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THE NECESSITY OF PHYSICAL HEALTH IN ACQUIRING AN EDUCATION.

BY ALEX. THOMPSON, M.D., STRATHROY.

Mr. Chairman and Gentlemen.—In complying with the request to read a paper on some hygienic subject that would be of interest to teachers, I do so with considerable hesitation, as I feel you would be more edified and I better satisfied, had one more in touch with school hygiene than I am, been asked to address this Section of the Ontario Teachers' Association on the importance of having and maintaining good health, especially when receiving scholastic instruction.

The children of to-day, preparing for the battle of life will be the men and women of to-morrow, to take our places when we are laid aside. Have we realized the responsibility resting on us if we neglect to so train them that they may become useful citizens, healthy in body and with cultivated mental faculties?

There is not so much danger to the boys, they are more in the open air enjoying the outdoor games and sports, and not so prone to a breakdown of the physical and nervous systems as girls are. They are weaker physically and more sedentary in their habits. Besides their desk work in school and their studies at home they devote more or less time daily practising on the piano or some other musical instrument. Need we be surprised if a number of them suffer from nerve tire or neurasthenia.

Sanitarians, oculists and educational authorities for the last number of years have been, and still are, warning the public against the unsanitary condition of a number of our schools and playgrounds, on the excessive amount of desk and home work, the short time spent on physical training, the injurious effect of overloading the immature brain with matter difficult to understand, and if understood part of it of very little practical use in after life.

A prominent physician and sanitarian has said, "A physical or

mental wreck is a depressing sight at any period of life, but a breakdown at the very threshold, when foresight on the part of others might have prevented it, is sad indeed." Previous to the last fifteen years or so, physical training was sadly neglected in our Public Schools, and is yet in a number of them, especially in the rural districts. Nearly the whole of the time of the pupil (except the infant class) from 9 a.m. until 4 p.m., with the exception of the noon hour and fifteen minutes for intermission in the forenoon and the same time in the afternoon—about five hours daily—taken up in cramming the young brain with a large quantity of matter on different subjects, besides an hour or two at home worrying and wrestling over problems, memorizing, etc. And all that time spent and lessons studied, in too many cases, in unsanitary school-rooms, and probably in more unhealthy surroundings at home.

Need it be a surprise to us that a number of delicate and some robust children break down under such a strain with the nervous system shattered, the muscular system enfeebled, the sight defective from eye-strain—the internal organs, if not organically diseased, are functionally disordered, as evidenced by dyspepsia, torpidity of the liver, derangement of the intestinal canal, palpitation of the heart, headaches and other functional disturbances, too numerous to mention here. We see them to-day grown-up men and women physical and mental wrecks.

The old adage, "a sound mind in a sound body," is priceless. Education is necessary to success in life, but if acquired at the expense of that more precious gift, good health, it is worthless.

According to the report of the Director of Physical Training in the Public Schools of Washington, after stating the beneficial results of systematic daily exercises, he says: "It is impossible to test the full measure of success or failure of our efforts. It is in the remote future with school days long past, that the lasting influence of such work will be felt by the individual child."

It is gratifying now to learn that so many of the parents are realizing the injurious effects of over-study, unhealthy and overcrowded school-rooms, etc., and appreciating the beneficial results to both mind and body acquired by the means adopted to promote good health.

Another authority says: "The more rational mode of educating the young appear to be that of so training the body and mind that both advance as far as possible at an equal rate. Thus, if a child is of a weak constitution, but possessed of unusual mental capacity, it should be the aim of the teacher to strengthen the physical powers; and until that object is accomplished, to let the mind take care of itself. On the other hand, if the reverse is the case, to adopt contrary methods. The pupils should be studied separately, and children should not be lumped together in a body and put through the same course without regard to their different temperaments, dispositions and constitutions."

The first essentials of school hygiene are the site, the building, and the furnishings.

The Site.—The school grounds should be sufficiently large for a roomy playground, and if possible, be located on high dry land, preferably a sandy or gravelly porous soil. If those conditions cannot be procured it should be thoroughly underdrained, and if necessary, covered with a layer of sand or fine screened gravel. Shade trees should not be in too close proximity to the building to obstruct the sun's rays, if they are cut them down.

The School Building.—The essential requisites are ventilation, heating, lighting and furniture. Unventilated and perhaps overcrowded rooms, where children are constantly inhaling carbonic acid gas and other noxious vapors, poisoning the heart, lungs, brain, etc., is a prolific source of dullness of the intellectual faculties, lassitude, and a predisposition to disease.

Heating.—The rooms should be uniformly heated, as extremes of temperature in too many cases cause pulmonary and other diseases.

Lighting.—If the rays of light enter the room in front of the pupil eye-strain, causing many of the forms of neurotic diseases, is almost sure to follow. The light should come from behind and as nearly over the left shoulder as possible.

Furniture.—Seats with comfortable backs should vary in size, so that the pupil could sit comfortably and rest the whole foot firmly on the floor, otherwise he sits on the front edge of the seat, the upper part of his back against the back of the chair with, probably, the toes only touching the floor, causing round shoulders, flat chest, pelvic deformity and occasionally curvature of the spine. Desks should have a slight slope, reaching over to the front edge of the seat so that when writing the pupil may be sitting more or less erect as the usual type of lateral curvature of the spine is "that of the writing position," and nearly always originates during school life.

I would suggest that this section recommend the Association to interview the Education department, requesting that plans and specifications for sanitary buildings of one or more rooms be obtained by advertisement awarding a substantial prize to the successful competitor, said plans to be kept at the Education department and loaned, through the Inspector, to school trustees contemplating building.

Also, that a practical examination on school hygiene be a compulsory subject in the curriculum for a teacher's certificate, not so much for the purpose of teaching it to the pupil as to protect the health of the child during school life.

That the Inspector of Schools should make a thorough examination into the sanitary condition of the playgrounds, outhouses, and of the schools under his inspectorate, which is equally important, if not more so, than his investigations into the advances made by the pupils in their several branches of study.

That he give a lecture annually to the parents on school hygiene in the evening, or any other suitable hour of the day of his visit, notifying the teacher of the date of his school inspection.

THE TREATMENT OF CATARRHS, ESPECIALLY POST-NASAL CATARRH.

BY WILLIAM ERWIN, A.M., M.D., PHILADELPHIA, PA.

OUR damp and variable climate, subject to sudden and great extremes in temperature, with frequent alterations in winter between freezing and thawing, doubtless serves to produce and perpetuate the condition so well known as catarrh. These climatic variations have a special influence upon the vascular system, causing dilatation of the capillaries of the surfaces of the body, followed by an equally marked contraction. The acute attack usually results from sudden changes of temperature, exposure to draughts of air, to cold and dampness, to sudden cooling of the surface of the body after being heated, to getting the feet wet, or to protracted exposure to low temperature. The consequence is that when driven from the surface, the blood tends to accumulate in the interior of the body, or, as generally occurs, in the mucous membranes (the inside skin of the body), producing an acute dilatation of their capillaries, or, in other words, an acute congestion, followed by inflammatory changes, an acute catarrh, or "a cold."

Catarrhal affections are usually sporadic, but may also occur as an epidemic. The epidemic form seems to have its origin in certain peculiar conditions of the atmosphere, which at the present time are not well understood.

Catarrhal inflammation is confined primarily to the mucous membranes, and may attack one or more of them, no matter in what part of the body they may be. The symptoms, course, and consequences will depend in considerable measure upon the location of the disease, and present a very broad subject for the consideration of the physician. The duration of a simple catarrh or coryza is variously estimated by different authorities at from two or three days to nine or ten days, but all seem to agree that the patient is left with an increased susceptibility to a fresh attack. My explanation, however, of this so-called predisposition to another attack is that it is really the remains of the previous one, which, when removed, leaves the person with no greater susceptibility than at first.

The condition is of essentially the same character, whether it be found in the mucous membrane of the nose, throat, bronchi, or the digestive tract. Every congestion of a mucous membrane is accompanied by increased activity of its glandular secretion.

At first the mucous membrane becomes swollen, each recurrence enhancing the swelling. The repeated congestions cause enlargement of the blood-vessels until a true varicose condition and great relaxation of the membrane result, with later an increase of connective tissue and hypertrophy. When this stage is reached the condition is called chronic catarrh. The secretions now often become greatly changed in character and usually more profuse. Later on, owing to impaired and perverted nutrition, the epithelial cells undergo degenerative changes, and the mucous membrane changes color, and becomes opaque and uneven. In some places it is covered with a thick layer of mucus or pus, while in others, where the epithelium is destroyed, it is dry and devoid of secretion, with a frequent formation of scabs and crusts, which often adhere firmly to the membrane beneath. At this stage the discharge may be thick or thin, scanty or profuse, and may resemble in appearance boiled starch, or may be of almost any shade of green, yellow, brown, or even black; occasionally it is bloody. If the secretion undergoes a special decomposition, a peculiar, penetrating stench is developed, and the condition is called ozena.

Age, occupation, habits of life, and sex have a very marked and strongly modifying or selective determining effect, as may be noticed in the tendency of infancy to croupous laryngitis, of childhood and adolescence to tonsillitis, etc. These occupations which are accompanied by noxious exhalations, or entail the necessity of breathing during working hours an irritating vapor or dust, are notably productive of asthma, bronchitis, and even of disease of the lung tissue itself, as is continually observed in furriers, stone-cutters, workers in dye-factories, gas-houses, woollen mills, etc. Most tobacco smokers develop more or less post-nasal or pharyngeal catarrh.

Mode of life as regards clothing may also be considered as having a powerful etiological influence in the production of catarrh. When we observe the careless exposure of head, neck, bust, arms, limbs, and feet of the young of both sexes, and of the female adult, almost regardless of season or climate, the wonder is that the very prevalent condition now under consideration is not universal instead of only general.

For the sake of brevity the pathology, diagnosis, and symptoms may be omitted, and for the same reason also the question whether catarrh is a constitutional or a purely local disease, need not be discussed here, because it has no practical bearing when therapeutically considered.

Acute catarrh occurring in a vigorous subject, if properly managed will result in complete recovery, but if neglected, mis-

managed, or occurring in a delicate person, unless carefully treated, it may so depress the vitality that entire recovery does not take place before a fresh attack increases the original trouble, and it is usually in this way that the chronic form of this disease is established. The old adage that "an ounce of prevention is better than a pound of cure," is nowhere better applied than in connection with this subject, because chronic catarrh is peculiarly liable to frequent acute exacerbations.

Chronic nasal catarrh is usually attended by partial or complete loss of smell, and, as is well known, has proved itself a very annoying and intractable malady, its worst feature being its stubborn persistence and tendency to extension in many cases. Many a case of phthisis owes its origin to a neglected catarrh.

The successful management of this class of cases involves a careful study and regulation of all of the habits of the individual. Many will be found who are insufficiently or improperly clothed, either a part or all of the time. The proper protection of the neck, throat, chest, and extremities by suitable clothing is fully as important as the proper covering of the trunk, and woollen is undoubtedly the best material to be worn next to the skin. It absorbs perspiration much more rapidly, and gives the skin far better protection against changes of temperature than any other material used for clothing. Particular care should be taken to keep the feet warm and dry. Persons who take cold easily and are in the habit of removing underclothing worn during the day, on retiring should have a change of equal warmth for night wear. Occupations involving exposure to irritating fumes, vapors, or dust should be interdicted, as well as unusual exposure to cold and dampness.

Catarrh, in common with all other forms of chronic disease, requires great perseverance in treatment to bring about a favorable termination. Left to itself its tendency and course are invariably to spread from its starting point to contiguous mucous surfaces, as well as to the deeper tissues. The mucous membrane is liable to undergo hypertrophy, with the formation of polypoid excrescences, or the condition may assume a suppurative character. Hence ulceration, atrophy, and destruction of mucous membrane and underlying tissues, ozena, and caries or necrosis may be named as ultimate results of neglected nasal catarrh; hence the importance of timely treatment before it becomes so deep-seated as to make serious inroads upon the resisting power of its victims.

Every subject of catarrh should be instructed how to keep the accumulated secretions frequently removed by either the nasal douche, or better, the atomizer, using a warm alkaline solution.

or a warm solution of common salt. The atomizer is far superior to the douche, because its spray easily reaches every part of the air passages, and by the use of the recurrent spray tip all accumulated secretions in the pharyngeal vault and the posterior nares can be more thoroughly removed than in any other way. This method of cleansing the nasal passages should be repeated from two to four times a day in all cases of chronic catarrh. A thorough cleansing having been accomplished, the parts are then ready for the proper medication.

In a practice covering more than twenty-five years I have used a large number of remedies in the treatment of catarrhal conditions, only to find none that were reliable until my attention was called to protargol.

The large majority of cases coming under treatment require a mild, non-irritating disinfectant and astringent, and none better has yet been presented than protargol. In the past silver nitrate has probably accomplished more in curing chronic catarrhal conditions than all other remedies combined, yet it has two serious drawbacks. It is entirely too irritating, which defect prohibits its use in many cases otherwise perfectly adapted to it. Owing to the ease with which it combines with the albuminous elements of the secretions and the surface epithelia, its action, besides being harsh and irritating, is too superficial to be satisfactory. Unsightly stains of the skin and clothing are also highly objectionable.

In protargol we have a proteid silver salt which overcomes both of the objections to the nitrate. It acts without producing irritation; even the transient burning sensation following its use can be very greatly lessened by the addition of some bicarbonate of soda to its solution. It shows no tendency to coagulate albumin, and therefore manifests in full its therapeutic effect. Neither is it escharotic, and yet it acts deeply upon the mucous membrane as a powerful disinfectant and alterative, quickly arresting suppuration and ulceration in almost all cases. Fresh stains of protargol are instantly removed by washing in water; stains that have become dry are readily removed by sodium thiosulphate or ammonium persulphate. Its solutions are stable, being unaffected by light, air, or heat. In short, protargol fills in an eminently satisfactory manner "a long-felt want" in the management of catarrh.

Post-nasal catarrh is best treated by a two to five or six per cent. solution, applied by a recurrent spray, the addition of soda bicarb. being in my experience very agreeable and satisfactory. Occasionally, though very rarely, a case will do better on a one per cent. solution, and I have never used a solution of greater strength than six per cent. to the nose or throat.

Persevering treatment usually reduces enlarged turbinated bones to a size which does not interfere with easy respiration through the nose, but if this desirable result is not obtained by medical measures, their surgical removal then becomes necessary. Exostoses of the septum which interfere with easy respiration should also be removed.

Adenoid excrescences, as frequently found at the vault of the pharynx, and polypi, either within the nasal fossæ or in the post-nasal space, usually require a resort to surgery for their removal.

Pharmacology and 
IN CHARGE OF
A. J. HARRINGTON, M.D., M.R.C.S.(Eng.) *Therapeutics.*

**THE VALUE OF LACTO-GLOBULIN IN WHOOPING-COUGH,
INFANTILE DYSPEPSIA, ETC.**

CARLOTTA T., whooping-cough, aged 10. History of phthisis in family. The child has a tubercular appearance. She developed whooping-cough on March 6th. Her paroxysms were very distressing and she retained scarcely sufficient food to support her system. Tried several varieties of infant foods but they were not retained. From her tubercular history and her cachexia I became quite alarmed at her condition. Tried Lacto-Globulin—teaspoonful to cup of water—and after persisting for some days, although it was frequently rejected, she retained sufficient to keep up her nutrition, which was in the meantime being built up with Parrish's Chemical Food. She improved most satisfactorily.—M.D., Toronto.

Baby D., aged 6 mos., infantile dyspepsia. This child had run the gamut of baby-killing foods, was thin, emaciated from diarrhea and vomiting. Father and mother healthy. Cut off all food except barley water, sweetened with Nestle's Condensed Milk, with immediate good results. Fearing there was not enough proteid in this for the infant's future good, I added, as an additional feeding, $\frac{1}{2}$ dram of Lacto-Globulin to cup of water, with great satisfaction. Infant now gives every promise of surviving.—M.D., Toronto.

J. S., aged 67. Valvular heart disease. Contracted la grippe March 3rd; went through usual course; patient very feeble; incessant nausea and vomiting; could not retain lime-water; advised in despair Lacto-Globulin; teaspoonful to cup of warm water. this he could not retain—changed to cold water, same proportion of Lacto-Globulin. This he retained and was sole diet for a week; then gradually added broth and soup to diet regimen. Patient at present much improved.—M.D., Toronto.

IODIPIN: ITS PHYSIOLOGICAL AND THERAPEUTIC IMPORTANCE.

BY LUDWIG HESSE.

THOUGH the recognized curative effects of Iodine have led to its very extensive therapeutic application, the disagreeable, and in some instances dangerous, action of this metalloid and its salts has given rise to a pressing demand for some Iodine compound that would be free from such objectionable properties, or have them only in a less degree. It would be unnecessary on this occasion to consider the relative merits and demerits of the Iodine preparation that are in most general use. My object is to direct attention to Iodipin—a preparation that has been but recently made known. Its preparation is based upon the well-known property of fat to combine with the halogen, the capability of forming Iodine addition compound being proportionate to the position of the fat in the series of unsaturated fat acids as their triglycerides. To effect the addition of Iodine in the preparation of Iodipin, sesame oil is treated with Iodine monochloride; other kinds of oil may be used for the purpose, but sesame oil is preferable, on account of its great digestibility, freedom from taste, and general agreeable character to which attention has been directed by V. Norden and Stüve.

Iodipin is prepared as an article of commerce by the firm of E. Merck, at Darmstadt, in two states of concentration: 1. 10 per cent. Iodipin, containing 10 per cent. of the halogen, and applicable chiefly for internal administration; 2. 25 per cent. Iodipin, containing 25 per cent. of halogen, and specially adapted for injections.

The 10 per cent. preparation is scarcely distinguishable in appearance or taste from the natural sesame oil. When suitably kept it does not undergo decomposition, but preserves its character as a pale yellow oily liquid, having at 20° C. a specific gravity of 1.025, insoluble in water or alcohol, but readily soluble in either benzene, chloroform or petroleum spirit. The ether solution shaken with silver oxide or mercuric oxide does not give off its iodine. When treated with caustic alkalies, iodipin is split up and the solution acidified with nitric acid gives a precipitate of argentic iodide on addition of a soluble silver salt. When Iodipin is mixed with fixed alkaline carbonates and incinerated, the aqueous solution of the ash gives the reactions of alkaline iodides. Mixed with concentrated sulphuric acid Iodipin becomes dark colored and swells up. Above the dark colored column of liquid there is a violet colored zone of Iodine vapor. Iodipin does not dissolve in concentrated nitric acid, but when heated with it to the boiling point becomes dark colored and suddenly evolves Iodine vapor with explosive force.

The 25 per cent. preparation has the appearance of a thick

viscous oily liquid of the consistence of honey in cold weather, and then requiring to be warmed before it is fit for use. It has a specific gravity of 1.227, and gives all the reactions above described in the case of the 10 per cent. Iodipin. It is more or less red or violet colored, but the color is not the result of decomposition, and is attributable in some way to the sesame oil, which is stated by Merkling to contain a minute quantity of a resinoid substance; by Villavechia and Fabris an alcoholic oil which gives with several re-agents the well-known Boudouin reaction that is observed in greater or less degree with the high percentage Iodipin.

The careful physiological observations, instituted principally by Winternitz, show that the absorption of Iodipin takes place not in the stomach, but almost invariably in the intestine. They also prove that the Iodized fat introduced into the system is for the most part deposited as such, and does pass into the circulation. If Iodipin were subject to rapid oxidation in the system the Iodine thus set free in considerable amount might be productive of deleterious effects; but in regard to the doses employed for medicinal purposes that possibility need not be considered. The deposition of Iodipin in the body holds good, not only in regard to that administered per os, but also for that administered subcutaneously, as well as per rectum. The investigations relating to rectal absorption are not, however, yet complete.

The assimilation of Iodized fat takes place generally. Not only does the rendered fat of the abdominal cavity and the subcutaneous cellular tissues contain Iodine, but Iodine is also present in the ether extract of almost all the organs, especially the muscles and the bones. Next to the liver the bone marrow contains the largest amount of Iodine.

The Iodized fat does not pass into parts of the body with its original amount of Iodine, a small proportion of that amount being previously separated. According to Winternitz, that takes place through the minutely divided fat globules circulating in the blood being altered superficially by contact with alkaline salts, while the interior portions of the fat globules retain the full amount of Iodine.

The circumstance that the assimilated Iodized fat is partially deposited in the interior of the body, and that, consequently, considerable quantities of Iodine may be introduced by means of Iodipin without danger, constitutes a very advantageous distinction between that preparation and certain other new Iodine media.

The investigations carried out by Scheele have demonstrated that the consumption of Iodovasogen is not to be regarded as constituting a substitute for internal administration of potassium iodide, and Winternitz has also shown that the consumption of Iodine in the form of vaselinol, Iodovasogen or potassium iodide, together with simultaneous consumption of food containing fat or fat-forming ingredients, does not have the effect of causing any appreciable assimilation of Iodine in the body. Assimilation takes place under such conditions only when potassium iodide is admin-

istered, and only to a minute extent at three places—in the bone marrow, in the lacteal glands and in the hair. These observations have been fully confirmed by Benedix and Caspari. The latter proved that when a solution containing potassium iodide and free Iodine was administered under the most favorable conditions there was no recognizable synthesis of iodized fat; on the other hand, he proved that when iodized fat was consumed no inconsiderable quantity of it passed from the food into the milk.

On the basis of such observations there is reason for regarding Iodipin from a physiological point of view as a highly-interesting preparation, the advantage of which centres in the fact that it is partially assimilable in the body and then is capable of gradually supplying from that store of iodine sufficient quantities in proportion to the progress of oxidation, and the action exercised by the alkalinity of the blood to develop its effects.

Granting that an hereditary or acquired predisposition or a similar condition produced by sickness may be one of the chief determining causes of the accessory effects of Iodine, it must also be remembered that for accessory effects to be produced, the occurrence of assimilation or excretion is essential, and that acute iodism depends upon the irritating action of Iodine or Alkaline iodides upon the alimentary canal. In the case of Iodipin the conditions of assimilation and elimination are essentially different from those obtaining in regard to alkaline iodides and other Iodine preparations. With the former a few minutes are sufficient to allow of the salt being diffused in considerable quantity from the stomach in the secretions and excreta.

When Iodipin is administered per os Iodine appears in the urine within ten or fifteen minutes; but the elimination of the entire quantity taken does not take place within a short space of time; but, in contradistinction to the results produced by other Iodine preparations, only after a much longer period has elapsed. The elimination of Iodine is still more retarded when Iodipin is administered subcutaneously. Klingmüller and Lowenheim, found, in experiments with animals, that even after the lapse of seventy days there were still traces of Iodine in the urine. When Iodipin is assimilated as a result of subcutaneous injection it is turned to account in the most effective manner. Klingmüller was unable, in repeated trials, to obtain any evidence of Iodine in the feces in a state of organic or inorganic combination.

In the administration of Iodipin therefore, Iodine is not only more gradually and uniformly eliminated than when administered in any other state of combination, and the diseased organism is consequently subjected to its influence more continuously and equally; but it may also be expected that the iodized fat is assimilated at the seat of disease and is there gradually liberated to exercise its heating influence. There is therefore no necessity to consider the questions whether the Iodine deposited with iodized fat is deposited as such and is there transformed in the circulation into alkaline iodide or whether the assimilatory properties of the

Iodine salts thus formed in the system are to be ascribed to the influence exercised by leucocytes in such a manner that the alkaline iodide present in the blood or in the tissues is decomposed at the seats of greatest metamorphosis, that is to say, in the leucocytes, and thus liberated Iodine endowed with even increased assimilatory capacity.

Besides the elimination of Iodine as potassium iodide through the kidneys, some is also eliminated through the salivary glands. According to Klingmüller, there is also in addition to the conversion of Iodine into potassium iodide, another form of conversion in the organism which manifests itself in the excretion of an organic Iodine compound in the urine. At present the question whether this kind of Iodine metamorphosis is of the therapeutic importance has not yet been settled.

All observers are in accord that the use of Iodipin as anticipated is not attended with those disagreeable accessory effects that are so marked a result of the administration of potassium iodide. When administered internally, Iodipin very rarely causes iodism, and when it does occur, the symptoms are not so pronounced or extended as in the case with the alkaline iodides.

On the contrary, favorable mention is made of the influence exercised by Iodipin on the alvine evacuation and the increase of nutrition brought about as a consequence of internal or subcutaneous administration of Iodipin. Similar evidence is given as to the absence of any disinclination to taking it. In the case of some patients who are sensitive to the oily taste, it has been administered with warm milk or coffee, or mixed with some peppermint oil or cognac, and after each dose it is advisable to chew a piece of brown bread.

Naturally it might be anticipated that Iodipin would prove useful in all diseases in the treatment of which iodine salts has been found beneficial. These expectations have been fully confirmed. O. Frese has employed it in cases of bronchitis, bronchial asthma and emphysema with very satisfactory results, and he has administered the 10 per cent. preparation in doses of two or three teaspoonfuls daily. Frese's experience was thoroughly confirmed by Kindler, who found that asthmatic patients treated with Iodipin very rapidly obtained relief of bronchial symptoms. The chief applications of Iodipin are in the treatment of the manifold forms of scrophulous and syphilitic disorders. Reports as to its use in such cases are published by Losio, Burkhart, Rosenthal, Radestock, and more especially Klingmüller. All observers agree as to the efficiency of the preparation. In the treatment of all kinds of tertiary syphilis the use of Iodipin is stated to give especially good results, whether the symptoms of disease present themselves in the muscles, the bones, the intestines, or the nervous system. Similar results are reported in cases of arterial or other forms of vascular aneurism, as well as in some cases of tabes.

Burkhart prescribes Iodipin in daily doses of two or three teaspoonfuls. Radestock, who holds that all Iodine preparations

should be administered in much larger doses than have hitherto been customary, prescribes Iodipin in doses of 40 to 50 grammes daily. For administration in such large doses no preparation could be more suitable than Iodipin on account of its being uniformly and gradually assimilated. Klingmüller carried out a very large number of observations in the Neisser Hospital at Breslau, and he decidedly prefers to administer Iodipin subcutaneously (not intramuscular) rather than per os. Among several hundred cases in which it was injected, he has never met with one instance of Iodism being caused, as was incontestibly shown by the fact that the subcutaneous injection was not accompanied by any disturbance of the stomach or intestines. Moreover, Iodipin is absolutely non-toxic, even when administered subcutaneously in very large doses, and in the case of patients who cannot or will not take Iodipin per os, it is possible by means of subcutaneous administration to carry out a vigorous treatment with Iodine; that the Iodine administered in that manner is assimilated and actually becomes efficacious has already been shown. The elimination of Iodine after injection takes place somewhat slowly, not until after the lapse of from two to five days. It is therefore desirable at the outset to accompany the injection method with internal administration if it be requisite to produce an effect rapidly. Subcutaneous injections can be carried out in the gluteal region or in the skin of the back; they do not cause pain or inconvenience. For this purpose the 25 per cent. preparation is to be preferred, because of the smaller quantity necessary for introducing a given dose of Iodine. Klingmüller declares that Iodipin has a quite specific action in cases of tertiary syphilis. Both Klingmüller and Kindler consider that subcutaneous injection is the most convenient and appropriate method of administering Iodipin. Both agree that the injection of large doses is free from danger, and that curative results are most rapidly effected in that way. They inject 10c. cm. of the 25 per cent. preparation daily in the gluteal region and for several days in succession. Before being used the preparation requires to be warmed to the temperature of the body, and the canule used should be as wide as possible, pushing them gradually under the skin after having rendered the spot anæsthetic by the application of ethylchloride. The injection is painless and does not lead to the formation of abscess.

Reports of the satisfactory effects of Iodipin in cases of habitual headache, adipositas nimia, scrofulous affections of the ear, neck and eyelids have been made by many observers. Even in the worst cases of long standing tertiary syphilis, accompanied by destructive change of the muscular tissues and bones, the beneficial action of Iodipin has not been found to fail. The persistent pain in the limbs and bones has been relieved, the general sensation and the appearance of the patients being also improved. Similar results have attended the use of Iodipin in numerous cases of primary and secondary, as well as hereditary syphilis. Kindler's experience was of the same nature. Syphilitic patients, with bad

brain symptoms, who had been treated without effect with potassium iodide showed improvement within five days after the commencement of injection of Iodipin. In the case of one patient suffering from spinal syphilis with pains in the back, spasms of the right leg and incontinence of urine, very excellent results were produced. The incontinence first subsided then the spasms and the pains in the back without any bad effects being apparent in any of the cases. Similar results were obtained with a patient suffering from syphilitic abscess and ulcerations of the nose, who had undergone various forms of treatment by inunction. After six days' treatment with Iodipin the abscesses healed.

Quite recently Iodipin has been made the subject of physiological investigation. Proceeding from the fact established by Winternitz, that under normal action of the stomach the saliva gives indications of containing Iodine within a quarter of an hour to three-quarters of an hour after Iodipin has been administered, Winkler and Stein have made use of this means to ascertain disturbances of the functions of the stomach. They made use of freshly prepared starch paste paper, saturated in a dark place with a 5 per cent. solution of ammonium persulphate. Strips of this paper were moistened at one end with saliva every fifteen minutes. The smallest trace of Iodine was rendered perceptible by the coloration of the paper until its intensity increased to dark blue. The occurrence of this reaction was, however, very much retarded when the function of the stomach was disordered, as in gastroptosis, dilatation of the stomach, and carcinoma.

Although Iodipin has only been recently introduced, this addition to the resources of medicine has already gained many friends, and the results of experience gained with it afford reason for believing that in Iodipin a very valuable remedy has been placed at the disposal of the practitioner that will continue to command attention.—*Pharmaceutische Centralhalle*, No. 1—1900.

DIABETES MELLITUS.

BY CHARLES H. POWELL, A.M., M.D.,

Professor of Physical Diagnosis and Clinical Medicine, in the Barnes Medical College, St. Louis, Mo.

It is said that this disease is greatly on the increase all over the world. Certain it is, every physician of any practice comes in contact with diabetic patients commonly enough. One of the earliest conditions that bring the victims of this disease to the doctor's office is polyuria. These patients pass large quantities of urine both by day and by night. They wake up thirsty, retire thirsty, and their sleep is often disturbed; partly on account of the urgent desire to micturate and partly on account of their intolerable thirst. Many diabetics have a ravenous appetite, but in spite of the large

quantities of food consumed they lose ground at a rapid rate; becoming emaciated, anemic, and presenting a drawn, pinched countenance. In most cases the skin is dry, and night sweats are added to the other sufferings. A quiet sedentary life within doors, mental occupation, worry and anxiety, always aggravate the existing conditions, as manifested by higher specific gravity of the urine, eruptions on the neck, particularly of successive crops of furuncles, muscular twitchings, which are due directly to the irritating effects of the sugar on the nerve ganglions, and varied sensations of uneasiness in the minds of the sufferers that in turn perpetuate the trouble, and hasten complications which generally lead to a fatal termination.

We are all familiar with the tests for melituria; suffice to say, when it is present to any extent, as it always is when a patient presents these manifestations, any of the usual tests, as given in our text-books, are reliable. Fehling's test is the one most commonly used—producing, when added to the urine and heated to the boiling point over a spirit lamp, the red oxide of copper, as shown by the reddish brown discoloration imparted to the diabetic urine. The Bismuth test is applied by adding equal parts liquor potassa to the urine, and a small pinch of bismuth, which, upon the application of heat, will form a markedly black solution. A more reliable test is the yeast test, which I use in the following manner: To a test tube, filled with urine, and which has been inverted over a tray of urine, add a small piece of yeast, place aside for the night; if sugar is present, by the following morning the urine in the test tube will have been displaced.

As to the causes of diabetes, we must admit our lack of knowledge in determining them in not a few cases. In some we find evidence of pancreatic disease; in others, tumors in the fourth ventricle; in others, hepatic disease; and in proportion to the obscurity involved in a given case, the treatment has been anything but satisfactory. First in importance is a regulation of the diet, by eliminating sugar. suitable substitute is to be had in saccharine and glycerin. Patients should dress warm in cold weather; bathe frequently; take plenty of exercise in the open air, avoiding fatigue, and shun every cause of mental anxiety. The treatment, medicinally, should be directed towards strict attention to the following points:

First.—To correct existing disorders of the gastro-intestinal organs.

Second.—To secure refreshing sleep.

Third.—To treat the disease with appropriate remedies.

I have frequently used, in treating diabetic patients for the various distressing symptoms, lactic acid; arsenic and strychnia; iodide of potassium; malt; cod-liver oil and hypophosphites; also trional and sulfonal in ten to fifteen grain doses in hot milk at bed time. To cure the disease, is, however, the sheet anchor upon which we must rely in the selection of our drugs, and until recently I had given up all hope of such results. My attention was called to

eulexine, which has been aromatized and put up for physicians use in the treatment of diabetes. I have tested its therapeutic action on a most aggravated case, a patient 30 years of age, and the results were all I could ask and far more than I expected. The preparation includes the active alkaloidal agents of a combination of *Eugenia jambolana* and *Ilex paraguaiensis*, extracted by such a method that all the active principles are preserved.

For dispensing purposes it is prepared as liquor eulexini aromaticus, which holds in solution all the alkaloidal constituents (eulexine) which are combined in a highly potent form and preserved in glycerin.

It is especially efficient in controlling the thirst, and arresting the formation of sugar. Good effect is noticed after a few days' treatment and patients gain in strength and weight. The quantity of urine is lessened and sugar diminishes steadily until entirely absent from kidney excretions. During the past year it has been under clinical observation by some of America's leading medical professors and practitioners who pronounce its action as eminently satisfactory.

In the treatment of my patients the dose was one-half to one teaspoonful in a little water every four hours, and I have yet to meet a case where the best possible influence has not been exerted upon the causes of the trouble. It will promptly relieve the pain in the back, and the bowels are relieved from their constipated condition after a few days' treatment.

Formula: Eulexine 10 per cent.; *Rhamnus Purshiana* 20 per cent.; Aromatics and Glycerin, q. s.

No. 2 Lewis Place.

School Hygiene.

THE DUNDEE SOCIAL UNION.

SCOTLAND is moving in the direction of school hygiene. The Social Union, a vigorous organization in Dundee, Scotland, have caused to be prepared, under their direction, reports on the physical condition of children attending four schools under the Dundee School Board, and two voluntary schools.

One thousand children were examined, none of these being specially selected. There seems to have been no lack of workers. Apparently the spectacle of public work neglected because everybody is "too busy," is not so common in Dundee as it is here. These reports have been prepared for publication under the direction of the Medical Officer of Health of Dundee, Dr. Charles Templeman, by Miss M. L. Walker and Miss Wilson. Five physicians made the necessary medical examinations, the boys being assigned to Dr. A. P. Low and the girls to Dr. Emily C. Thomson, while three other physicians reported on the condition of the eyes and ears.

It has been found that the boys and girls attending the elementary schools were, in weight and height, below the average of those of the same age attending the Harris Academy, a secondary school in Dundee. Comparison with the British standards (chiefly from the work of Mr. Francis Galton and the Anthropometric Committee of the British Association) shows that, both in weight and height, the children examined are below the average. The difference is striking. Compared with Mr. Galton's figures for height, the height of all the boys, of the ages of five to thirteen years, attending the Dundee elementary schools is below the average, and the average weight of boys of thirteen years is no less than nine pounds below Mr. Galton's average. Girls twelve years of age, attending the Harris Academy in Dundee (a secondary school where the home conditions of the pupils are good), are, on an average, nine pounds heavier than girls of the same age, attending the elementary schools in Dundee.

This work and this information is of the highest national importance, and the Dundee Social Union is to be congratulated on what they have already done.

H. M'M.

A SCHOOL HYGIENE DEPARTMENT.

A new Department of the Ontario Educational Association was formed on Wednesday, April 26th, at 10.00 a.m., in the new Medical Building of the University of Toronto, to be called the School Hygiene Department. All engaged in teaching, or in medical work or practice, and anyone else interested in the subject, are invited to join this new body. Dr. A. P. Knight, of Kingston, was elected President, and Dr. Goodchild, of Toronto, Secretary. Dr. Knight, who has taught in Ontario Public Schools, Collegiate Institutes, etc., showed himself conversant with all matters pertaining to School Hygiene, and made an excellent Chairman. The meeting was well attended, nearly all the members of the Provincial Board of Health being present, and was decidedly enthusiastic. Dr. Alex. Thompson, of Strathroy, presented the excellent paper which will be found elsewhere in this number, and gave rise to a good discussion, Dr. Bryans, Dr. Cassidy, Dr. Kitchen and others taking part.

The following Resolution was prepared and sent on to the General Association from this section.

Moved by Dr. A. P. Knight, Queen's University, Kingston, seconded by Dr. Helen MacMurchy, and carried unanimously:

That this Association desires to direct the attention of the Educational Authorities of the Province to the necessity of increased practical work in connection with School Hygiene, and especially to the importance of proper and systematic Medical Inspection of Schools; and

That the following Committee be appointed to lay this matter before the Honorable the Minister of Education, and to co-operate with the Provincial Board of Health, the Ontario Medical Association, the International Conference on School Hygiene, and any others interested in this important subject, and to report to the next annual meeting of this Association. John Ball Dow, President; President Loudon, Principal Gordon, Chancellor Burwash, Provost Macklem, Chancellor Wallace, Rev. Dr. Teefy, Hon. S. H. Blake, Professor MacCallum, Principals Scott, White, Dearness and Embree, Dr. Oldright, Dr. Sheard, Dr. Hodgetts, Dr. Connell; Inspectors, Robb, J. L. Hughes, R. H. Cowley, Silcox; Trustees, G. H. Wilson and Parkinson, T. H. Smyth, W. D. Spence, W. J. Hendry, S. B. MacCreedy, Miss Watson, Dr. Clara Benson, Miss Davidson, Miss Maud Lyon, and the mover and seconder of this motion. The President and Secretary of the section on School Hygiene to act as Convener and Secretary of this Committee.

Vision in School Children.—Only 522 of the Dundee children examined could see to read the standard types at the proper distance, and only 260 had normal refraction.

Heart Disease in Children.—Of one thousand school children examined recently in Dundee, Scotland, it was found that seventy-five had some cardiac disease. Thirty instances of valvular lesion were found among the boys.

Children's Teeth.—Dr. E. Rice Morgan, Medical Officer of the Upper Division of the County Borough of Swansea, has just concluded an examination of the teeth of 295 boys and girls in the Swansea schools. Out of all these children only eleven were free from defective teeth, and on an average each child had more than three decayed teeth.

Cerebro-Spinal Meningitis.—The appearance of this dreaded malady in its epidemic form in New York and Germany, and probably elsewhere, is unfortunately no longer a matter of doubt. During January, February and March, of 1905, there were over 550 deaths from this cause alone in New York City, a greater number than from any other cause except pneumonia and pulmonary consumption.

Enlargement of the Thyroid Gland.—There is some reason to think that an unusual number of cases of enlargement of the thyroid gland have been seen of late. Dr. Burns reported an interesting case at a recent meeting of the Toronto Medical Society. This was a congenital case, and the infant did not long survive its birth. In Toronto General Hospital there have been several cases in young patients, and in private practice in Toronto a number of other cases among young girls have been observed.

H. M. M.

Infectious Diseases in Schools.—Dr. Myer Coplans, Medical Inspector of the schools under the Gloucestershire Education Committee, examined over 6,000 children in the Stroud district with a view to finding out whether or not the schools spread infectious diseases. His conclusion is that the school is not so much to blame for the spread of infectious diseases as is sometimes supposed. Perhaps not, but how did Dr. Coplans find out, and what are we to think of such facts as that 177 children out of 1,000 in Dundee were found to be suffering from verminous diseases? There is a vast field for preventive medicine in schools.

H. M. M.

Selections, Abstracts, Etc.

SANITARY AND MEDICAL WORK IN THE JAPANESE ARMY.

BY MAJOR LOUIS L. SEAMAN, M.D.

A crisis is at hand for the authorities of the United States to decide, a military question of the gravest importance; namely, whether the Medical Department of the American army shall remain in its present utterly deficient condition owing to lack of numbers, organization, and power to cope with the emergencies certain to arise in any great conflict, as was so humiliatingly proved in our late war with Spain, or whether it shall be reorganized upon a basis in keeping with the most advanced thought and science of the age.

In considering this subject, Congress cannot do better than take a wholesome lesson from the example Japan is now giving to the world, for I unhesitatingly assert that we are as far behind the Japanese in matters of military medical organization and sanitation as the disciples of Confucius in the days of Kublai Khan.

The writer recently returned from the scene of conflict now raging in the Orient. He was led thither after a personal experience in Porto Rico and Cuba in the Spanish-American war in 1898 and the war in the Philippines in 1899-1900. In these countries he had seen two great armies largely invalidated and decimated through the effects of a wretchedly inappropriate commissariat, while the great causes of mortality were ferments, toxins, and microbes rather than bullets. The death-rate among the men from these preventable causes was so appalling that he desired to see the results of a war in which the effects of powder and shell played at least an incidental part in the tragedy, and in which soldiers qualified for something besides admission to hospital wards.

He was astounded, as was the rest of the world, at the marvellous success of the Japanese, and set about to study the methods by which they had attained it. He found various reasons given for Japan's uninterrupted series of victories; courage and bravery, perfection of detail, a fanatical spirit of patriotism inspired by the devoted self-sacrifice of the entire people, being

among the theories advanced; but, on deeper study, he saw that the real reason for Japan's achievements lay in her masterly preparation for war, a preparation the like of which has never been recorded in history. Japan is making war on strictly scientific principles; she is making it a national business. She is not experimenting with conditions that arose after the clash of arms, and already she has taught other nations profound and convincing lessons in many fields, the most impressive of which is that the normal condition of the soldier is health, and that those who die in war should die from wounds received on the firing line and not from preventable disease in quarters.

Ten years ago, at the conclusion of her war with China, Japan found herself in possession of Port Arthur and the Liaotung peninsula. This territory was permanently ceded to her by the terms of the Treaty of Shimonoseki, signed in 1895. Later she was ousted from it by the concert of Russia, Germany, and France, England weakly acquiescing. Unable to cope with these allied powers, which ostensibly and hypocritically stood for the "territorial integrity of China," but really for their own cunningly laid plans to plunder China themselves, she was forced to relinquish the fruits of her victory and to accept instead a small monetary indemnity and the island of Formosa.

Right there modern statesmanship sprang into full existence in Japan. Robbed of her legitimate conquest, a great light dawned upon her. Her statesman foresaw that not only would China be despoiled by the other nations, but that her own independence was imperilled, and that in time, if she did not resist, she would be reduced to a state of vassalage to the new occupant of Manchuria. She saw one paw of the Great White Bear already clutching Port Arthur, while the other was stealthily pushing its way down through Korea with claws extended ready to reach across the straits to Japan.

From that moment Japan began to prepare for war, not from motives of revenge—she put aside the memories of her trials and disappointments, except for their inspiration in battle—but for her very existence as a free and independent people. She prepared for a war that should not be a campaign of weeks, or months, but of years, if necessary. No detail, however, insignificant, was overlooked. Her heart and soul were in the work, and the result was a preparation such as was never known before.

The most wonderful part of her wonderful military development I shall endeavor to describe in this article. Japan's student-statesmen had learned that, as a rule, five men die of disease in war to one from injury by missiles. She decided that this enormous waste was needless, and she set herself to correct it. She established the largest, richest, and best-equipped

Red Cross hospital system in the world, a system now embracing more than twelve hundred thousand members and with stations in every part of the Empire. She equipped this system with hospital ships perfect in every detail, and rented them out as liners until they should be needed in war, the rental paying for their maintenance and also a handsome profit on the investment.

Long before the war began, the store-rooms of the Society in Tokyo were crowded with wagon-loads of surgical dressing material, cots, tents, bedding, ambulances, and uniforms for nurses. In addition to making these preparations, the Society had been training nurses for military service, and in Tokyo, where its hospital has a capacity of two hundred and fifty beds, there were two hundred and sixty nurses to care for the patients.

All this was only a small part of the advance she made over other nations in the medical side of her preparations. Her students had absorbed the most progressive methods of the great medical schools of the Occident. They saw that, if their army was to be kept well in the field, preventable disease must be controlled. They industriously studied the germ theory, and *first of all made war upon bacteria*. They established institutes for the study of infectious diseases and for the manufacture of serum and lymph of various kinds. It is now acknowledged by the whole world that to Japan belongs the credit of some of the most valuable contributions to medical science in the field of bacteriology. To her we are indebted for the discovery of the germs of tetanus (lockjaw) and of the plague. Through the investigations of her students the best serum treatment of these diseases, and of diphtheria as well, has been secured. Her students are still busily at work in these fields in the expectation of overcoming dysentery, typhoid, leprosy, tuberculosis, erysipelas, and similar diseases. The results they have already attained place them in the front rank with rival investigators in similar fields in Europe and America.

Still further did these students go in their endeavor to eliminate unnecessary illness among the soldiers at the front. Japan soon realized that the crux of the situation lay in the character of the ration for the troops. She set about to master that problem, and she has gone a long way toward solving it. The ration is suited to climatic conditions, and consists largely of rice, compressed fish, soy, army biscuits, a few salted plums, tea—which necessitates the drinking of large quantities of boiled (sterilized) water—a few ounces of meat when obtainable, and some juicy, succulent pickles.

Striking proof of the value of this scientific study of the ration came long before the outbreak of the war. Dr. Takaki,

as Medical Director of the Imperial Navy, accomplished one of the greatest tasks that ever confronted the medical authorities of any army. To him the navy is indebted for the eradication of that most terribly fatal disease, beri-beri, the former terror of Oriental armies. In the war with Korea forty-five per cent. of the Japanese troops had this disease, and the mortality was appalling. Now it is practically unknown in the navy. This eradication was brought about almost entirely through the scientific study of the navy ration and its reformation. As a result of the change in food, the proportion of meat and vegetables being regulated scientifically, a finer, more robust, red-blooded set of sailors does not exist than those of Japan's naval service to-day, and years have passed since a case of beri-beri has been seen on shipboard.

Having largely mastered the ration problem, the surgeons of the army, hundreds of whom had been trained in the institutes pertaining to the study of preventive medicine, as well as in hospitals where the most improved methods of antiseptics were in use, determined not to interfere with wounds on the battle-fields, unless immediate death threatened, except by the application of first-aid dressings. Probing of wounds, which invites the danger of infection, or operations on the field, do not take place except in cases of great emergency, where they are absolutely necessary for the immediate saving of life. The hospital corps men who accompany the army are trained as nurses in the hospitals and are taught the application of first-aid methods in the most thorough and practical manner. In great emergencies they are sometimes capable of rendering efficient assistance before the arrival of the surgeon.

And so in every department preparatory to the actual making of war, Japan not only took the best ideas of the Western world, but improved on many of them for her own needs. She established her great base hospitals and developed her transport and commissary systems to the highest degree of perfection.

I wish the reader could have gone with me last summer through the great series of hospitals from Tokyo to Sasebo; could have visited the arsenals crowded with supplies; the enormous plants, covering hundreds of acres, given up to the making of munitions of war; the hospital ships; the ship-yards; the transports—all of which they allowed me to visit with the utmost freedom. Japan is the land of the sealed lip so far as the slightest revelation of her plans for making war is concerned, but she is wonderfully frank in disclosing her vast preparations for war.

The war came on. Immediately Japan exhibited a new departure in military strife. She discarded absolutely all the pomp and panoply of war. In the two weeks I spent in Tokyo I

scarcely saw half a dozen men in uniform except in the office of the War Department. There was an absolute absence of the gold-laced, brass-buttoned, ostentation and parade, the swashbuckling, spur-heeled bravado, so much to be seen in certain European capitals even in times of peace.

While I was in Tokyo Japan already had two armies in the field, a third was ready to leave for the front, and a fourth was being mobilized. Immense stores of supplies, food, coal, ammunition, to the amount of thousands upon thousands of tons, were being shipped from the ports of the Inland Sea through the Straits of Shimonoseki to the Gulf of Pechili; great fleets of transports were carrying troops to the Manchurian peninsula and up toward Dalny and Port Arthur; a vast and comprehensive system of manufacture to supply the needs of the soldiers was going on; but it was all done with such perfect organization and intelligent system that one had to search even in the Imperial capital—the very centre of administrative activity—to discover any tangible evidence of the actual existence of war.

Japan made the Medical Department of her army of equal importance with that of the strictly fighting branch, and ranked its officers accordingly. The prevailing idea, as soon as hostilities began, was to prevent disease. The Japanese are the first to recognize the true value of an army medical corps. Care of the sick and wounded consumes but a small part of their time. The solution of the greater problem, preserving the health and fighting value of the army in the field, by *preventing* disease, by careful supervision of the smallest details of subsisting, clothing, and sheltering the units, is their first and most important duty. The capacity of Japan's medical men for detail is something phenomenal; nothing seems too small to escape their vigilance, or too tedious to weary their patience; and everywhere—in the field with scouts, or in the base hospitals at home—the one great prevailing idea is the prevention of disease. They appreciate the sentiment of Milton in "Samson Agonistes," when he says:

"What boots it at one gate to make defence,
And at another to let in the foe?"

The medical officer is omnipresent. You will find him in countless places where in an American or British army he has no place. He is as much in the front as in the rear. He is with the first screen of scouts with his microscope and chemicals, testing and labeling wells so that the army to follow shall drink no contaminated water. When the scouts reach a town, he immediately institutes a thorough examination of its sanitary condition, and if contagion or infection is found, he quarantines and places a guard around the dangerous district. Notices are posted

so that the approaching column is warned, and no soldiers are billeted where danger exists.

Microscopic blood tests are made in all fever cases, and bacteriological experts, fully equipped, form part of the staff of every Divisional Headquarters. The medical officer also accompanies foraging parties, and, with the commissariat officers, samples the food, fruit, and vegetables sold by the natives along the line of march, long before the arrival of the army. If the food is tainted or the fruit overripe, or the water requires boiling, notice is posted to that effect; and such is the respect and discipline of every soldier, from commanding officer to the file in the ranks, that obedience to the order is absolute.

The medical officer is also found in camp, lecturing the men on sanitation and the hundred and one details of personal hygiene—how to cook and to eat, when not to drink or to bathe—even to the paring and cleaning of the finger-nails to prevent danger from bacteria. Long before the outbreak of hostilities he was with the advance agents of the army, testing provisions that were being collected for troops that were to follow; and, as a consequence of all these precautions, he is *not* now found treating thousands of cases of intestinal diseases, and other contagion and fevers that follow improper subsistence and neglected sanitation—diseases that have brought more campaigns to disastrous terminations than the strategies of opposing generals or the bullets of their followers.

It is much too early to submit statistical proof, but from careful observation I venture to predict that the records of the Japanese hospitals will show a large reduction in the percentage of mortality from casualties especially in penetrating wounds of the skull, chest, and abdomen, and injuries to osseous structures—indeed, of every variety of wounds, except perhaps those of the spinal cord, when compared with the statistics of former wars. Up to August 1st, 9,862 cases had been received at the Reserve Hospital at Hiroshima; of these 6,636 were wounded. Of the entire number, up to that time, only 34 had died.

To July 20th, the hospital ship *Hakuai Maru* alone, in her seven trips, brought 2,406 casualties from the front without losing a single case in transit. Up to July 1st, 1,105 wounded—a large proportion of whom were stretcher cases—were received at the hospitals in Tokyo; none died, and all but one presented favorable prognoses. It is upon this and much additional ocular evidence, that cannot be here tabulated, that the prediction is based.

But it is in that far more terrible and pathetic class of losses, the needless sacrifice of four hundred lives to preventable disease for one hundred who die legitimately, that the most astounding reduction will be shown. If the testimony of those conver-

sant with the facts can be accepted, supplemented by my own limited observations, the loss from preventable disease in the first six months of this terrible conflict will be but a fraction of one per cent. This, too, in a country notoriously unsanitary. Compare this with the fearful losses of the British from preventable disease in South Africa—or, worse, with our own losses in the Spanish-American War, where, in a campaign, the actual hostilities of which lasted six weeks, the mortality from bullets and wounds was 268, while that from disease reached the appalling number of 3,862, or about 14 to 1.

Regardless of the outcome of the present terrible war, history will never again furnish a more convincing demonstration of the benefit of a medical, sanitary, and commissary department thoroughly organized, equipped and empowered to overcome the silent foe.

Every death from preventable disease is an insult to the intelligence of the age. When it occurs in an army, where the units are compelled to submit to discipline, it becomes a governmental crime. Witness the French campaign in Madagascar, in 1894, where, of the 15,000 men sent to the front, 29 were killed in action, and over 7,000 died *en route* to and from the scene, from preventable causes.

The Japanese do their killing, but they do it differently. They, too, have their tragedies, but they are legitimate tragedies of grim war. By the methods I have faintly described, their recognition of the importance of preventive medicine and sanitary and commissariat supervision, they have doubled the fighting efficiency of their army, and reduced to a minimum the loss from preventable disease.

Naturally, one asks, Were these results anticipated? As an answer, the statement of a distinguished Japanese officer, when discussing with me the subject of Russia's overwhelming numbers, is pertinent. "Yes," he said, "we are prepared for that. Russia may be able to place two million men in the field. We can furnish five hundred thousand. You know in every war four men die in disease for every one who falls from bullets. That will be the position of Russia in this war. We propose to eliminate disease as a factor. Every man who dies in our army must fall on the field of battle. In this way we shall neutralize the superiority of Russian numbers and stand on a comparatively equal footing."

Compare this with the attitude of Russian officials in the Far East, as stated by Captain Gunderson, Russian commander of the steamship *Unison*, wrecked off the Miaotau Islands last August as she was attempting to run the blockade at Port Arthur. I was on that wreck three days, in company with Captain Boyd,

Tenth United States Cavalry, and Captain Gunderson repeatedly assured us that no one in Russia had any idea that Japan really intended war. As an evidence, he cited a conversation with his brother, who is the Russian Surgeon-General at Vladivostok, and who said: "If Russia expected war, I should be the first to know it, so my hospitals could be in readiness. As it is, I have never been so short of supplies as I am to-day. There will be no war." That night Admiral Togo torpedoed the Russian squadron and practically closed Port Arthur to the outside world.

The perfection of detail with which the Medical Department of the Japanese army is organized commands admiration. The nation is not rich, and the creation of this great establishment and its carefully studied work has been for the definite purpose that is now showing such magnificent results. Japan is the first country in the world to recognize that the greatest enemy in war is not the army of the invader, but a foe far more treacherous and dangerous—preventable disease found lurking in the camp—whose fatalities, as I have said before and will reiterate again and again, have, in every great war of history, numbered from four to twenty times as many victims as all the mines and bullets and shells of the invader. It is against this enemy that Japan has made her hardest fight and attained her most signal victories—victories that have kept her men in superb condition to respond to the call of their leaders and achieve the dashing, brilliant successes that have marked their triumphal progress from the Yalu to the walls of Mukden.

From the standpoint of a humanitarian and a lover of his kind, it was to me a positive delight to visit that great series of hospitals, from Tokyo to Sasebo, with their long wards filled to overflowing with wounded, suffering soldiers, the legitimate victims of war, their faces full of health and hope, despite their fearful wounds in the long, hard campaign of five or six months in Manchuria, their chief desire to know how soon they could rejoin their comrades, and to contrast them, in memory, with the vivid picture of the poor, wan, emaciated, and almost helpless faces that crowded the wards of our hospitals in Cuba and Porto Rico, in Tampa, Chattanooga, and Camp Alger and Montauk Point, in 1898, and in the Philippines in 1899-1900—the innocent, unwounded, and illegitimate victims of another conflict, which, in comparison with the one now waging, would be considered no more than a skirmish among outposts.

If wars are inevitable, and the slaughter of men must go on (and I firmly believe that wars are inevitable, and that most of them are ultimately beneficial), then let our men be killed legitimately, on the field, fighting for the stake at issue, not dropped by the wayside through prevent-

able diseases, as they were in the Spanish-American war—fourteen hundred for every one hundred that died in action. It is for the fourteen hundred poor fellows who are sacrificed, never for the one hundred who fall gallantly fighting, that I offer my prayer.—*The Outlook.*

RECENT NEWS AS TO THE WAR ON TUBERCULOSIS.

BY E. HERBERT ADAMS, M.D., C.M., TORONTO.

Illinois.—The Dixon Medical Association, at its regular meeting, considered "The Early Diagnosis of Tuberculosis." The meeting was open to the public. . . . Peoria Medical Society has taken steps to require the registration of every case of consumption, and disinfection of rooms formerly occupied by consumptives. . . . There is a good prospect of the passage of Mr. Glackin's bill, appropriating \$200,000 for the erection of a sanitarium for consumptives in Illinois. A large number of prominent citizens have endorsed the bill.

Indiana.—Cass County Medical Society held its first annual session and discussed tuberculosis. Mayor Shattuck, of Brazil, nominated Drs. Orr, Williams and Hurt to attend the American Anti-Tuberculosis League at Atlanta, Ga., in April. . . . Physicians from all over the State waited on the general assembly with a view of securing state aid in combating tuberculosis. . . . The State Board of Health bulletin shows a financial loss to the State of \$800,000 a month by consumption. . . . Tippecanoe Medical Society has petitioned the State to assist them in dealing with local tuberculosis. . . . Physicians of Eastern Indiana are planning a crusade against tuberculosis in the eastern part of the State.

Iowa.—At the recent session of the Sioux Valley Medical Association, Dr. Bracken, Secretary of the Minneapolis Board of Health, lectured on "The Control of Tuberculosis."

Michigan.—At a meeting of Wayne County Medical Society, Dr. J. Vernon White combated the idea that tuberculosis is benefited by change of climate. . . . Dr. Branch, of White Cloud, has asked for a State appropriation of \$20,000 toward the sanitarium for consumptives to be built there. The legislature is discussing the establishment of a State institution for tuberculosis. . . . A bill will be introduced into the State legislature providing for a State sanitarium for consumptives. . . . A committee of forty citizens of Battle Creek have in-

augurated a campaign to make that city the healthiest in the world.

New York.—Supt. Prior presented the first report of the State hospital for the treatment of incipient tuberculosis, which was established at Raybrooke in the Adirondacks by an Act of the legislature. The report was highly satisfactory. . . . Albany County Medical Society have recommended to the Board of Supervisors the establishment of an institution for tuberculosis patients. . . . The New York State Hospital for treatment of incipient pulmonary tuberculosis, at Raybrooke, has issued its first and most encouraging report. . . . *The Medical Record* of March has an editorial on the "Home and the Tuberculosis Problem."

Ohio.—Dr. C. O. Probst, Secretary of State Board of Health, read a lecture on "Tuberculosis" to the Delaware Medical Society. . . . Ohio Tuberculosis Commission is considering a site for the State sanitarium. . . . Freemont is to have a course of public free lectures on tuberculosis. Dr. Lowman, of Cleveland, Dr. Probst, of Columbus, and Dr. Chapman, of Toledo, are among those booked to speak. . . . Cleveland is preparing a city farm for the treatment of tuberculosis and small-pox. . . . The Cleveland Tuberculosis League has organized and adopted a constitution and by-laws

Kentucky.—Louisville is planning the erection of a hospital for consumptives.

Missouri.—The legislature will appropriate money for a consumptive hospital at the Missouri penitentiary.

Pennsylvania.—A bill has been introduced in the legislature for a \$500,000 appropriation for a hospital for consumptives at Greensburg. . . . Jersey City has barred tuberculosis teachers from the public schools. . . . The Reading Tuberculosis Dispensary, Dr. William D. Smith, President, is rapidly getting under way. Four patients are now being treated.

Wisconsin.—A bill is before the Wisconsin legislature which provides for the treatment of pulmonary tuberculosis. . . . A bill is before the legislature for the erection and equipment of a State institution for tuberculosis. . . . Dr. H. R. Russell, State Bacteriologist, conducted seventy-five members of the legislature to the university farm, where they witnessed the slaughtering of cattle which had yielded to the tuberculosis test. . . . The Senate has appropriated \$10,000 for the erection of a tuberculosis sanitarium in Lincoln County, on land donated by the late W. H. Bradley. Dr. Wm. J. Roberts, of Janesville; is Secretary of the movement.

California.—Los Angeles Chamber of Commerce has recommended a State institution for the incurable cases of tuberculosis.

Colorado.—The new Jewish Consumptives' Relief Society, of Denver, has just held its first annual meeting, and reports a good financial condition. . . . The Swedish Consumptives' Association have incorporated in Denver, and purpose spending \$500,000 on one of the finest sanitariums in the West.

District of Columbia.—The committee on the prevention of consumption have opened a free dispensary, which is available every day from 2.30 to 3.30. Examination and test of sputum will be made free of charge.

Chicago.—Union Cigarmakers have voted "no" on the question of maintaining a farm in Colorado for the treatment of tubercular members. . . . The City Council is preparing to amend the ordinance against spitting on the sidewalks with a view of making it more practical.

Maryland.—Johns Hopkins Hospital has opened a dispensary for the treatment of tuberculous patients in Baltimore. The dispensary was built through the generosity of Mr. Henry Phipps, of Pittsburg, who gave \$20,000 for its erection.

Vermont.—The State Tuberculosis Commission held a public meeting at Burlington, February 10th, and at Essex Junction, February 13th.

New Mexico.—A movement is on foot among the labor unions of the country to organize a large tuberculosis camp, or colony, in New Mexico, where members of the union and their families may receive suitable climatic and medical treatment at little or no personal cost. The Temple of Fraternity, a \$90,000 building erected for the St. Louis Exposition by the World's Fair Fraternal Sanatorium, will be wrecked, transported to the site chosen, and then rebuilt, to serve as the administrative building for the colony. The heads of the cigarmakers' unions are also endeavoring to establish sanatoria for consumptives in various appropriate sections of the country.

Vienna Letter.—In Professor Schrotter's clinic, in Vienna, the treatment of laryngeal tuberculosis by means of direct sunlight is being made the subject of extensive trial.

Austria.—Austrian physicians who may desire to obtain special instruction in practically combating tuberculosis, may receive free board and lodging, together with laboratory facilities, at the Alland sanitarium, a small sum having been set aside by the authorities for the purpose of encouraging such work.

ABSTRACTS.

Joint Affections.—C. R. Grandy, Norfolk, Va. (*Journal A. M. A.*, May 6), comments on the confusion in the popular mind as to what constitutes rheumatism, and enumerates and describes the various disorders often called by this name. He advises against the indiscriminate treatment of joint affections with salicylates or the prescription of a lithemic diet. He advises differentiating the various joint affections. The results of the popular routine treatment have been notoriously bad, as might be expected from the small percentage of cases to which it was suited.

Intratracheal Injections.—J. W. Gleitsmann gives a historical *résumé* of the development of this method of medication which he considers deserves more attention than has been accorded it. Judgment in the selection of cases is necessary, however, and though the method is useful in alleviating the dry cough in the beginning stage of pulmonary tuberculosis, and may at a later stage favorably modify the putrid secretions in this disease, a cure is not to be expected from the procedure *per se*. In bronchiectasis the injections are almost specific, and many, but not all, cases of asthma can be relieved in this way. Intratracheal injections are not to be recommended in acute inflammatory conditions, but they are most efficient in chronic tracheitis and bronchitis, while tracheal syphilis has been cured and fetid pulmonary gangrene has been favorably influenced. The vehicle should be a bland purified oil to which may be added menthol in the proportion of one to fifteen per cent., guaiacol and creosote carbonate from one to two per cent., etc. The laryngeal mirror is essential to the proper introduction of the canula, which is preferably made of hard rubber and is used in connection with the Hartmann ear syringe, holding one ounce.—*Medical Record*, March 25th, 1905.

Obstruction of Retinal Arteries.—Allen Greenwood, Boston (*Journal A. M. A.*, March 11th), considers at length the three principal causes of obstruction of the retinal arteries, viz., arterial disease, embolism and spasm. He thinks that primary thrombosis is rare, though thrombosis is frequently a complication of the above conditions. The most important arterial disease is arteriosclerosis, and he points out the earliest danger signals of this condition. They are a slight increase of arterial reflex, slight irregularities in the size of the arteries, slight congestion of the disc, and feathery outline. Where the artery crosses above a vein the latter may be compressed. A little feathery exudate

is often seen beside the arteries which should not be mistaken for the opaque nerve fibres often observed. With thickening of the central artery venous pulsation may sometimes be observed ophthalmoscopically; one or all of these conditions may be present. In more advanced cases the light reflex is increased, the arteries become beaded, retinal lesions appear and, finally, we have the full picture of albuminuric retinitis. The early stages of arterial degeneration require the careful inspection of the upright image for their detection. Spasm, the author believes, most frequently occurs in the early stages of arteriosclerosis, and should be looked on as a warning of future obliterating endarteritis. The treatment of arterial sclerosis is mainly a well regulated life and avoidance of nerve strain and excesses and keeping elimination and digestion unimpaired. Greenwood has been in the habit of advising long-continued use of small doses of iodid of potash. The treatment of embolism is rarely prompt enough to save the function of the retina, but Greenwood advises the early use of vasodilator drugs and deep massage to carry the embolus, if possible, into the smaller branches and to reduce the field defect. For spasm the treatment for arteriosclerosis should be carefully followed. Nitrite of amyl might be used to cut short an attack.

Psychological Aids, or the Practical Use of Well-known Laws of the Mind.—E. C. Savidge advocates paying more attention to the psychical factors concerned in healing disease, among which the personality of the physician has an important place, so that one man's digitalis and calomel may be better than another's. Enhancing the alertness of the nervous system increases vitality, and in change we have an almost weighable vitality to add to our patients. Change is the basis of consciousness, and consciousness increases vitality, but monotony, after a certain point, lessens vitality. The great laws of the nervous system may be said to be (a) the law of novelty, (b) the law of monotony, (c) the law of peripheral change, (d) the law of central stability. Surface impressions release tension on deep centres. They should be changed as often as reasonable for the designed purpose of getting the vitality hidden therein. Freshness, vividness, youth, effective longevity, lie here. A man is old the moment he ceases to do new things, to diminish his mobility. The study of the vital conditions tending to the prolongation of the life of the individual, the author terms *synthetical medicine*, and in this the laws of the mind are most important. The following is given as an example of the application of these principles to a case of supreme nerve prostration in which drugs fail. 1. Separate the patient from the scene of his troubles as far as possible—even to the extent of new temporary sleeping and business quarters.

2. Restrict all discussion of troubles to the morning hours. Absolutely forbid reference thereto at night. 3. Occupy him with his periphery, by ordering Turkish bath, massage, shave, hair-cut, manicure, and have him arrayed in his best garb, etc. 4. Interpose some one, disinterested in his sore thought, between him and his conjugal or business partner. 5. Seek gentle exercise for his atrophied auxiliary faculties. All the play impulses, such as sports and games, are of this class. 6. Apply the power in the law of central stability.—*Medical Record*, March 18th, 1905.

Gonorrhoea as a Cause of Death.—Joseph Taber Johnson Washington, D.C. (*Journal A. M. A.*, March 11th), reviews the opinions of authorities as to the effects of gonorrhoea in producing female sterility and disease, and states his belief that if the mortality from this cause could be ascertained it would be found to equal that from either typhoid fever, pneumonia or tuberculosis, and that possibly it might be found to exceed the mortality from all three diseases. He thinks that gonorrhoea is the cause of at least 30 per cent. of the deaths among prostitutes, and that through its later effects on the generative organs it may be the cause of death in a very large number of virtuous married women.

Acne and Its Treatment.—G. T. Jackson says that acne is even commoner than eczema, and that while it is true that the disease is often stubborn, the majority of cases can be greatly benefited in a short time, and very many of them cured promptly. The indications for treatment are as follows: (1) Improve the condition of the skin, so that it will no longer be a suitable culture ground for the bacillus; (2) empty the follicles of the skin of the colonies of bacilli; (3) keep the skin constantly aseptic, so that any bacilli that escape on it will be killed, and no new infection of the skin will be possible. The first indication is met by attention to the patient's general health by means of baths, diet, exercise, attention to hygiene, and, lastly, drugs. The follicles are emptied by the use of the curette, the acne lancet, and the comedo expressor. The best local application is sulphur, preferably in the form of the old Lotio Alba, the formula for which is: Zinc sulphate and potassium sulphuret, of each dr. 1, to 2; rose water, q. s. ad. oz. 4. This is to be shaken up before using. Resorcin is also useful, as well as sulphur soap. The use of the X-ray should be limited to intractable cases, and requires great caution to prevent doing harm.—*Medical Record*, March 18th, 1905.

Report of a Case of Vaginal Cesarean Section with Recovery.—S. Strauss outlines the technic of vaginal Cesarean section, and describes a case in which he resorted to the procedure for dystocia

due to cicatricial stenosis of the cervix. The author advocates vaginal Cesarean section in cases such as those of eclampsia and placenta previa in which rapid delivery is necessary, and gives the following general indications: (1) Abnormalities of the cervix uteri, as carcinoma, myoma, rigidity, and stenosis; (2) conditions in which the mother is *in extremis*; (3) conditions in which the mother has disease serious to life, as lung, heart, or kidney affections; (4) accidental hemorrhage with closed cervix. The third indication is operative only when the cervix is closed and not dilatable, and it does not appear wise to have the patient suffer from a long labor when there are severe heart or kidney lesions.—*Medical Record*, March 11th, 1905.

Preliminary Report on the Treatment of Chronic Dysentery, by Irrigation of the Colon Through the Vermiform Appendix or an Opening Into the Cecum.—W. H. Arthur has carried out the treatment of dysentery by this plan in six cases, and is very favorably impressed with the results, although he considers the number too small to enable definite conclusions to be drawn. The advantages of this method of irrigation over the deep rectal injections are: 1. The irrigating fluid is delivered first at the point shown by experience at the post-mortem table to be the location of the most extensive lesions, and is carried from there by the natural peristaltic movement of the colon to the outlet. Rectal irrigations, to reach even the transverse colon, must overcome this natural tendency of the bowel to drive out any foreign substance. 2. It is entirely painless, and very much easier for the nurse to administer. Indeed, the patient can soon be taught to do the irrigating himself. 3. It is possible to keep it up much longer, for rectal irrigations soon become so distressing that they must be discontinued for long periods.—*Medical Record*, March 25th, 1905.

The Present Status of Blood Examination in Surgical Diagnosis.—F. Sondern states that the differential leucocyte count offers a better guide to the status of an inflammatory process than the absolute leucocytosis. Three distinct blood pictures may occur in inflammatory lesions. First, a relative percentage of polynuclear cells below 70, with an inflammatory leucocytosis of any degree, excludes the presence of pus at the time the blood examination is made, and usually indicates good body resistance toward infection. Second, an increased relative percentage of polynuclear cells, with little or no inflammatory leucocytosis, is still an absolute indication of the inflammatory process and the percentage is a direct guide to the severity of the infection. Third, an increased relative percentage of polynuclear cells with a decided inflammatory leucocytosis. Here the percentage of

polynuclear cells is an accurate guide to the status of the inflammatory lesion. Iodophilia is less reliable as a test of the presence of suppuration than is the differential count.—*Medical Record*, March 25th, 1905.

A Case of Cicatricial Stricture of the Esophagus.—A. B. Atherton describes a case of obstinate cicatricial stricture of the lower end of the esophagus, which when first seen admitted only an olivary French bougie two millimetres in diameter. By gradual dilatation it became possible to introduce an instrument of twice this size, but after this no further stretching could be effected. The stomach was, therefore, opened and the stricture softened by the use of the string and bougie procedure of Abbe, after which gradual dilatation became possible, so that a short red rubber bougie, one centimetre in diameter, could be permanently worn. The upper end of the bougie lay at the junction of the pharynx and esophagus and was secured by a silk thread fastened to a tooth or to one ear. When last heard from, a year after the operation, the patient was still obliged to continue the daily use of the bougie, otherwise the stricture soon contracted.—*Medical Record*, March 11th, 1905.

A Warning and a Protection for X-Ray Workers.—A. Holding rehearses the dangers of dermatitis, malignant disease, azoospermia, etc., that confront the X-ray worker, and points out that it is possible that the second decade of experience with Roentgen's discovery may reveal activities as yet unsuspected. The greatest care should be observed by radiographers to avoid unnecessary exposure, and the author describes and illustrates a suitable screen, three feet by six in size, covered with double layers of lead plates, which is intended to cut off all rays from the operator who manipulates the switch-board from its shelter and observes patient and tube by means of a pivoted mirror affixed to the side of the frame work.—*Medical Record*, March 25th, 1905.

Eulexine in Diabetes.—I believe diabetes mellitus to be largely a disturbance of the liver and intestinal tract, and that with a liberal use of Eulexine for the regulation of those symptoms and adjuvant remedies for other symptoms as they arise, that every diabetic patient might enjoy a reasonable expectancy of life. I have under treatment a man thirty-four years of age. His normal weight was about 190 pounds. After one year's siege of diabetes, he was reduced to 136 pounds. The main troubles reported were chronic constipation and extraordinary excess of urine, the average daily excretion of urine being about one gallon, which contained 8 per cent. of sugar by fermentation test. Thirst so excessive that it required an unusually large

quantity of water to partially allay it. I prescribed Eulexine in teaspoonful doses every three hours, and one-sixtieth of a grain strychnine arsenate three times a day. The colon was flushed daily for about one week, and thereafter the bowels gave the patient no further trouble. After two weeks' treatment I decreased the dose of Eulexine to one teaspoonful three times a day, after meals and at bed time. Very little attention was paid to the diet. Within one month the excretion of sugar was reduced to 5 per cent. After three months' continuous treatment the dose of Eulexine was reduced to one teaspoonful, three times daily. At this writing, six months after beginning the treatment, the analysis of the urine shows only a trace of sugar and the patient weighs 172 pounds, and is apparently on the road to complete recovery.—R. J. Ludlow, M.D.

Bile-Tract Adhesions.—R. T. Morris says that the new subject of bile-tract adhesions is destined to awaken the medical profession as we were awakened by the subject of appendicitis. The condition is very common and gives rise to symptoms of local tenderness, pain and colic that are often mistaken for gall-stone disease. The treatment is operative separation of the web of adhesions, and prevention of their recurrence by the application of either chromicized Cargile membrane or of aristol to the roughened peritoneal surfaces. Removal of the gall-bladder is to be recommended. The operation is usually almost startling in its success, but care in diagnosis is necessary to avoid needless intervention. The diagnosis and treatment of these cases opens up a new vista, and biliary adhesions stand in abundance midway between the thoroughly understood adhesions of the pelvis and those of the cecal region.—*Medical Record*, March 25th, 1905.

Food Preservatives.—V. C. Vaughan, Ann Arbor, Mich (*Journal A. M. A.*, March 11th), states that a true food preservative must keep the substance to which it is added in a wholesome condition so that it can be consumed without impairment of health. It must be a real preservative, keeping the food in a wholesome condition and not merely preserving the appearance of freshness while permitting bacterial changes to continue. It must not materially impair any of the digestive processes, even in the largest quantities used, and should not be a cell poison, or if such to any extent, it must be added to foods only by persons qualified by special training and officially authorized. Foods containing these substances must be plainly labelled and the kind and amount of the preservative used must be made known, not only to the buyer, but to each consumer. A cell poison is defined as an agent that destroys or impairs cell functions by its chemical action.

Aseptic Operating.—H. T. Byford, Chicago, (*Journal A. M. A.* March 11th), objects to rubber gloves and impervious covering of the hands on the ground that they produce sweating, and that a scratch or puncture would liberate the accumulation of germ-laden perspiration. He advises soaking the hands thoroughly to soften the cuticle and to loosen the dirt between the epithelial scales, and for this purpose he prefers water drawn in a basin and frequently changed to running water. After soaking the hands thoroughly in a basin and scrubbing them with green soap, he advises a scrubbing with diluted acetic, citric or oxalic acid. This, in turn, is followed by soaking in 90 per cent. alcohol and then in a 1-100 solution of bichlorid of mercury. In protracted operations, he advises dipping the hands in the mercuric solution every ten or fifteen minutes to insure asepsis. He does not believe in mixing the solutions of alcohol, green soap, etc., but prefers to keep them separate, and he objects also to sterilized sleeves. Of equal importance is the sterilization of the field of operation. It is easy to sterilize the abdomen, but it is more difficult in case of the groin or genitalia. The shaving should be carefully done to avoid abrasions, and the parts scrubbed, not only with soap, but with alcohol and mercuric chlorid, and minor operations should receive the same attention as the major. The best after-dressing is sterilized gauze shreds over the sutures and a thick layer of sterilized gauze over these. Inguinal wounds should be washed off after six days and then covered with dry sterile gauze, to be removed daily or otherwise, as occasion requires. Dry dressings over peritoneal sutures should be changed every four hours or oftener if they become saturated.

The Treatment of Epidemic Cerebrospinal Meningitis by Diphtheria Antitoxin.—E. Waitzfelder reports the results following the treatment of seventeen cases of epidemic cerebrospinal meningitis by the injection of large doses of diphtheria antitoxin according to the suggestion of A. J. Wolf. Five of the patients recovered completely; three died, of whom two were adults, and nine cases are still under treatment. Of these, five show such marked improvement as to indicate probable recovery, four being convalescent. Of the remaining four cases, all are in a serious condition and prognosis is impossible at the present time. Most of the cases were severe in their onset, with well marked evidence of profound constitutional infection, as is to be expected in the early periods of an epidemic. The doses of antitoxin given were 6,000 units to children less than five years of age; 8,000 units to those between five and twelve, and 10,000 units to adults. This amount was injected under the scapulæ on alternate days. In some severe cases it was given daily. Usually the injection was followed by a fall of temperature and pulse, and great im-

provement in the general symptoms. No bad effects developed as the result of the administration of the antitoxin. Should the results in these cases prove to be consistently repeated in others, the author believes that to Dr. Wolf belongs the credit of having discovered the remedy for one of the most fatal diseases, and of having evolved a plan of treatment not second in its effects to the antitoxin treatment of diphtheria.—*Medical Record*, March 11th, 1905.

Radical Operation for the Removal of a Bullet Weighing 70 Grains, Embedded in the Internal Wall of the Middle Ear, with Decided Improvement in the Subjective Symptoms.—M. D. Ledermann describes a case which illustrates the remarkable resisting powers of the negro skull. The patient was a colored woman, who presented herself with the statement that three years before she had been shot in the left side of the head with a 32-calibre revolver, held six inches from the skull. The bullet entered immediately above the tragus. Following the injury she was unconscious for three or four weeks, and since that time she suffered from deafness, vertigo and facial palsy. Examination after removal of a meatal polyp, revealed the bullet so firmly embedded in the internal wall of the middle ear that it could not be stirred. On performing the radical mastoid operation, it was found impossible to lift the bullet from its bed and it had to be chiselled away in shavings. The patient made a good recovery, attended by great improvement in the vertigo, deafness and facial palsy.—*Medical Record*, March 11th, 1905.

Voluntary Iris.—J. W. Sherer, Kansas City, Mo. (*Journal A. M. A.*, May 6), reports a case of this rather rare condition. It was first noticed at the age of 9 when the child developed the power of voluntary rotating the eyeballs independently. After that it became a matter of common observation that the iris could be dilated at will, almost to the disappearing point. At puberty the right iris was for awhile twice the size of the other, but later they became equal again. The power to simulate convergent strabismus is possessed by the woman to a remarkable degree. Vigorous exercise of the iris movements seem to cause slight aching of the eyes, but no other inconvenient symptoms are reported.

X-ray Treatment of Cancer.—The microscopic changes in the tissue, says E. G. Williams, of Richmond, Va., (*Journal A. M. A.*, May 6), should be our guide as to the therapeutic possibilities in the X-ray treatment of malignant growths. It is evident, he states, that the elements of the tissues are affected according to their vitality. Dead organic matter is unaffected, and the more active the growth the greater the effect. Next to this is the accessibility of the tissues to the rays. Hence the better results with superficial or skin cancers. That moderately deep tissues can be affected is

shown by experience, and the way to reach them without producing necrosis of overlying tissues is to lengthen the distance of the tube and the time of exposure. For deep growths, radical surgical measures should be recommended, as the patient should be given the benefit of the probability rather than the possibility of good results. In such cases, however, operation might be rationally followed by X-ray treatment to destroy what may remain of the malignant growth. Inoperable cases should be treated by the X-ray because remarkable results have been obtained and the most distressing symptom of pain relieved.

The Fear of Death.—J. Leonard Corning, New York (*Journal A. M. A.*, May 6), discusses the morbid exaggeration of the fear of death, which he considers due to a neuropathic basis inherited or acquired. In animals the fear of death is dependent on its imminence; in man it is sometimes a permanent obsession, but it is even then usually absent in the actual process of dying, the dulling of consciousness at that time and other dominating physical conditions accounting for this fact. He reports a case illustrating what he considers the essential psychology of the morbid dread of death, in this case even exciting suicidal impulses—death to escape death. In treating this condition he would suggest the thought that sleep is a sort of death, and unconsciousness whether lasting or not, a boon. His treatment was to prevent sleep until it was sought imperatively, and was based on the theory of proving experimentally that the temporary unconsciousness of sleep is the remedy for curable shortcomings and convincing the reason that the more lasting unconsciousness of death is only the supreme antidote of the irremediable breakdown of the organism, and therefore supremely benevolent in its essential nature.

Treatment of Gonorrhoeal Arthritis by Hyperemia.—Johannes von Tiling, Poughkeepsie, N. Y. (*Journal A. M. A.*, April 29), has secured excellent results from Bier's method of damming back the circulation with elastic bands in several painful cases of gonorrhoeal arthritis. He advises the use of a thin, pliant rubber bandage, applied so as not to cause discomfort, but sufficient to produce very perceptible hyperemia. Blueness and coldness of the limb, white or vermilion spots and pain or paresthesia indicate that the bandage is too tight and should be loosened. Properly applied, the most marked first effect is relief of pain, but this is not all; damming, he claims, has a bactericidal effect, and dissolves away the adhesions which are completely removed by massage after the removal of the bandage. At first the bandaging should be of short duration, a few hours at a time, but later it should be increased until it reaches ten hours a day and ten hours at night. After removal of the bandage, massage lightly, then have the patient stand and move the joints. He claims that this method gives better results in most cases of gonorrhoeal arthritis tending to stiffness of the joints than any other.

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J. J. CASSIDY, M.D.,

Editor.

43 BLOOR STREET EAST, TORONTO.

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Pharmacology and Therapeutics—A. J. HARRINGTON M.D., M.R.C.S. Eng., Toronto.

W. A. YOUNG, M.D., L.R.C.P. Lond.,

Managing Editor.

145 COLLEGE STREET, TORONTO.

Medicine—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

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Ophthalmology and Otiology—J. M. MACCALLUM, M.D., Toronto, Professor of Materia Medica Toronto University; Assistant Physician Toronto General Hospital; Oculist and Auralist Victoria Hospital for Sick Children, Toronto.

Laryngology and Rhinology—J. D. THORBURN, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., must be in our hands by the fifteenth of the month previous to publication.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the tenth of the preceding month. London, Eng. Representative, W. Hamilton Minn, 8 Bouverie Street, E. C. Agents for Germany Saarbach's News Exchange, Mainz, Germany.

VOL. XVII.

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NO. 6.

Editorials.

DIVERGENT OPINIONS ON MATTERS RELATING TO SMALLPOX INFECTION.

FROM the reports presented by Dr. Bell, Inspector of the Ontario Board of Health, at the second quarterly meeting of that board, it appears that many people living in the northern section of this province are in no great fear of smallpox. In fact, some of them

are more afraid of the methods adopted to prevent its spread than they are of the disease itself. For instance, in one municipality, the placard placed by the Board of Health on the door of an infected house was removed, on the plea that it might prevent people coming to the town. In another village, a man who kept a bakery sickened with smallpox; but continued to attend to his shop until compelled to take to bed. His wife nursed him in a room over the shop, and also waited on customers in the shop. No placard was put up. On visiting the patient, Dr. Bell found a fully developed case of smallpox. Another odd circumstance was recorded: A schoolmistress and a number of her pupils caught the infection, yet no isolation was practised. In another instance the inspector visited a man reported to have smallpox, and learned that the patient was working out of doors. The inspector interviewed the patient and, on asking him if he was not ill, was informed that "he had been ill, but was now better." At the time of the interview, this patient's face was covered with scabs from which pus was exuding. There may be something in the make-up of such people, causing them to scorn any ailment which does not threaten them with death. Besides, a physician accustomed to old-fashioned smallpox would say that these patients were not very ill. The disease they had was, doubtless, smallpox, but it was not dangerous to life. In fact, Dr. Bell admitted that the smallpox which prevailed in Northern Ontario was not dangerous to life, and that, during the past winter, he had witnessed but one severe case of the disease.

The anomaly of the matter is: smallpox, one of the most dreaded diseases with which preventive medicine has to deal, is, and for several years back has been, peculiarly mild in Canada. Deaths are few, the mortality rarely exceeding over half of one per cent. of the cases. The Sanitary Inspector is, however, called upon to prevent its spread, and in doing so, he puts in motion the machinery required by law for the most formidable type of the disease. People who have been caught in the meshes of the epidemic, either as patients or suspects, endeavor for various reasons to conceal their misfortunes; municipalities with a few cases try to hush up the bad news lest the town should get an evil name. An impartial bystander would probably say, that the people living in the districts where the epidemic prevails are indifferent to what is one of the most disgusting of diseases. On the other hand, in view of its small mortality and the great private and public expense

caused by it, he might pronounce the hygienists too zealous, too much after the type of the man who used a trip-hammer to kill a fly. Another smallpox question, upon which divergent opinions prevail between physicians themselves, is the relation of smallpox hospitals to the surrounding community. Some physicians have asserted that the isolated position usually chosen for smallpox hospitals is uncalled for, and that this disease is not carried to any distance by the wind. A totally different opinion is expressed by the author of Parke's *Practical Hygiene*, published in 1902, who writes: "The exceptional incidence of smallpox, in the immediate neighborhood of some of the London smallpox hospitals in which were formerly treated during epidemic periods large numbers of cases, can admit of but one explanation, viz., that when a sufficient number of cases in the acute stages are collected together in one building on a small area of ground, the hospital becomes a centre of infection to the surrounding neighborhood."

An English Local Government Board circular, on "The Provision of Isolation Hospital Accommodation by Local Authorities," has, with a view to lessening the risks of infection from smallpox hospitals, laid down the rule that a local authority should not contemplate the erection of a smallpox hospital, first, on any site where it would have within a quarter of a mile of it as a centre either a hospital, whether for infectious diseases or not, or a work-house, or any similar establishment, or a population of 150 to 200 persons; and secondly, on any site where it would have within half a mile of it, as a centre, a population of 500 to 600 persons, whether in one or more institutions, or in dwelling-houses. Cases in which there is any considerable collection of inhabitants just beyond the half-mile zone should, says the circular, "always call for especial consideration."

This circular is, of course, founded on the theory of the aerial conversion of smallpox to a distance, in support of which many convincing facts can be adduced. Per contra, it is contended, that the incomings and outgoings of the staff, the calls of tradesmen and friends of the patients, and the bringing of the patients to the hospitals are all dangers which of necessity become intensified as the centre is approached, and may in themselves account for the circumstance that smallpox infection prevails more abundantly in the vicinity of a smallpox hospital.

We have not seen any Canadian evidence to substantiate the view that smallpox is conveyed considerable distances by the

wind, and that the infection may be thus communicated to people living in the vicinity of such an hospital. If such evidence had been available twenty-three years ago it is likely that it would have influenced the wording of Section 28 of the Ontario Public Health Act, which says, "No land or building to be used for the purposes of this Act (infectious disease hospital) shall be nearer than 150 yards to an inhabited dwelling." Neither does it appear that any evidence supporting the aerial conversion theory has been brought forward in Canada since the Ontario Board of Health was established in 1882. In view, however, of the respectable English authorities quoted it would be presumptuous to say that the view favoring the aerial conversion theory of smallpox from smallpox hospitals is extreme. It is better to preserve an impartial attitude, and judge this question as the facts arise. In the meantime there are very divergent opinions among physicians themselves as to the danger of smallpox infection to people living in the neighborhood of smallpox hospitals.

J. J. C.

THE MEDICAL ASPECT OF MALT EXTRACT.

MALT is the product yielded when barley has been allowed to germinate, and the germination has been stopped at a certain point by subjecting the grain to heat in a kiln. As a result of the process, a peculiar active nitrogenous principle called diastase is developed, which has the power of effecting the conversion of starch into dextrin and sugar, and through this, malt differs from barley in a portion of the starch being represented by sugar. Malt infused in hot water yields sweet-wort, which is rich in saccharine matter. This is used for making beer. Malt extract is obtained by the evaporation of sweet-wort, preferably in a vacuum and at a low temperature. It should be light in color, having a characteristic taste and an odor like that of new bread. It does not contain alcohol, but should contain diastase. The principal food element in malt extract is sugar, one brand showing on analysis 68.60 per cent. of sugar; a second brand 58.77 per cent.; a third 51.39 per cent. There can be no gainsaying the fact that sugar is an important food element; but it is cheap, very much cheaper than malt extract. Because starch is digested in the presence of diastase, a considerable food value is supposed to be due to the presence of diastase in malt extract. Analytical chemists have devoted a good deal of attention to an estimate of the percentage of diastase in

malt extract, its presence in a sample being considered an evidence of food value and genuineness; its absence an indication of poverty in food value and also of fraudulent manufacture.

If it were true, that the presence of diastase in malt extract measured its food value; if, in fact, the presence of diastase in malt extract were essential to its recognized food value, then the sale of a malt extract devoid of diastase would deprive the consumer of so much food and would constitute a fraud.

Now chemists can easily prove that diastase, prepared from malt that has not been heated above 135° F, is capable in neutral or very slightly acid or alkaline solutions of digesting appreciable quantities of starch. The operation is most successful in the retort. It is doubtful, however, if the action of diastase on starch will take place in the human stomach to any appreciable extent, and still more doubtful, if, in the treatment of what has been called starchy indigestion—amylaceous dyspepsia—such malt compounds are of any service. Butler says, (*Text-book of Materia Medica*, 1902), that “the clinical evidence adduced to prove the efficiency of such malt compounds should be taken with caution.” He also says “Of the many malt preparations on the market, the best that critical science can say is that they are excessively high-priced foods.” In other words, the consumer pays a high price for evaporated sweet-wort, to which diastase, even if the presence of that enzyme is demonstrated, does not add an additional food value. Thick malt extract of a syrupy consistence is not now in great demand. It is difficult to take, owing to its tenacious and adhesive qualities. On the other hand, thin malt extracts have had a large sale and are still in considerable demand as the pharmacists say. The brewers have been quick to discover the popular taste in malt extracts, and cater to it by supplying an article which is malt extract in name, but in reality is beer. Reporting to the Ontario Board of Health on this subject, Geo. G. Nasmith, M.A., Ph.D., says, “Nine specimens of malt extract manufactured in Ontario, and eight of them by brewers, were found to be absolutely without diastatic action, although, without exception, all were claimed to be active. None of these caused the disappearance of the starch after fifteen hours, proving that not even traces of diastase were present. All were dark brown in color, indicating that they had been sterilized by heat, the diastase of necessity being killed in the process. All contained alcohol, were of thin consistency, and contained only from four to sixteen per cent. of solids.”

In fact, while these preparations are nominally malt extracts, they are, to all intents and purposes, ordinary beer. Most of this is not news to our readers. What are we going to do about it? There is something to be said in favor of the thick malt extracts. In many cases, they have been found quite beneficial in states of chronic debility, dyspepsia, due to organic disease or infirmity, or to mere nervous exhaustion, but seldom more, and often less so, than good malt liquors into the composition of which hops enter. The semi-liquid preparation, which is the only true extract of malt, is very difficult to take, owing to its tenacious and adhesive qualities. It is generally prescribed in teaspoonful doses mixed with soup, wine, beer, or milk. On the contrary, the thin malt extract is easy to take and is very palatable. Our friends the brewers appear to have solved a pharmaceutical difficulty, by giving us beer and labelling it malt extract.

J. J. C.

EDITORIAL NOTES.

Disinfection of Houses by Formalin.—At the Havana meeting of the American Public Health Association, January, 1905, Professor L. C. Robinson, of Brunswick, Maine, read the report of the Committee on Disinfectants. The methods of disinfecting rooms practised in the German Empire were described at length. All cities of the German Empire, excepting Berlin, have adopted the method of Flügge, of Breslau, that is to say, the fumigation of rooms with formalin combined with the disinfection of bedding with steam. Weak solutions of formalin, which do not lose strength as soon as the stronger ones are preferred. Ordinarily $1\frac{1}{2}$ litres of an 8 per cent. solution of formalin are evaporated in a space of 100 cubic metres, the room being closed and all cracks or openings plugged with wadding and mastic. Everything in the room is arranged so that the gas may easily reach all the surfaces. The room remains closed for from $3\frac{1}{2}$ to 7 hours, after which ammonia is introduced to neutralize the formalin. The bed and bed clothes are then removed to the public station to be disinfected by steam. At Berlin this method is followed in houses of the better class: but among the generality all washable articles are washed in a 3 per cent. solution of carbolic acid, and beds, bedding, curtains, carpets, etc. are sent to the public station to be disinfected by steam. In some cases the vaporization of formalin is added to

this disinfection. Fumigation by means of sulphur is no longer used at Berlin or the other German cities. Professor Robinson recommended Flügge's method of disinfection, which is the one most generally employed in the United States. He also mentioned a point in formalin disinfection, which has not been sufficiently noted, *viz.*, that the good effect of a formalin fumigation does not end when the room is occupied again. The greater part of the surfaces exposed to its action, and especially clothing, paper and varnish absorb this gas and remain antiseptic during a considerable time. The presence of formalin has been noticed for weeks after disinfection had taken place. Singular to relate also, disinfection done with a weak solution of formalin (8 per cent.) and continued for a long time has a more lasting influence than if a strong solution of formalin is used for a short period. He also recommended that the floors of school rooms should be washed with weak solutions of formalin, so weak, indeed, as not to cause any odor. When this method of washing the floors of school rooms is employed he has observed that colds and inflammatory affections of the lungs prevail less frequently among the scholars attending such schools.

Diagnostic Points between Spermatorrhea and Seminal Pollutions.—In the *Daily Medical*, April 7th, 1905, Dr. F. R. Sturgis, New York, establishes the following diagnostic points between spermatorrhea and seminal pollutions:—(1) Spermatorrhea is a disease of its own kind. (2) Spermatorrhea has nothing in common with pollutions. (3) Spermatorrhea does not usually lead to impotence. (4) Pollutions may or may not be associated with spermatorrhea. (5) Pollutions are liable to lead to impotence. Under the first head he shows that the seminal loss in spermatorrhea is not constant; but that it occurs under the influence of expulsive or muscular effort, as coughing, sneezing, straining at stool, etc. This is associated with a sense of smarting in the urethra, and the patient is aware that fluid is running along the urethra and this is sometimes associated with a feeling of depression, mental and physical, lasting from fifteen minutes to three hours. In pollutions the loss occurs without effort; the loss is a steady, continuous one; the condition is a passive one. At stool there is no special increase, but at the end of the act of defecation a gush of fluid may ensue, varying from a few drops to a teaspoonful, unattended with any pleasurable sensation. In spermatorrhea the seminal loss occurs toward the end of the act of urination, when

the expulsive efforts are made to eject the few drops of urine, which remain in the canal. In pollutions the expulsive power is almost completely lost and the patient is unable to expel the last few drops of urine, which leak away, accompanied with or followed by a seminal loss. The urinary symptoms in spermatorrhea are tonic, in pollutions atonic. In spermatorrhea the patient is not neurasthenic or hypochondriac—is mentally sound. In pollutions he is depressed, easily fatigued in mind or body, is hopeless in this world and doubtful or indifferent to the next world. In spermatorrhea the patient is virile and capable of coitus, though with advanced forms the erections may not be good. In pollutions the patient has no proper erections and cannot perform the sexual act, though he continually wishes to do it. He feels that the more he wishes it the less capable he is of performing his sexual function. He is irritable, has no appetite, is a curse to himself, a trial to his wife and a bore to his neighbors. Unless spermatorrhea becomes associated with pollutions, it is curable. The patient with pollutions is sexually, mentally and physically impotent and becomes a wreck. The patient with spermatorrhea occasionally has "the blues," a headache or notices that he is not up to the mark, but this condition passes off. The patient with pollutions is aware that he is not up to the mark and he stays there. Like healthy men the patient with spermatorrhea has an occasional nocturnal emission, accompanied with an erection. The patient with pollutions does not have that kind of emission. The emission is without erection, unless possibly there may be a feeble attempt at one, and in the morning he rises without any erection to greet him. With him the penis is as dead as Julius Caesar, whereas in spermatorrhea the patient rises with all the evidence of virility upon him, and rejoices to think that he is yet a man.

The Treatment of Puerperal Fever.—Galabin (*The Practitioner*, March, 1905), considers local disinfection the first step to be taken, sores and ulcers being treated according to the intensity of the local lesion. A specimen of the secretion from the uterus should be submitted to microscopical examination and culture. The uterus should be irrigated with an antiseptic fluid, if the temperature exceeds 102° F. The bowels should be opened with calomel, followed by sodium sulphate. If the temperature reaches 103° or 104° F., the uterine cavity should be explored with the finger. This is better than repeated irrigation or curettage. The curette may be used if the finger detects substances which it cannot remove.

Plugging with iodoform gauze is advisable if bleeding is persistent. The diet should be principally fluid, abundant and administered in feedings at short intervals. Saline injections into the rectum or cellular tissue are frequently beneficial. Cold, quinine, tincture of iron, strychnine and phenacetine will often be found useful means of treatment. Antistreptococccic serum is thought worthy of trial, also nuclein and silver. Abscesses should be opened as soon as they are apparent. Hysterectomy should rarely be practised. Pyosalpinx may be treated by abdominal or vaginal section, according to the indications.

Treatment of a Crushed Hand.—Lejars (*Semaine Medicale*, March, 1905), advises to anesthetize the patient, apply Esmarch's bandage, cleanse the wound and neighboring parts thoroughly, remove all foreign bodies and debris of whatever nature, bits of bone, flesh, etc., amputate any portion which has been crushed beyond hope of recovery, readjust the tissues as nearly as possible to their normal condition, suturing the divided tissues when necessary, remove Esmarch's bandage, check hemorrhage, drain freely and apply a sterile dressing.

Lead as an Abortifacient.—Dr. Hall (*British Medical Journal*, March 18th, 1905), reports a series of thirty cases of lead poisoning, resulting from the use of lead to produce abortion. This practice prevails in the Midland districts of England, and is gradually increasing. The drug is usually taken in the form of patented pills—for "regulating" the monthly periods, etc. The author has purchased and analyzed several varieties of these pills and finds that they all contain small quantities of lead. All of his patients were women of child-bearing age, usually married, and mothers of families. Of the first 18 patients, 11 did miscarry, one was pregnant, five admitted delayed menstruation while one denied any menstrual trouble. More than half the patients admitted having taken an abortifacient.

The Hospitalization of Pauper Inebriates in Ontario.—A scheme for the hospitalization of pauper inebriates in this Province was endorsed by the Ontario Medical Association and recommended to the Ontario Government several years ago. Briefly stated it is as follows: (a) The appointment by the Provincial Government of an inspector of inebriate institutions. This inspector should be a qualified medical practitioner who has made the medical treatment of inebriety a special study. (b) The inspector should

organize in the City of Toronto a hospital for the medical treatment of pauper inebriates of the more hopeful class, and in other cities of the province an inebriate department in the existing general hospitals. (c) The inspector should also arrange in connection with each institution, where inebriates are received and treated, an organization or agency for the adoption of the probation system, and giving a helping hand to the patients subsequent to treatment for inebriety. (d) The inspector should provide for the adoption of a rational course of medical treatment for inebriates in accordance with the tenets of legitimate medicine only, to the exclusion of the use of any proprietary remedy. This scheme was also endorsed by the Canadian Medical Association in 1899.* A considerable sum of money is collected annually from the license-holders of the Province for the privileges of selling alcoholic liquors, and a third of it goes into the provincial treasury. It is but fair, therefore, that a percentage of the amount collected should be devoted by the Provincial Government to the nursing and medical treatment of inebriates, who are, through poverty, unable to pay the fees required to obtain admission to private inebriate hospitals. Temporary privation of liberty would form an essential feature in the management of chronic forms of inebriety. If this requisite were permitted by law, and a suitable hospital provided, the medical and hygienic parts of the treatment would be so facilitated that the most beneficial results might be looked for even in very bad forms of inebriety.

To Register Tuberculosis.—The efforts of physicians to obtain the compulsory registration of tuberculosis in Ontario have been unsuccessful so far; but a continued agitation in favor of this reform may produce better results in a year or two. In the meantime, public opinion, based on medical opinion, favors this reform. We notice, in *American Medicine*, that the Maryland Legislature has passed a law regarding tuberculosis. This law obliges the physicians of that State to report to the Board of Health within seven days all cases of tuberculosis, upon special blanks provided by the Board. The reports are to be kept secret. The Maryland State Board of Health has received the first instalment of supplies for the enforcement of the new law—30,000 sputum cups, 2,500 metal cupholders and a lot of chemical supplies.

Morton, the Discoverer of Anesthesia.—The discoverer of surgical anesthesia, Dr. W. T. G. Morton, was an American, a dentist by profession. The first public demonstration of etheriza-

tion took place at the Massachusetts General Hospital, Boston, October 16th, 1846. On this occasion Dr. Warren operated for the removal of a tumor. When the operation had been completed on the etherized patient, the operator, Dr. Warren, turned to the audience and said slowly and emphatically, "Gentlemen, this is no humbug," and Dr. Bigelow who was present, remarked, "I have seen something to-day that will go around the world." The inventor of the term "anesthesia," Dr. Oliver Wendell Holmes, writing in 1893 to Mr. Edward Snell, author of an article on anesthesia in the *Century Magazine* of August, 1894, grants "honorable mention" to Dr. Charles T. Jackson, a physician, and Dr. Horace Wells, a dentist, in connection with the discovery and continues, "This priceless gift to humanity went forth from the operating theatre of the Massachusetts General Hospital, and the man to whom the world owes it is Dr. William Thomas Green Morton." In the same letter Dr. Holmes credits Sir James Y. Simpson with introducing chloroform into surgical and obstetric practice, but declares unequivocally that surgical anesthesia was not discovered by that gentleman.

J. J. C.

PERSONALS.

DR. N. A. POWELL'S only child, Miss Mercy E. Powell, B.A., was married on Monday evening, May 15th, in the chapel of Victoria College, Queen's Park, Toronto, to Dr. Edward Allister McCullough, B.A. On the return of Dr. and Mrs. McCullough to Toronto in a few weeks they will settle at 167 College St., Dr. McCullough becoming Dr. Powell's assistant.

DR. HAMILL, who conducts the Canadian Medical Exchange for the purchase and transfer of medical practices and properties between medical men, wishes us to state that at no time during the past ten years has he been in a position to so fully meet the wants of all needing a practice as at the present time, as he has over thirty medical practices for sale in all parts of Ontario and the North-West Provinces, all of which are most inviting opportunities to secure a lucrative practice at most inviting prices and terms. Physicians desiring a practice can secure what they desire better by applying to Dr. Hamill than by all other methods combined that they could adopt.

News of the Month.

BANQUET TO DR. OSLER IN NEW YORK.

AT what one of the speakers called "the largest medical dinner ever cooked," Dr. William Osler, who has achieved fame as the reputed author of the remark that all men are worthless after forty, and should be chloroformed after sixty, a remark that has been taken entirely too seriously, was entertained at dinner by his colleagues of the profession at the Waldorf-Astoria on May 2nd.

That Dr. Osler had other recommendations beside the utterance attributed to him was evidenced by the fact that the most eminent men of his profession from all parts of the United States and Canada and one or two from across the seas attended the function and that illusion to his alleged theories of age were few and far between.

In reality the dinner was a farewell testimonial on the eve of Dr. Osler's departure from the Johns Hopkins University, at Baltimore, for the University of Oxford, where he is to become Regius Professor of Medicine, and so great was the interest in the event among medical men that the gathering was in effect of an international character, at least one man, Dr. F. Sandwith, having come from London for the express purpose of being included in it.

Three speakers had already paid tribute to the guest of the evening before any mention was made of the so-called "Osler theory," and then Dr. A. Jacobi, of New York City, who was discussing Dr. Osler in his capacity as author and physician, made passing reference to it as an invention of the press. A few moments later, however, Dr. S. Weir Mitchell, of Philadelphia, became a trifle broader in the matter.

It was Dr. Mitchell's appointed function to present to Dr. Osler a copy of Cicero's "De Senectute," which might be liberally translated as Cicero "On Old Age." Dr. Mitchell said the copy chosen was one of the early translations of James Logan, of Philadelphia, and bore the imprint of Benjamin Franklin. Then he added casually:

"What humorous friend selected this work I do not know, nor do I know who choose me as the person to present it, but I suppose it was because I was the youngest available man to hand to my venerable friend what a genius who flourished nineteen hundred years ago, had to say on the subject of old age."

As Dr. Mitchell is seventy-five years old, and Dr. Osler only fifty-six, the sally was greeted with a burst of applause. When it had subsided, Dr. Mitchell went on to say:

"The subject, by the way, is one, if we can trust the press, that Dr. Osler thinks should not exist at all—old age."

There were nearly six hundred members of the medical profession seated in the main banqueting hall of the Waldorf, when



DR. WILLIAM OSLER, REGIUS PROFESSOR OF MEDICINE,
OXFORD UNIVERSITY.

the oysters were brought on, and before long all the boxes in the balcony were filled with parties of women, including Mrs. Osler, her son, now 10 years old, and her mother, Mrs. Grover Cleveland and wives and daughters of the more eminent guests.

Behind the guest of honor were intertwined, in a beautiful

manner, the American and British flags. The decorations consisted of large branches of budding trees, including cherry and orange blossom. Music was rendered by the Hungarian Band. The menu was the finest that the Waldorf could get up, the quality and age of the wines being especially commented upon.

It was after ten o'clock before Dr. James Tyson, representing the University of Pennsylvania, who presided, arose to introduce the first speaker, who was Dr. F. J. Shepherd, of Montreal, where for some years Dr. Osler was a member of the Medical Faculty of McGill University.

Dr. Shepherd spoke with great feeling of Dr. Osler's early display of extraordinary talents there, and laid particular stress upon his wonderful ability in the making of autopsies. These remarks were greatly appreciated on the main floor, but it was noticeable that no applause came from the galleries.

This, however, was the only occasion during the feast, that purely pathological matters were referred to, nearly all the remainder of the time being devoted to a recital of the achievements of Dr. Osler in the past and the promise of his future at Oxford.

After Dr. Shepherd, the other speakers and their topics were:— Dr. J. C. Wilson, on "Dr. Osler in Philadelphia, as Teacher and Clinician"; Dr. William H. Welch, on "Dr. Osler in Baltimore, as Teacher and Consultant"; Dr. Jacobi, of New York City, on "Dr. Osler, Author and Physician," and the presentation by Dr. Mitchell, of Philadelphia. Dr. Osler himself, was the last to speak, in acknowledgment of the almost overwhelming tribute paid him.

Dr. Osler began by speaking of the overwhelming regard and friendship shown to him by his many friends in the profession in this country.

"I have had but two ambitions in the profession," he went on: "first, to become a good clinical physician, and second, to build up a great clinic in this country on Teutonic lines; not on the lines which have been followed in this country, nor on the lines which have been followed in England, but on the lines which have proved so successful in Germany, and which have put German medicine to-day in the fore-front of the medicine of the world. The opportunity which I have had at the Johns Hopkins University to carry out these ideas, I am truly thankful for. How far I have been successful remains to be seen. But if there is one thing we need to change in this country, it is our present system of clinics and hospital equipment. Organized on German lines, there would be more work done in this country in five years than Germany could do in ten.

"I have had three personal ideals. One, to do the day's work well and not to think of to-morrow. My second has been to act the Golden Rule, as far as it lay in my power, to my professional brethren and toward the patients committed to my care; and my third has been to cultivate a certain measure of equanimity, that I might bear success with humility; that I might bear the affection

and esteem of my friends with humility, and that if the day came, when sorrow and grief and anguish and distress lay hold of me, I might meet it with the equanimity befitting a man.

"What the future has in store for me, I cannot tell you, you cannot tell, nor do I care, so long as I carry with me, as I shall, the memory of the past you have given me. Nothing can take that from me, whatever betide. I have made mistakes; they have been mistakes of the head, not of the heart. In my sojourning among you, I have loved no darkness, sophisticated no truth nor delusion, and allowed no fear."

Dr. Osler, of course, occupied a seat at the centre of the guests' table, with Dr. Tyson on his left and Dr. W. W. Keen, of Philadelphia, at his right. Others at that board, all of them physicians, were: William B. Gibson, D. K. Dickinson, D. B. St. John Roosa, Archibald E. Malloch, Francis Delafield, J. C. Wilson, Frank Billings, Frederick C. Shattuck, John H. Musser, James R. Chadwick, S. Weir Mitchell, F. Sandwith, John S. Billings, A. Jacobi. Edward L. Trudeau, Stephen Smith, W. H. Welch, E. G. Jane-way, W. M. Polk, Eugene F. Cordell, John A. Wyeth, Robert Fletcher, S. Solis Cohen, F. X. Dercum, John B. Deaver, Thomas Darlington, Charles Loomis Dana, Simon Flexner, E. M. Leplace, William James Morton, Arthur V. Meigs, Roswell Park, General P. M. Rixey, General George W. Sternberg, E. C. Spitzka, Charles E. de M. Sajous, Reginald H. Sayre and Horatio C. Wood. From Canada there were present, among others: Dr. Allen Baines and Dr. Herbert Bruce, Toronto; Dr. N. H. Beemer, of Mimico; Dr. F. J. Shepherd, of Montreal; and Dr. Ingersoll Olmsted, of Hamilton

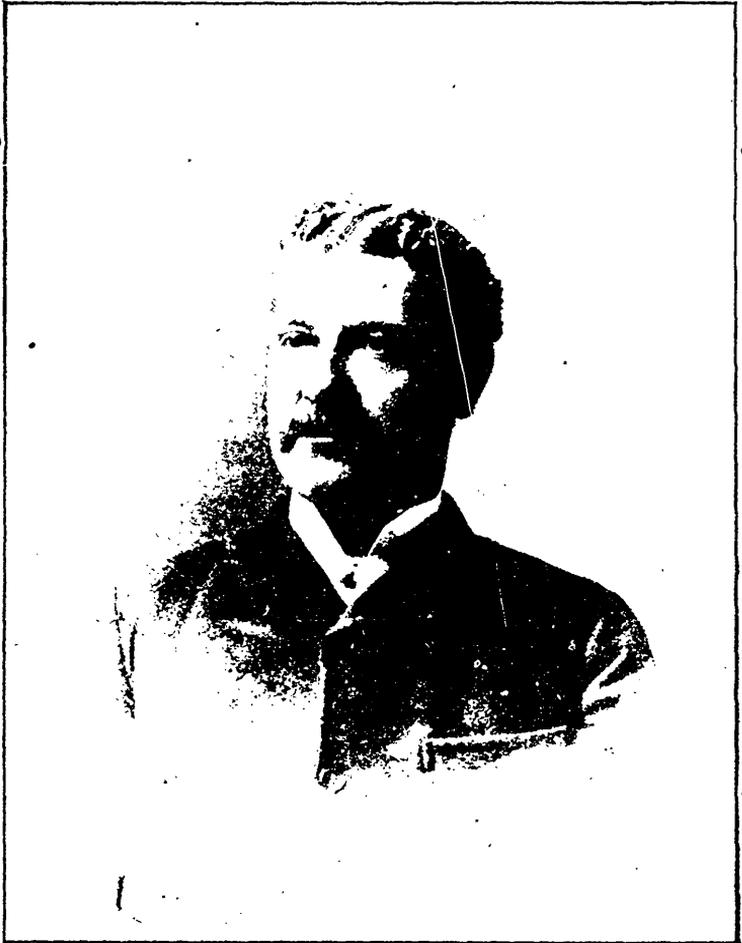
"OUR REGIUS PROF."*

- | | |
|---|---|
| <p>1. Our chief, we turn to thee,
Beloved from sea to sea,
To thee we sing.
We love thy genial ways,
Thy wit and merry plays,
Thy matchless eyes' dark rays,
And tribute bring.</p> | <p>3. May he find tophi there,
Bardolphian noses rare,
Undiagnos'd.
Long may his eye be keen,
His touch to feel the spleen,
To auscultate the Quesn,
This is our toast.</p> |
| <p>Cho.—God save the mighty chief,
We part from him in grief,
God save our chief.
God save our Regius Prof,
Our hats to him we doff,
God save our Regius Prof,
God save our Prof.</p> | <p>4. He'll find there devotees
Of all the deities
In England's realm.
There Vulcan holds the fort,
Venus and Bacchus sport,
Mars also has his Court
In London town.</p> |
| <p>2. Look at his arteries,
Judge of his age by these,
Scarce thirty-five.
May he ne'er pass his prime
In symptom or in sign,
Younger in spite of time,
Long live our chief.</p> | <p>5. May he come back to us,
Still to inspire us,
His absence brief,
Send him victorious,
Happy and glorious,
Long to reign over us,
Perennial chief.</p> |

* Composed and sung by the Saint Johns Hopkins Gastric Quartette, at the dinner to Dr. Osler, The Walled-off Castoria, New York, May 2d, 1905.

DR. CHARLES O'REILLY'S RESIGNATION.

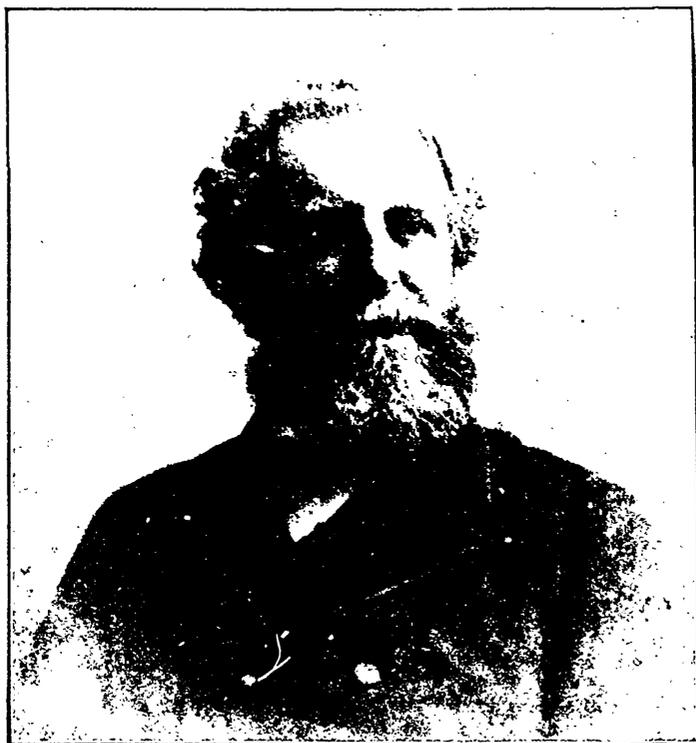
DR. CHARLES O'REILLY, for 29 years superintendent of the Toronto General Hospital, sent in his resignation to the Board last month. Dr. O'Reilly has devoted his professional life to building up the



DR. CHARLES O'REILLY, RETIRING MEDICAL SUPERINTENDENT,
TORONTO GENERAL HOSPITAL.

hospital to what it is to-day, the largest in the Dominion, having over 400 beds, and few hospital men are better or more favorably known in Canada, and it is but right that his long public service, exceptional executive ability and successful management, should not be overlooked when he retires. Dr. O'Reilly's

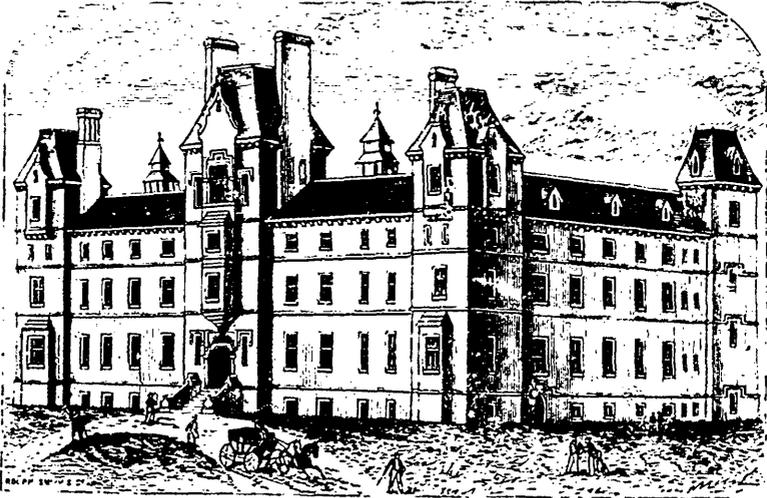
relations with the public have always been most cordial, and his well-known courtesy has earned him their heartiest good wishes for a pleasant holiday. Dr. O'Reilly will, of course, remain on duty and in full charge for the present and until arrangements are largely completed in the interest of the hospital by the Board to fill his very important position, and in all probability though his resignation will not really come into effect until the end of the year, he hopes to be relieved of duty by the middle of this month.



THE LATE WALTER S. LEE, CHAIRMAN BOARD OF TRUSTEES, TORONTO
GENERAL HOSPITAL, 1889-1902.

Dr. O'Reilly matriculated at McGill College, where he secured the degree of M.D.C.M., but not being of age at that time, did not receive the diplomas for several months. Immediately thereafter he was appointed resident physician of Hamilton City Hospital, where he remained many years, during which time he also held several other important positions, viz., public vaccination physician to the Board of Health and Police, and assistant surgeon of the 13th Battalion of Hamilton. He was also Secretary-Treasurer of Hamilton Medical and Surgical Society. In January, 1876, on his

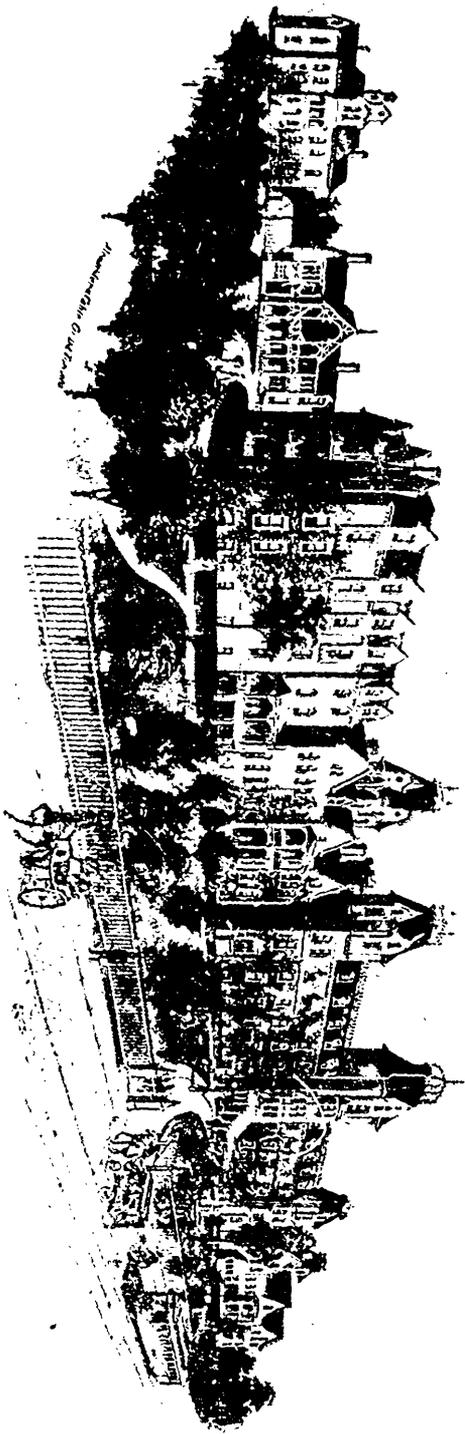
resignation of the Hamilton Hospital, he was tendered a public banquet, where he was presented with a complete and handsome service of silver plate and an illuminated address by the Mayor and aldermen, also with a marble clock by his friends of the medical profession. Since that date Dr. O'Reilly has held the position of medical superintendent in the General Hospital, Toronto. Under his regime the hospital has made great strides, and among the additions to the institution are the Andrew Mercer Eye and Ear Infirmary, the "pavilion" for diseases of women, and the Burnside Maternity Hospital, and the west wing. Nearly one hundred thousand patients have been admitted and nearly 4,000 births have taken place in the maternity branch. In the year 1881 the training school for nurses was inaugurated and opened with an attendance of half a dozen, and a few years ago the



ORIGINAL HOSPITAL, 1854-1878.

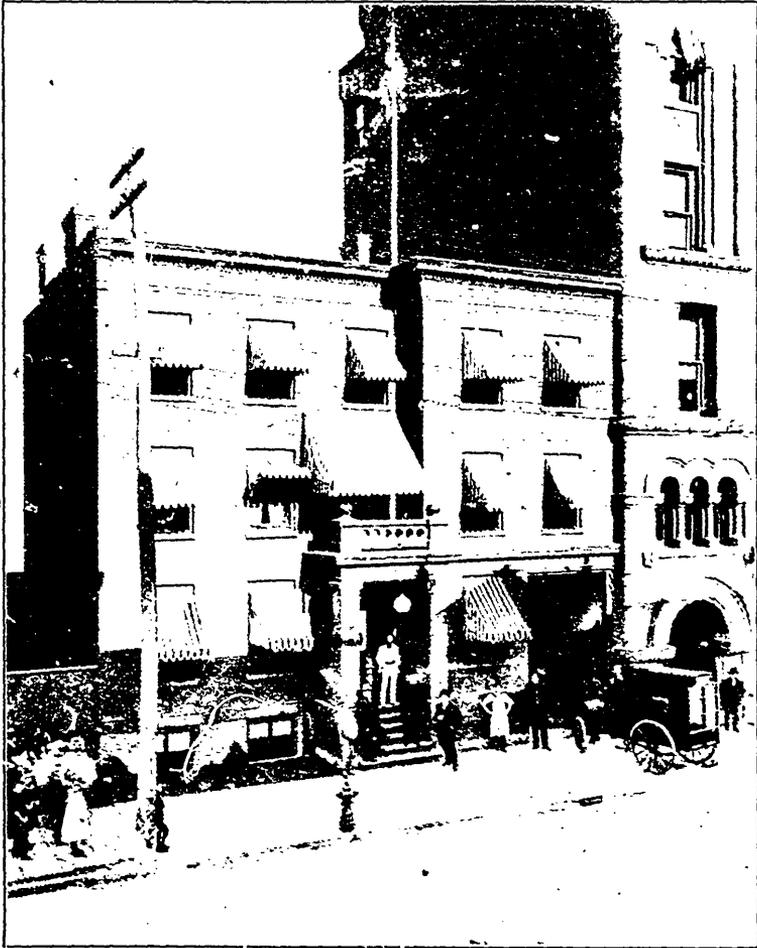
present home was enlarged so as to accommodate over four score nurses, now in the training school. Nearly all the important positions in the schools and hospitals of Ontario are held by its graduates.

The Emergency Down-town hospital was designed by Dr. O'Reilly and Mr. W. S. Lee, and was opened several years ago to afford first aid only, where annually over 2,500 emergency cases are treated. During the North-West Rebellion the General Hospital Ambulance Corps was organized, and sent on active service, and through Dr. O'Reilly also the first ambulance in Canada was presented to the city in 1881. In 1890 Dr. O'Reilly received the honorary degree of M.D.C.M., from Trinity University, in recognition of his services and zeal in the promotion of clinical instruction for medical students and the institution of oral and bedside examinations. He first



TORONTO GENERAL HOSPITAL TO-DAY.

conducted examinations for the Medical Council in 1879, and was examiner for the University of Toronto in clinical surgery for over eight years. He also has held for many years, and still holds, the position of clinical examiner for Trinity University and Ontario Medical Council. Among other positions held by him are those of



EMERGENCY BRANCH, TORONTO GENERAL HOSPITAL, BAY STREET.

international consultant on the charity hospital surgical staff in Buffalo, Vice-President of the Association of Hospital Medical Superintendents of the United States and Canada, and Vice-President of the Ontario Hospital Association. He was also some years ago asked by Sir Henry Burdett, of London, to act as honorary representative in Canada of the "Royal National Pension

Fund for Nurses," under direct patronage of the Prince and Princess of Wales. He is patron of the Post-Graduate Society of Toronto, the members being chiefly house staff and ex-house staff men of the hospitals of Toronto. He is a registered practitioner in Michigan, New York and the Province of Quebec, and he is also one of the Vice-Presidents of Toronto District of the St. John Ambulance Associates of England.

Dr. O'Reilly's retirement will be regretted, not only by his personal friends but by the medical staff and officials under him, to all of whom he has been uniformly loyal and kind, both officially and privately, and the patients, numbering over 100,000, who have passed through the hospital since he became superintendent, will long remember his well-known name, which seems almost inseparable from that of the Toronto General Hospital.

In addition to a half-tone of Dr. O'Reilly himself, we publish one of his life-long friends, the late Mr. Walter S. Lee, who was Chairman of the Board of Trustees for several years prior to his demise. We also print a wood cut of Toronto General Hospital as it was from 1854-1878, one of the Hospital as it now stands and the Emergency Branch on Bay Street.

The Board of Trustees of the Toronto General Hospital met recently. After passing a vote of condolence with the family of the late Mr. George Gooderham, the Board formally accepted Dr. Charles O'Reilly's resignation as medical superintendent of the hospital. It is understood that Dr. O'Reilly's active connection with the hospital terminated May 31st. The Board, though, recognizing his long service, will continue to pay his salary until December 31st, 1905. Further, the Board of Trustees decided that Dr. O'Reilly shall receive a gratuity of \$1,000 a year for five years, dating from January 1st, 1906, consequently extending to December 31st, 1910. Dr. O'Reilly sails for a prolonged holiday in the Old Country on June 22nd.

A LOVING CUP PRESENTED TO DR. O'REILLY.

THE annual dinner of the Toronto Clinical Society was held at the Albany Club on Saturday evening, May 6th, and like its predecessors proved to be a very enjoyable function. Covers were laid for about one hundred. Dr. Herbert Hamilton, the president of the society, presided. A very pleasing incident of the occasion was the presentation to Dr. Chas. O'Keilly of a sterling silver loving cup. The toast of the Toronto General Hospital was proposed by Dr. Adam H. Wright, who, when about to close his remarks, handed the cup for presentation, which he made in a few well chosen and felicitous words. He alluded to Dr. O'Reilly's long term of office, the happy relations which had existed between him and the profession, and wished him the fullest enjoyment of the well-earned holiday, which he is about to take in company with his wife and

son, Dr. Brefney O'Reilly. Dr. O'Reilly was evidently taken greatly by surprise, and in rising to reply, it could be observed, was visibly affected. He, however, expressed in his usual happy and ready manner his thanks to the donors, and his appreciation of the honor which had been done him. Dr. Adam Wright was the recipient of many congratulations from his confreres upon the publication of his comprehensive book, which is recognized as a work of exceptional value, both as a handbook for students and a work of reference for practitioners. (A review of Dr. Wright's book will be found in this issue.) The cup as presented bore, in addition to a crest, the words, "And we'll remember you—O'Reilly" 1876-1905.

GOVERNMENT ASKED TO ESTABLISH A PROVINCIAL DEPARTMENT OF PATHOLOGY.

AN influential deputation of medical men was recently introduced to the Provincial Cabinet and made a request for the creation of a Provincial Department of Pathology in connection with the Ontario asylums, the sequel to the steady increase during the past decade in the number of cases of insanity, as well in Ontario as elsewhere, which has been for years a matter for serious consideration and alarm, so recognized not only by chemists, but by all who have devoted time and thought to the subject. In almost every other department of medical science there has been an advancement of knowledge that has resulted in the diminution of deaths from disease, and improved preventive methods. In the realm of mental troubles alone science has been for years practically at a standstill.

The reason is not far to seek. There has been no systematic research or scientific investigation of the causes of idiocy, imbecility or lunacy. The common objection to such being undertaken is "that all is being done that can be done," but the pioneers in the medical treatment of the insane a century ago, when lunatics were mechanically restrained in jails and were flogged, starved, chained or confined in dark cells, and were bled, purged, or puked with the beneficent object of driving the devil out of them, probably met with the same objection.

It is with the object of changing this condition of affairs in Ontario and introducing method, system and sense into the treatment of our insane that the deputation organized by Dr. W. N. Barnhardt interviewed Premier Whitney to urge upon him the vital necessity of creating the department referred to. There is in the movement no reflection on the present management of our asylums. They are in charge of medical directors well fitted for their tasks, whose work compare favorably with that done in similar institutions anywhere abroad. But our asylums are to all intents separate and individual. There is no common centre where results are noted, and where the

knowledge gained can be tabulated, considered and exchanged so that the experience of one may be utilized to the advantage of all. Furthermore, the present staff has now all it can do without devoting time to research work. The daily oversight of hundreds of insane patients, the dispensing and administration of medicines, and the making out of statistics, daily records and correspondence with relatives and friends is a sufficiently heavy task. Hence the need of a special department for research work.

The proposal is not an untried innovation. Its value has been tested and proved in Germany and several States of the Union, and it has already been favorably considered by the late Government. In short, the position is this: There are in Ontario 6,000 lunatics confined in asylums. They are well cared for, washed, fed, exercised and put to bed. But, broadly speaking, our asylums are mere houses of detention with but little attempt made at study or cure.

The result is that this vast amount of valuable material is going to waste. This mine of information is being left unworked when every effort should be made to balance the increase in the number of insane by improving the methods of prevention and cure.

The objects of the department would be, to throw light on the early stages of the disease, a field at present neglected and unexplored, to observe and classify the forms of insanity, using for this purpose the observations of the directors of the asylums, and to secure uniform autopsies and prepare and preserve microscopical specimens of the brains and spinal cords of such as die in our institutions. This latter part of the work, while important, is not, as has been supposed, the chief end of pathology, which aims at the prevention of the disease.

The discovery that germs were the cause of inflammation in wounds resulted in a revolution in surgery. This discovery was made after years of careful research. It may fairly be asked whether similar care and time spent on the study of mental diseases may not bring about a similar happy reformation.

It is to be earnestly hoped that the Cabinet will unhesitatingly do as requested, there being no question as to the scientific value of the proposed department towards the curative treatment of the insane.

IS TORONTO TO HAVE A NEW MILLION DOLLAR HOSPITAL?

ONE more large problem confronts the Board of Control and Council, another million dollar scheme, following hard on the heels of the Union Station settlement. It is a new General hospital.

A little while ago Controller Spence remarked at a Board of Control meeting that Toronto had done nothing for hospitals, had not had to assume any responsibility for hospital accommodation. Its opportunity now confronts it.

Briefly the scheme is this: The hospital trustees will undertake to raise \$700,000; the Ontario Government will add to that \$300,000. The million would be spent on buildings and equipment. This is the plan that has been laid before the Board of Control.

The proposed site is at the south-east corner of College street and University avenue, 500 x 600 feet, nearly seven acres. It would extend east to the Dental College and south to Christopher street.

Two objects are aimed to be accomplished by the scheme: First, to provide larger, better equipped and modern buildings for the General Hospital, of which it stands very greatly in need; second, to provide better hospital clinical facilities for the medical faculty of the University of Toronto. It is for this last that the government is prepared to contribute so large a share of the cost.

To the minds of the Mayor and Controllers the question presented itself under three heads: First, whether or not the city should enter the scheme and so admit its responsibility to provide hospital accommodation, approving this undertaking as the best means of discharging that obligation; second, how to re-adjust the relations between the city and the hospital; third, how to raise the money, submit a by-law to the people or get authority from the Legislature.

No one will deny the city's responsibility in the matter; at any rate, the Controllers do not. As to policy, it is simply a question of concentrating the municipal fund to insure one great institution or dividing it up among the hospitals as they are at present.

If the Board of Control recommends Council to go into the scheme it will be upon the strict understanding that the city is to have, if not a preponderating, at least a very large say in the management of the institution. The University also would be largely interested, and as far as can be learned it is the intention to organize a new trust, in which the city and the University would be the controlling elements.

If Council decides to join in the undertaking a by-law will likely be submitted to the people. Probably authority to issue the necessary debentures could be obtained from the Legislature, because the Government is anxious to see the scheme floated for the sake of the University, but there is a strong feeling in the Board of Control that the people should be consulted, and as Controller Hubbard says, "I'm always ready to trust the people."

The hospital trustees will have a pretty large order in hand in undertaking to raise \$700,000. Mr. Cawthra Mulock's contribution of \$100,000, however, makes a handsome beginning. Another \$100,000, it is said, has been promised by a lady. The amount to be raised would then be reduced to half a million dollars.

The hospital's endowment brings in at present \$25,000 a year. If the new plan goes through, when the new buildings are completed, the Emergency Hospital down town could be done away with. To erect and equip the new buildings would require probably five years.

Since the above was printed, the trustees of the Toronto General Hospital have issued the following statement for publication, so that there is now very little question as to the splendid future for Toronto, so far as hospital accommodation is concerned. We congratulate Premier Whitney and his Cabinet upon their foresight and liberality in this connection.

The action of the Government in authorizing an advance of \$250,000 by the University of Toronto to the proposed reorganization plan of the Toronto General Hospital, and the advance of a further \$50,000 out of the University endowment toward the purchase price of a suitable site for the hospital, makes the present a natural time for the trustees of the Toronto General Hospital to make known to the public the character of the negotiations which have been in progress for many months.

Recognizing that the present premises were unequal to the requirements of a modern hospital, and that new buildings and equipment were highly desirable, they approached the University authorities, the Government of the Province and the Board of Control of the city, asking if there was not some basis for a fusion of interests that would work out to the common benefit of the city and the University, and meet the responsibility of the Government for the provision of adequate medical education for the University of Toronto School of Medicine. It was felt that if it were possible to secure such co-operation, it would be proper for the present Board of trustees of the Toronto General Hospital to tender to the Government the trust under which the property and endowment is held at present, and to have a new trust formed, which would recognize the interests of all the contracting parties named above.

The response on the part of the Government and the University has been the setting aside of the above two sums, aggregating \$300,000. It is hoped that the response on the part of the City Council will be \$200,000, and that individual citizens will contribute, say \$800,000.

With this sum a central site will be secured and a general hospital, an emergency hospital and out-patient hospital will be built upon it. The public wards will be available for the medical faculty of Toronto University, for educational purposes, and for the moderate expenditure of \$300,000 the Province will have secured for its Provincial Medical School all the necessary advantages which they would secure in a direct ownership of a hospital establishment costing \$1,300,000 in land, buildings and equipment, and a yearly income of \$25,000. The city will enjoy the advantage of a modern, well-equipped hospital, capable of performing to the highest degree of efficiency the service necessary for the comfort of the sick and suffering.

It would not have been possible for any one of the co-operating bodies to have alone acquired a site and buildings of the type at present proposed, and the fusion of interests which has taken place seems to provide the needed facilities for all with a fair distribution of the burden. (Signed) J. W. Flavell, Chairman; Thomas Urquhart; M. J. Haney; Peter C. Larkin; Cawthra Mulock.

CANADIAN MEDICAL DINNER IN LONDON.

DR. DONALD ARMOUR, F.R.C.S.E., entertained the ex-members of the Toronto General Hospital, in England, at dinner some weeks ago in London, those present being Drs. Geo. Badgerow, Colin Campbell, E. D. Carder, T. M. Cochrane, A. C. Hendrick, H. Lowry, W. J. Mallock, J. R. McCollum, Geo. W. Ross, A. T. Stanton, G. A. Schmidt, P. W. Saunders, A. B. Wright, T. P. Weir and S. H. Westman. The host, Dr. Armour (son of the late Chief Justice Armour), is a graduate in arts and medicine, Toronto University, and was on the house staff of the Toronto General Hospital, 1894-5. He welcomed his Candian confreres, and proposed the "King," "Canada and the Empire" and "Toronto General Hospital," coupled with the name of Dr. Charles O'Reilly. The toast received a perfect ovation, with "three times three" for their old friend and Principal. As this toast was responded to by every man present, it was quite impossible for the list of other toasts to be either proposed or responded to, so great was the flow of eloquence. It must be gratifying to Dr. O'Reilly and his many friends to hear of his name being honored thus across the sea by those who know him best and so well, and to feel that his life-long service in hospital life and his great assistance in clinical teaching, is so much appreciated by ex-members of his own house staff, who now number over 225, and also the thousands of medical men who hold the certificates of Toronto General Hospital, signed by his well-known signature.

THE ONTARIO MEDICAL ASSOCIATION.

THE Ontario Medical Association will begin its twenty-fifth annual meeting on the morning of Tuesday, June the 6th, under the presidency of Dr. Wm. Burt, of Paris.

A programme full of papers of an exceedingly interesting character has been secured through the efforts of the energetic Committee on Papers. Beside the large number of local men who will participate, the Committee feels itself honored in being able to announce papers to be read by two men from across the line who have distinguished themselves in their special fields of work—Dr. A. J. Ochsner, of Chicago, the eminent surgeon, and Dr. W. B. Pritchard, of New York, the neurologist associated with the post-graduate hospital of that city.

The Committee on Arrangements will provide for a few hours of entertainment to relieve the strenuous programme. This will take the form of a tea at the Ontario Medical Library on Tuesday afternoon, at which the men from outside the city will be able to see the newly acquired home of the library and have an opportunity for a social hour together. On Wednesday evening an informal gathering will be held in the Biological Buildings, at which a

pleasurable entertainment of a scientific and social character will be provided, taking the place of the burdensome luncheon which has heretofore held sway. Friends from the province are requested to bring their wives with them and help the city men with their ladies make this a most enjoyable evening. The proceedings will be quite informal, and it is not desired that anyone bring his dress suit to adorn the occasion.

The fact that the post-graduate course of the medical faculty and the meeting of the executive health officers of the province immediately precede these Sessions, should ensure the largest attendance in our history. Even though that seems assured, the value of these Sessions to the younger practitioners should not be forgotten and should ensure a large attendance of young men.

Any association which, through a quarter-century of existence, has steadily striven for absolute fairness and justice as between man and man for high professional ideals and the well-being of society, has in it the elements of perpetual strength and deserves the support of every man, and especially of the younger men, who will most be profitted by the conditions which the Society has been largely effectual in securing.

ITEMS OF INTEREST.

McConnell-Lister.—The marriage of Miss Frances Charlotte Lister, daughter of the late Mr. Justice Lister and of Mrs. Fred. Lister, of 92 Spadina road, to Dr. John Herbert McConnell, of 625 Dundas street, took place at the Church of the Redeemer on April 19th. The Rev. Septimus Jones performed the ceremony, and Mr. Tusham, organist of the church, rendered the musical part of the service.

A Doctor's Dog-cart for Sale.—Any physician wishing to purchase, for less than one-half of the cost, an open two-wheel dog-cart, should address a postal card to Box 23, CANADIAN JOURNAL OF MEDICINE, Toronto. The cart has lancewood shafts, full Collinge axles, trimmed in English all-wool green cloth, and was built by the well-known firm of John Burns & Sons, Toronto. It cost \$275.00, and can be bought for less than half if taken at once.

A New Physicians' Supply House in Toronto.—Messrs. Chandler, Ingram & Bell take this opportunity of informing the profession that on May 1st they purchased the entire retail business of Chandler & Massey, Limited, for the Province of Ontario and the Yukon Territory. They will carry a complete line of physicians' and hospital supplies and guarantee the best goods at lowest prices consistent with quality. The accurate filling and prompt shipment of all mail or other orders will receive their closest attention. They have located in their new premises, Yonge Street and Wilton Ave., where they will be pleased to see any of their friends.

Special Fire Precautions at Toronto General Hospital.—

Toronto General Hospital has made special arrangements with the Wilton Avenue section of the fire department, whereby an officer from that station makes bi-weekly visits to the hospital and superintends the fact that all fire appliances are in thorough working order. A separate city fire alarm box is in the main hall, 252, with speaking tubes and direct telephonic communication with every building and every flat.

Canadian Doctors in Control.—Dr. Geo. Chene, of Windsor, and Dr. G. W. Robinson, of Scarborough, were recently appointed house surgeons of St. Mary's Hospital for two years. Dr. Chene is a graduate of Toronto University. The medical and surgical staff of St. Mary's is now entirely Canadian. Dr. McLean, head surgeon, being a native of St. Mary's, Ont., and Dr. McIntyre, assistant, of Forest. St. Mary's Hospital is one of the largest in the city. It is under Roman Catholic control, but non-sectarian in its benefits.

Canadians who Graduated in Edinburgh.—*The Evening Dispatch*, Edinburgh, of April 3rd, gives a list of the successful candidates taking the quarterly examinations of the Board of the Royal College of Physicians and the Royal College of Surgeons of Edinburgh, and Faculty of Physicians and Surgeons, Glasgow. Of forty-five candidates entered for the examination, twenty-four passed and were admitted L.R.C.P.E., L.R.C.S.E. and L.F.P., and S.G., and it is interesting to Canadians to note that of these twenty-four successful men six were from Canada. Their names are: Edgar Rae Frankish and Wilmot Alvin Graham, Toronto; Henry James Duff Davidson, Frederick William Green, Alfred Harold Singleton, and Alexander Thomas Munroe.

Post Graduate Course at McGill.—The tenth regular course of instruction for post graduate students will be given by the Faculty of Medicine of McGill University during the month of June, 1905. The course will begin on Monday, June 5th, and will be carried on until Friday, June 30th. This year it has been decided by the Faculty to depart somewhat from the lines upon which the course has been conducted in the past. The principle adopted in framing the work for this session, is to make each course optional, attaching thereto a special fee. The applicant, after paying the initial registration fee, is entitled to select the courses which seem to be best suited to his needs. The programme, speaking broadly, includes general clinics and special courses, the latter having been added this year, in order to meet the wishes of those who desire work along special lines. In addition to stated special courses, if a sufficient number of men—three or more—desire special instructions in any one subdivision of a subject, they may secure it by applying to the head of the department concerned, or to the Registrar. A course will then be arranged according to their wishes, as far as is possible, and a special fee will be charged. A registration fee of \$5 will be charged each student.

The Physician's Library.

BOOK REVIEWS.

Eye, Ear, Nose and Throat Nursing. By A. EDWARD DAVIS. A.M., M.D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital, and BEAMAN DOUGLASS, M.D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital, With 32 Illustrations. Pages xvi-318. Size, $5\frac{1}{2} \times 7\frac{7}{8}$ inches. Extra Cloth. Price, \$1.25 net. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This excellent hand-book is admirably adapted to the use of nurses, but will also be found valuable by students, young practitioners and the profession generally. It is thoroughly up-to-date and contains all the information on these subjects that is necessary for its purpose. Dr. Davis has contributed chapters on the eye, and Dr. Douglas the remainder of the book. We can cordially recommend it to our readers.

H. MACM.

The Vermiform Appendix and its Diseases. By HOWARD A. KELLY. A.B., M.D. Professor of Gynecology in the Johns Hopkins University, and Elizabeth Hurdon, M.D., Assistant in Gynecology in the Johns Hopkins University. Octavo, 827 pages, with 399 original illustrations, some in colors, and 3 lithographic plates. Philadelphia and London: W. B. Saunders & Co., 1905. Cloth \$10 net. Sheep or half morocco, \$11 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto.

Really a very great work, containing not only the outcome of the individual labors of Dr. Howard Kelly and his assistant, but the aid and co-operation of several of their professional friends. The work of illustration has been very thoroughly done, Dr. Kelly attaching great importance to that feature. He employs different methods of making originals, whether pen and ink, half-tone or colors, with a view to the use for which the picture was designed. He says, "I would beg the reader, therefore, not to be satisfied with glancing hurriedly over these illustrations and their legends, returning at once to the text, but to study each figure with care." The history of appendicitis is discussed in the first 54 pages. The embryology of the subject is based on studies of 54 human embryos. Four chapters are devoted to the anatomy of the subject.

The diseases to which the appendix is liable, its bacteriology and pathology, the etiology, clinical history and diagnosis of appendicitis, occupy more chapters.

Special chapters are given to appendicitis in typhoid fever, appendicitis in children, to appendicitis in pregnancy, and to typhilitis. The remainder of the work is devoted to the surgical procedures for appendicitis. The descriptions of the various ways of doing appendectomy are very full, and the accompanying illustrations artistic.

To a surgeon who has not had the advantage of seeing the various steps of this operation, these illustrations would be invaluable. To a practitioner who does an appendectomy occasionally, Dr. Kelly's ample monograph would be very useful. To the operating surgeon familiar with appendectomy, it will be a work of reference and a source of pleasure. The artists who have aided in the work deserve to be congratulated. The publisher's work is well executed.

J. J. C.

Bit and Spur. An illustrated magazine of quality, devoted to the horse in his best estate. One dollar a year. A. E. Ashbrook, manager. Miss Minnie McIntyre, editor. Chicago, Kansas City, St. Louis and New York.

Doctor, are you horsey? Yes? Then send at once \$1.00 to *Bit and Spur*, Chicago, as your year's subscription. The best horse monthly printed. The first two issues are "out," and are crackerjacks.

Bit and Spur is splendidly illustrated in half-tone, and every month carries with it one or more supplements fit for framing. The text gives all the best and latest horse news concerning not only the United States, but Canada as well. It is printed on heavy coated paper and in chocolate ink, a combination most restful to the eye. Miss McIntyre deserves the heartiest kind of congratulations on her efforts so far, and which, if kept up, will ensure her a record-breaking circulation. Mr. H. Gerald Wade, Parliament Buildings, Ottawa, is Canadian correspondent, and will receive and promptly acknowledge subscriptions.

Elementary Microscopy, a Handbook for Beginners. By F. SHILLINGTON SCALES, F.R.M.S. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1905. All rights reserved. Canadian Agents: Carveth & Co., and Chandler & Massey, Toronto. Price, 75 cents net.

This work is exactly what its name indicates—a work for beginners, and is in our opinion a useful one. It has 180 pages, including an index. There are 78 illustrations.

The construction of a microscope is carefully explained, the stands and mechanism of the best forms of microscope are compared

and one is given very useful information in the selection of an instrument. The care of the microscope receives ample attention, and the closing chapter gives some elementary instruction in cutting, staining and mounting specimens.

W. J. W.

A Text-Book of Obstetrics. By ADAM WRIGHT, M.D., M.R.C.S., etc.; Professor of Obstetrics, University of Toronto; Obstetrician to the General Hospital, Toronto, Canada. New York: D. Appleton & Co. 1905. Canadian agents: Geo. Morang Co., Limited, Toronto.

It is with great pleasure that we bring to the notice of the profession the latest addition to medical literature, Dr. Adam



THE AUTHOR OF "A TEXT-BOOK OF OBSTETRICS."

Wright's work upon obstetrics. With the exception of a few small handbooks on various subjects this is the first work of importance, written and published by a Canadian—Osler's book upon medicine being the result of experience gained chiefly whilst resident in the United States. We can safely say that the work is one which not only commends itself to the student, but will be found by the busy practitioner to contain more practical information in smaller space than any work on a similar subject. We do not mean to infer that there is too much condensation; the book shows much thought and an immensity of solid work to bring into less than six hundred pages a thoroughly comprehensive view of the subject.

Doctor Wright has evidently aimed at the practical; he has drawn from his own large and varied experience in conjunction

with the most modern thought and work of authorities the world over. The book is in every detail up-to-date. Whilst there is nothing new or startling there will be found under the various headings sound and well-proven methods of conducting normal labor and the manifold difficulties we are sure to meet are described and the necessary processes detailed in a clear, succinct manner.

Special attention might be drawn to the chapters on Syphilis, Tuberculosis, Bright's Disease and Cardiac Lesions. We know of no work in which these subjects are more fully and thoroughly discussed, leaving the reader in no doubt as to the author's ideas on these intricate subjects in relation to pregnancy and parturition. The physiology of ovulation, embryo and portus of pregnancy and labor, is fully discussed in 80 pages, clear and concise. No pains have been spared to make the minor ailments of great importance. The student and general practitioner will be repaid by reading the chapters on the Puerperal State—Diseases and Intercurrent Diseases of Pregnancy. Appendicitis during Pregnancy receives due consideration. Dr. Wright's opinions are decisive regarding operation in such condition—he quotes many cases showing this complication not to be of great rarity. We might go on giving a resume of many chapters of strikingly well put matter—in fact, but little fault can be found with the work. It reflects the greatest credit on the author. He must be congratulated on presenting to the profession a book of such high-class character. It is one that any practitioner will welcome to his library and, in our opinion, is for the student the best procurable. We think Appleton & Co. must be congratulated also upon the remarkably fine production. The print is excellent, the many illustrations capitally executed and clearly illustrative of the various points brought out. A. B.

Law of Coroners. A practical work on Coroners' Law and Practice in Ontario and the other Provinces and in the Territories of Canada and in the colony of Newfoundland. Fourth edition. By WILLIAM FULLER ALVES BOYES, Junior County Judge, County of Simcoe, Ontario. Toronto: The Carswell Co., Limited, Law Publishers, 30 Adelaide St., East.

This fourth edition will contain, with notice of other poisons, a full account of the deadly wourali poison used by the natives of South America and of Eorneo. and an important statement regarding the use and the abuse of chloroform as an anesthetic, together with the authorities to date relating to the Coroners' law and practice. Also a Programme of Proceedings at Inquest, in proper order, and Schedules of Fees and Precedents of a large number of Forms useful to Coroners.

The author has spent the last three years diligently revising his previous editions, and noting the statutory changes in the Law of Coroners made by the various Legislatures.

This fourth edition on the office and duties of Coroners, is adapted for use in all the Provinces and Territories of the Dominion,

and in Newfoundland; and besides giving the changes in the Criminal Law, as enacted by the new Criminal Code, and the important alterations in Procedure and Evidence, which have been made by the recent Evidence Act, it contains an additional chapter giving a consecutive programme of the ordinary proceedings at an inquest, with the forms of Oaths, Coroners' Addresses, Proclamations, etc., in their order, as required. This programme will enable Coroners to see at once what comes next at all stages of an inquest, and will prevent any delay for consideration, or to find the common forms used at all inquires, and it is believed, will prove a valuable addition to the work.

The author, having had a long and varied experience with Coroners' Law—of forty years since the publication of his first edition in 1864—gives this edition as the fruits of a mature consideration of the subject.

The publishers are confident that the Coroners who make use of this work will realize an obligation to the author for having placed in their possession so thorough a work to guide them safely in the execution of their responsible duties.

The work has been increased in size to 600 pages, and makes a fine volume bound in half-law-calf, and will be sold at \$5. The book is now ready.

A Practical Treatise on Nervous Exhaustion, Neurasthenia: its Symptoms, Nature, Sequences, Treatment. By GEORGE M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences, Vice-President of the American Academy of Medicine, Member of the American Neurological Association of the American Medical Association, the New York Neurological Society, etc. Edition with Notes and Additions by A. D. Rockwell, A.M., M.D. Neurologist and Electro-Therapist to the Flushing Hospital, Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital, Fellow of the New York Academy, Member of the American Neurological Association, of the New York Neurological Society, etc. Fifth edition enlarged, New York. E. B. Treat & Co, 241-243 West 23rd Street. 1905.

This book will be a welcome addition to the library of physicians, more particularly those who in medico-legal cases are called upon to distinguish between hysteria and neurasthenia. Dr. Rockwell aptly dignosticates neurasthenia from complaints to which it bears a certain resemblance; hysteria, hypochondria, anemia, lithemia, malaria, syphilis, common cold and rheumatism. Dr. Rockwell is a pioneer in the diagnosis and treatment of neurasthenia, his first paper on it, prepared in 1868, having been published in the Boston Medical and Surgical Journal, April, 1869. Since then other noted workers in the same field have appeared in America: Drs. Mitchell, Jewell and Goodell. Neurasthenia has been described by the German neurologist, Professor Erle, of Heidelberg, in Ziemss-

sen's Cyclopaedia; by Dr. J. Grasset, in *Maladies du Systeme Nerveux*, and by Rosenthal, of Vienna, in *Diseases of Nervous System*. We notice that the term neurasthenia appears in the second edition of Dunglison's *Medical Lexicon*, 1857, so that this group of symptoms had a recognized place in medicine at that time. J. J. C.

Surface Anatomy. By T. GILLMAN MOORHEAD, M.D., Univ. Dublin, M.R.C.P.I., Physician Royal City of Dublin Hospital; late Chief Demonstrator of Anatomy and Joint Lecturer in Applied Anatomy, T.C.D.; Lecturer in Medicine, Royal Services School, T.C.D. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1905. All rights reserved. Price, 4s.6d. net.

This work is eminently suited for the student of anatomy and as a refresher for the general practitioner. Beginning at the head the position of the nerve and arterial trunks, and the surface markings corresponding to the internal organs, are all carefully mapped out. There are 150 pages with twenty-three illustrations, colored and plain. The work is beautifully written, is full and comprehensive enough for all practical purposes. W. J. W.

Clinical Lectures on Appendicitis, Radical Cure of Inguinal Hernia, and Perforating Gastric Ulcer. By G. R. TURNER, F.R.C.S., Surgeon and Joint Lecturer on Surgery, St. George's Hospital. London: Bailliere, Tindall & Cox.

This is an interesting series of lectures giving the results of the surgeon's work at St. George's Hospital. Two lectures on 140 operations on cases of appendicitis, two on operation for the radical cure of inguinal hernia and its results, and one on four cases of perforating gastric ulcer, together with notes of a case of acute dilatation of the stomach. F. N. G. S.

Progressive Medicine, a Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., assisted by H. R. M. LAUDIS, M.D. March 1, 1905. Philadelphia and New York: Lea Brothers & Company. \$6 per annum.

This volume contains articles on "Surgery of the Head, Neck and Thorax, Infectious Diseases, including Acute Rheumatism, Crouping Pneumonia, and Influenza, the Diseases of Children, Laryngology and Rhinology, Otology."

As is usual, the writers give brief yet very thorough reviews of the recent literature relating to these subjects. In the section dealing with infectious diseases special attention is given to diphtheria, pneumonia, typhoid fever and rheumatism. A report is given of several cases of the latter disease that were treated with Menzer's serum with fairly encouraging results.

The section on diseases of children contains very sensible

observations on infant feeding, and infant foods. Milk should be clean and should be kept cold, under 50°. Dr. Darlington believes that 25 per cent. of the deaths among babies in New York during summer are due to milk rendered dangerous by its high temperature. Dr. Reynolds, Commissioner of Health of Chicago, is doing very important work by his efforts to shorten the time of transit of milk from the cow to the baby.

Equally important and interesting matter is contained in the other sections. This volume contains much that is valuable and is quite up to the high standard of previous ones.

A. E.

The Diagnosis and Modern Treatment of Pulmonary Consumption, with special reference to the Early Recognition and the Permanent Arrest of the Disease. BY ARTHUR LATHAM, M.A., M.D., Oxon., M.A., Cantab., F.R.C.P., London. Author of the Prize Essay on the Erection of His Majesty's Sanatorium, etc. Second Edition, Demy 8 vol., pages 224. London: Bailliere, Tindall & Cox, 8 Henrietta St., Covent Garden. Canadian agents: J. A. Carveth, Toronto; Chandler & Massey, Toronto. 1905.

Notwithstanding the amazing amount that has been written on the treatment of pulmonary consumption, there is very great apathy shown in regard to it, both by the profession and the public. This is chiefly due to the chronicity of the disease and the great trouble entailed by its proper treatment, conditions that overtax the patience and perseverance of all except the most hopeful. This book will be found most interesting and useful to all who desire the latest and fullest views on both diagnosis and treatment. The scope of the work cannot be better shown than by quoting the brief contents of this excellent work: 1. The Varieties of Pulmonary Consumption; 2. The Diagnosis of the Chronic Forms of Pulmonary Consumption; 3. The Diagnosis of the Acute Forms of Pulmonary Consumption; 4. The Avoidance of Re-infection; 5. The Principles of the Open-Air Method of Treatment as carried out in a Sanatorium; 6. Details of the Open-Air Method of Treatment as carried out in a Private House; 7. Other Forms of Treatment; 8. The Treatment of Special Symptoms; 9. Special Considerations.

A. MCP.

The Surgical Diseases of the Genito-Urinary Tract. By G. FRANK LYDSTONE, M.D. Second Edition. Philadelphia: F. A. Davis Company, Publishers. 1904.

The first edition of his work came out in 1899, and at once took its place as one of the most scientific and at the same time practically useful books on the subject in the English language. The enlarged and greatly improved form in which it now appears makes it still more worthy of the confidence of the profession. Its author is a man who has something to say, who knows how best to say it and who has the good sense to stop when he has said it.

For many years he has been upon the firing line in this special department and no small number of his original suggestions have daily recognition in the work of surgeons the world over.

The work before us is one in which every subject is viewed broadly and in the full light of the best work done by others, as well as in the light of the author's ample personal experience.

A full return for the cost of the book is given in a single section—that, for example, on the use of the organic salts of silver in the treatment of urethritis.

The illustrations, press-work and binding, are alike creditable to the publishers.

N. A. P.

An Introduction to Chemical Analysis, for Students of Medicine, Pharmacy and Dentistry. By ELBERT W. ROCKWOOD, M.D., Ph.D., Professor of Chemistry and Toxicology, and head of the department of Chemistry in the University of Iowa. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1904.

This is a neatly-bound and well-gotten up little book. It takes up systematically a short course in Qualitative, Volumetric and Applied Analysis, and contains many tables and references. As a High School text book or a reference book for a professional man who wishes to keep in touch with the subject, it is undoubtedly a very satisfactory production.

W. J. W.

A System of Physiologic Therapeutics. A practical exposition of the methods, other than drug giving, useful for the prevention of disease and in the treatment of the sick, edited by SOLOMON SOLIS COHEN, A.M., M.D.; Professor of Clinical Medicine in Jefferson Medical College, etc. Volume XI. Serum Therapy, by Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia; Organo Therapy, by Oliver T. Osborne, M.A., M.D., Professor of Materia Medica and Therapeutics at Yale University; Radium, Thorium and Radio Activity, by Samuel G. Tracy, B.Sc., M.D., Radiologist New York Skin and Cancer Hospital; Counter Irritation, External Applications, Bloodletting, by Frederick A. Packard, M.D., late Physician to the Pennsylvania Hospital; An outline of the Principles of Therapeutics with especial reference to Physiologic Therapeutics, by the Editor, with addendum on X-Ray Therapy, and an index digest of the complete system of eleven volumes. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. 1905.

After a good deal of unavoidable delay, the publishers have succeeded in getting out the last volume of this most practical series. Volume XI is one of the best of the set and worth waiting for. It consists of nearly 400 pages in all, made up of 6 sections, and concludes with a full index of the entire eleven volumes.

Perhaps the most interesting contribution is that by the editor-in-chief, Dr. Solomon Solis Cohen, entitled "An outline of the Principles of Therapeutics with especial reference to Physiologic Therapeutics." It treats of therapeutic diagnosis, etiologic-therapeutic diagnosis, pathologic-therapeutic diagnosis, systematic-therapeutic diagnosis, therapeutic means and advantages of physiologic measures. The thirty odd pages by Dr. Samuel G. Tracy, on "Radium, Tharium and Radio Activity" are new and most instructive, dealing, as it does, with the metal radium and its therapeutic properties.

Dr. Frederick Packard, in his chapter devoted to counter irritation, external applications, etc., when referring to the use of the old-fashioned linseed poultice in the treatment of chest inflammation in children, says, "Here then are certain imperative indications to be met, which are not satisfied by the application of moist heat. The temperature is high and must be combated; the child is cyanotic and in constant danger of suffocation, hence remedies calculated to stimulate the respiratory centre and deepen the respirations are called for. The cotton jacket or heating compress must, therefore, give way to the more stimulating and heat-abstracting wet pack, either general or partial, or even to the half bath with effusions of cold water, as set forth in the Volume of Hydrotherapy."

W. A. Y.

Saunders' Question Compend.—*Essentials of the Practice of Medicine.* BY W. R. WILLIAMS, M.D., Doctor on Therapeutics, Columbia University. Double number. Cloth, \$1.75. Philadelphia and London: W. B. Saunders. Toronto: J. A. Carveth & Co.

A quarter of a million copies of the Question Compend have been sold, and this fact alone shows their value. The present is one of the most important of the series. It furnishes a convenient way of reviewing a student's work or of recalling the main points about any disease. The book is practical accurate and up-to-date, and contains the essentials of the subject in very small space.

Chemical and Microscopical Diagnosis. BY FRANCIS CARTER WOOD, M.A., adjunct Professor of Clinical Pathology College of Physicians and Surgeons, Columbia University, New York. Pathologist to St. Luke's Hospital, New York. With 188 illustrations in the text and 9 colored plates. New York and London: D. Appleton & Co. 1905.

The increasing necessity for the use of the microscope and chemistry as aids to diagnosis is a sufficient excuse for the appearance of this excellent addition to the rapidly growing army of pilgrims on these interesting lines.

Wood divides the subject into nine parts. Of these blood is given a prominent position, and this chapter alone would well

repay the diagnostician to have this work in his library; the subdivision on special pathology of the blood is full of detail and thoroughly practical, and will be found very helpful in differentiating the many anemias and leukemias. The other sections include urine, sputum, oral and nasal secretions, feces, parasitic and gastric contents, transudates and exudates and milk. There is also an appendix which treats of preparation of staining fluids, apparatus, reagents, etc.

The proper technique of the methods of laboratory diagnosis are well indicated, and the relative value of the procedures is emphasized.

Numerous photographs and plates have been carefully selected from capital blood slides and specimens.

Have the book near at hand if you aim at successful work.

W. H. P.

The Doctor's Recreation Series. BY CHAS. WELLS, MOULTON, General Editor, Vol. VI.—“The Diary of a late Physician,” being a new edition of selected passages, by Samuel Warren, D.C.L., F.R.S., arranged by Chas. Wells Moulton. New York, Akron, O., Chicago: The Saalfield Publishing Co. 1905.

Vol. VI. of this excellent series is no less interesting than its predecessors. It consists of fifteen chapters, the opening one describing the early struggles of the young physician for a livelihood. The book is full of interest, and gives in detail the many vicissitudes through which the average medical man has to pass before it can be said that success has crowned his efforts. Perhaps the most interesting chapter is number VII, entitled “Consumption,” and describes the frightful inroads which are wrought by this dread disease, and how helpless the young physician is in face of, especially the inherited type.

Vol. VI. is well worthy of a prominent place on the physician's library shelves, and will be found thoroughly interesting and will help to wile away the hours of a summer's evening, and will make the hammock all the more tempting.

A Text-Book of the Practice of Medicine for Students and Practitioners. By HOBART AMORY HARE, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one-time Clinical Professor of Diseases of Children in the University of Pennsylvania; Laureate of the Royal Academy of Medicine in Belgium; of the Medical Society of London; author of “A Text-Book of Practical Therapeutics,” and “A Text-Book of Practical Diagnosis.” Illustrated with 129 engravings and 10 plates in colors and monochrome. Philadelphia and New York: Lea Bros. & Co. 1905.

Hobart Amory Hare requires no introduction to the medical profession of America, his reputation having preceded him

through his well-known work on therapeutics, as also that on diagnosis. The volume under review has been looked forward to with a considerable degree of pleasure and it takes but a short time to enable one to pronounce it as being all that was expected of it.

The book covers almost 1,100 pages, and is divided into nineteen separate and distinct sections. They are as follows: infectious diseases, diseases of the respiratory system, diseases of the circulatory system, diseases of the digestive tract, diseases of the peritoneum, diseases of the liver, diseases of the biliary tract, diseases of the pancreas, diseases of the kidneys, diseases of the ductless glands and lymphatic system, diseases of the blood, diseases of nutrition, intoxications, diseases due to animal parasites, and diseases of the nervous system (the latter divided into five subsections).

The volume is valuable for one reason, if for no other, viz., that it is the result of actual experience on the part of the author himself, who has been engaged for nearly a quarter of a century in active hospital work, as also that of teacher. Another prominent feature of the book is that it is practical, something which cannot be said of many so-called text-books of medicine. The author has given his views clearly and in such a manner that they cannot be misunderstood, being based largely upon statistics carefully compiled. Tropical diseases have not been lost sight of, either, and make a valuable addendum to the volume. W. A. Y.

Practical Pediatrics. A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By DR. E. GRAETZER, editor of the "Centralblatt für Kinderheilkunde" and the "Excerpta Medica." Authorized translation, with numerous additions and notes by HERMAN B. SHEFFIELD, M.D., Instructor on Diseases of Children and Attending Pediatricist, New York Post-Graduate Medical School and Hospital. F. A. Davis Company, publishers, Philadelphia.

The above is really a reference book on pediatrics, concisely compiled from the best recent literature, supplemented by the author's personal experience of many years, especially the sections on therapeutics. The additions and notes of the translator are practical and concise, and altogether the work is one that the busy practitioner will find ready and helpful. A. R. G.

The Urine and Feces in Diagnosis. By OTTO HENSEL, PH.G., M.D., Bacteriologist in the German Hospital, New York, and RICHARD WIRL, A.M., M.D., Pathologist in the German Hospital, New York, in collaboration with SMITH ELY JOLLIFFE, M.D., PH.D., Instructor in Pharmacology and Therapeutics,

Columbia University; Neurologist, City Hospital, New York. Illustrated with 116 engravings and 10 colored plates. Philadelphia and New York: Lea Brothers & Co. 1905.

The smaller works on urinalysis are quite numerous, but we are not acquainted with any moderate-sized work which gives all one could desire of a practical character on the urine, and at the same time present one of the most practical guides to the examination of the feces that so far has been published. The examination of the feces occupies 167 pages, or rather more than half the book. A short chapter is devoted to the macroscopic examination, a second to the microscopic, a third to the bacteriology, a fourth to animal parasites, while the concluding chapter is devoted to the chemistry of the feces and the characteristic pictures in disease.

We are glad to see this practical work on this much neglected subject.

W. J. W.

The Principles and Practice of Asepsis. By A. S. VALLACK, M.B., Ch.M., J.M. (Rotunda), Sydney, Surgeon to the Berrima District Hospital, New South Wales. London: Bailliere, Tindall & Cox. Canadian Agents: Carveth & Co., and Chandler & Massey.

Dr. Vallack's work will make a useful addition to the library of the busy practitioner, and if he follows the rules laid down he will be surprised to find what a difference there will be in the results of even the most trivial wound.

The author is a strong advocate of the rubber gloves and makes out a good case favoring their use.

F. N. G. S.

BOOKS, PAMPHLETS, ETC., RECEIVED.

Golden Rules Medical Practice. By LEWIS SMITH, M.D., M.R.C.P., London. No. IV., enlarged and entirely rewritten. 6th edition. Bristol: John Wright & Co. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited.

The Sanitary Journal of the Provincial Board of Health of Ontario, Canada. Volume XXIII. Parts iii and iv.

Laboratory of the Inland Revenue Department Bulletin. No. 96. Jams and Jellies. Revised and augmented.

Memoranda Relating to the Discovery of Surgical Anesthesia and Dr. William T. G. Morton's Relation to the event. By WILLIAM JAMES MORTON, M.D., Professor of Diseases of the mind and nervous system and electro-therapeutics in the New York Post-Graduate Medical School and Hospital.