makes it appear possible that the hypophysis and the thyreoid may be compensatory glands will doubtless stimulate to further study.

With the advent of a successful thyreoid therapy the notoriety hunters soon introduced organic extracts of the most various sorts. Cardin, cerebrin, hepatin were launched and vaunted. Examination of the manufacture of a certain prostate extract showed that it was being prepared from female animals! Such empirical attempts were worse than useless. They represent a return to the primitive.

With certain of the organs we were, however, provided with a rational basis for experimentation. Mering and Minkowski proved the disastrous effects upon the animal of extirpation of the pancreas. The diabetes which followed extirpation could be prevented by transplantation of pieces of pancreas. Yet for reasons not satisfactorily understood pancreas therapy has not been made practically useful.

Again, the effects of removal of the adrenals have been carefully studied. Addison's disease is believed to be largely the results of loss of adrenal substance. Unfortunately, the administration of adrenal extract, while it may alleviate some of the symptoms of Addison's disease, has no effect on the others. The attention paid to the adrenal of late by physiological chemists has, however, been most fruitful. The studies concerning the blood pressure raising constituents are extremely valuable. The active substance has been isolated and its chemical nature studied. The work of Abel and others upon epinephrin is furnishing most interesting data for future use. Rhinologists are using adrenal extract as a vaso-constrictor in the nose. Fresh from the German press comes a careful paper by Stoelzner (in Heubner's clinic) detailing a large series of cases of rickets, markedly benefited by adrenal extract. He finds that the cranio-tabes, the sweats, the delayed coming of the teeth, the irritability of the vaso-motor system, the general restlessness and excitability, the curious smell of the urine, are all very markedly improved by the treatment. The softening of the thorax is frequently benefited. The spasm of the glottis and other symptoms of tetany, however, generally appear to remain uninfluenced by the adrenal extract. The improvement can frequently be made out during the first week of treatment. An amelioration of the symptoms goes on rapidly for a few weeks, later on more slowly.

The spleen and bone marrow extracts which have been introduced increase the white and red corpuscles of the blood, possibly owing to the nuclein which they contain. That hypophysis extract is of no value in acromegaly is not surprising if acromegaly is as some think rather an instance of

"altruistic hypertrophy" in the sense of Hansemann than one of "altruistic atrophy."

One of the most recent advances in opotherapy is the feeding of ovarian substance as a substitution therapy in cases (1) where the ovaries have been removed at operation, and (2) at the climacteric to relieve the phenomena characteristic of that period. The substance is given in Germany in the form of Landau's oöphorin tablets. Loewy and Richter report that this ovarian substance has a remarkable capacity for increasing the oxygenating power of the blood cells in cases in which the ovaries have been removed. Their protocols are very convincing. Whether or not the therapy will be useful in preventing the obesity so characteristic of so many such cases we must wait to see, but the Germans feel confident that it will.

The advances along the lines of opotherapy are sufficiently indicated by the foregoing experiences. Physiology, experimental pathology, physiological chemistry, pharmacology and pharmacodynamics must lead the way.

In the struggle against infectious diseases a rapid extension of the powers of the physician is observable. The resistance of human beings as a whole is being increased not only by the slow method of natural selection, but by a more rapid mode through personal hygiene. Prophylactic inoculations have been multiplied since the work of Pasteur. The cholera inoculation, that for pest and that for typhoid are valuable. Flexner in Philadelphia is now experimenting with a prophylactic against the bacillus dysenterie, so deadly in its effects in the Philippine Islands and Japan. The introduction of Behring's serum-therapy in diphtheria has undoubtedly greatly reduced the mortality of that disease; indeed, diphtheria is now scarcely a disease to be dreaded. Aside from the serum against diphtheria, however, there is as yet little of practical value to acknowledge from this side.

The antidiphtheric serum is an antitoxic serum. That introduced against tetanus is also an antitoxic serum. To be ranked with these two is probably also Calmette's serum against snake poison. Tetanus serum is only preventive, not curative, possibly owing to the fact that the antitoxine injected subcutaneously or into the blood cannot reach the toxine when once the latter has combined with the protoplasm of the nerve cells. Even intracerebral introduction of the antitoxine is not fully satisfactory for obvious reasons. All the other sera which have been introduced, namely, those against cholera, the streptococcus, pneumococcus, the bacilli of plague, anthrax and typhoid fever are not antitoxic sera but antibacterial sera. They do not neutralize the poison which the bacteria produce but have the power of killing the bacteria in the body of the patient and

of dissolving them up. Not a single one of these sera is as yet practically useful as a therapeutic measure.

Ehrlich's studies make it probable that with the antibacterial sera at least two bodies are necessary for successful action; (1) the *inter-body* or *immunizing body* and (2) the *end-body* or *complement* (formerly called *addiment* by Ehrlich). The latter is present in normal serum and is the true dissolving body, but it can only act when it is bound to the bacterial cell by means of the immunizing body. The antibacterial sera are rich in the immunizing body. It may be possible that they are insufficient owing to there not being enough of the end-body present. Wassermann is now making experiments in this connection; he hopes that by increasing the amount of end-body or complement available that the antibacterial sera may be rendered valuable in the treatment of disease in human beings.

Had not this paper already become too long it would have been interesting to refer to the progress making in the treatment of conditions of autointoxication and of the so-called constitutional diseases, but I must forbear.

From what has been said it is obvious that we have no reason to be discouraged as regards the future of therapy, but rather cause for hope and enthusiasm. We have learned the secret of progress and the formula for daily action. The secret of advance lies in the consciousness of the fact that it is the orderly application of the well-trained intelligence to medical problems that alone yields valuable results—not the haphazard guesswork of the ignorant and untrained mind. Prolonged technical education and systematic research lead to therapeutic advance. In daily life, in the applications of discoveries already made, the quack and the routinist physician, with the healing power of nature behind them, will cure many cases; but we can be sure that greater success and greater mental satisfaction will attend the efforts of the physician, well educated in the various medical sciences, who, thinking all around and through his case, arrives at the most accurate diagnosis possible and gives the patient the benefit of a well-planned conscientious treatment, utilizing every means which will tend to his cure or relief. If he have a specific he will be glad to employ it; if radical cure be impossible he will not neglect the palliative; if at last the *exitus letalis* cannot be prevented he will at least see that the end is euthanasic.

AN UNUSUAL CASE OF CROSSED PARALYSIS.

BY D. CAMPBELL MYERS, M.D., TORONTO.

Mr. President and Gentlemen,—The case which I have the honor to discuss before the Association to-day, was brought me by Dr. Jones, of Mount Forest, for consultation on September 23 last. This patient was suffering from left facial paralysis, with the history of a recent paralysis of the right arm, which was then much improved. The history of the case is briefly as follows :

J. R., age 66, married ; has one child, a daughter, who enjoys good health ; no consumption, mental trouble or nervous disease in family ; no specific history. Previous history is unimportant until he had a severe attack of grippe in the winter of 1892, being laid up for four months with it, the symptoms being chiefly nervous. He has not been so strong since, and has had to be more careful of his health. Dr. Jones tells me that during this attack of grippe he had frequent rigors, that his heart was irregular, and that the late Dr. Graham, whom he had consulted, said his symptoms were those of a spinal irritation. There was no paralysis. His convalescence was slow, and he recovered fairly well, except for occasional attacks of giddiness coming on without cause, and in which his sight would become so misty that he could scarcely see the horses when driving.

The present illness began suddenly in the latter part of August last. He was spending the day (Sunday) at the house of a friend, and was feeling quite well, except for some intestinal disturbance in the form of diarrhea. The day, he says, was hot, and he went to church, but did not notice the heat especially. Soon after his return to the house, and while he was at dinner, he suddenly and without warning lost all power of his right arm, the right hand becoming numb. There were no mental symptoms in connection with the attack, but those at the dinner table noticed that he suddenly turned pale. Not wishing to attract attention, he continued at the table, using his left hand, the right arm lying powerless by his side. This paralysis of the right arm improved gradually during the afternoon, and was much better by the following morning. Soon after this (the patient cannot state exactly the date), while washing his face he noticed that the water got into his left eye. He then consulted Dr. Jones, who found a complete left facial paralysis, which was accompanied by herpes zoster in post cervical region on left side only, in a line with the upper border of the trapezius. There was at this time considerable tenderness over left scalp and post cervical region. This tenderness

extended to the median line above, as far forward as the hair and backward to the limit of the herpes. There was no pain or other disturbance which preceded the facial paralysis, and he knows of no reason to account for it. He has never had any pain in his left face anterior to the ear. Hearing is not so good in left ear as in the right, and he says he always has a singing noise in the former. He has never had an abscess of this ear, but was told many years ago that there was some inflammation in it. About three years ago he was deaf for a time. This was followed, he says, by the skin peeling off the lining of the ear, and he was soon quite well.

Except for the above-mentioned troubles, his general health is fairly good. His functions are normal, and he has no heart murmur, and no albumin was found in the urine.

Physical examination shows a complete left facial paralysis. The angle of the mouth is drawn to the right when he attempts to show his teeth. He is unable to close the left eyelids. When he closes the right lids the left remain wide open (lagophthalmos). The wrinkles on the left forehead are absent, while those on the right side are more marked. (Note the importance of these two.) Movements of the eyes are good, and the pupils normal. No paralysis of the tongue, which is protruded in the median line. He says that food lodges in the left cheek, and to a less extent in the right. There is no interference with secretion of saliva. Taste is unaffected, and there is no affection of the soft palate. An examination of the optic discs with the ophthalmoscope shows them to be normal, and there is no marked contraction of the field of vision. There is no disturbance of the sensibility anywhere. The paralysis is complete to emotional as well as to voluntary movement. Speech is affected from the imperfect articulation of the labial consonants.

In regard to the right arm, while the movements are all performed quite well, the muscular power is less than in the left, as shown especially by the dynamometer, which in the right marks 80, while in the left 100.

The knee jerks are active and equal, and the wrist jerks the same.

The electrical reactions show that the left facial nerve has a quantitative change, this nerve being more excitable than the right. The muscles of the left face reacting well to a slowly interrupted faradic current of less intensity than that necessary to produce a like reaction in the muscles of the right side.

We now come to a consideration of the location of the lesion, or lesions, which produced the paralysis in this case. The first idea which naturally occurs is that this lesion is situated in the pons, since a single lesion here would account for the paralysis of the arm and face on opposite sides of the body, as shown in

the accompanying diagram. We know that in acute bulbar paralysis the occlusion of a branch of the vertebral artery is usually not attended by loss of consciousness, and the thought that a like occlusion of one of the mesal branches of the basilar may have occurred in this case, is only natural; but the transient nature of the paralysis of the arm makes this highly improbable, since in a like lesion of the medulla the results are much more permanent. The question of a tumor implicating or pressing upon this region also arises, but the proximity of the nuclei of the abducens and the auditory nerves to the nucleus of the facial, together with the further course of these nerves near their origin, makes it highly improbable that one only of them should be affected without the others. Again, the ophthalmoscopic examination of the optic discs showed no evidence of brain tumor, nor did any of the physical symptoms. Another point of interest in this connection is that if a neoplasm were above the facial nucleus, the upper branches of the facial would not be implicated, such paralysis in the distribution of the facial only arising when the lesion is in a peripheral to the nucleus (see diagram). Hence in this case, as these fibres were distinctly implicated, such a lesion would of necessity be situated in or below the nucleus. As no points in the history would indicate any other lesion of the pons, I concluded that one lesion alone would not suffice to explain the symptoms, and in consequence was led to the belief that two lesions (one certical and the other peripheral) had taken place. Let us consider these two *seriatim*. We know that in advanced life, paralysis cerebral in their origin and temporary in their duration not unfrequently arise. Cases of paretic dementia furnish the most marked examples, and in these a complete hemiplegia, accompanied at the time by all the signs of a grave apoplectic stroke, is often recovered from in a few days. During the degenerative period of life, when changes have taken place in the walls of the arteries, temporarily deranged function in certain areas of the brain cortex is not uncommon in persons whose general health still continues to be fairly good. The exact cause of such deranged function is not clear, but the majority of authors agree that it is due to a disturbance of the circulation. The partial closure of a vessel would produce anemia in the portion of the cortex supplied by it, with inhibition of function as a result, and this inhibition would continue until by anastomoses a proper supply of blood was again restored to the affected area, when its functions would return. In the case under consideration this, I believe, occurred in the median parietal branch of the left middle cerebral artery supplying the arm centre of the left Rolandic area, the derangement in the circulation being influenced prob-

ably by the heat of the day and by the intestinal disturbance of which the patient complained.

In regard to the peripheral lesion, I considered it to be an affection of the trunk of the nerve, for two reasons. (1) The hyperexcitability of the nerve to the electrical current, and (2) the implication of the temporal branches, which very rarely happens, and is never marked in lesions located in the course of this nerve above its nucleus in the pons. As to the exact site of the lesion in the nerve trunk the absence of any intracranial growth would, I think, exclude the implication of the nerve between the nucleus and the aqueductus fallopiani. The absence of impairment of taste or salivary secretion or abnormal acuity of hearing would prove that the facial nerve was not implicated in the fallopian canal between the geniculate ganglion and the point at which the chorda tympani is given off. A word here in regard to the soft palate, which was generally believed to be paralyzed from implication of the nerve here. The muscles here have been heretofore thought to be enervated from the facial through the geniculate ganglion, and that consequently a paralysis of the soft palate always accompanied a lesion implicating this portion of the facial nerve. The fact is, however, that the levator palati and azygos uvulae are really supplied by the bulbar portion of the spinal accessory, and hence are never paralyzed by an affection of the facial nerve alone. We now come to the portion of the facial nerve peripheral to the chorda tympani, and the complete paralysis of all the facial muscles and the absence of evidence of implication of the facial nerve at or above the point of separation of the chorda, shows that this is the portion of the nerve affected. The cause of the lesion is, I believe, a peripheral neuritis, and has probably been contracted from the exposure of that side of the face to a cold wind while driving. I would like to add a few words in regard to the great importance of electrical reaction in the diagnosis, and more especially in the prognosis of such cases. The complete paralysis, continuing as it had for two weeks before I saw him, made the question of the probable duration of the disease entirely problematical without the aid of this agent. An examination, however, with the slowly interrupted faradic current showed both the muscles and nerve to be still capable of reaction to this form of electricity (there being only a quantitative change), and in consequence of this reaction I was enabled (an impossibility by any other means) to assure the patient of recovery within six weeks, a prediction which was verified by a letter from Dr. Jones in less than five weeks after the consultation, stating the paralysis had all but disappeared, and that the patient said he was quite well.

Progress of Medical Science.

MEDICINE.

IN CHARGE OF W. H. B. AIKINS, J. FERGUSON, T. McMAHON, H. J. HAMILTON,
AND INGERSOLL OLMSTED.

A Case of Tuberculosis of the Myocardium, with Histological and Bacteriological Examinations.

Only forty-two authentic cases of tuberculosis of the myocardium have been reported. From the histological point of view, we know that tuberculosis of the myocardium is found especially in young subjects; in fifteen out of twenty-eight cases the patients were under fifteen years. In this case, the patient was only five months old. There was no tuberculosis of the neighboring structures. The pericardium and the pleura were free. The granulations in the lung were of *more recent* date than the tubercle of the myocardium. There were, however, caseous tracheo-bronchial glands. These were certainly the starting point of the localization of Koch's bacillus upon the heart. We do not know whether the virus passed through the lymphatics, through the larger vessels, through the endocardium or through the coronary arteries.—Translated from *Giornale Internazionale delle Scienze Mediche*, by HARLEY SMITH.

Cerebral Arterio-Sclerosis and Cheyne-Stokes Respiration.

Rabé reports the case of a patient suffering from cerebral arterio-sclerosis, with chronic inflammation of the aorta and dilatation and secondary hypertrophy of the heart, who, during a crisis of asystole, presented the Cheyne-Stokes type of respiration. This symptom persisted after the disappearance of the asystole and continued for six months, perceptible only during sleep, although there was abundant diuresis and no albuminuria. The patient dying from the cardiac condition, the autopsy revealed the absolute integrity of the kidneys. The heart was in a condition of hypertrophic dilatation and the aorta, as far as the lower half of the thoracic portion, presented the typical lesions of chronic aortic inflammation, with large fusiform dilatation and sclero-atheromatous changes of the walls. The cerebral arteries were the seat of a diffuse atheroma and in the right frontal lobe there was a recent focus of softening. There was also observed considerable edema of the sub-arachnoid spaces and of the ventricles. From these observations,

Rabé considers that in his patient the Cheyne-Stokes rhythm was developed and maintained under the double influence of the cerebral arterio-sclerosis, and of the cardiac asthenia, quite independently of any renal lesion whatever.

The arterio-sclerosis, through the changes which it brings about (*arterial ischemia, venous stasis, interstitial edema*) prepares the way for, and favors, the development of the intermittent respiratory rhythm; and when the weakness and dilatation of the heart aggravate the circulatory disturbances, the regular function of the brain becomes impossible, and the Cheyne-Stokes breathing appears. Finally Rabé calls our attention to the importance and significance of the appearance of this type of breathing during sleep. Founding his conclusions on two cases of his own, and on three observed by an English doctor, O'Donovan, he believes that the Cheyne-Stokes rhythm, when it shows itself in such conditions as the aforesaid, is symptomatic of beginning arterio-sclerosis.—Translated from *Giornale Internazionale delle Scienze Mediche*, by HARLEY SMITH.

Resection of the Stomach for Cancer.

Ricard, at a meeting of the Academy of Medicine, of Paris presented a woman, fifty-two years old, on whom, eleven months previously, he had made a resection of almost the whole stomach, of the first portion of the duodenum and of a part of the pancreas, for a diffuse carcinomatous tumor, occupying not only the greater curvature, but also the two surfaces of the stomach. After this operation the patient increased in weight. At present she weighs seventy-seven kilogrammes and enjoys good health.—Translated from *Giornale Internazionale delle Scienze Mediche*, by HARLEY SMITH.

THERAPEUTICS.

IN CHARGE OF GRAHAM CHAMBERS AND J. T. FOTHERINGHAM.

The Treatment of Angiosclerotic Gangrene.

Shindler (*Centralblatt für Chirurgie*), from a statistical study of over 220 cases, has deduced the following:

Senile angiosclerotic gangrene should be treated in the beginning by massage and hydrotherapy and the constant electric current. When senile gangrene has attacked the toes, their disarticulation is not always successful in arresting it; nor when it has extended beyond the toes are conservative operations on the foot very promising. It should be the rule, when

the gangrene has distinctly involved the foot, to perform an amputation either in the lower third of the leg or the lower fifth of the thigh. The latter operation is distinctly the safer in so far as recurrence is concerned. When, in addition to the gangrene, an acute inflammatory process is developed with symptoms of general sepsis, the amputation should be carried through the lower extremity of the femur, and this also should be the rule when the gangrene has involved the leg. In presenile angiosclerotic gangrene the beginning is best combated by the constant current and perhaps massage.

The disarticulation of the toes is extremely unsafe and has given very few recoveries. Operations carried through the foot have, however, been successful in about fifty per cent. of cases. When the gangrene has distinctly involved the foot, amputation of the lower third of the leg is the operation of choice. When it has involved the leg, the amputation should be carried through the thigh. The removal of the gangrenous part alone is never to be advised, since it is invariably followed by a more rapid extension of the necrotic process.—*Therapeutic Gazette*.

Treatment of Syphilis by Mercurial Sachets.

Upon the authority of the *Journal des Praticiens*, Welander's method of treating syphilis by means of a fabric upon which mercurial ointment has been rubbed, and which is suspended about the chest of the patient, is an extremely effective and simple one. Flannel is often used, about one-half yard being required. On this one and one-half drams of mercurial ointment, made up of mercury one part and lard two parts, is spread. This same quantity is re-spread on the same cloth every day. At the end of ten or fifteen days the cloth is changed.—*Therapeutic Gazette*.

Tetanus Treated by Subdural Injections of Antitoxin and Hypodermic Injections of Carbolic Acid.

Laplace (*Medical Bulletin*) reports the case of a patient developing tetanus ten days after the reception of a puncture wound from a rusty nail, and subjected to treatment on the fifth day of his disease. Through a trephine opening twenty cubic centimetres of antitetanic serum was injected slowly under the dura. Two days later forty cubic centimetres of the serum was injected again. Violent spasms began the eighth day of the disease; these occurred every half-hour. On the ninth day the spasms became milder. Hypodermic injections of five drops of pure carbolic acid in ten drops of water were begun and repeated every three hours. The patient slowly but progressively improved. On the sixth day of the disease the

area where the puncture had taken place was excised while the patient was still under ether, and the wound thoroughly cauterized with carbolic acid. On the twenty-first day the patient sat up and walked about. The carbolic acid injections were continued for six days, in all 240 drops having been given.—*Therapeutic Gazette*.

The Etiology of Cerebrospinal Meningitis.

It has been determined by numerous observations that epidemic cerebrospinal meningitis is not caused exclusively by the meningococcus intracellularis, but may also be due to the presence of the pneumonia diplococcus of Fraenkel. It also appears, as has been elsewhere suggested, that the entire group of micro-organisms which bear an etiological relation to this affection have not all been determined as yet. In a case reported by Zupnik (*Deutsche Med. Woch.*, No. 50, 1899), in the fluid obtained by lumbar puncture, intracellular diplococci were found which in morphology and in their behavior resembled the meningococcus of Weischelbaum, but in their method of growth on various culture media were significantly different, and seemed to be identical with or at least closely related to the gonococcus of Neisser.

Two other similar observations from different sources are noted by the writer, and to the question as to whether these are two distinct bacteria, the author replies that he considers that both belong to the same natural group, but possess different characteristics.—*Centralbl. f. Innere Med.*

Sun Baths in the Treatment of Tuberculous Joints.

Millioz (*Mèse de Lyon*, 1899), unlike Finsen, of Copenhagen, who used the ultraviolet rays of the spectrum in the treatment of lupus, has employed all the rays of sunlight to act on tuberculous joints. He disapproves of the systematic fixation of the limb in which the tuberculous lesion is situated. The patient is placed on a suitable couch in the sunniest part of the garden or other open place, with the affected joint fully exposed to the rays of sunshine. To protect the head of the patient, some sort of sunshade may be improvised. If the upper limb is the seat of the disease, the patient may preferably be allowed to walk about in the garden. The duration of the sun bath should be several hours a day. During the intervals the joint is covered with wool, and rather firmly bandaged. Sometimes after the first or second bath the joint becomes more painful, but this soon passes away in most cases. If it should continue, it may be necessary to intermit the treatment for several days. Rapid pigmentation of the skin by the sun's rays has been noticed to coincide with comparatively quick recovery. The joints are

said to become smaller, the skin healthier looking, the discharges, if such be present, less purulent, and the fistule close. Such results, however, may require months of treatment.—*British Med. Journal.*

Hyoscin Hydrobromate in Chorea.

Rendle (*Indian Medical Record*, Aug. 30, 1899), reports a case of acute chorea in a boy, 16 years old, in which potassium bromide, chloral and arsenic failed to give relief. When admitted to the hospital he had constant and universal involuntary movements; the tongue was dry and brown, and was severely bitten; the temperature was somewhat elevated, the pulse was weak, and the respiration irregular. His condition soon became apparently hopeless. Hyoscin hydrobromate, in doses of 1-200 of a grain, was given hypodermically twice daily, and was soon followed by improvement. The dose was increased to 2-100 of a grain thrice daily, and within a week the movements had almost subsided. Subsequently, Fowler's solution was used, and the patient made a complete recovery. The writer adds that chorea is rare in India, but usually fatal.—*Philadelphia Med. Jour.*

Strychnine in Pic Douloureux.

Dr. Charles L. Dana (*Jour. Amer. Med. Assoc.*) states that he has used strychnine in pic douloureux for six or seven years, and gives the following conclusions concerning this plan of treatment:—

In anemic and exhausted patients where the treatment has not lasted more than one or two years, the treatment almost invariably arrests or controls it. In cases of neurotis or sclerosis, or if the disease has lasted six or seven years, the effect of the drug is doubtful. When cases have persisted for fifteen or twenty years all medical treatment is useless.

Traction on the Tongue in the Treatment of Hiccough.

J. Noir (*British Medical Journal*, March, 1900), reports several cases successfully treated by Laborde's method of applying vigorous traction to the tongue. In one case which has lasted for six hours, traction on the tongue for a minute and a half arrests the disease. In another case which had persisted for six days and had resisted all forms of medicinal treatment, this plan of treatment effected a cure in two minutes.

OBSTETRICS AND GYNECOLOGY.

IN CHARGE OF ADAM H. WRIGHT, JAMES F. W. ROSS, ALBERT A. MACDONALD,
H. C. SCADDING AND K. C. McILWRAITH.

Action of Quinine in Pregnancy.

Chambrement and Bruyere (*Jour. de Méd. de Bordeaux*, March 11, 1900), state that this question is still under discussion, and that most conflicting opinions prevail. They have therefore attempted to throw light upon the subject by undertaking certain experimental and clinical studies. A short resumé of the result of earlier investigators is first introduced.

In 1884 Rayer made the discovery (as he believed) that quinia is an abortifacient. One year later Petitjean stated that a daily dose of one gram is sufficient to provoke an abortion. Numerous cases were soon reported, however, in which quinine had entirely failed to influence pregnancy, even when given in large doses. On the other hand, instances were now and then published in which the abortive action of quinine was apparently vouched for in every way.

Brequet, the well-known expert of malaria, states in his monograph of quinia (1855) that the drug may be given without hesitation to the pregnant woman. Conflicting cases continued to be published, and in 1872 Bartharez and Chiara undertook some researches to decide the question. They experimented on healthy pregnant women, with wholly negative results. They sought to clear up the paradox by making the malarial poison the abortifacient, while quinine, by overcoming this tendency, was rather a uterine sedative than an oxytocic. On the other hand, Monteverdi, studying especially the oxytocic action of the drug, found that contractions of the uterus were produced thirty minutes after exhibition of the remedy.

The array of witnesses *pro* and *con* becomes too numerous for reproduction here. Authorities like Tarnier and Pinard obtained only negative results. The most recent student of the problem, Tarnier (1899), thought that quinia might have some oxytocic power in cases of inertia only.

The clinical material of the present authors is in part as follows:

1. Woman eight months pregnant, attacked with grippe. Large doses of quinine for five consecutive days without influence on pregnancy.

2. Woman five months pregnant—severe malarial attack. Muriate of quinia hypodermically. No influence on pregnancy.

3. Another case with negative results.

4. A very nervous woman, pregnant five months. Influenza;

about seven grains of quinine. During the night painful uterine contractions as if threatening abortion. Quinine not repeated. No further trouble.

5. Negative results in woman eight and a half months pregnant. Large doses of quinine given as an experiment, patient being in perfect health.

The authors naturally conclude that in the great majority of cases quinine is inert as regards the uterus; but that in a small proportion of women, who are very susceptible to the action of medicines, uterine contractions may be excited.

Endometritis, Congestion, or What?

Barber (*Yale Med. Jour.*, Mar., 1899) discusses the usual methods of treatment in endometritis, and emphasizes his belief in the following resume: (1) That simple endometritis, uncomplicated, is rare; that a leucorrhœa, when present, is not indicative of it, without the presence of micro-organisms, which would argue that all scrapings should be microscopically examined for correct diagnosis. (2) That gland tissue disturbances of the endometrium, whether from congestion or lack of blood supply, is not, according to Prof. Welch, an inflammation, and, therefore, not an endometritis in the true definition of the term. (3) Such disturbances are better and more scientifically treated from the medical than from the surgical standpoint. (4) That the curette, a powerful factor in the treatment of some forms of endometritis, is not curative in this form, and is, according to good authority, used much too frequently without due reason, and often by the irregular, with criminal intent.—*Internal Med. Mag.*

Vaporization (Atmokausis) of the Endometrium.—By PROFESSOR A. R. SIMPSON, M.D.

Professor Simpson briefly details the rise and progress of this treatment from its beginning at the hands of Professor Sneguireff, as reported by Dr. Neugebauer in the *Centralblatt für Gynäkologie* for January 19th, 1895. Sneguireff's apparatus consists of a kettle for generating the steam and a double catheter for conveying the hot vapor into and out of the uterine cavity. The central tube carries in the steam, which applies itself to the endometrium and escapes through the outer tube, that has a series of fenestrations in its intra-uterine cavity. From records of fourteen cases of more or less pronounced menorrhagia or metrorrhagia in women varying in age from thirty to forty-five in the Royal Infirmary, Edinburgh, the author finds that eleven were cured and the rest improved. The vaporization was carried out for

periods varying from forty-five to ninety seconds. In only one case was any pain noted. The author's experience leads him to suspect improper application where misadventure has occurred. Covering of the intra-uterine catheters with cellulvert or India-rubber tubing obviates danger of stenosis. He doubts the value of the claims for germicidal powers. The condition of the uterine walls is important, firm walls with good contractile powers giving the most satisfactory results. General anesthesia and two or three weeks' rest in bed have been employed by the author.—*N. Y. Med. Jour.*

The Dietetic Treatment of the Change of Life:

Doubtless much may be done to mitigate the ailments incident to the menopause without resorting to the use of drugs. Dr. Kisch (*Zeitschrift für diätetische und physikalische Therapie*, iii, 8; *Centralblatt für innere Medicin*, June 30th) thinks the dietetic treatment of importance. Overfeeding, he says, should be avoided. The diet should be of a mixed character, and coffee, tea and alcoholic drinks should be eschewed. The free drinking of water is highly to be recommended. Fattening foods must not be allowed if there is a tendency to obesity. In cases in which menstruation stops suddenly or at a comparatively early age, and the complaints of the climacteric are at the same time aggravated, a systematic course of milk is very useful.—*N. Y. Med. Jour.*

Treatment of the Umbilical Stump.

Ahlfeld (*Abh. f. Gynäkol.*, March 31, 1900), *apropos* of a recent statement by Martin to the effect that a successful treatment of the umbilical stump has not yet been devised, claims that his management of this condition by alcohol (96 per cent.) has been uniformly successful in over one thousand consecutive cases, and is ideal in every way.

This method of Ahlfeld's is fully described in his well-known textbook. The cord is severed as closely as possible, and the stump and its surroundings treated with pure alcohol. Sterile cotton is laid on, and the daily bath omitted. The dressing is changed after five or six days, unless it has become wet with urine in the meantime.

OPHTHALMOLOGY AND OTOTOLOGY.

IN CHARGE OF G. STERLING RYERSON, J. T. DUNCAN AND J. O. ORR.

Ophthalmia of the New-born (Neonatorum).

As is well known, proper precautions taken during the period of pregnancy, and especially at the time of parturition, will prevent almost every case of this disease. These precautions are set forth in an article by Buist (*Scottish Medical Journal*, February, 1900).

1. DURING PREGNANCY.—If there is any opportunity, ascertain whether the patient has merely the ordinary lubricating vaginal discharge or a purulent one. If purulent, examine for evidence of gonorrhoea, and undertake treatment without delay.

2. DURING LABOR.—If it be only after the onset of labor that an abnormal discharge is discovered, a simple detergent vaginal douche may be given, antiseptics seeming to exert no favorable influence. The essential measure at this period is the scrubbing of the vulva, and this should never be omitted, but should be repeated if possible. If the membranes have been preserved till just before delivery antenatal infection is not likely, but if they have ruptured early the converse almost is true. When the head is born, wipe the eyes with clean absorbent cotton. Take a fresh pledget for each stroke. If you prefer to use a lotion, physiological salt solution or boric lotion is probably best (or corrosive sublimate solution, not stronger than 1 in 5000). In washing the child the order of procedure should be—eyes, face, scalp, body, and no swab or cloth which has touched other parts should be allowed to come near the eyes. After the child has been washed, again cleanse the skin about the eyes, and then, separating the lids with finger and thumb, instil from a nipped dropper two drops of silver nitrate solution (two per cent.), ten grains per ounce of water. During the puerperium look at the child's eyes at each visit, including the last, and if you find the least purulent discharge, or other sign of possible infection, order the instillation of silver nitrate solution into each eye, one grain to the ounce, every hour. If one eye only is affected, have the child kept on the affected side. If in spite of this there is no sign of diminution of the discharge, or if it increase, consider the case one of specific infection, and hand it over to the ophthalmologist, with whom the further treatment must lie.

J. T. D.

Vision and Color Perception for Railway Service.

Bane (*The Journal of Am. Med. Asst.*) emphasizes the fact that there should be a uniform standard (and that a high one)

in regard especially to vision for railroad employees. He considers that enginemen should have normal vision in each eye (without glasses) when entering the service. Station agents, conductors, brakemen and switchmen should have normal vision ($\frac{6}{8}$) in one eye and not less than $\frac{6}{8}$ in the other, which is nearly normal. As it has been clearly demonstrated that eyes do change, they should be re-examined at intervals of two to four years, and always after a serious illness or accident. The question of allowing an old engineer to use glasses for distant vision is a difficult one. Some companies permit this, others will not allow it. The oculist of the company should have some latitude in the matter, always considering the personal equation. In regard to color vision, the standard examination should include three things: (1) a test with colored signals; (2) a test with Holmgren's worsteds; (3) a test with colored lights seen through regulated spaces. The first and the last should be used with the second, but Holmgren's test, namely, by comparison of colors without naming them, selecting from a large number those which appear to the applicant like certain test-skeins, is the most satisfactory and easily applied of all the tests. The tests for both form and color vision should be made when the man is not fatigued by a long tour of duty or exposure.

In the discussion following, Fulton held that the standard advocated was rather severe. He would not reject a man if one eye was normal and the other $\frac{6}{8}$. The examination should take place every three years. Defects of color sense are frequently due to excessive use of tobacco and alcohol. The testing of the hearing is just as important as the testing of eye-sight. The watch tick must not be employed exclusively, but along with the test by whispered and spoken speech in certain cases. The work of the oculist should be divorced as much as possible from that of the chief surgeon of the company. J. T. D.

PEDIATRICS.

IN CHARGE OF ALLEN BAINES, W. J. GREIG, AND W. B. THISTLE.

Jacobi Anniversary.—(*Pediatrics*, June 1st, 1900.)

On the evening of May 5th, four hundred of Jacobi's fellow-citizens and fellow-physicians gathered at dinner at Delmonico's to celebrate the seventieth anniversary of his birth, and the forty-seventh year of the active practice of his profession. This number of *Pediatrics* contains the addresses given at the banquet, as well as a poem by S. Weir Mitchell. Dr. Gerster made a presentation to him of a "Festchrift," a magnificent

volume, containing contributions from the pens of fifty-three medical men of note.

Dr. Jacobi graduated at Bonn when twenty-one years of age. Shortly after, he spent some time in jail as a revolutionist. Released in 1853, he came to New York, where his career has been continually upward. In Germany the "Festschrift" is an institution of many years standing. For the German medical man or scientist it is the crowning glory of a long life of unselfish and brilliant scientific labor, which is bestowed only on the most eminent. Such a volume is made up of original scientific contributions from the Universities and Laboratories of all the most notable among the friends and compeers of the recipient. The present volume is rare in the extraordinary value of its contributions, which have come not alone from America, but from nearly all the countries and in nearly all the languages of Europe.

Pediatrics has secured the exclusive right to publish all the articles on Pediatric subjects printed in "Festschrift," and certain space in subsequent issues will be devoted to these papers, which are of the greatest possible value, and will be of no small service to the profession.

Treatment of Tuberculous Peritonitis.

Caillé (*Arch. of Pediatrics*, June, 1900) reports 13 cases and gives the following résumé:

Diagnosis—Based on abdominal symptoms, such as distension, pain and disturbed bowel action, presence of fluid and loss of weight. If the bacilli are found, the diagnosis is positive. An irregular type of temperature chart was present in all the cases. Cases of chronic non-tuberculous serous peritonitis present usually the features of an ordinary ascites, the abdominal fluid being free, whereas it is usually not free in the tuberculous variety. Rarely are the bacilli found by microscopic examination of puncture fluid. In doubtful cases laparotomy is indicated, and will do no harm. Paroxysmal pain in the abdomen in children, in the absence of appendicitis or ascites, is not indicative of tuberculous disease, and is generally overcome by dieting and attention to the bowels. He is unwilling to use the tuberculin test as a matter of routine. The usual classification of tuberculous peritonitis is:

- (a) Chronic tuberculous ascites (miliary form).
- (b) Fibro—caseous tuberculous peritonitis.
- (c) Fibro—adhesive tuberculous peritonitis.

The author desires to add a fourth class.

- (d) Tuberculous peritoneal tumors.

Two such cases were seen by him, and there are several others on record.

The cases all showed the futility of medicinal treatment. Most of them were operated on, but it must be remembered that many cases recover without treatment or operation. Tuberculin and serum preparations were not used.

Finally, the indication is early operation, which is no doubt of great benefit when the peritoneum alone is affected.

A Case of Rhachischisis.

Rotch (*Archives of Pediatrics*, July, 1900).

Definition.—A deficiency of the vertebral arches either complete or partial. The cord is rudimentary, and is split open so that the endothelial lining of the central canal is exposed, which may occur in the whole or only in part of the cord.

A Case.—Child three days old. Head normal in size. Anterior fontanelle widely open. Face flattened, chin retracted and held in forced position, with the occiput resting on the upper dorsal spine. Front of neck bulging. Chest and abdomen normal. A cleft existed in the posterior vertebral arches extending from the first dorsal to the third lumbar vertebra, the cleft measuring $1\frac{1}{2}$ inches in the middle. Good skin covered the lower part of this opening, above this a parchment-like membrane, while at the upper part for $1\frac{1}{2}$ inches there were granulations. The lower extremities were held in rigid spasm. Palettar reflexes absent. Unable to swallow. Ophthalmoscopic examination showed the eyes to be normal. Death took place seven days after birth.

Post-Mortem.—Body kept in 10 per cent. solution of formalin for three weeks. A median longitudinal section was made by Dr. Thorndike through the entire body. Apart from the nervous system the viscera showed no abnormality. The cartilaginous body of the atlas was found articulating with the odontoid process, which together with the body was ossified and well developed. The bodies of the remaining cervical vertebrae were found to be fused with some evidence of cartilaginous septa. There were twelve dorsal, five lumbar, six sacral vertebra and a coccyx. The arches were wanting below the eighth dorsal. Skull well formed. Foramen magnum as large as a silver dollar. Cerebrum of normal size. Pons found lying in the widened cervical canal below the foramen magnum, and was connected with the cerebrum by brain substance. Considerably below this point, and lying in front of the area medulla-vasculosa, the cerebellum was found connected to the brain by an attenuated peduncle. Beneath the cerebellum, and on one side, lay the cord which lost its identity in the area medulla-vasculosa.

Reference is made to Thorndike's articles on this subject in the orthopedic transactions for 1899.

The defects in the central nervous system are due to an arrest of development, or to a persistence of early embryonic conditions, and to a later distention of cavities by transuded fluid. Often associated with spina bipila, in which, however, the cord has been properly formed. Khachischis has its counterpart in the brain in anencephalus and derencephalus, and the similar conditions of the cord and the brain may be associated.

Fatal Post-Otitic Cerebral Abscess with Amnesic Aphasia.

Fruitnight (*Archives of Pediatrics*, July, 1900). Child twelve years old had an acute otitis media eighteen months previously, and the discharge had not ceased. For four weeks previous to the present history she had been indisposed, suffering from a frontal headache with nausea and vomiting. Seen first December 10, 1899, and a diagnosis made of deep mastoid caries, possibly cerebral abscess and beginning meningitis. December 17th, convulsions lasting six hours came on. Dr. Knapp found the fundus of the eye normal, nor did the ear examination reveal anything definite. The mastoid was little swollen and not tender, but amnesic aphasia was present.

Operation was done by Dr. Knapp. Mastoid opened, attic laid bare and the dura of the posterior and middle fossa of the skull was exposed. In the dura of the latter there was a blackish round spot 3 centimetres in diameter, and in the centre of this there was a small opening into which a probe could be passed for 4 centimetres without eliciting resistance or blood or pus. At this stage, it being late in the day, the operation was postponed. It was considered that enough had been done to give relief. Her condition remained good for five days, but on the sixth temperature went up, pulse became slow, headache severe and she was drowsy. It was arranged to operate for cerebral abscess next day, and that night she suddenly gave a shriek, jumped out of bed and died in five minutes.

Autopsy (partial only).—The black perforated patch easily recognized. Dura mater adherent to pia. An abscess with dense white capsule was found in the temporal region. It had ruptured into the third and left lateral ventricles. The abscess cavity was surrounded by softened brain substance from five to fifteen millimetres in breadth.

Remarks.—Symptoms indicated meningitis rather than abscess. The symptoms of the latter were not present till twenty-four hours before death. Probably the thick capsule accounts for this. This case proves the statement that the optical memory centre is in the tempero-sphenoidal lobe.

Intestinal Obstruction Through a Loop Formed by Meckel's Diverticulum with Ligamentous Attachment.

Senn (*Archives*, July, 1900). Boy, three years old. November 9th struck his abdomen on some steps, but was all right in an hour. November 11th, ate freely of grapes. 12th, bowels moved normally, but for four days there was persistent vomiting. Also continuous pain during these four days and no more bowel movements. Belly slightly distended, but no tenderness. 16th and 17th, marked prostration present. Fecal matter vomited. An injection was given which caused acute abdominal pain, followed by vomiting and collapse. After several hours a large amount of gas passed with relief of all symptoms. 19th and 20th, visible peristalsis. 22nd, vomited fecal matter again, and a quart of olive oil was given by enema, followed by the passage of a small stool with some grape seeds. This seemed to have settled the diagnosis, seeming to disprove the presence of a complete intestinal obstruction. Child died next day.

Autopsy.—No peritonitis. Symptoms were due to the snaring of a coil of ileum in a loop formed by an intestinal diverticulum projecting from the ileum and connected by a slender ligament to the mesentery close to the ileo-cecal valve. This formed a loop which went one and one half times around the ensnared intestines.

The seeming perviousness of the intestine caused a fatal error in diagnosis, as the condition was not recognized as complete intestinal obstruction.

Discussion following the reading of this paper brought out the concensus of opinion in favor of early operation in these obstructive cases.

W.J.G.

Editorials.

THE SOUTH AFRICAN HOSPITALS COMMISSION.

The appointment of a Commission to inquire into the treatment of the sick and wounded in South Africa by the British Parliament has given satisfaction to all who have taken an active interest in the military medical service in that country during the present war. Mr. Burdett-Coutts had made very serious charges against those in control, and the Government promptly decided to have the matter investigated. It will be of some interest to consider the personnel of the Commission, which is composed of three lay and two professional members. The chairman is Lord Justice Romer, who was appointed to the Chancery Division of the High Court in 1890. He was born in 1840, and was educated at Trinity Hall, Cambridge, where he was senior wrangler in the mathematical tripos of 1863, and Smith's prizeman of the same year. In 1864 he married Betty, daughter of Mark Lemon, editor of *Punch*, and a few months later accepted the Chair of Mathematics at Queen's College, Cork. In 1867 he became Fellow of Trinity Hall, and was called to the Bar. He was appointed a Privy Councillor in 1899. The other members are Sir David Richmond, the Lord Provost of Glasgow, who is said to be a man deeply versed in administrative affairs. After completing his education at Glasgow High School, he travelled for some years in Australia, after which he settled on the Clyde as a tube manufacturer and merchant. His first civic experience was received as town councillor in 1870.

Mr. Frederick Harrison, the General Manager of the London and North-Western Railway. As transport questions arise in connection with hospital matters in war times, he is expected to render much assistance to the other members of the Commission.

Dr. Church. Mr. Balfour, in speaking of Dr. Church, said (*London Illustrated News*): "I am informed that Dr. Church is not merely the official head at the present moment of the

medical profession in this country, but that he is the President of the Royal College of Physicians, who, more than any one in living memory, thoroughly enjoys the confidence of his colleagues, and is believed by them to be a man of peculiar fairness of mind, with a great power of organization and business capacity."

Dr. D. J. Cunningham, Professor of Anatomy and Surgery in Trinity College, Dublin. The *News* says that as Dr. Cunningham's favorite pastime is fishing, he may have some sport in store as commissioner in encounters with unwilling witnesses; and he has already had experience in drawing up a report; but that was a report on marsupialia in H.M.S. "Challenge" investigation.

So far as we can ascertain, the Government's choice in filling this Commission is entirely satisfactory to everybody in Great Britain excepting Mr. Burdett-Coutts.

* * * * *

The Royal Commission to inquire into the alleged scandals in the South African army hospitals has been sitting in London, and has taken a great deal of valuable evidence. Not the least interesting evidence has been that of our esteemed colleague, Dr. G. Sterling Ryerson. The exceptional opportunities enjoyed by Dr. Ryerson at Kimberley, Bloemfontein and elsewhere in South Africa, make his evidence of great value. He emphatically denied the charges of neglect and inefficiency made by Mr. Burdett-Coutts, and gave the Commission much important information. Dr. Ryerson has recently returned to his home and practice, after his long, self-sacrificing and arduous duties as Red Cross Commissioner with Lord Roberts' headquarters, in the discharge of which he has won so much well-merited credit. The happy thought he had in organizing the Red Cross Society some years ago has borne good fruit in the relief of the sufferings of our Canadian heroes, as well as of their comrades of the British army. It is to be hoped that Her Majesty will be advised to confer some distinction upon the gallant doctor in recognition of his services, and as a tribute to the profession in Canada.

MR. RUDYARD KIPLING AND OFFICIAL RED-TAPE.

Mr. Kipling is figuring pretty largely in the British Hospital Commission inquiry, and has given important evidence. It is said that his presence at the investigation was like "a gust of a South African windstorm." When he began to speak the gust had to some extent subsided, and "the gentlemen around the table leaned forward so as not to miss a single word." From February 5th till the end of the month he was in and out of the hospitals of Cape Town and vicinity, and the "first request he received came from the nurses. They wanted pyjamas. Not only did they want pyjamas, but they wanted the pyjamas so badly that they asked him to smuggle them into the hospital by the back door." He at once "procured ninety-eight pairs of pyjamas, loaded them into a Cape cart, and in due course delivered them to the nurses by the back door of the hospital." This is somewhat thrilling, but most people will be glad that the nurses got those pyjamas.

We are also told that "news of this easy method of dodging official red-tape travelled quickly between hospitals." All this is very interesting, and ought to be carefully studied by those who appreciate the need of hospital reforms. There is something charming in the simplicity of the Kipling methods. They preclude the necessity for any ordinary executive management in a hospital. The only requirements are nurses, a back door and a genius like Mr. Kipling. We don't happen to know whether Mr. Kipling *runs* himself, or is *run* by a syndicate; but, from a business point of view, he is certainly well *managed*, and is probably the best advertised man in the world.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The centenary celebration of the Royal College of Surgeons, July 25 and 26, was the most notable event in the history of that body, which received its charter of incorporation March 22, 1800, the fortieth year of the reign of George III. For the first time, a number of honorary diplomas were presented to

the Prince of Wales, Lord Salisbury, Lord Rosebery, and in addition to thirty-four distinguished surgeons of all nations. Under the original Royal Charter power to confer diplomas of Fellowship *honoris causa* was withheld; but recently, by a special grant, such right was given to the Society.

On Wednesday, July 25, a *conversazione* was given in the college, the guests being received by the president and vice-presidents. The museum, library and adjoining rooms contained an exhibition of portraits and relics illustrative of the history of the Society. Numerous interesting demonstrations of laboratory work were given. On Thursday the president, Sir Wm. MacCormac, delivered an address of welcome, after which the diplomas were presented in due form.

Honorary degrees or diplomas may be of great or little value; but, in this instance, we consider that the recipients were very highly honored, as were also the countries and universities they represented. We are glad to congratulate those of the United States who were chosen, viz.: Drs. Halsted of Baltimore, Keen of Philadelphia, Warren of Boston, and Weir of New York, representing Johns Hopkins, Jefferson, Harvard and Columbia. We think it a great compliment to Canada that she should have been so generously recognized, and we also congratulate our surgeons who were selected, viz.: Professor T. G. Roddick, Sir Wm. Hingston and Professor I. H. Cameron, representatives of the Universities of McGill, Laval and Toronto. These men are well known as surgeons and teachers of surgery in Canada, are past presidents of the Canadian Medical Association, and are also well known in Great Britain, largely on account of the active interest they have for years taken in the British Medical Association.

THE meeting of the British Medical Association for 1901 will be held at Cheltenham, Gloucestershire. Dr. G. B. Ferguson is the president-elect. Cheltenham is a small town with a population of about 45,000, situated in what may be described as the midland south-eastern part of England. It is well situated, with beautiful surroundings and is well known as one of the popular health resorts in Great Britain.

DR. RODDICK AT THE COLLEGE OF SURGEONS.

Among the distinguished surgeons who spoke in acknowledgment of the Honorary Fellowship conferred on them on the occasion of the centenary of the Royal College of Surgeons was Dr. Thomas George Roddick, M.D., LL.D., of Montreal. Dr. Roddick is Professor of Surgery in McGill University, Montreal; Consulting Surgeon to the Montreal General Hospital and Royal Victoria Hospital, Montreal, and Honorary Surgeon to His Excellency the Governor-General of Canada. He is a Past President of the British Medical Association, and many members will remember the ability, tact, and dignity with which he presided over the annual meeting which was held in Montreal in 1897. Besides being one of the leading surgeons of Canada, Dr. Roddick is a prominent member of the Canadian Parliament. We were unable to publish his speech last week with those of the other representative recipients of the Honorary Fellowships, as the reports did not reach us till too late. We are sure that many of our readers will be grateful to us for now supplying the involuntary omission. The following is the text of Dr. Roddick's speech: "Mr. President, My Lords, Fellows of the Royal College of Surgeons, Ladies and Gentlemen,—On behalf of my colleagues from Canada and myself I return thanks for the great distinction conferred upon us to-day by your illustrious body on this, the one hundredth anniversary of your foundation. The Honorary Fellowship of the Royal College of Surgeons of England is unquestionably the greatest honor that can be conferred on any Colonial surgeon, or indeed on any surgeon no matter whence he hails. Be assured, Sir, we are not so selfish as to appropriate this great compliment entirely to ourselves. We take it that we have been selected from the two great centres of education and commerce in Canada to represent the Universities of Laval, McGill, and Toronto, and in a measure to represent generally the medical profession of that now far-famed Dominion. We feel that in conferring this distinction upon us you have to-day forged another link in that great chain of British Imperialism which is surely and rapidly encircling our globe. We see in your action a desire to further that great scheme of reciprocity in medicine throughout the Empire, which we in Canada especially are most anxious to establish. We hope to be in a position soon to submit to your General Medical Council a well-digested plan which we trust will be acceptable to that very representative body. Thus will Colonial graduates meet the graduates of the Mother Country on an equal footing in the army and navy, and in connection with the various Colonial and Indian appointments, from which they are now practically debarred." Dr. Roddick, in conclusion, referred to the work of the president and his associates in South Africa.—*British Medical Journal.*

THE MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The most important business done at the third general meeting, which was held on August 2nd, was the election of the committee to consider and report upon the best means of reorganizing the constitution of the British Medical Association. The members of this important committee were chosen on a territorial basis, and it was found convenient to arrange that there should be fifteen members for England and Wales, two for Ireland, two for Scotland, and five for the colonies and dependencies of the Empire. The five groups of colonies and dependencies formed for this purpose were East India and the Archipelago, Australia and New Zealand, South Africa, the West Indies, and Canada. The committee was instructed to furnish a provisional report by February 1st, 1901, and some little difficulty was felt as to the selection of representatives of Colonial branches. It was clearly essential that the gentlemen selected should be resident in the United Kingdom at the present time, and the choice fell upon representatives selected by branches in the various groups to serve upon the Council with the exception of Canada. Mr. Edmund Owen was, at the suggestion of Professor Cameron, of Toronto, elected the representative of Canada. Mr. Owen is about to attend the meeting of the Canadian Medical Association at Ottawa, when he will be able to gather the views of the Canadian members, and has, we believe, other ties with the Dominion which will make his selection agreeable to them.—*Clipped from Editorial Brit. Med. Journal.*

A HAPPY GOLDEN WEDDING.

Many and hearty were the congratulations offered to Dr. and Mrs. Jas H. Richardson on their golden wedding day, August 20, 1900. Dr. Richardson's skill as a surgeon and ability in a general way are well known to the people of our Dominion; but many hundreds of physicians scattered throughout Canada—or, more correctly, throughout the world—prefer to think of him as the great lecturer and teacher they feared, respected and loved in the old days. The chief work of his life as a teacher was done in the Toronto School of Medicine, where he was always the professor most dearly beloved by the student body.

Dr. Richardson was born at Presqu' Isle, October 16, 1823, and commenced the study of medicine in 1841 with Dr. Rolph,

who was at that time living in Rochester. After two years he returned to Toronto, and attended one course of lectures in the Medical Faculty of King's College. He went to England in 1844, and studied for three years at Guy's Hospital, London, and in Paris. In 1847 he passed the examination for membership of the Royal College of Surgeons. He then returned to Toronto and commenced practice. In 1850 he was appointed Professor of Anatomy in the University of Toronto. After the abolition of the Medical Faculty in 1853, he accepted the same chair in the Toronto School of Medicine. When the Medical Faculty was re-established in 1887 he became again Professor of Anatomy, and remained in active work in that department until 1898, when he resigned, and was made Emeritus Professor.

While it is generally recognized that he was in his days of activity a sound surgeon and an admirable operator, as well as the best teacher of anatomy that this country has produced, it is also well known that he has from boyhood taken the greatest possible interest in military matters and in out-door sports. He was successively surgeon to the Field Artillery, the Merchants' Company (afterwards merged into the Q.O.R.), and the Tenth Royals. For many years he was an enthusiastic rifle shot, and received in 1861 the first prize ever competed for at long range in Toronto. He was also in his younger years very fond of yachting. He has not yet retired from the world of sports, but is still a skilled fisherman, a keen currier and a good bowler. He long ago captured and still holds the affections of the Granite Curling Club of Toronto, the members of which presented him with a handsome pair of gold-mounted bowls on his golden wedding day. Dr. Richardson feels certain that his good health at present is chiefly due to the time he has spent in out-door recreations, and he fully believes that all physicians should take a holiday once a year.

The golden wedding function was quiet but very pleasant. Dr. Richardson and his dear wife (formerly Miss Mary Skirving), surrounded by children, grand children, and others, after a family dinner party, received their friends from 4 to 10 p.m. in an informal way. After the happy day was spent, the Doctor remarked that he especially appreciated the fact that not only did the older members of the profession come to bid them God-speed, but that, so far as he knew, nearly all the younger physicians of the city also called on them. Among the many pleasant thoughts which fill our minds is the peculiarly happy one that both Dr. and Mrs. Richardson are in the enjoyment of excellent health. Long may it be! So say we all.

CANADIAN MEDICAL ASSOCIATION.

The thirty-third annual meeting of the Canadian Medical Association will be held in the Convocation Hall of the University of Ottawa, Ottawa, on the twelfth, thirteenth and fourteenth of September, 1900.

The Canadian Medical Association meeting each year is an event of importance in the medical life of this Dominion, and it is hardly necessary to point out the advantages which must accrue to the profession at large by an earnest effort on the part of individual members to be present and take part in the proceedings.

PROVISIONAL PROGRAMME.

WEDNESDAY, SEPTEMBER 12TH, 1900.

- 10 a.m. Preliminary Business. Address of welcome to the city by his Worship the Mayor of Ottawa. Reading of Papers. Adjournment at 12.30.
- “ 2 p.m. President's Address. Reading of Papers.
- “ 5 p.m. Reports of Standing Committees.
- “ 8.30 p.m. Address in Surgery—Mr. Edmund Owen, London. Reading of Papers.

THURSDAY, SEPTEMBER 13TH, 1900.

- 9.30 a.m. Routine Business. Nomination of Nominating Committee. Address in Gynecology, Dr. Wm. Gardner, Montreal. Reading of Papers.
- “ 2 p.m. Address in Medicine, Dr. F. S. Shattuck, Boston, Mass. Election of Nominating Committee. Reading of Papers.
- “ 8.30 p.m. Banquet in the Russell House.

FRIDAY, SEPTEMBER 14th, 1900.

- 9.30 a.m. Routine Business. Reading of Papers. Report of Nominating Committee. Reports of other Committees.
- “ 2 p.m. Reading of Papers. General Business.

PROVISIONAL LIST OF PAPERS.

1. "Address in surgery." Edmund Owen, London, Eng.
2. "Address in medicine." F. S. Shattuck, Harvard University.
3. "Address in gynecology." Wm. Gardner, Montreal.
4. "Gall stone cases." Orford Gerster, New York.
5. Title to be announced. N. Senn, Chicago.
6. "Recognition and management of tabes dorsalis." Allan McLane Hamilton, New York.
7. "A case of endothelioma of the omentum, operation, etc.; meningocele, operation, etc." W. H. Klock, Ottawa.
8. "The proposed Ontario bill for the treatment of inebriates." A. M. Rosebrugh, Toronto.
9. "The modern treatment of retroversion and prolapse of the uterus." A. Laphorn Smith, Montreal.

10. "The present status of the eliminative and antiseptic treatment of typhoid fever." W. B. Thistle, Toronto.
11. "Gastric hemorrhage." G. E. Armstrong, Montreal.
12. "Some cases in stomach surgery: gastrostomies, two cases; gastro-enterostomies, two cases; pylorotomy." A. E. Garrow, Montreal.
13. "Gangrene of the leg, following typhoid fever." H. H. Chown, Winnipeg.
14. Title to be announced. N. A. Powell, Toronto.
15. "Notes on the therapeutic value of hot air." C. F. Martin and B. D. Gillies, Montreal.
16. Title to be announced. J. Clarence Webster, Chicago.
17. Title to be announced. N. H. Beemer, Mimico.
18. "Notes on atropine." R. D. Rudolf, Toronto.
19. "Gasoline as surgical detergent." Bruce L. Riordan, Toronto.
20. "The successful treatment of two important cases of disease of the eyes by the combined methods of mercury and iodide of potash internally, and pilocarpine hypodermically." Geo. H. Burnham, Toronto.
21. "Our race and consumption." Sir James Grant, Ottawa.
22. "The physician's 'Vaster Empire.'" John Hunter, Toronto.
23. "Some experiences in the treatment of hernias." F. J. Shephard, Montreal.
24. "Notes of a case of tubercular disease of the tubes, with acute peritoneal infection." H. A. Bruce, Toronto.
25. "The summer health resorts of the River and Gulf of St. Lawrence." E. H. Adams, Toronto.
26. "Empyema, with a study of thirty cases from the clinical and bacteriological standpoints." W. F. Hamilton, Montreal.
27. "Physical training; its range and usefulness in therapeutics." B. E. McKenzie, Toronto.
28. "A case of traumatic neurasthenia." D. Campbell Meyers, Toronto.
29. "A case of sarcoma of the right nasal fossa, with acute sinusitis and orbital cellulitis." P. G. Goldsmith, Belleville.
30. "Recent pathological studies of the blood, with lantern demonstration." L. H. Warner, Brooklyn.
31. "A case syphilitic gummata of the spinal cord, successfully treated by enormous doses of iodide of potassium." Francis W. Campbell, Montreal.
32. "Dilatation and prolapse of the stomach." A. McPhedran, Toronto.
33. "Tendon-transplanting in paralytic deformities." Clarence L. Starr, Toronto.
34. "Some marked symptoms attending hypertrophy of the lingual tonsil." Hubert D. Hamilton, Montreal.
35. "A case of congenital ptosis, with associated movements of the affected eyelid, during the action of certain muscles." Jas. M. MacCallum, Toronto.
36. "Excision of the knee joint in tuberculous disease." A. Primrose, Toronto.
37. "Mental Sanitation." R. W. B. Smith, Brockville.
38. "Elephantiasis." H. B. Small, Ottawa.
39. "Some of my experiences in the South African War." G. S. Ryerson, Toronto.

N.B.—The Premier of the Dominion, Sir Wilfrid Laurier, has kindly consented to address the Association at some time during the meeting if his engagements will permit.

DINNER OF THE BRITISH MEDICAL ASSOCIATION.

One of the toasts proposed was the Navy, Army and Reserve Forces.

Surgeon-General Hamilton, in responding on behalf of the army, said he supposed that at the present moment, next probably to China as regards the medical aspect of the campaign, their attention was directed more than anything else to the sensational and hysterical statements of Mr. Burdett-Coutts. [Hear, hear.] He had served in South Africa and knew something of the war, and he knew of the difficulties connected with that campaign. It struck him very forcibly that there was one point which had not been dwelt on to the extent that it might have been in elucidating the difficulties under which the whole medical service—in fact the whole army—had to labor. It was the fact that Lord Roberts made his advance on what might be called the left flank—that is to say, he took the line of railway leading up to Kimberley, and ultimately on to Rhodesia. He fought his battles and relieved Kimberley; he then turned completely to the right and marched 110 miles across the veldt before he got to Bloemfontein. He was then in a position that he had a line of rail to the Modder River Station, and 110 miles of veldt over which it was practically impossible to carry stores and food for the army. He got to Bloemfontein, and then he found 200 or 300 miles of railway absolutely wrecked between him and his base of supplies. So what was the position? He had an army of 60,000 men, his left hand railway was useless to him, and he had two or three hundred miles of railway from the Cape wrecked behind him. To imagine for a moment that he could have done more than was done was to imagine impossibilities. [Cheers.] He had the honor of having served under Lord Roberts, and he could only say that a more humane man never existed. [Cheers.] He had spent hours with him in hospital, and he knew the humane care that he took of the sick, and that there was not a thing he would not do to save a single man an hour's suffering. [Loud applause.] But Lord Roberts not only had to fight his way across such a country, but he had to support an army of 60,000 men, and could it be wondered at that with 300 miles of railway in a broken condition, he had great difficulty in getting stores? They must all remember that their troops unfortunately were bottled up on the river at Paardeberg, drinking literally diluted—he might almost say essence of—Boer and mule. [Loud laughter.] He had seen other officers who were there, who had told him of the conditions under which the troops existed, and he had been informed that the water which they drank was practically putrid. It was impossible for Lord Roberts to anticipate

beforehand that he would have had to encounter these frightful conditions. When he got to Bloemfontein, the sudden outbreak of enteric fever was wholly unexpected. Everything possible that could be done for these men was done. Nobody would deny that Mr. Burdett-Coutts saw a great deal of what he said he saw, but if they had read the evidence in that day's paper, they would have seen that one witness said that in one hospital they had provided 500 beds and had to take care of 1,800 sick. Let them imagine for one moment what it would have been in the best hospital in London which was prepared for 500 people, if, all of a sudden, 1,800 sick were tumbled in for them to look after. [Hear, hear.] There was no doubt that what Mr. Burdett-Coutts said he saw was to a great extent correct, but he hoped, and he thought, it would be perfectly clearly proved, that what that gentleman saw was absolutely inevitable. [Loud cheers.] It was one of the misfortunes of war which had to be put up with. [Applause.] It was impossible to suppose that among 6,000 or 7,000 orderlies there would not be here and there a "bad hat," but he felt sure that an enormous majority of the medical officers, the nurses, and orderlies had worked in such a way that, when the truth came to be known, it would show that they deserved the highest commendation and praise that could be given to men, and further that Lord Roberts and his staff had done everything humanly possible for the relief of the sick. [Loud applause.] At any rate, it was only fair that they should suspend their judgment, and, when the truth was known, he believed the medical service of this great army, the greatest army that England had ever put in the field—and might he say almost entirely unprepared in its medical aspect before the war broke out—would come out with the highest possible credit. [Loud cheers.]

Another toast was "Our Guests," coupled with the names of Mr. Packard (the Jubilee Mayor of Ipswich), Professor Jno. Berg (Stockholm), Professor Lennander (Upsala, Sweden), Professor Nicolaysen (Christiania, Norway), and Professor Cameron, (Toronto). After the first four had spoken, Professor Cameron, (of the Toronto Branch of the Association), also replying to the toast, observed that as a visitor from over the water, he brought with him the greetings of their Canadian brothers and their wishes for the Association's success. In thanking the Association for the hospitable manner in which they had received him, he suggested that the word "Colonial," instead of being used in conjunction with the words "Foreign and," should in future be used with the word "British" to form the phrase "British and Colonial Medical Association." [Hear, hear.]—*British Medical Journal*.

Personals.

Dr. Kennedy McIlwraith spent his summer holiday at Viamede, Stony Lake.

Dr. G. S. Cleland, of Toronto, spent his holidays in Muskoka. He returned August 23rd.

Dr. A. O. Hastings, of Toronto, took the St. Lawrence and Saguenay trip in August.

Dr. F. T. Bibby, of Collingwood, has been appointed associate coroner for Grey County.

Dr. Albert A. Macdonald spent some weeks with his family at De Grassi Point, Lake Simcoe.

Dr. T. H. Halsted (Toronto, 1887), of Syracuse, New York, visited Toronto early in August.

Dr. Herbert A. Bruce, of Toronto, spent four weeks (parts of July and August) on the coast of Maine.

Dr. Price Brown, of Toronto, left August 14th, for Port Carling, where he expects to stay for a few weeks.

Dr. J. Arthur Sutherland, after spending a pleasant holiday in Toronto, returned to Dawson City, August 17th.

Dr. C. J. O. Hastings, of Toronto, has paid a few visits to Grimsby, where his family are spending the summer.

Dr. Chamberlain, Inspector of Gaols and Asylums, made an extended tour of inspection in New Ontario in August.

Dr. H. W. Spence (Toronto, 1898), Resident Toronto General Hospital (1899-1900), left for Europe August 29th.

Dr. Brown, of Port Arthur, has been appointed gaol surgeon at that point in succession to Dr. McDonald, deceased.

Dr. G. A. Schmidt (Trinity, 1899), Resident Toronto General Hospital (1899-1900), has commenced practice in Sudbury.

Dr. Jno. L. Davison, of Toronto, had his usual summer holiday of a month's duration at the Tadenac Club, Georgian Bay.

Dr. Murray McFarlane went to Gaspé and Lake Edward, Quebec, in July, and returned to his home in Toronto in August.

Dr. A. McPhedran, of Toronto, left about August 1st for "Go Home" to spend a few weeks with his family, who are summering there.

Dr. Allen Baines came from England in the *Teutonic*, which reached New York August 7th. He reached Toronto the following day.

Dr. J. Algernon Temple has made frequent visits during the summer to his cottage at De Grassi Point, Lake Simcoe, where his family are living.

Dr. A. A. Shephard (Toronto, 1899), Resident S.C.H. (1898-99), Resident Toronto General Hospital (1899-1900), has settled in Sault Ste. Marie.

Dr. W. P. Caven, started on a trip on the upper lakes August 13th. He intended to visit Port Arthur, Duluth and Sault Ste. Marie, making a short stay at the latter town.

Dr. F. D. Turnbull (Toronto, 1899), Resident Toronto General Hospital (1899-1900), has settled in Goderich, where he is practising with his brother, Dr. J. L. Turnbull.

Dr. Harry B. Anderson, of Toronto, spent a portion of July and August in Muskoka. Since his return his friends find that he is much changed. He and a well-known judge of Toronto tell fish stories now.

Dr. Harry J. Watson, a graduate of Trinity Medical College, Toronto, who has been practising in Ottumwa during the last four years, has been appointed a surgeon to the regular army of the United States in China.

We are pleased to hear of the continued success of our former townsman of Toronto, Dr. J. N. E. Brown, who went to the Yukon some years ago as secretary to the Commissioner. We learn that he has recently been appointed Secretary of the Yukon District.

Dr. Charles A. Hodgetts, of Toronto, spent a few days at Windsor, August 14th, and following days. As Supreme Grand President of the Sons of England Benevolent Society, he presided over the meeting, and delivered an address, in which he urged the brethren to continue in their good work, and to remain steadfast in their loyalty to the greatest and proudest empire earth had ever known.

Dr. G. A. Bingham returned from the Thousand Islands August 27th.

Dr. C. E. Martin, of Toronto, returned to his home, August 25th, after a vacation of four months on the Pacific Coast.

We are pleased to announce that Dr. C. D. Parfitt is rapidly recovering. His many friends will be glad to learn that many of the rumors as to his condition were greatly exaggerated, and in some respects absolutely incorrect.

Dr. A. D. Stewart (Toronto 1898), George Brown Memorial Scholar (1898-99), Resident Physician Toronto General Hospital (1899-1900), has been appointed surgeon to the C. P. R. Steamship *Empress of Japan*. He left Toronto for Vancouver, August 11th.

Lord Lister will deliver the third biennial Huxley lecture on Recent Advances in Science and their Bearing on Medicine and Surgery, at Charing Cross Hospital, London, October 2nd. The first and second lectures were delivered by Professors Michael Foster and Virchow.

Professor Osler, of Baltimore, who went to England soon after completing his work of last session, returned to Canada with Dr. Baines to see his brother, Mr. B. B. Osler, who is seriously ill. After remaining a few days in Toronto he went back to England, sailing August 15th.

Dr. Chas. O'Rielly, Superintendent of the Toronto General Hospital, left for a restful trip in northern and western districts, August 11th. In the first week he "did" Winnipeg, St. Paul, Minneapolis, Milwaukee, Chicago and Detroit. After leaving the latter city he moved a little faster, and visited various towns in the United States and Canada.

Hon. Dr. Montague, of Hamilton, delivered an address to a large audience at Cassadaga Lake, New York, August 19th. The telegraphic report contains the following words: "His address, which lasted for an hour and a half, was received with great favor, and at its close he was voted a very hearty invitation to return next year."

Dr. T. G. Roddick reached his home in Montreal on his return from England, August 21st. We notice with pleasure in the Montreal papers that he is likely to be a candidate again at the next election for the Dominion Parliament. We wish to see him remain there as long as possible, but especially until the proposed "Medical Act of Canada" is passed.

Obituary.

SIR WILLIAM STOKES.

A dispatch was received from Durban, August 19th, saying that Sir William Stokes, the distinguished surgeon of Dublin, died in that town on that day. He was surgeon-in-ordinary to the Queen, and consulting surgeon to the British forces in South Africa. He was born March 16th, 1839. A few minutes after reading the report of his death in the *Toronto Mail and Empire*, we noticed the following in the *British Medical Journal* of August 11th, received the same day:

DINNER TO WAR SURGEONS AT DURBAN.

On June 30th the medical practitioners of Durban entertained Sir William Stokes, Consulting Surgeon to the Field Forces, and Sir Thomas Fitzgerald, of Melbourne, at dinner in the Durban Club. The Rev. Dr. Booth was also among the honored guests. There was a large attendance of members, and Dr. Addison presided. In the speeches which followed, appreciative remarks were made by the chairman and Dr. Allen on the services rendered by the guests during the present war. Special reference was made by Sir William Stokes to the unjustifiable, and in many instances grotesque, charges that had recently been made against the Army Medical Service. He paid a high tribute of praise to the superb way the medical and surgical work had been accomplished in the present campaign, by the army medical officers both in the field and base hospitals, which undoubtedly had far distanced any similar work done in former wars.

JOHN BYRON NEWMAN, M.B.

Dr. J. B. Newman, of Detroit, died August 11th, after a short illness said to be due to heat prostration. He was educated in the Toronto School of Medicine, and received the degree of M.B. from the University of Toronto in 1864. After graduating he practiced for many years at Wallaceburg, Ont., with great success. Some years ago he removed to Detroit, where he was engaged in practice until a few days before his death.

JOHN ASHURST, M.D.

Dr. John Ashurst, Jr., of Philadelphia, well-known as a surgeon, teacher and author, died at his home, July 7th, aged 61. He edited the *International Encyclopedia of Surgery*, which appeared in 1881.

JOHN GEORGE MENNIE, M.D.

Dr. J. G. Mennie, a well-known physician of Toronto, died August 23rd, of Bright's disease, aged 46, at his father's residence, Fergus. He attended the Toronto School of Medicine, and graduated M.D., Victoria, 1881; M.B., Toronto, 1882. He was a kind, unassuming, painstaking, and capable physician, popular alike with his patients and medical confrères.

GEORGE L. LIDDELL, M.D.

Dr. Liddell, of Cornwall, died suddenly at his home, July 5, 1900, aged 32 years. He graduated M.D., McGill University, in 1890.

ALEXANDER J. C. SKEEN, M.D.

Dr. Skeen, of Brooklyn, died at his summer home in the Catskill Mountains, July 4th, aged 62. He was well-known throughout the world as one of the best gynecologists of the United States. He was born in Scotland, and came to America when he was 19 years of age. Apart from his ability and Scotch level-headedness, he was a charming and companionable man.

Correspondence.

THE IMPORTANT OTHER SIDE OF THAT CONSUMPTION SANATORIUM QUESTION.

To the Editor of the CANADIAN PRACTITIONER AND REVIEW :

SIR,—The editorial on ("Dr. Playter's") Highfields "Sanatorium" in your August issue does, rather through omission, a great injustice to the institution, probably from not knowing the facts.

You state that I selected "a residential portion of Moore Park, and antagonized a large portion of the community." Now there is no visible line of demarkation to this "Park," and in all the forty or fifty acres of unfenced, waste commons, in which the Sanatorium is situated, there are only *four other residents*, nearest one being, as sworn to in court, 100½ feet away, and the next, over 300 feet.

You make me bellicose; "fighting public opinion and the municipal authorities of York township and the city." My dear sir, the opposing belligerents, all told, are only three of these four "Park" residents, who fear a depreciation in the value of their property, and two or three of their friends—no more. The city, being in no way interested in the question, has had nothing whatever to do with it. Its Board of Control had previously deferred, though not refused, to grant the usual per diem allowance applied for.

Most important of all, you state: "After a careful inspection it was decided that Dr. Playter's house was not suited for the purpose." "Decided" by whom, pray? "A careful inspection"!!! in a rush over the premises of less than five minutes duration by City Health Officer Sheard, who, of course, reported "adversely," as you state; and after which the end is not yet. Why adversely, is well known. Now you did not state, as you probably did not know, that the twelve medical gentlemen named below visited the institution at various times and made, each, a thorough professional inspection of the premises, in detail, of which Dr. Sheard knew nothing, simply because he did not inspect. These twelve doctors declare, and the declaration was produced and read in court, that the sanatorium "is a large three storied brick and stone residence, with a nine-windowed tower, giving three well-lighted alcoves to three large rooms. A large three-windowed bay extending to the

roof, and also three balconies are on the sunny side. It is exceptionally well lighted," they state,—“many chimney flues give good ventilation.” . . . “The walls have been all recently well covered with alabastine.” “The basement is large, dry and well lighted.” “The outlook is very fine.” It is “surrounded by a large extent of country” . . . with “but few residents.” “There are nine nice beds, in the usual hospital style.” “Altogether,” they add “a more suitable place could hardly have been selected or built for a dozen or so consumptives, and we cannot see that it can be made in any measure a source of danger to any person.”

To save your space I give but a small portion of what was certified to—the antipode of Sheard’s “adverse inspection,” by these twelve doctors, namely: F. Le M. Grasett, H. C. Burritt, G. Herbert Burnham, J. T. Fotheringham, W. H. B. Aikins, Chas. McKenna, Walter McKeown, H. B. Anderson, A. H. Garratt and J. J. Cassidy, and P. H. Bryce of the Provincial Board of Health.

Moreover, a number of these, and several others, ten in all, gave a similar account of the institution in the witness box in court.

In conclusion, in presuming “that the location will have to be changed,” a safer prediction on this point could be perhaps made after the court, to which appeal has been granted, has rendered judgment.

Yours truly,

EDWARD PLAYTER.

We have before us the 1900-01 Revised Price List published by the well-known firm of Parke, Davis & Co., Detroit and Walkerville, and on looking through the book are peculiarly impressed with the growing importance of such a list. The subject matter contained within its covers embraces all the productions of this gigantic concern, besides other information on herbs and drugs in general, that are of the greatest importance to the practising physician. The typography of the work is most excellent. It is printed on several colored papers, so arranged that the different colors indicate the different departments, such as pills, tablets, fluid extracts, etc. This makes it a ready reference book, and greatly facilitates the busy practitioner in locating the subject he is in search of.

The genial Canadian manager, Mr. Swift, has, as is usual with him, taken great care to have on the cover the fact that the Canadian branch is a large and important one, and that it is of itself a manufacturing concern of no mean size. The progress of this now gigantic concern is very nicely shown by a series of illustrations. The size of the buildings in 1867 and 1900 is widely different.

SURGICAL HINTS.

In women, severe pains about the breasts, back, or extremities are often due to abnormal conditions about the uterus and its appendages.

In strangulated hernia the pain complained of may be situated in the region of the umbilicus, and has more than once been mistaken for a disturbance due to intestinal colic.

Absence of pain does not always signify that you are not dealing with cancer of the stomach, since it has been discovered that about eight per cent. of such cases do not present this symptom.

Pain due to disturbance within the bladder is referred to the glans penis when a vesical calculus is at fault, to the region of the bladder itself when the latter is actually diseased, and to the perineum and rectum when the prostate is at fault. In women calculus often causes severe bearing-down pains, which may be mistaken for those due to uterine causes, and sometimes they have incontinence of urine.

When dressing an aseptic wound, it is well to explain to the patient your reasons for not disturbing it for a long time, or he will think himself neglected. The only reason for the removal of a dressing at an early date is the belief that sepsis may have occurred, or because it has been soaked through by an abundant discharge, or because it has become soiled by feces, urine, or vomited matter, or because it has become displaced, or because it causes pain by pressure, or because there is evidence of secondary hemorrhage.

Don't always blame your suture material whenever you get a so-called stitch abscess. The great majority of these are not at all due to the sutures, but to the fact that there has been an infection due to the existence of noxious organisms in the deeper cutaneous layers, which cannot always be removed by the most conscientious scrubbing. Careful washing with green soap and alcohol, followed by a large wet dressing of bichloride, applied the day before an operation, will greatly diminish the number of these generally miscalled stitch abscesses.

When using cocaine hypodermatically, it is well to boil the water immediately before using, and to inject the solution while still quite warm. This increases the anesthetic effect, besides insuring an aseptic injection. If normal saline solution be used instead of water for all hypodermatic injections the pain is much diminished.—*International Journal of Surgery.*

Selections.

Accidental Vaccination on the Lip.

Accidental vaccination on various parts of the person is not very uncommon, but all cases of its occurrence are deserving of record. In the *Lancet* for June 23rd, Mr. A. R. Henchley says that he was recently sent for to see a woman supposed to be suffering from erysipelas. When he arrived he found the sub-maxillary lymphatic glands enlarged and a slight swelling of the left cheek. The lower lip was also swollen and had a large and a small vesicle near the injunction of skin and mucous membrane at about its centre. Some ten days previously he had vaccinated her child, and he extracted from her the information that the baby had scratched her lip and that she had accidentally rubbed the vaccination pad with some discharge on it on her mouth while dressing it.—*New York Medical Journal*.

Pilocarpine in Deafness.

The use of pilocarpine in certain forms of deafness is not altogether new, but Dr. Emery (*Massachusetts Medical Journal*, June) calls attention to the fact that it is more frequently overlooked than, considering the usually hopeless prognosis of nervous deafness, it ought to be. He records two cases in both of which total deafness came on suddenly with nausea and vomiting. In the first case, but not in the second, there was also vertigo, and further, right facial paralysis ensued. Subjective noises in the ears were present in both cases. Both aerial and osseous conduction were obliterated. The first patient had a syphilitic history, but none could be elicited in the second. Severe pain was present in both cases, in the first at the back of the head and in the second at the vertex. The author considers that in the first case the auditory centres in the cerebellum were probably the seat of syphilitic exudation, while in the second the lesion was probably labyrinthine and apoplectoid in character, most probably due to the rupture of a small vessel in each of the two labyrinths simultaneously, the attack having taken place while the man was stooping at his work. The treatment consisted, after many other measures had failed, of injections of pilocarpine under the skin of the shoulder. The injections were at first of the strength of one twelfth of a grain and were administered daily, but as the strength was gradually raised to one-third of a grain the frequency was diminished to every second and every third day. The patient remained in the recumbent posture for some six hours after each injection. Improvement in hearing mani-

fested itself in each case almost immediately, and this progressed steadily. The author attributes the action of the drug to its stimulating the absorbents in the vicinity of the effusion before the latter had had time to become organized. It is obvious, therefore, that the treatment requires to be begun as early as possible, and it is probable that it would prove useful in cerebral apoplexy generally.—*New York Medical Journal.*

The Relative Value of Certain Articles of Diet in the Treatment of Disease.

There is probably scarcely a reader of the *Therapeutic Gazette* who has not been taught by the perusal of text-books, or by the lectures of his medical teachers, that in the treatment of Bright's disease certain articles of diet must be rigidly avoided, and among these that the various red meats or albuminous foods are to be put aside as largely as possible. Further than this, he has been instructed that if any meats are to be allowed the patient he is to use by preference white meat, such as the meat of chicken, in preference to dark meats or red meats, such as mutton and beef.

Personally we have never been able to see why a patient should be allowed to have small quantities of eggs, and white meat of chicken, and yet should be denied things such as roast beef, beefsteak and mutton; and recently a number of articles have appeared in continental journals in which the question has been raised as to whether there is sufficient chemical and physiological difference between dark and white meat to justify us in permitting the use of one and forbidding the other. As a matter of fact, there are no chemical data which justify the prohibition of red meats. Such data as exist seem to be founded upon the supposition that dark meat contains a larger proportion of nitrogenous extractive than does white meat. But this is not borne out by the analysis of the various foods that we are discussing. On the contrary, chemical analysis shows that the difference between them, so far as extractive is concerned, is very slight.

Among the papers which we have mentioned we may quote that of Offer and Rosenquist, which was published in the *Berliner Klinische Wochenschrift* in the latter part of 1899. This careful analytical paper is also quoted in the *Scottish Medical and Journal* for February, 1900, and gives accurate tables, which show that there is no support apparently for the theoretical difference between white and red flesh, and these authors do not believe that we are justified in excluding red meat from the diet not only of cases of Bright's disease, but from the diet of those who are gouty—that is, provided that we are willing to permit these patients to eat meat at all. It is true that their

views have been strongly combatted by no less a person than Senator, who believes in the old-fashioned custom of excluding red meat from the diet of patients suffering from chronic kidney disease and gout. Whatever may be the ultimate result of this discussion, we believe that there is one point which is not to be overlooked, namely, that some of these patients at least may be allowed small quantities of red meat sufficiently frequently to prevent them from becoming entirely disgusted with white meat and also in sufficient frequency to prevent them from becoming restive and uncontrollable upon the diet which is ordered.

Finally, it is not to be forgotten that it is by no means necessary to employ skimmed milk as a drink and nutriment for these patients. Unskimmed milk, which contains a larger quantity of fat, is therefore far more nutritious, and is infinitely better for such patients if they can digest it, and most of the patients who can digest skimmed milk can digest ordinary good milk which has not been skimmed.—*Therapeutic Gazette*.

Thyreoid Extract in the Treatment of Tuberculosis.

Prof. Edwin Klebs reports in the *Berliner Klinische Wochenschrift* of December 11, 1899, the results of trials and studies made by him on the above subject, as he announced at the meeting of the Tuberculosis Commission at Munich. He used the juice of the thyreoid as obtained by pressure and administered it to the subjects of phthisis in an early stage, all of whom were markedly suffering from gastric symptoms (achylia gastrica), while the changes in the lungs were but slight. The drug was not given empirically or in haphazard manner, but in accordance with the results of experiments carefully carried out previously on animals, in which Klebs had found that when the thyreoid gland had been removed the same gastric conditions resulted as was the case in the patients alluded to above. It must also be noted that these patients were found to present a noticeable atrophy of the thyreoid gland. The gastric juice of dogs experimented on after ablation of half of the thyreoid gland and simultaneously subjected to injections of tuberculin was found to be almost entirely devoid of hydrochloric acid and of pepsin, while the intact half of the dog's thyreoid was found to be undergoing atrophy with a total disappearance of its colloid substance. It thus appeared as if the action of tuberculin was inimical to the thyreoid function, and that as a net result there supervened after a while the gastric conditions referred to above.

Concluding from these experiments that the feeding of tuberculous patients who suffered from severe achylia gastrica with fresh thyreoid secretion might have a beneficial effect, the

theory was carried out into practice, with the result that much benefit was obtained by this method of treatment. Klebs records the clinical history of two phthisical patients thus treated, and points out that in both cases a marked improvement of bodily condition and an increase of weight followed the treatment. Other improvements in respiratory capacity and in respiration generally are also recorded, and a marked increase in appetite, which before had been very feeble.—*The Lancet*.

Pneumococcus Infection.

Dr. Frank Billings (*Western Clinical Recorder*), thinks that all recognized pathologists and clinicians are now agreed that Fraenkel's diplococcus is not only the cause, but the only cause of lobar, croupous or fibrinous pneumonia, even though in, perhaps, 10 per cent. of the cases it may never be discovered. Pneumonia is an acute infectious disease, characterized usually by a local inflammation of the lung with an associated specific toxæmia. The lung manifestation is so frequent that the name pneumonia is still adhered to, but Dr. Billings thinks that the obsolete term "lung fever" expresses the pathological process much more clearly. It is a recognized fact that pneumonia may occur without pneumonitis. This is better expressed as a pneumococcus infection without any involvement. The infection may occur as a septicæmia or as a pyæmia alone, or as a septicopyæmia. Many autopsies prove this. Toxæmia occurs in these cases, producing fever with disturbance of the cardiovascular system, of the secretions and excretions and of the nervous and digestive apparatus of the body, as in ordinary pneumococcus lung involvement. This proves that the disease is an infection with local lesions, usually of the bowels and mesenteric lymph glands, associated with a peculiar toxæmia. In this it is analogous to typhoid and other infective fevers. Lung inflammation, pneumonitis, on the other hand, may be caused by many varieties of germs. Besides lung fever, "pneumonia," which is a pneumococcus pneumonitis, we may have streptococcus, staphylococcus, colon bacillus or typhoid bacillus pneumonitis and that due to other bacteriologic forms. Septic pneumonitis is not rare, and in the infectious diseases complicated with pneumonia the processes may be pathologically an infection with any one or more of the before-named bacteria. The local signs, however, and the clinical phenomena of the different forms may be so much alike in the first days as to render diagnosis impossible, unless aid is afforded by the histological and bacteriological examination of the blood and pleural exudate. The author compares pneumonitis in this respect with cerebro-spinal meningitis. The recognition of the type of

pneumonitis is important in prognosis and therapy. The diagnostic clue will, the author thinks, be found in the study of the blood in comparison with the clinical course of individual cases. The author records some cases as examples of the general infectiousness of the disease to prove that the lung involvement is not always present and that pneumococcus infection of other portions of the body or of the blood may occur with or without lung involvement.—*New York Medical Journal*.

Unconscious Accouchements.

Sr. Guillermo Serra (*La Semana Medica*, May 10th; *Indépendance Médicale*, July 4th), says that unconscious accouchement is now admitted to be possible even in healthy women, sound in mind and body, and this fact must therefore be borne in mind in legal medicine. Among the most frequent causes are enumerated: multiparity of the woman, abnormally great pelvic dimensions, excessive development and exaggerated irritability of the muscular elements of the uterus, the absence of pains in the early period or even during the entire labor, as well as possible ignorance or misconception concerning pregnancy. In most cases several of these causes co-operate. A frequent factor is the sensation of an urgent need to urinate and defecate during labor, the efforts to satisfy this imaginary need at times inducing sudden accouchement without the woman experiencing any particular impression thereof. The author records a case of this character, in which one child was born in the night-chair, while a second was born immediately afterward on the patient getting to bed. The puerperium was normal. The case of the author's daughter is even yet more curious. She had conceived while suckling a previous child and did not experience any of the morbid symptoms usual in the early stage of pregnancy. She was quite unconscious of her condition. One night she summoned the author in consequence of abdominal pains which compelled her to keep her bed. The author prepared a calmative for her, returned home but hardly had he arrived there when he was again summoned. The patient had pains in the genitalia, but before he could examine her the cry of the infant announced what had occurred. These unconscious accouchements must not be confounded with cases in which labor surprises the woman in the street or in a vehicle. The distinction between the two is of great medico-legal importance.—*New York Medical Journal*.

NO SIGN.—Dr. Jalap: "Let me see your tongue, please."
Patient: "Oh, doctor, no tongue can tell how badly I feel."
Tit-Bits.

Miscellaneous.

Mr. Treves on the Conditions of Success in Medical Practice.

Mr. Treves, who has recently jumped from fame into notoriety, in presenting the prizes to the students at the opening ceremony of the additions to the London Hospital Medical College recently, made some excellent remarks which are worth reproducing, as cited by the *New York Times* for August 3rd from the *London News*. Mr. Treves said that as a student he was signally undistinguished. The idle student was about to present prizes to the industrious students. His sympathies a little went out to his own clique—the idle, unsuccessful majority. He suffered a good deal by the advice tendered to him to mend his ways. He was talked to by persons supposed to have a moral influence with youth, and he had a somewhat bad time. One mentor gave him a copy of Hogarth's Idle and Industrious Apprentice series, which was expected to have a good effect upon him. He was impressed by the fact that the idle apprentice seemed to have an exceedingly good time, passing through exciting periods and going to sea, whereas the existence of the industrious apprentice seemed to be one of unmitigated dullness. When the former reached about the time of life to which he (Mr. Treves) had now attained he had the misfortune to be hanged at Tyburn, whereas the latter, at the same period, became Lord Mayor of London. It was hard to say in which direction one's sympathies ought to go, and which end was to be preferred. One of the most encouraging remarks made to him at the commencement of his career fell from the then consulting surgeon of the hospital. Referring to a surgeon then enjoying great fame, he said: "I don't see why you should not do as well as he has done, because at your age he was a perfect fool." That made him extremely happy. Unsuccessful students often used arguments that he hoped to be able to confute. One was, "I can't get on; I have no luck." So far as their profession was concerned, there was no such thing as luck. Luck meant that a man was ready for a certain chance when it came along.

The same circumstances befell twenty men, but only one was prepared to take advantage of them. Some students complained that they had no genius. Genius, he supposed, was some sort of neurosis—an uncalculated nervous disease. The few men of genius he had met had been exceedingly impossible persons. They would certainly be entirely out of place in the medical profession, where even cleverness was not to be encouraged. Indeed, of all desperately dangerous persons, the

brilliant surgeon was the most lamentable. Cleverness found its proper field, not in the operating theatre, but at the Egyptian Hall. Again, it was said: "I cannot succeed; I have no influence." No person succeeded better than the man who stood entirely upon his own feet, depending on no one to assist his progress. The absence of means was another ground of lamentation; but the men who had succeeded most conspicuously were the men who started on nothing. The things that made for progress were difficult to define. Hard work came first. Then there must be close observation. Of course, too, a man must know his profession. As Sir William Jenner put it, "He must be in a position to be dogmatic." There were two classes of dogmatic persons—those who knew everything and those who knew nothing of a subject. Again, a man must be kind. It was not kind to blurt out to a lady the news that she had a malignant disease. The last quality he would mention as necessary to a successful medical man was honesty, and it could not too emphatically be laid stress upon. The late Sir Andrew Clark was a man who had no knowledge of dullness, and an infinite capacity for work. He was a particularly shrewd observer, amusing in his dogmatism, a man than whom none had a kindlier heart, and almost pedantically honest. Sir Andrew started without money, friends, or influence, and he rose to the highest position in his profession.—*New York Medical Journal*.

Autopsy on King James I.

Mr. Jonathan Hutchinson, F.R.S., in his *Archives of Surgery* for April, says that in the Harleian Manuscript 383, there is a copy of a letter from a Mr. William Neve to Sir Thomas Hollande, concerning the embalment and bringing to town of the body of King James. The writer says, "The King's body was about the 29th of March disembowelled, and his heart was found to be great, but soft; his liver freshe as a young man's; one of his kidneys very good, but the other shrunke soe little as they could hardly find it, wherein there was two stones. His Lites and Gall, blacke; judged to proceed of melancholy. The semyture of his head so stronge as they *could hardly breake it open with a chesill and a saw*; and soe full of braynes as they could not upcn the openinge keepe them from spilling: *a great marke of his infynite judgment.*"—*New York Medical Journal*.

PHYSICS.—First Boy: "Did you take physics at your school?"
 Second Boy: "No; but ma made me take physics at home."—*Boston Transcript*.